

## Women, Children, & Family Medicaid Categories

Federal Poverty Level (FPL)

Effective 4/1/20 – 3/31/21

<ul> <li>Category 029 - Family Planning</li> <li>Family Planning Services Only</li> <li>Income must be under 250% FPL</li> <li>No Centennial Care Organization (MCO)</li> <li>No other health insurance</li> <li>Coverage up to age 51 and do not have other health insurance</li> <li>Individuals who are under the age of 65, who only have Medicare coverage and no other health insurance</li> <li>Category 100 - Other Adults</li> </ul>						The Noti when the to prove verify the birth mor	<ul> <li>Category 031 - Newborn         The Notification of Birth (NOB) is required from Medicaid medical providers         when the mother is on Medicaid at the time of the child's birth. The NOB serves         to prove U.S. Citizenship. Applications require proof of birth or information to         verify the U.S. birth. Category 031 is full Medicaid for 13 months starting the         birth month if:             <ul></ul></li></ul>					
<ul> <li>Alternative Benefit Package</li> <li>Income must be under 133% FPL</li> <li>No Medicare or Medicare entitlement on this category</li> <li>No Pregnancy on this category</li> </ul>							<ul> <li>Full Medicaid</li> <li>Income must be under the Fixed Standard</li> <li>Household must have a relative child in the home (5<sup>th</sup> degree of relation if not the parent)</li> </ul>					
<ul> <li>Category 300 - Pregnant Women (Full Medicaid)</li> <li>Full Medicaid</li> <li>Income must be under the Fixed Standard</li> <li>2 months post-partum period</li> <li>Categories 400, 401, 402, 403 - Children's Medicaid</li> <li>Full Medicaid for children up to age 19</li> <li>Eligible even if children have health insurance or have voluntarily dropped insurance</li> <li>Income must be under the following FPL: <ul> <li>400 Children 0 - 5 — 0% - 200%</li> <li>401 Children 6 - 18 — 0% - 138%</li> <li>402 Children 0 - 5 — 200% - 240%</li> <li>403 Children 6 - 18 — 138% - 190%</li> </ul> </li> </ul>						Categ	<ul> <li>Income must be under 250% FPL</li> <li>2 months post-partum period</li> <li>Categories 420, 421 - Children's Health Insurance Program (CHIP)</li> </ul>					
Household Size	Fixed Standard	100%	133%	138%	190%	200%	235%	240%	250%	300%	5% of 100% FPL Disregard When Applicable	
1	\$451	\$1,064	\$1,415	\$1,468	\$2,021	\$2,127	\$2,499	\$2,552	\$2,659	\$3,190	\$54.00	
2	\$608	\$1,437	\$1,911	\$1,983	\$2,730	\$2,874	\$3,377	\$3,449	\$3,592	\$4,311	\$72.00	
3	\$765	\$1,810	\$2,408	\$2,498	\$3,439	\$3,620	\$4,254	\$4,344	\$4,525	\$5,430	\$91.00	
4	\$923	\$2,184	\$2,904	\$3,013	\$4,149	\$4,367	\$5,131	\$5,240	\$5,459	\$6,550	\$110.00	
5	\$1,080	\$2,557	\$3,401	\$3,529	\$4,858	\$5,114	\$6,009	\$6,137	\$6,392	\$7,671	\$128.00	
6	\$1,238	\$2,930	\$3,897	\$4,044	\$5,567	\$5,860	\$6,886	\$7,032	\$7,325	\$8,790	\$147.00	
7	\$1,395	\$3,304	\$4,394	\$4,559	\$6,277	\$6,607	\$7,763	\$7,928	\$8,259	\$9,910	\$166.00	
1											<b>#10100</b>	
8	\$1,553	\$3,677	\$4,890	\$5,074	\$6,986	\$7,354	\$8,641	\$8,825	\$9,192	\$11,031	\$184.00	

• COE 200, the 5% FPL disregard applies only if age 65 and above <u>OR</u> Medicare eligible

• No resource standard for MAGI Medicaid categories