

# Health Care Eligibility

For an application form, contact your local county DHS office or call 1-800-482-8988.

## Aged, Blind and Disabled Categories (AABD)

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
<b>SSI</b> DHS does not determine eligibility for this category. Individuals who qualify for SSI automatically receive Health Care.	\$943	\$1,415	\$20 General exclusion applied to unearned income first \$65.00 + ½ of remainder of monthly earned income.	Individual \$2000 Couple \$3000	<ul style="list-style-type: none"> <li>A home</li> <li>1 car excluded</li> <li>A 2<sup>nd</sup> car can be excluded if it is essential to the means of self-support of the individual or couple.</li> <li>Some non-home income producing properties</li> <li>Life insurance without a cash surrender value</li> <li>Burial spaces</li> <li>Irrevocable burial arrangements</li> <li>Personal effects (ex. antiques)</li> </ul>	<ul style="list-style-type: none"> <li>Cash on hand and in bank (less income received that month)</li> <li>Stocks and bonds</li> <li>Real property other than the home</li> <li>Personal property (ex. non-excludable car, trailers, boats, etc.)</li> <li>Life insurance with a cash surrender value if face value is over \$1500</li> <li>Revocable burial funds (less \$1500 exclusion per spouse if \$1500 exclusion is not used through application of other burial arrangements)</li> </ul>	<ul style="list-style-type: none"> <li>Elderly, blind or disabled. Elderly is defined as age 65 or older</li> <li>SSI recipient</li> <li>Retroactive eligibility based on information from SSA</li> </ul>
<b>AABD Adult SpendDown</b>	\$108.33 If income exceeds limit, deduct medical bills	\$216.66 If income exceeds limit, deduct medical bills	Same as SSI	Same as SSI	Same as SSI	Same as SSI	<ul style="list-style-type: none"> <li>Must re-enroll for spend down every 3 months. The Spend Down will be set up for a fixed period of time, not to exceed 3 months.</li> </ul>
<b>Pickle (COLA)</b>	\$943	\$1,415	Same as SSI Deduct all COLAs received since loss of SSI	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> <li>Current recipient of SSA</li> <li>Previously entitled to SSA and SSI concurrently</li> <li>Lost SSI for any reason and would be SSI eligible with deduction of all COLAs received since loss of SSI</li> <li>Retroactive eligibility based on information from SSA</li> </ul>
<b>Disabled Adult Child (DAC)</b>	\$943	\$1,415	Same as SSI Deduct DAC entitlement or increase that made them SSI ineligible	Individual \$2000 Couple \$3000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> <li>Age 18 or older</li> <li>Became disabled or blind before age 22</li> <li>Lost SSI due to DAC entitlement or DAC increase</li> <li>Retroactive eligibility based on information from SSA</li> </ul>

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
<b>Widows/Widowers and Surviving Divorced Spouses with a Disability (OBRA '90)</b>	\$943	\$1,415	Same as SSI  Deduct all SSA income	Individual \$2,000 Couple \$3,000	Same as SSI	Same as SSI	<ul style="list-style-type: none"> <li>Current recipient of SSA Widow/ Widower or Disabled Surviving Divorced Spouse benefits</li> <li>Not entitled to Medicare</li> <li>Lost SSI due to entitlement of SSA Widows/Widowers/Surviving Divorced Spouse benefits</li> <li>Retroactive eligibility based on information from SSA</li> </ul>
<b>Long Term Services &amp; Supports, Assisted Living, ARChoices &amp; DDS Waiver</b>	\$2,829 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except when one spouse is institutionalized, the other may be able to keep a portion of the resources up to \$154,140 based on a formula.	Same as SSI	<ul style="list-style-type: none"> <li>Functional eligibility</li> <li>Categorical eligibility</li> <li>Institutional status</li> <li>Cost effective</li> <li>Level of Care assessment</li> <li>ARChoices, Assisted Living Facility, and DDS- No retroactive coverage</li> </ul>
<b>Medicare Savings Beneficiaries</b> <b>ARSeniors</b> (Provides Full Medicaid) <b>QMB</b> (Pays Part B premiums, deductibles & copays) <b>SMB</b> (Pays Part B premium) <b>QI-1</b> (Pays Part B premium)	\$972.00  \$1,215.00  \$1,458.00  \$1,640.25	\$1,314.67  \$1,643.33  \$1,972.00  \$2,218.50	Same as SSI	Individual \$9,430  Couple \$14,130	Same as SSI	Same as SSI	<ul style="list-style-type: none"> <li>Medicare beneficiary</li> <li>Age 65 or older, blind or disabled</li> <li>ARSeniors is only for individuals age 65 or older. Retroactive coverage three (3) months prior to application date</li> <li>QMB:- not eligible for retroactive coverage</li> <li>SMB/QI-1- Retroactive coverage can be up to 3 months, but cannot go prior to January 1 in the year of application.</li> </ul>
<b>PACE</b>	\$2,829 (All applicants are treated as individuals for income purposes)		Income of spouse and children not counted.	Individual \$2000 Couple \$3000	Same as SSI, except when one spouse is institutionalized, the other may be able to keep a portion of the resources up to \$130,380 based on a formula.	Same as SSI	<ul style="list-style-type: none"> <li>55 years old or older</li> <li>Live in PACE area</li> <li>Functional eligibility</li> <li>Cost of care contribution</li> <li>Not eligible for retroactive coverage</li> </ul>
<b>Workers with Disabilities</b>	No earned income limit. Unearned income must be at or under the SSI individual limit. Total income will be used to determine cost sharing amount.		N/A	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"> <li>Meet disability criteria</li> <li>Eligible for SSI except for earned income</li> <li>Working (as defined in policy)</li> <li>Retroactive coverage 3 months prior to application date</li> </ul>

Program	Income Limit		Income Disregards	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements
	Individual	Couple					
TEFRA	\$2,829 (Only child's income is counted)		N/A	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	<ul style="list-style-type: none"> <li>• Functional eligibility</li> <li>• Children who would otherwise be institutionalized</li> <li>• Custodial parents with taxable income at or above the 150% of the FPL or over \$25,000 in annual income, whichever is more, must pay a premium based on income</li> <li>• Retroactive coverage 3 months prior to application date</li> </ul>
Autism	\$2,829 (Only child's income is counted)		N/A	\$2000 (Only child's resources are counted)	Same as SSI	Same as SSI	<ul style="list-style-type: none"> <li>• Functional eligibility</li> <li>• Autism diagnosis</li> <li>• Disability determination</li> <li>• Age requirement</li> <li>• No retroactive coverage</li> </ul>

# Quick Reference – Health Care Eligibility

## Family and Individuals Health Care Categories (MAGI)

Program	Income Limit	Earned Income Deductions	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other Requirements																								
ARKids A	142% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$1,725.30</td></tr><tr><td>2</td><td>\$2,333.53</td></tr><tr><td>3</td><td>\$2,941.77</td></tr><tr><td>4</td><td>\$3,550.00</td></tr><tr><td>5</td><td>\$4,158.23</td></tr></table> Add \$608.23 for each additional member	Family Size	Income	1	\$1,725.30	2	\$2,333.53	3	\$2,941.77	4	\$3,550.00	5	\$4,158.23	Additional 5% Income Disregard if child has insurance: 147% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$1,786.05</td></tr><tr><td>2</td><td>\$2,415.70</td></tr><tr><td>3</td><td>\$3,045.35</td></tr><tr><td>4</td><td>\$3,675.00</td></tr><tr><td>5</td><td>\$4,304.65</td></tr></table> Add \$629.65 for each additional member	Family Size	Income	1	\$1,786.05	2	\$2,415.70	3	\$3,045.35	4	\$3,675.00	5	\$4,304.65	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"><li>Children under age 19</li><li>Relationship/Living arrangement criteria</li><li>Eligible for additional 5% Income Disregard if needed for eligibility and child has insurance</li><li>Retroactive coverage can begin 3 months prior to application date</li></ul>
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ARKids B Limited benefit package Co-pays required	211% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$2,563.65</td></tr><tr><td>2</td><td>\$3,467.43</td></tr><tr><td>3</td><td>\$4,371.22</td></tr><tr><td>4</td><td>\$5,275.00</td></tr><tr><td>5</td><td>\$6,178.78</td></tr></table> Add \$903.78 for each additional member	Family Size	Income	1	\$2,563.65	2	\$3,467.43	3	\$4,371.22	4	\$5,275.00	5	\$6,178.78	Additional 5% Income Disregard if needed: 216% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$2,624.40</td></tr><tr><td>2</td><td>\$3,549.60</td></tr><tr><td>3</td><td>\$4,474.80</td></tr><tr><td>4</td><td>\$5,400.00</td></tr><tr><td>5</td><td>\$6,325.20</td></tr></table> Add \$925.20 for each additional member	Family Size	Income	1	\$2,624.40	2	\$3,549.60	3	\$4,474.80	4	\$5,400.00	5	\$6,325.20	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"><li>Children under age 19</li><li>Children are not eligible if they currently have or have had group or employer-sponsored health insurance within the past 90 days, unless insurance lost involuntarily</li><li>Relationship/Living arrangement criteria</li><li>Eligible for additional 5% Income Disregard if needed for eligibility</li><li>Retroactive coverage can begin 3 months prior to application date</li></ul>
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Full Pregnant Woman	209% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$3,434.57</td></tr><tr><td>3</td><td>\$4,329.78</td></tr><tr><td>4</td><td>\$5,225.00</td></tr><tr><td>5</td><td>\$6,120.22</td></tr></table> Add \$895.22 for each additional member	Family Size	Income	2	\$3,434.57	3	\$4,329.78	4	\$5,225.00	5	\$6,120.22	Additional 5% Income Disregard if needed: 214% of FPL <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>2</td><td>\$3,516.74</td></tr><tr><td>3</td><td>\$4,433.36</td></tr><tr><td>4</td><td>\$5,350.00</td></tr><tr><td>5</td><td>\$6,266.64</td></tr></table> Add \$916.64 for each additional member	Family Size	Income	2	\$3,516.74	3	\$4,433.36	4	\$5,350.00	5	\$6,266.64	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"><li>Pregnant</li><li>Full Medicaid coverage</li><li>Number of expected babies are included in the household size</li><li>Retroactive coverage is determined by the current PW edibility determination and should have alleged medical expenses for the retro period.</li></ul>				
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Parents/Caretaker Relatives	<table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$124.00</td></tr><tr><td>2</td><td>\$220.00</td></tr><tr><td>3</td><td>\$276.00</td></tr><tr><td>4</td><td>\$334.00</td></tr><tr><td>5</td><td>\$388.00</td></tr><tr><td>6</td><td>\$448.00</td></tr><tr><td>7</td><td>\$505.00</td></tr><tr><td>8</td><td>\$561.00</td></tr><tr><td>9&gt;</td><td>\$618.00</td></tr></table>	Family Size	Income	1	\$124.00	2	\$220.00	3	\$276.00	4	\$334.00	5	\$388.00	6	\$448.00	7	\$505.00	8	\$561.00	9>	\$618.00	No Income Disregards	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"><li>Must be a child under age 18 in the home</li><li>Deprivation does not have to exist</li><li>Retroactive coverage can begin 3 months prior to application date</li></ul>				
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<b>ARHOME Program</b> <b>(Adult Expansion Group)</b>	133% of FPL  <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$1,615.95</td></tr><tr><td>2</td><td>\$2,185.63</td></tr><tr><td>3</td><td>\$2,755.32</td></tr><tr><td>4</td><td>\$3,325.00</td></tr><tr><td>5</td><td>\$3,894.68</td></tr></table>  Add \$569.68 for each additional member	Family Size	Income	1	\$1,615.95	2	\$2,185.63	3	\$2,755.32	4	\$3,325.00	5	\$3,894.68	Additional 5% Income Disregard if needed: 138% of FPL  <table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$1,676.70</td></tr><tr><td>2</td><td>\$2,267.80</td></tr><tr><td>3</td><td>\$2,858.90</td></tr><tr><td>4</td><td>\$3,450.00</td></tr><tr><td>5</td><td>\$4,041.10</td></tr></table>  Add \$591.10 for each additional member	Family Size	Income	1	\$1,676.70	2	\$2,267.80	3	\$2,858.90	4	\$3,450.00	5	\$4,041.10	N/A	N/A	N/A	<ul style="list-style-type: none"><li>• Must be between ages 19 - 64</li><li>• Cannot be pregnant</li><li>• Noteligible for or enrolled in Medicare</li><li>• Cannot be eligible for Parent/Caretaker Relative</li><li>• Eligible foradditional 5% Income Disregard if needed for eligibility</li><li>• Retroactive coverage 30 days prior to the date of application</li></ul>
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<b>Former Foster Care</b>	No Income Limit	N/A	No Resource Limit	N/A	N/A	<ul style="list-style-type: none"><li>• Must have aged out of the Arkansas Foster Care Program between the ages of 18 through 21</li><li>• Must have aged out of foster care in another state who reached the age of 18 on or after January 01, 2023.</li><li>• Retroactive coverage can begin up to 3 months prior to application</li></ul>																								
<b><u>NON-MAGI Families</u></b> <b>Spend Down</b> (a) Pregnant Woman (b) Under-18 (U-18) (c) Unemployed Parent (d) AFDC related	<table><tr><th>Family Size</th><th>Income</th></tr><tr><td>1</td><td>\$108.33</td></tr><tr><td>2</td><td>\$216.66</td></tr><tr><td>3</td><td>\$275.00</td></tr><tr><td>4</td><td>\$333.33</td></tr></table> Add \$58.33 for each additional member  Deduct outstanding medical bills if income exceeds limit for household size	Family Size	Income	1	\$108.33	2	\$216.66	3	\$275.00	4	\$333.33	Deduct \$90 for work related expenses.  Deduct actual childcare expenses up to \$200 a month for a child under age 2 or \$175 a month for a child age 2 or older.	<table><tr><th>Family Size</th><th></th></tr><tr><td>1</td><td>\$2000</td></tr><tr><td>2</td><td>\$3000</td></tr><tr><td>3</td><td>\$3100</td></tr><tr><td>4</td><td>\$3200</td></tr></table>  Add \$100 for each additional person	Family Size		1	\$2000	2	\$3000	3	\$3100	4	\$3200	<ul style="list-style-type: none"><li>• A home</li><li>• Household and personal goods</li><li>• Student loans and grants</li><li>• Other bona fide loans</li><li>• One burial plot per family member</li></ul>	<ul style="list-style-type: none"><li>• Cash on hand or in the bank (less income received that month)</li><li>• Stocks and bonds</li><li>• Accessible trust funds</li><li>• Cash surrender value of life insurance policies</li><li>• U.S. Savings Bonds</li><li>• Other personal property</li><li>• Equity value in excess of \$1,500 is counted for one car: Full equity value is counted for additional cars</li></ul>	<ul style="list-style-type: none"><li>(a) Pregnant Woman only</li><li>(b) Under-18: Children under 18 years only</li><li>(c) Deprivation due to unemployment of parent</li><li>(d) Deprivation due to absence, death or disability of parent</li><li>• Retroactive coverage can begin up to 3 months prior to application</li></ul>				
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\* This is a brief summary of eligibility requirements. Other factors will also enter into determining your eligibility for a program. Unless otherwise noted, all categories receive "full" Health Care. Benefit packages are defined by the Department of Human Services, Division of Medical Services. This information was current at the time this summary was prepared but changes may have been made subsequently due to federal regulations, state laws, court decisions or other factors. DHS cannot be bound by any information in this reference chart that conflicts with current policy or program requirements.

Arkansas' complete Health Care Policy can be found at: <https://humanservices.arkansas.gov/divisions-shared-services/county-operations/division-policies/>

Additional information is available at: <https://medicaid.mmis.arkansas.gov/>