Aged, Blind and Disabled Medicaid

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
OAP – A Old Age Pension	Individuals age 65 and over who are eligible for OAP cash state supplement. (If an individual is not receiving an Old Age Pension financial payment they are not eligible for OAP Medicaid)	$699.00/mo. with unearned income disregard (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	$2,000 Individual $3,000 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	No disability requirement. If individual needs LTC/HCBS then the nursing facility level of care must be met.	Medicaid Benefits. • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care
OAP – B Old Age Pension	Individuals age 60 to 64 who are eligible for SSI and OAP cash state supplement. (If an individual is not receiving an Old Age Pension financial payment they are not eligible for OAP Medicaid)	$699.00/mo. with unearned income disregard (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	$2,000 Individual $3,000 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must meet SSA definition of disability. If individual needs LTC/HCBS then the nursing facility level of care must be met.	Medicaid Benefits. • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care
Old Age Pension – State Only (not considered Medicaid)	Individuals age 60 and over who do not qualify for SSI.	$699.00/mo. with unearned income disregard (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	$2,000 Individual $3,000 Couple Life insurance policy with a cash surrender value of $50,000 or less is exempt if purchased within last 48 months (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	None	State Only OAP Health & Medical Fund Does not include nursing facility, HCBS or Inpatient Psychiatric care Benefits Include: • Inpatient Hospital Services • Outpatient Hospital Services • Physician Services • Lab & X-Ray Services • Prescription Services • Supplies • Transportation • Home Health Services

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
SSI – Supplemental Security Income (1634 Mandatory Medicaid)	Disabled individuals of any age who receive SSI will receive Colorado Medicaid. Individuals whose income is below the SSI maximum may receive a Colorado supplement.	$698.00/mo. per Individual $1,048.oo/mo. per Couple (Should income exceed the above limit anytime in a given month clients are to notify Social Security and their county caseworker in order for their eligibility to be re-determined)	$2,000 Individual $3,000 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify Social Security and their county caseworker in order for their eligibility to be re-determined)	Age 0 – 64 must meet SSA definition of disability. Age 65 and over are considered aged and are therefore disabled by virtue of age. Clients who need LTC/HCBS services must meet nursing facility level of care.	Medicaid Benefits • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care
DAC – Disabled Adult Children (Continued Mandatory Medicaid)	Disabled adult children age 18 and over that lose SSI due to receipt of SSA benefits drawn from a parent's SSN. Client's eligible under this category must be redetermined to make sure no other income or assets would make them ineligible.	$698.00/mo after disregarding Title II income	$2,000 Individual $3,000 Couple (The above resource limits are specific to the Disabled Adult Child not the parent. Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify Social Security and their county caseworker in order for their eligibility to be re-determined)	Must have been a child-disabled prior to age 22 who would continue to be eligible for SSI if benefits from parent's OASDI were disregarded. Clients who need LTC/HCBS services must meet nursing facility level of care.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care
Disabled Widow/ers (effective 1/1/91 – Continued Mandatory Medicaid)	Disabled widow/ers age 50 through 64 who lose SSI and/or Colorado Supplement due to receipt of SSA benefits as a disabled widow/er. No longer eligible when client becomes Medicare Part A eligible.	$698.00/mo after disregarding Title II income	$2,000 Individual (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify Social Security and their county caseworker in order for their eligibility to be re-determined)	Must continue to meet SSA disability criteria. Clients who need LTC/HCBS services must meet nursing facility level of care.	Individual remains eligible for Medicaid until they become eligible for Medicare Part A. Medicaid Benefits • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
Pickles	Pickles consist of 2 groups of former SSI (and/or OAP) recipients. **Group 1**: Individuals who were once entitled to SSI (and/or OAP), but lost this entitlement due to the amount of their initial SSDI entitlement*****, and may now be able to regain their Medicaid eligibility. **Group 2**: Individuals who were entitled to receive both SSI (and/or OAP) and SSDI in the same month but became ineligible for SSI (and/ or OAP) due to the SSDI COLA (Cost Of Living Adjustment) or a COLA of a spouse. *****The initial SSDI payment amount is "frozen" and when the COLA's bring the SSI maximum equal to or greater than this "frozen" amount minus $20, the client may be able to regain Medicaid eligibility.	$698 per Individual after COLA disregard $1,048 per Couple	$2,000 Individual $3,000 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify Social Security and their county caseworker in order for their eligibility to be re-determined)	Must continue to meet SSA disability and resource criteria.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care
300%ers LTC – Long Term Care	Individuals who are institutionalized in hospital or nursing facility or HCBS.	$2,094 Individual (If income exceeds the above amount but does not exceed the average private pay rate for a nursing facility in their region the client must establish an income trust and have it approved by the Department)	$2,000 Individual $3,000 Couple ******Spousal Impoverishment rules apply. (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must meet SSA disability criteria, must be institutionalized (hospital, nursing facility, and/or HCBS) for 30 consecutive days, must meet nursing facility level of care.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Home Health Services • Long Term Care

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
HCBS/EBD Home and Community Based Services/Elderly, Blind and Disabled	Physically disabled persons (aged 18-64) and Elderly persons (65+) with a functional impairment	$2,094 Individual (If income exceeds the above amount but does not exceed the average private pay rate for a nursing facility in their region the client must establish an income trust and have it approved by the Department)	$2,000 Individual $3,000 Couple **Spousal Impoverishment rules apply. (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must meet SSA disability criteria, must be institutionalized (hospital, nursing facility, and/or HCBS) for 30 days; must meet nursing facility level of care.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Home Health Services • Adult Day Care • Alternative Care facilities • Electronic Monitoring • Home Modifications • Respite Care • Personal Care • Homemaker Services
HCBS/BI – Home and Community Based Services/Brain Injury	Persons age 16 – 64 with brain injury within an approved range of diagnoses codes. Must be in the process of discharging from a hospital, rehabilitation hospital or rehabilitation facility.	$2,094 Individual (If income exceeds the above amount but does not exceed the average monthly private pay rate for a nursing facility in their region the client must establish an income trust and have it approved by the Department)	$2,000 Individual $3,000 Couple **Spousal Impoverishment rules apply. (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must meet SSA disability criteria, must be institutionalized (hospital, nursing facility, and/or HCBS) for 30 days; must meet hospital or rehabilitation facility level of care.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Home Health Services • Day Care • Day Treatment • Home Modifications • Special Equipment • Counseling

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
					• Behavioral Management • Skills Training • Respite Care
HCBS/MI – Home and Community Based Services/Mental Illness	Individuals 18 and older with a diagnosis of a major mental illness.	$2,094 Individual (If income exceeds the above amount but does not exceed the average monthly private pay rate for a nursing facility in their region the client must establish an income trust and have it approved by the Department)	$2,000 Individual $3,000 Couple **Spousal Impoverishment rules apply. (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must be institutionalized (hospital, nursing facility, and/or HCBS) for 30 days; must meet SSA disability criteria; must meet hospital or nursing facility level of care.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Home Health Services • Adult Day Care • Alternative Care facilities • Electronic Monitoring • Home Modifications • Respite Care • Personal Care • Homemaker Services
HCBS/PLWA - Home and Community Based Services/Persons Living with Aids	Individuals of all ages with a diagnosis of HIV/AIDS.	$2,094 Individual (If income exceeds the above amount but does not exceed the average monthly private pay rate for nursing facilities in their region the client must establish an income trust and have it approved by the Department)	$2,000 Individual $3,000 Couple **Spousal Impoverishment rules apply. (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must be institutionalized (hospital, nursing facility, and/or HCBS) for 30 days; must meet SSA disability criteria; must meet hospital or nursing facility level of care.	Medicaid Benefits • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Home Health Services • Adult Day Care

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
					• Homemaker Services • Personal Care • Electronic Monitoring
HCBS/SLS – Home and Community Based Services/Supportive Living Services	Individuals 18 and older with developmental disabilities who live in the community.	$2,094 Individual (If income exceeds the above amount but does not exceed the average monthly private pay rate for nursing facilities in their region the client must establish an income trust and have it approved by the Department)	$2,000 Individual $3,000 Couple **Spousal Impoverishment rules apply. (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must meet SSA disability criteria, must be institutionalized (hospital, nursing facility, and/or HCBS) for 30 days; must meet intermediate care nursing facility for the mentally retarded level of care.	Full Medicaid • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Home Health Services • Adult Day Care • Homemaker Services • Personal Care • Electronic Monitoring • Personal Assistant Services • Home Modifications • Assistive Technology • Counseling • Therapeutic Services • Dental Services • Habilitation Services
HCBS/DD - - Home and Community Based Services/Developmentally Disabled	Individuals primarily 18 and older with developmental disabilities who live in the community.	$2,094 Individual (If income exceeds the above amount but does not exceed the average monthly private pay rate for nursing facilities in their region the client must establish an income trust and have it approved by the Department)	$2,000 Individual $3,000 Couple **Spousal Impoverishment rules apply. (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in	Must meet SSA disability criteria, must be institutionalized (hospital, nursing facility, and/or HCBS) for 30 days; must meet intermediate care nursing facility for the mentally retarded level of care.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
			order for their eligibility to be re-determined)		• Optometry Services • Private Duty Nursing • Hospice Care • Habilitation Services • Residential Habilitation Services
HCBS/CHCBS – Children's HCBS Medicaid Waiver. Formally known as The Katie Beckett waiver.	Children birth through age 17 with severe disabilities and/or medical need at risk of a nursing facility or hospital placement and who are ineligible for Medicaid due to excess parental income and/or resources.	$2,094 Individual Child (If income exceeds the above amount but does not exceed the average monthly private pay rate for nursing facilities in their region the client must establish an income trust and have it approved by the Department. The child's income must be counted. Parent's income is not counted toward the child. Children who receive SSI are not eligible for this program.)	$2,000 Individual. Child's resources are counted. Parent's resources are not counted toward the child.	Must meet SSA disability criteria and be at risk of a hospital or nursing facility placement and meet the level of care guidelines of the LTC-100.2 assessment.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Case Management Services
HCBS/CES - Children's Extensive Support Waiver	Children birth through age 17 with intensive behavior or medical needs who are at risk of institutionalization. Children age 4 and under must have a developmental delay and those over age 5 through 17 must have a developmental disability.	$2,094 Individual Child (If income exceeds the above amount but does not exceed the average monthly private pay rate for nursing facilities in their region the client must establish an income trust and have it approved by the Department. The child's income is counted. Parent's income is not counted toward the child. Children receiving SSI are eligible for this program.)	$2,000 Individual. Child's resources are counted. Parent's resources are not counted toward the child.	Must meet SSA disability criteria, be in an Intermediate Care Facility for the Mentally Retarded or be at risk of being placed in a nursing facility or hospital and meet the level of care guidelines provided through the LTC-100.2 assessment and the CES targeting criteria.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Personal Assistance • Home Modifications • Specialized Medical Equipment • Supplies • Respite Care • Behavior Services • Assistive Technology

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
HCBS/CHRP – Children's Habilitation Residential waiver.	Children birth to age eighteen (18); Individuals age 18 through 20 may be enrolled if it is a court ordered foster care placement through the County Department of Human Services and is in effect on his/her eighteenth birthday. Provides residential services to children and youth in foster care that have a developmental disability and have extraordinary needs. The child must be at risk for institutionalization.	Children must receive SSI benefits.	$2,000 Individual Child	Must be placed by the county department of Human Services into foster care. Be at risk of institutionalization in an intermediate care facility for the mentally retarded.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Self Advocacy Training • Independent Living Skills • Cognitive Services • Communication Services • Counseling and Therapeutic Services • Travel Services • Personal Care Services
HCBS-CWA Home and Community Based Services for Children with Autism	Children from birth up to age 6 with a medical diagnosis of Autism who are at risk of institutionalization.	$2,094 Individual Child (If income exceeds the above amount but does not exceed the average monthly private pay rate for nursing facilities in their region the client must establish an income trust and have it approved by the Department. The child's income is counted. Parent's income is not counted toward the child. Children receiving SSI are eligible for this program.	$2,000 Individual. Child's resources are counted. Parent's resources are not counted toward the child.	Must meet SSA disability criteria, be at risk of institutionalization in an Intermediate Care Facility for the Mentally Retarded and meet the level of care as determined by the ULTC 100.2 assessment.	Medicaid Benefits. • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • Behavioral therapies

**Spousal Impoverishment – Community Spouse Resource Allowance (CSRA) (effective 1/1/11): $113,640.00
Minimum Monthly Maintenance Needs Allowance (MMMNA) (effective 7/1/11): $1,839
MMMNA Cap (effective 1/1/12): $2,841
Excess Shelter- 30% of MMMNA- (effective 7/1/12): $552

Exempt Resources Federal Criteria

- Real property used as home by recipient, spouse, or dependent child or if there is an intent to return. (effective 01/01/12) Equity Ownership up to $525,000
- Household goods if they are items of personal property found in or near the home that are used on a regular basis or if they are items needed by the householder for maintenance, use, and occupancy of the premises as a home
- Personal effects if they are items of personal property ordinarily worn or carried by the individual, items of cultural or religious significance to the individual, or items required because of an individual's impairment
- One motor vehicle per couple if used for transportation of the individual or a member of the individual's household
- Burial funds: prepaid irrevocable funds of any amount; $1,500 in revocable fund reduced by: (a) any irrevocable funds, and (b) the face value of any life insurance policy whose cash surrender value is exempt.

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
Life insurance: - if the face value is less than $1,500, then the policy is exempt; - if the face value is greater than $1,500, then count all the cash surrender value towards the $2,000 resource limit.					
Emergency services covered for otherwise eligible non-citizens	An emergency medical condition is a medical condition (including labor and delivery) which manifests itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: placing the patient's health in serious jeopardy, serious impairment of bodily function, or serious dysfunction of any bodily organ or part. A physician shall make a written statement certifying the presence of a medical emergency condition when services are provided and shall indicate that services were for a medical emergency on the claim form. Coverage is limited to care and services that are necessary to treat immediate emergency medical conditions. Coverage does not include prenatal care or follow-up care, such as postpartum care. The non-qualified immigrant must have an emergency medical condition and receive emergency medical services in order to be eligible for emergency medical assistance. Eligibility for emergency medical assistance ends after the emergency service has been provided.	Client must first be determined to be eligible for a category of Medicaid. Would follow the program rules under which the individual was eligible.	Client must first be determined to be eligible for a category of Medicaid. Would follow the program rules under which the individual was eligible.	Client must first be determined to be eligible for a category of Medicaid. Would follow the program rules under which the individual was eligible.	Emergency Medical Services only
Breast and Cervical Cancer Presumptive Eligibility must be approved before the client can be eligible for BCCP	Women who have been screened and have received a diagnosis of breast and/or cervical cancer at a Women's Wellness Connection (WWC) site and have not yet attained the age of 65, and have no credible health insurance coverage and who do not otherwise qualify for Medicaid in another category and are Colorado residents and citizens of the United States or are	No income limit for Medicaid. (WWC has a 250% FPL income limit to qualify for the free screening program for which the client must be eligible before she can be eligible for Medicaid.)	No resource limit.	Screened and have received a Diagnosis of breast and/or cervical cancer at a WWC site.	Medicaid Benefits. • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY AND LEVEL OF CARE REQUIREMENTS	BENEFITS
	qualified aliens.				• Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care

MEDICAID/MEDICARE COST-SHARING PROGRAMS

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	DISABILITY REQUIREMENTS	BENEFITS
QMB – Qualified Medicare Beneficiary	Individuals who have income at or below the percentage of federal poverty level for the family size as mandated by federal regulations. Individual must also be eligible for Medicare Part A.	$951.00 Individual $1,281.00 Couple (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	$8,440 Individual $13,410 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	N/A	Payment of Medicare Part B premium ($96.40 in 2009), Part A premium if applicable, co-insurance, and deductible
SLMB – Special Low Income Medicare Beneficiary	Individuals who have income between 100-120% of the federal poverty level who are entitled to Medicare Part A.	$1,137.00 Individual $1,533.00 Couple (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	$8,440 Individual $13,410 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	N/A	Payment of Medicare Part B premium ($96.40 in 2009)
QI-1 Medicare Qualifying	Individuals who have income of at least 120% but less than 135% of the federal poverty level who are entitled to Medicare Part A.	$1,277.00 Individual $1,723.00 Couple (Should income exceed the above limit anytime in a given month	$8,440 Individual $13,410 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should	N/A	Payment of Medicare Part B premium ($96.40 in 2009)

Individual 1		clients are to notify their county caseworker in order for their eligibility to be re-determined)	resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)		
QWDI – Qualified Working Disabled Individuals (effective 7/1/90)	Individuals who lose Social Security Disability Insurance (SSDI) benefits due to excess earned income.	$1,882.00 Individual $2,542.00 Couple (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	$4,000 Individual $6,000 Couple (Resource limits are to be met during the duration of Medicaid eligibility. Should resources exceed the above limits clients are to notify their county caseworker in order for their eligibility to be re-determined)	Must meet SSDI requirements.	Payment of Medicare Part A premiums Under 65 years with fewer than 30 quarters of Medicare-covered employment: ($443.00 in 2009) Over 65 years with 30-39 quarters of Medicare-covered employment: ($244.00 in 2009)

Family and Children's Medicaid

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	Additional Requirements	BENEFITS
Psych<21	Individuals under the age of 21 who reside in a psychiatric facility.	Child's income at or below 1931 need standard (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	No resource test	Child who is under the age of 21 and resides in a psychiatric facility.	Medicaid Benefits • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services
Eligible Newborn	Infants born to mothers on Medicaid at the time of birth. (Children eligible from date of birth.) After age 1, child's eligibility must be reviewed for continued Medicaid coverage. This is also for newborns born to undocumented women on Medicaid.	No income test	No resource test	Infant born to a mother on Medicaid. Eligible from date of birth to age 1.	Medicaid Benefits • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	Additional Requirements	BENEFITS
					• Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services
1931 Families	Medical assistance provided to families with Medicaid Eligible Dependent children. Must follow the 5th degree of relationship. 113 Rule: This rule requires that when income or from certain family members makes the family ineligible, eligibility for the family must be recalculated by disregarding that person and their income. The particular family members that can be exempted under the 113 Rule are grandparents, stepparents, alien sponsors, child(ren), or other non-required household members.	100% of FPL. Ea. Addt'l add $319 (Should income exceed the above limit anytime in a given month clients are to notify their county caseworker in order for their eligibility to be re-determined)	No resource test		Medicaid Benefits • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services under 21 years
4 Month Extended	Medical coverage for clients who become ineligible for 1931 due to the receipt of child support or alimony/maintenance. Continuing Medicaid coverage for 4 months. This is strictly for 1931 Medicaid.	None	No resource test	Those individuals who become ineligible for 1931 due to the receipt of child support or alimony/maintenance.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services under 21 years

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	Additional Requirements	BENEFITS
Transitional Medicaid	Continuing Medicaid coverage 12 months to families who are ineligible for 1931 Medicaid due to increased earnings or new work income. Eligibility depends solely on 1931 Medicaid History. A client must have received 1931 Medicaid 3 out of 6 months prior to the earned income putting them over.	None	No resource test	Eligibility depends solely on 1931 Medicaid History. A client must have received 1931 Medicaid 3 out of 6 months prior to the earned income increase.	Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services under 21
Qualified Pregnant Women	Individual coverage for pregnant woman, medical only which includes labor and delivery.	100% of FPL	No resource test		Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	Additional Requirements	BENEFITS
Qualified Pregnant Women EMS Displays as Qualified Pregnant Women with Emergency Service Only box checked	Individual coverage, medical only. Undocumented or Non-Qualified Aliens who meet all eligibility criteria under Medicaid, except citizenship or resident status requirement, are eligible for emergency Medicaid. They must have an emergency condition that is life or limb threatening and is verified by a doctor's statement. This includes labor and delivery.	100% of FPL	No resource test		Medicaid Benefits: • EMS Only, includes labor and delivery
Expanded Pregnant Women	Individual coverage for pregnant woman, medical only which includes labor and delivery.	133% of FPL	No resource test		Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	Additional Requirements	BENEFITS
Expanded Pregnant Women Emergency Medical Services (EMS)MS Displays as Expanded Pregnant Women with Emergency Service Only box checked	Individual coverage, for pregnant woman, medical only. Undocumented or Non-Qualified Aliens who meet all eligibility criteria under Medicaid, except citizenship or resident status requirement, are eligible for emergency Medicaid. They must have an emergency condition that is life or limb threatening and is verified by a doctor's statement. This includes labor and delivery.	133% of FPL	No resource test		• EMS Only, includes labor and delivery
Legal Immigrant Prenatal	Individual coverage, pregnant women. Legal immigrants who are not eligible under Medicaid due to their alien status (entered the United States after August 22, 1996 and are within 5 year ban) and meet categorical eligibility requirements.	133% FPL	No resource test		Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care
Qualified Child	Children up to age 6, individual coverage, medical only.	100% FPL	No resource test		Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	Additional Requirements	BENEFITS
					• Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services
Qualified Child Emergency Medical Services (EMS)	See Above. Up to age 6, individual coverage, medical only. Undocumented or Non-Qualified Aliens, who meet all eligibility criteria under Medicaid, except citizenship or resident status requirement, are eligible for emergency Medicaid. They must have an emergency condition that is life or limb threatening and is verified by a doctor's statement.	100% FPL	No resource test		• EMS Only

PROGRAM NAME	POPULATION SERVED	2012 INCOME LIMIT	RESOURCE LIMIT	Additional Requirements	BENEFITS

Ribicoff Child	Children 6 through 19, who meet all eligibility criteria under Medicaid. School attendance and graduation are not a factor for this group.	100% FPL	No resource test		Medicaid Benefits: • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services
Expanded Child	Up to age 6, individual coverage, medical only.	133% FPL	No resource test		Medicaid Benefits • Acute Care Benefits • Durable Medical Equipment • Non-Emergency Medical Transportation • Mental Health Services • Emergency Services • Prescription Services • Limited Physical Therapy, Occupational Therapy, and Speech Pathology • Podiatry Services • Optometry Services • Private Duty Nursing • Hospice Care • EPSDT Services
Expanded Child Emergency Medical Services (EMS) Displays as Expanded Child with Emergency Service Only box checked	See Above. Up to age 6, individual coverage, medical only. They must have an emergency condition that is life or limb threatening and is verified by a doctor's statement. Undocumented or Non-Qualified Aliens, who meet all eligibility criteria under Medicaid, except citizenship or resident status requirement, are eligible for emergency Medicaid.	133% FPL	No resource test		• EMS Only