<table>
<thead>
<tr>
<th>GROUP</th>
<th>BENEFITS</th>
<th>BASIC ELIGIBILITY REQUIREMENT</th>
<th>WHOSE INCOME and RESOURCES COUNT</th>
<th>MONTHLY INCOME LIMIT Updated 04/2023</th>
<th>RESOURCE LIMIT Updated 04/2023</th>
<th>DEDUCTIBLE/SPEND DOWN</th>
</tr>
</thead>
</table>
| S-ABD, SSI cases | Full Medicaid coverage only if a Medicaid application is submitted | • Beneficiaries receiving Supplemental Security Income (SSI) - Federal cash assistance program for the aged, blind, and disabled, are automatically entitled to Medicaid. No separate application or Medicaid determination is required.  
• Beneficiaries receiving State/County Special Assistance (SA) - program for aged and disabled individuals who are primarily in adult care facilities- includes Medicaid eligibility.  
• Beneficiaries receiving Special Assistance In-Home- the individual must be determined Medicaid categorically needy eligible. | | | | |
| Aged MAA | Full Medicaid Coverage | Age 65 or older | Spouse's income and resources if live together | 100% of Poverty Level  
1 - $1,215  
2 - $1,644 | SSI Limits  
1 - $2,000  
2 - $3,000 | YES |
| Blind MAB | Full Medicaid Coverage | Blind by Social Security Standards | Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents, | 100% of Poverty Level  
1 - $1,215  
2 - $1,644 | SSI Limits  
1 - $2,000  
2 - $3,000 | YES |
| Disabled MAD | Full Medicaid Coverage | Disabled by Social Security Standards | Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents, | 100% of Poverty Level  
1 - $1,215  
2 - $1,644 | SSI Limits  
1 - $2,000  
2 - $3,000 | YES |
| Health Care for Working Disabled (HCWD) MAD | Full Medicaid Coverage | For Basic Coverage, the beneficiary does not have to meet the Social Security SGA requirement to be disabled. For Medically Improved coverage, the beneficiary does not have to meet the Social Security medical requirements for disability. | Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents, | 150% of Poverty Level  
1 - $1,699  
2 - $2,289  
200% of Poverty Level  
1 - $2,430  
2 - $3,287 | Min. CSRP limit  
$29,724 | NO |
| Qualified Medicare Beneficiaries MQB-Q | Payment of Medicare premiums and deductibles and co-insurance charges for Medicare covered services | Entitled to Medicare Parts A & B | Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents, | 100% of Poverty Level  
1 - $1,215  
2 - $1,644 | | NO |
| Specified Low Income Medicare Beneficiaries MQB-B | Payment of Medicare Part B premium | Entitled to free Medicare Part A | Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents, | 120% of Poverty Level  
1 - $1,458  
2 - $1,972 | | NO |
| Qualifying Individual MQB-E | Payment of Medicare Part B Premiums | Entitled to free Medicare Part A | Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents, | 135% of Poverty Level  
1 - $1,641  
2 - $2,219 | | NO |
| Working Disabled MWD | Payment of Medicare Part A premiums | Lost entitlement to free Medicare A due to earnings but still has disabling impairment. | Spouse's income and resources if live together. Parents' income and resources if under age 18 and live with parents, | 200% of Poverty Level  
1 - $2,430  
2 - $3,287 | 2X SSI Limits  
1 - $4,000  
2 - $6,000 | NO |

SPECIAL PROVISIONS EFFECTIVE 07/2022

- **Protection of income for spouse at home**: When an individual is in a nursing facility and has a spouse living at home, a portion of the income of the spouse in the facility may be protected to bring the income of the spouse at home up to a level specified by federal law. Currently, that amount is $2,288.75/mo. and can be as much as $3,715.50 depending upon at-home spouse’s cost for housing. The amount protected for the at-home spouse is not counted in determining the eligibility of the spouse in the nursing facility.

- **Protection of resources for spouse at home**: Additionally, the countable resources of the couple are combined and a portion is protected for the spouse at home. That portion is ½ the total value of the countable resources, but currently not less than $29,724 or more than $148,620. The amount protected for the at-home spouse is not countable in determining the eligibility of the spouse in the facility.

- **Transfer of resources**: When a person gives away resources and does not receive compensation with a value at least equal to that of the resources given away, he may be penalized. Medicaid will not pay for care in a nursing facility or care provided under the Community Alternative Program (CAP) or other in-home health services & supplies for a period of time that depends on the value of the transferred resource.

**NOTES**

- When a Medicaid determination is required, with the exception of S-ABD, SSI cases:
  - Full Medicaid Coverage is the basic level of coverage. Some individuals may qualify for additional coverage.
  - Income is the cap on net monthly income, less any personal needs allowance (PNA). The PNA is capped at $30 per month.
  - Spouses’ income is counted, but only to the extent that they live together or the spouse needs nursing home care.
  - Resources are generally counted. Those who meet a certain financial test will be protected, and their resources are excluded from the income test.

- Income and resources tests generally do not apply to aged, blind, or disabled by Social Security Standards.

- Certain coverage is determined by income levels:
  - Medicaid Basic Coverage: up to 135% of poverty level
  - Medicaid Expansion Coverage: 135% to 150% of poverty level
  - Medicaid Basic Eligibility: 150% of poverty level

- The table reflects current monthly income and resource limits updated 04/2023. Some limits are capped at specific levels. For instance, the basic SSI limit is $2,205 per month, and the maximum that can be protected is $2,288.75.
<table>
<thead>
<tr>
<th>GROUP</th>
<th>BENEFITS</th>
<th>BASIC ELIGIBILITY REQUIREMENT</th>
<th>WHOSE INCOME and RESOURCES COUNT</th>
<th>MONTHLY INCOME LIMIT Updated 04/2023</th>
<th>RESOURCE LIMIT Updated 04/2023</th>
<th>DEDUCTIBLE/SPEND DOWN</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic Brain Injury (TBI)</td>
<td>Full Medicaid Coverage</td>
<td>Age 18 and older and eligible for MAABD or SAABD</td>
<td>Spouse’s income and resources if live together.</td>
<td>300% of Poverty Level 1-$3,645, 2-$4,930</td>
<td>SSI Limits 1-$2,000, 2-$3,000</td>
<td>NO</td>
<td>If income exceeds income limit and the indicator is “yes” the individual or family may be able to be eligible for Medicaid if they can meet a deductible. Medicaid Deductible: When an individual/family is ineligible for Medicaid due to income over the income limit, they may become eligible by meeting a Medicaid deductible. The deductible is determined by subtracting the Medically Needy Income Limit (MNIL) (see limits below) from the countable monthly income to determine the monthly excess income. Medicaid deductibles are generally determined for 6 months, so the monthly excess income is multiplied by 6 to determine the 6-mo. deductible. Once medical bills for which they are responsible totaling the amount of the deductible are incurred, they are authorized for the rest of the 6-mo. period. Medicaid cannot pay for any of the bills applied to the deductible.</td>
</tr>
<tr>
<td>Families &amp; Children MAF</td>
<td>Full Medicaid Coverage</td>
<td>Parents/Caretaker Relatives, and the spouse must be living with and caring for a child to whom they are related who is under age 18. Children must be under age 21.</td>
<td>MAGI Methodology.</td>
<td>1 - $434, 2 - $569, 3 - $667, 4 - $744, 5 - $824</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Pregnant Women MPW</td>
<td>Full Medicaid</td>
<td>A self-attestation of pregnancy and due date can be accepted as proof of pregnancy unless the county has information that contradicts the attestation.</td>
<td>MAGI Methodology</td>
<td>196% of Poverty Level 1 - $2,382, 2 - $3,221, 3 - $4,061, 4 - $4,900, 5 - $5,740</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Children age 0 thru 18 MIC</td>
<td>Full Medicaid Coverage</td>
<td>Must be age 0 thru age 18.</td>
<td>MAGI Methodology</td>
<td>211% of Poverty Level 1 - $2,564, 2 - $3,468, 3 - $4,372, 4 - $5,275, 5 - $6,179</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Title IV-E Children IAS</td>
<td>Full Medicaid Coverage</td>
<td>IV-E Adoption Subsidy and Foster Care for a child residing in NC and receiving IV-E Foster Care regardless of the state providing assistance.</td>
<td>There is no income.</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Foster Care Children</td>
<td>Full Medicaid Coverage</td>
<td>A child under 21 and currently in the legal custody of the state sponsored foster care and ineligible for Title IV-E.</td>
<td>MAGI Methodology</td>
<td>1. MAGI, 2. MAF-M</td>
<td>$3,000 (MAF-M)</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

**Notes**

- **Resource limit:** All deductible cases have a resource limit: $3,000 for families and children and $2,000 (1) and $3,000 (2) for aged, blind and disabled.
### Basic Medicaid Eligibility Requirements **

<table>
<thead>
<tr>
<th>GROUP</th>
<th>BENEFITS</th>
<th>BASIC ELIGIBILITY REQUIREMENT</th>
<th>WHOSE INCOME and RESOURCES COUNT</th>
<th>MONTHLY INCOME LIMIT Updated 04/2023</th>
<th>RESOURCE LIMIT Updated 04/2023</th>
<th>DEDUCTIBLE/SPEND DOWN</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded Foster Care</td>
<td>Full Medicaid Coverage</td>
<td>Be 18-20 and had been in Foster Care at age 18 and enrolled in Medicaid program.</td>
<td>MAGI Methodology</td>
<td>1. MAGI</td>
<td>$3,000 (MAF-M)</td>
<td>YES</td>
<td>If ineligible under MAGI, the child must have been enrolled in or eligible for Medicaid immediately before the adoption agreement, is under a Non-IV-E state adoption agreement or determined to be special needs by the State adoption assistance agreement.</td>
</tr>
<tr>
<td>Non-IV-E/ Special Needs Adoption</td>
<td>Full Medicaid Coverage</td>
<td>Children with medical or rehabilitative needs, which are barriers to adoption are considered special needs adoption children. These children are ineligible through Title IV-E because at the time of placement in foster care they did not meet IV-E requirements.</td>
<td>MAGI Methodology</td>
<td>1. MAGI</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>MFC-Medicaid for Former Foster Care</td>
<td>Full Medicaid Coverage</td>
<td>Be age 18-26 and have been in foster care at age 18 and enrolled in NC Medicaid.</td>
<td>There is no income.</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>Effective January 1, 2023: Individuals who turn age 18 that were in foster care and receiving Medicaid in any state.</td>
</tr>
<tr>
<td>Breast &amp; Cervical Cancer Medicaid</td>
<td>Full Medicaid Coverage</td>
<td>Be under the age 65 and not enrolled in any creditable medical insurance. Breast and Cervical Cancer Control Program (BCCCP) provider determines eligibility for Breast and Cervical Cancer Medicaid (BCCM).</td>
<td>There is no income (BCCM).</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Family Planning</td>
<td>Family Planning Program</td>
<td>NO AGE LIMIT</td>
<td>MAGI Methodology</td>
<td>195% of Poverty Level</td>
<td>1 - $2,370</td>
<td>NO</td>
<td>If a beneficiary’s income increases to more than 195%, he/she will be ineligible for family planning coverage.</td>
</tr>
<tr>
<td>MAF-D</td>
<td></td>
<td></td>
<td></td>
<td>2 - $3,205</td>
<td>3 - $4,040</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 - $4,875</td>
<td>5 - $5,711</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Transitional Medicaid (TMA)</td>
<td>Full Medicaid Coverage</td>
<td>A beneficiary may receive up to twelve months of Transitional Medicaid (TMA) when ineligible for MAF-C because of new or increased income.</td>
<td>MAGI Methodology</td>
<td>185% of Poverty Level</td>
<td>1 - $2,248</td>
<td>NO</td>
<td>Must have been eligible for MAF-C in North Carolina in at least three of the six months immediately preceding the first month of ineligibility. There must be an eligible child receiving Medicaid.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 - $3,041</td>
<td>3 - $3,833</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 - $4,625</td>
<td>5 - $5,418</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

***This chart addresses benefits and basic eligibility requirements. Other requirements (such as citizenship/alien status, incarceration, & state residence) which can also affect eligibility, or the level of benefits are not reflected on this chart. Revised 4/1/2023.***