Aged, Blind and Disabled Categories (AABD)

Program	Income Limit			Resource Limit		Excluded From Resources	Counted Toward Resource Limit	Other
	Individual	Couple		Individual	Couple			
SSI DHS does not determine eligibility for this category. Individuals who qualify for SSI automatically receive Health Care. *Full Benefit	\$967	\$1450	\$ 20 General exclusion applied to unearned income first \$65.00 + ½ of remainder of monthly earned income	\$2000	\$3000	A home 1 vehicle excluded A 2 nd vehicle can be excluded if it is essential to the means of self-support of the individual or couple Some non-home income producing properties Life insurance without a cash surrender value Burial spaces Irrevocable burial arrangements Personal effects (ex. antiques)	Cash on hand in bank (less income received that month) Stocks and bonds Real property other than the home Personal property (ex. non-excludable car, trailers, boats, etc.) Life insurance with a cash surrender face is over \$1500 Revocable burial funds (less \$1500 per spouse if \$1500 exclusion is not used through application of other burial arrangements)	Elderly, blind or disabled. Elderly is defined as age 65 or older SSI Recipient Retroactive eligibility based on information from SSA
AABD Adult Spend Down	\$108.33	\$216.66	Same as SSI	Same as SSI		Same as SSI	Same as SSI	Must re-enroll for spend- down every 3 months. The
*Full Benefit	If income exceeds the limit, deduct medical bills	exceeds the limit, deduct medical bills						Spend-Down will be set up for a fixed period, not to exceed 3 months.
*Full Benefit	\$967	\$1450	*Deduct all COLAs received since the loss of SSI	Same as SSI		Same as SSI	Same as SSI	Current recipient of SSA Previously entitled to SSA and SSI concurrently Lost SSI for any reason and would be SSI eligible with deduction of all COLAs received since loss of SSI
								 Retroactive eligibility based on information from SSA

Aged, Blind and Disabled Categories (AABD)

Program	Income Limit		Income Disregards	Resource Limit		Excluded From Resources	Counted Toward Resource Limit	Other
	Individual	Couple		Individual	Couple			
Disabled Adult Child (DAC) *Full Benefit	\$967	\$1450	*Same as SSI *Deduct DAC entitlement plus any COLAs received since the loss of SSI	\$2000	\$3000	Same as SSI	Same as SSI	Age 18 or older Became disabled or blind before age 22 Lost SSI due to DAC entitlement or DAC increase Retroactive eligibility based on information from SSA
Widows/Widowers and Surviving Divorced Spouses with Disability (OBRA '90) *Full Benefit	\$967	\$1450	*Deduct all SSA income	\$2000	\$3000	Same as SSI	Same as SSI	Current recipient of SSA Widow/Widower or Disabled Surviving Divorced Spouse benefits Not entitled to Medicare Lost SSI due to entitlement of SSA Widows/Widowers/Surviving Divorced Spouse benefits Retroactive eligibility based on information from SSA
Nursing Facility, Assisted Living, ARChoices & DDS Waiver *Full Benefit	(All applican	2,901 ts are treated as income purposes)	Income of spouse and children not counted	\$2000	\$3000	Same as SSI, except when one spouse is institutionalized, the other may be able to keep a portion of the resources up to \$157,920 based on a formula	Same as SSI	Functional eligibility Categorical eligibility Institutional status Cost effective Level of Care assessment ARChoices, Assisted Living Facility, and DDS – No retroactive coverage
Medicare Savings Program ARSeniors (Provides Full Medicaid) QMB (Pays Part B premiums, deductibles & copays) SMB (Pays Part B premium) QI-1 (Pays Part B premium) QDWI (Pays Part A premium) *QMB, SMB, QI-1 and QDWI (Limited Benefit)	\$1004.00 \$1255.00 \$1506.00 \$1694.25 \$2510.00	\$1362.67 \$1703.33 \$2044.00 \$2299.50 \$3406.67	Same as SSI	\$9,660.00	B, SMB and QI-1 rce Limit \$14,470.00 source Limit \$6,000.00	Same as SSI	Same as SSI	 Medicare beneficiary Age 65 or older, blind or disabled ARSeniors is only for individuals aged 65 or older. Retroactive coverage three (3) months prior to application date QMB – not eligible for retroactive coverage SMB/Ql-1 – Retroactive coverage can be up to 3 months, but Ql-1 cannot go prior to January 1 in the year of application

Apply for benefits online at www.access.arkansas.gov.

For an application form, contact your local county DHS office or call 1-855-372-1084.

Aged, Blind and Disabled Categories (AABD)

Program	Income Limit	Income Disregards	Resource Limit		Excluded From Resources	Counted Toward Resource Limit	Other
	Individual Couple	-	Individual	Couple			
*Full Benefit	\$2,901 *All applicants are treated as individuals for income purposes	Income of Spouse and Children not counted	\$2000	\$3000	Same as SSI, except when one spouse is institutionalized and the other may be able to keep a portion of the resources up to \$157,920 based on a formula.	Same as SSI	 55 years old or older Live in PACE area Functional eligibility Cost of care contribution Not eligible for retroactive coverage
Workers with Disabilities *Full Benefit	No earned limit. Unearned income must be at or under the individual SSI limit. Total income will be used to determine costsharing amount.	N/A	No Resource Limit		N/A	N/A	 Meet disability criteria Eligible for SSI except for earned income Working (as defined in policy) Retroactive coverage 3 months prior to application date
TEFRA *Full Benefit	\$2,901 (Only child's income is counted)	N/A	(Only child'	2000 s resources are unted)	Same as SSI	Same as SSI	Functional eligibility Children who would otherwise be institutionalized Custodial parents with taxable income at or above 150% of the FPL or over \$25,000 in annual income, whichever is more, must pay a premium based on income Retroactive coverage 3 months prior to application date
Autism *Full Benefit	\$2,901 (Only child's income is counted)	N/A	(Only Child'	2000 s resources are unted)	Same as SSI	Same as SSI	Functional eligibility Autism diagnosis Disability determination Must apply and be approved by 5 th birthday. Age restriction of 18 months-8 th birthday. No retroactive coverage

Families and Individuals Group (MAGI)

Program	Income Limit	Earned Income Deductions	Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other
	Family Size Income	Family Size Income				
ARKids A *Full Benefit	142% of FPL 1 \$1,782.10 2 \$2,418.73 3 \$3,055.37 4 \$3,692.00 5 \$4,328.63	147% of FPL Additional 5% Income Disregard if child has insurance 1 \$1,844.85 2 \$2,503.90 3 \$3,162.95	No Resource Limit	N/A	N/A	Children under age 19 yrs. old Relationship/Living arrangement criteria Eligible for additional 5% Income Disregard if needed for eligibility and child has
	Add \$636.63 for each addition member					 insurance Retroactive coverage can begin 3 months prior to application date PCP assignment required 12-month continuous eligibility
ARKids B	211% of FPL	216% of FPL	No Resource Limit	N/A	N/A	Children under age 19 yrs. old
*Limited Benefit	1 \$2,648.05 2 \$3,594.03 3 \$4,540.02 4 \$5,486.00 5 \$6,431.98 Add \$945.98 for each addition member	Add \$968.40 for each additional member				Relationship/Living arrangement criteria Eligible for additional 5% Income Disregard if needed for eligibility Retroactive coverage can begin 3 months prior to application date Copays required PCP assignment 12-month continuous eligibility
Pregnant Women	209% of FPL 1 \$2,622.95	214% of FPL Additional 5% Income	No Resource Limit	N/A	N/A	PregnantNumber of expected babies
*Full Benefit	2 \$3,559.97 3 \$4,496.98 4 \$5,434.00 5 \$6,371.02 Add \$937.02 for each additional	Disregard if needed 1 \$2,685.70 2 \$3,645.13 3 \$4,604.57 4 \$5,564.00 5 \$6,523.43 Add \$959.43 for each additional member				are included in the household size Retroactive coverage is determined by the current PW eligibility determination and should have alleged medical expenses for the retro period Coverage ends at 60th day post-partum

Families and Individuals Group (MAGI)

Program	Income Limi	it	Earned Inco Deductions		Resource Limit	Excluded From Resources	Counted Toward Resource Limit	Other
	Family Size	Income	Family Size	Income				
*Limited Benefit	1 2 2	9% of FPL \$2,622.95 \$3,559.97 \$4,496.98	Additional ! Disregard	5% Income	No Resource Limit	N/A	N/A	PregnantNumber of expected babies are included in the household
		\$5,434.00 \$6,371.02 If for each additional member	2 3 4	\$3,645.13 \$4,604.57 \$5,564.00 \$6,523.43 3 for each				Retroactive coverage is determined by the current PW eligibility determination and should have alleged medical expenses for the retro period Coverage ends at 60 th day post-partum
Parents/Caretaker Relatives	1 2 3	\$124.00 \$220.00 \$276.00	No Income D	Disregards	No Resource Limit	N/A	N/A	Must be have a child under age 18 in the home Deprivation does not have to
*Full Benefit	4 5 6 7 8 9>	\$334.00 \$388.00 \$448.00 \$505.00 \$561.00 \$618.00						 exist Retroactive coverage can begin 3 months prior to application date
ARHOME Program	13	3% of FPL	138%	of FPL	N/A	N/A	N/A	Must be between ages 19-64
(Adult Expansion Group)	1 2	\$1,669.15 \$2,265.43	Additional ! Disregard					 Cannot be pregnant at time of application
*Full Benefit		\$2,861.72 \$3,458.00 \$4,054.28 8 for each additional member	2 3 4					Not eligible for or enrolled in Medicare Cannot be eligible for Parent/Caretaker Relative Eligible for additional 5% Income Disregard if needed for eligibility Retroactive coverage 30 days prior to the date of application

Families and Individuals Group (MAGI)

Program	Income Limit	Deductions		Resource Limit Excluded From Resources	Counted Toward Resource Limit	Other
Former Foster Care *Full Benefit	No Income Limit	No Income Disregards	No Resource Limit	N/A	N/A	Must have aged out of the Arkansas Foster Care Program between the ages of 19 through 21 If aged out of foster care in another state, must have reached the age of 18 on or after January 1, 2023 Retroactive coverage can begin up to 3 months prior to application 12-month continuous eligibility for recipients under 19
Non-MAGI Families Spend Down (a) Pregnant Woman (b) Under-18 (U-18) (c) Unemployed Parent (d) AFDC related *Full Benefit	1 \$108.33 2 \$216.66 3 \$275.00 4 \$333.33 Add \$58.33 for each additional member Deduct outstanding medical bills if income exceeds limit for household size	Deduct \$90 for work-related expense Deduct actual childcare expenses up to \$200 a month for a child under age 2 or \$175 a month for a child aged 2 or older	Family Size 1 \$2000 2 \$3000 3 \$3100 4 \$3200 Add \$100 for each additional person	A home Household and personal goods Student loans and grants Other bona fide loans One burial plot per family member	Cash on hand or in the bank (less income received that month) Stocks and bonds Accessible trust funds Cash surrender value of life insurance policies U. S. Savings Bonds Other personal property Equity value of more than \$1500 is counted for one car. Full equity value is counted for additional cars	(a) Pregnant Woman only (b) Under-18: Children under 18 years only (c) Deprivation due to unemployment of parent (d) Deprivation due to absence, death or disability of parent • Retroactive coverage can begin up to 3 months prior to application

^{*}This is a summary of eligibility requirements. Other factors will also enter 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/

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