

Eligibility Review Document – Medicaid

CITIZENSHIP/IDENTITY Attachment 1 – Updated 4/1/2017

LEVEL 1

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
U.S. Passport	May be expired. Not sufficient if issued with limitation(s); however, may be used for ID.
OTHERS: Certificate of Naturalization (N-550 or N-570); Certificate of Citizenship (N-560 or N-561); American Indian Card (I-872); Tribal documentation issued by a Federally recognized Tribe such as Certificate of Degree of Indian Blood or other U.S. American Indian/Alaska Native tribal document (must have photo or other personal ID info); Born in US to mother authorized for Medicaid for the delivery	

LEVEL 1

SSA Citizen/Identity Match	A data match consistent with SSA information
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Note: Level 1 documents satisfy the documentation requirement for both citizenship and identity, with limitations noted.

LEVEL 2

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
U.S. Public Birth Record Shows birth in U.S., D.C., and U.S. territories	<ul style="list-style-type: none"> • Data match with the local Register of Deeds or State Vital Records or copy of certified birth certificate is acceptable. • Must be recorded by the state, commonwealth, territory, or local jurisdiction prior to individual's fifth birthday. • If born in Puerto Rico, the Virgin Islands, or the Northern Mariana Islands, the individual may be collectively naturalized. See MA-3330/MA-2504 Figure 10 for more information.
DATA MATCH with database of other state or federal agency	Agency must be known to verify citizenship.
Final Adoption Decree	Must show name and U.S. place of birth (POB). If adoption not final and state will not issue birth certificate (b.c.) prior to final adoption, obtain statement from the State-approved adoption agency including child's name and U.S. place of birth, and that info is based on original b.c.
Proof of Civil Service Employment	Must show employment prior to 6/1/76.
Military Service Record	Must show a U.S. place of birth.
DOHS Systematic Alien Verification for Entitlement (SAVE) program	May be used to verify citizenship of naturalized citizens.
OTHERS: Certificate of Report of Birth (DS-1350); Consular Report of Birth Abroad of a Citizen of the U.S. (FS-240); Certificate of Birth Abroad (FS-545); Child adopted outside the U.S. (IR-3); Child coming to the U.S. to be adopted (IR-4); United States Citizen Identification Card (I-197 or I-179);	

LEVEL 3

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
Extract of hospital record on hospital letterhead	Must have been created at least 5 yrs. before initial MA DOA and indicate U.S. POB. "Souvenir" b.c. issued by hospital not acceptable.
Life/health/other insurance record	Must show U.S. POB and have been created at least 5 yrs. before initial MA DOA.
Early school records showing a U.S. place of birth	Must show name of child, date of school admission, DOB, POB, and name and POB of applicant's parents.
Religious records recorded in U.S. within 3 mos. of birth	Must show birth in the U.S. and either DOB or individual's age at time record was made. Entries in family bible are not recorded religious records.

LEVEL 4

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
Federal/State Census	For persons born between 1900 and 1950. Must show U.S. Citizen or POB and age. See MA-3330/2504 for info on how to obtain.
OTHERS: (Must have been created at least 5 years before initial MA DOA & show U.S. POB) U.S. State Vital Statistics official notification of birth registration; Delayed U.S. public birth record (delayed > 5 yr after DOB); Statement from attending Dr/midwife who witnessed birth; Admission documents (NHM/SNF, other institutions); Medical record (clinic, dr, hosp – not immunization records!);	
Newborns and Children under 16 only: Medical (clinic, doctor, or hospital) record created near the time of birth or at least five years prior to the Medicaid date of application.	
Written Affidavit	Last resort!! See MA-3330/2504 for specific requirements.

DOCUMENTATION OF IDENTITY – LEVEL 5

DOCUMENT	LIMITATIONS, EXPLANATIONS, COMMENTS
SOLQ or DATA MATCH w/other state agency	Data match must indicate that an identity has been verified. SOLQ returned with message "SSN verified".
For children under 16, school, clinic, doctor, hosp. records	School records Include nursery/daycare. All must show date of birth.
School, Military (incl dependent) ID or draft record	School ID must have photo.
Driver's license	Must have photograph or other identifying information such as name, age, sex, race, height, weight, eye color.
ID issued by local, state or federal government	Must contain same info as a driver's license.
Affidavit (for newborns, children <16 and disabled individuals in residential care facilities only)	All affidavits must be signed under penalty of perjury. If in a residential care facility, the facility director or administrator may attest to the disabled individual's identity.
OTHERS: U.S. Coast Guard Merchant Mariner card; Three or more corroborating documents such as high school and college diplomas, marriage certificates, divorce decrees, property deeds/titles, and employee id cards.	

Note: Documentation of citizenship from Types 2, 3 and 4 also require documentation of ID from Type 5. Type 4 should be used only rarely.

See MA-2506/3332 for detailed information regarding documenting citizenship/identity. Obtain copies of all documentation. Place in the Citizenship/Identity file.

STATE RESIDENCY
Attachment 2 - Updated 5/30/2023

When online verification is not available, the a/b may provide documentation that verifies their physical address. Send a DHB-5097/5097sp, Request for Information form requesting one of the following:

1. A valid North Carolina driver license or other identification card issued by the North Carolina Division of Motor Vehicles.
2. A current North Carolina rent or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant's legal spouse showing a North Carolina address.
3. A valid North Carolina motor vehicle registration in the applicant's name and 5 showing the applicant's current address.
4. A document showing that the applicant is employed in this State.
5. One or more documents proving that the applicant's domicile in the applicant's prior state of domicile has ended, such as closing of a bank account, termination of employment, or sale of a home.
6. The tax records of the applicant or the applicant's legal spouse, showing a current North Carolina address.
7. A document showing that the applicant has registered with a public or private employment service in this State.
8. A document showing that the applicant has enrolled the applicant's children in a public or private school or childcare facility located in this State.
9. A document showing that the applicant is receiving public assistance or other services requiring proof of domicile, other than medical assistance, in this State.
10. Records from a health department or other health care provider located in this State showing the applicant's current North Carolina address.
11. A written declaration, completed DHB-5152, North Carolina Residency Declaration, Work First DSS-5276, North Carolina Residency Applicant Statement or DSS-5275 North Carolina Residency Declaration made under penalty of perjury from a person who has a social, family, or economic relationship with the applicant and who has personal knowledge of the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.
12. Current North Carolina voter registration card.

STATE RESIDENCY VERIFICATION (Cont'd)

Attachment 2 - Updated 5/30/2023

13. A document from the U.S. Department of Veterans Affairs, U.S. Department of Defense, or the U.S. Department of Homeland Security verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.

14. Official North Carolina school records, signed by school officials, or diplomas issued by North Carolina schools, including secondary schools, community colleges, colleges, and universities verifying the applicant's intent to live in North Carolina permanently or for an indefinite period of time or that the applicant is residing in North Carolina to seek employment or with a job commitment.

- A written declaration from a person who has a social, family, or economic relationship with the applicant and who has personal knowledge of the applicant's intent to live in North Carolina permanently may be accepted as proof of state residency. DHB-5152, North Carolina Residency Declaration.
- A written declaration (DHB-5152) from the a/b when they self-attest they are homeless. If the a/b does not have a mailing address to receive mail, the caseworker may use the local agency's address and must document it in the NC FAST.

The county may deny eligibility on the 45th/90th day, if there is substantial evidence showing that the documentation is false. If reasonably necessary, the caseworker must send DHB-5097/5097sp to request additional documentation to verify residency.

CONVERSIONS

Attachment 3 – Updated 4/1/2017

Total gross income for each pay/benefit period. Divide by the number of pay periods. This is the average income. Convert the average income to a gross monthly amount.

- a. If received weekly, multiply by 4.3.
- b. If received bi-weekly, multiply by 2.15.
- c. If received semi-monthly, multiply by 2.
- d. If received monthly, use the monthly gross.
- e. If salaried, and contract renewed annually, divide annual income, etc., by 12.

EXAMPLE: Applicant receives income bi-weekly. On Sept. 7, he received \$300 gross and on 9-21, he received \$300 gross. \$300 plus \$300 = \$600. Divide \$600 by 2 (number of pay periods received and used). This equals \$300 (average income). Convert the \$300 by multiplying \$300 by 2.15 = \$645.00 (countable gross monthly income).

NOTE: Actual previous month's income is used in determining eligibility for Medicaid for Pregnant Women (MPW)

Income Exclusions and Deductions

Medicaid for Aged, Blind and Disabled M-AABD Eligibility Manual Section MA-2250 IX.	Non-MAGI Family and Children's Medicaid/ Family & Children's Eligibility Manual Section MA-3306.
<ul style="list-style-type: none"> • Unearned Income – Deduct \$20.00 General Income Deduction (do not give deduction if only income is VA pension or if budgeting for Long Term Care) • Self-Employment/Farm Income – Compute net self-employment by subtracting operational expenses from gross self-employment to determine net income (refer to M-AABD Manual Section MA-2250 VII. D. and E. for procedures) • Student Earned Income Deduction for Blind or Disabled child attending school and working - exclude \$400.00 per month but no more than \$1620.00 per year • Earned Income Deduction – Exclude \$65.00 and ½ of remainder (do not give deduction if budgeting for Long Term Care) • Work Expense Exclusion for the Blind – exclude income attributable to earning the income • Impairment Related Work Expense for the Disabled – exclude expenses which allow a disabled person to work. <p>*Deem spousal or parental income to applicant if applicable. Record should contain budget sheet or computation – refer to MA-2260.</p>	<ul style="list-style-type: none"> • Deduct Earned Income Tax Credit payments from gross earned income • For <u>MAF-C</u> only, deduct 27.5% Earned Income Deduction from gross earned income (if over limit, deduct Standard Work Related Expense and Child Care/Incapacitated Adult care costs, if more) • Deduct Standard Work Related Expense of \$90.00 from earned income • Deduct Child Care/Incapacitated Adult Care Costs up to: \$175.00 for each child age 2 or older, or, for incapacitated adult \$200.00 for each child under age 2 • Court Ordered Child Support/Alimony – subtract amount actually paid by the parent whose income is counted • Subtract Parent's Income Deemed to a Work First Case <p>* Parental or spousal income is counted in the budget process.</p>

MA-2252, NON- MAGI MEDICAID INCOME/RESERVE LIMITS

Effective: April 1, 2025

	1	2	3	4	5	6	7	8	Add'l
MAF-M Reserve Limit: \$3000	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1305	1763							
MAABD-N 1/3 reduced	870	1176							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1957	2644							
HCWD 150% 1/3 reduced	1305	1763							
HCWD 200%	2609	3525	<i>Above 200% - Premium must be paid.</i>						
HCWD 200% 1/3 reduced	1739	2351							
MQB-Q 100%	1305	1763	2221	2680	3138	3596	4055	4513	459
MQB-Q 1/3 reduced	870	1176	1481	1787	2092	2398	2703	3009	306
MQB-B 100% - 120%	1305.01- 1565	1763.01- 2115	2221.01- 2665	2680.01- 3215	3138.01- 3765	3596.01- 4315	4055.01- 4865	4513.01- 5415	<i>Add 459 to previous minimum and 550 to 120%</i>
MQB-B 1/3 reduced	870.01- 1044	1176.01- 1411	1481.01- 1777	1787.01- 2144	2092.01- 2511	2398.01- 2877	2703.01- 3244	3009.01- 3611	<i>Add 306 to previous minimum and 367 to 120%</i>
MQB-E 120% - 135%	1565.01- 1761	2115.01- 2380	2665.01- 2999	3215.01- 3617	3765.01- 4236	4315.01- 4855	4865.01- 5474	5415.01- 6092	<i>Add 550 to previous minimum and 619 to 135%</i>
MQB-E 1/3 reduced	1044.01- 1174	1411.01- 1587	1777.01- 1999	2144.01- 2412	2511.01- 2824	2877.01- 3237	3244.01- 3649	3611.01- 4062	<i>Add 367 to previous minimum and 413 to 135%</i>
MWD 200%	2609	3525							
MWD 1/3 reduced	1739	2351							
TBI 300%	3913	5288							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	9660	14470							
Reserve: HCWD	31584	31584							
Reserve: MWD	4000	6000							

Revised 1/28/2025

MA-3321, MAGI MEDICAID & MEDICAID EXPANSION INCOME LIMITS

*** MAGI & MXP groups does not have Reserve Limits – Only MAF-M (Refer to MA-2252) ***

Effective: APRIL 1, 2025

	1	2	3	4	5	6	7	8	9	10	Add'l
133% MXPNN	1735	2345	2954	3564	4183	4783	5393	6002	6612	7221	610
196% MPW	2557	3455	4353	5252	6150	7048	7947	8845	9743	10,642	899
195% MAF-D	2544	3437	4331	5225	6119	7012	7906	8800	9694	10,587	894
194%- 211% MIC-1<1	2531.01- 2752	3420.01- 3719	4309.01- 4686	5198.01- 5645	6087.01- 6621	6976.01- 7588	7886.01- 8555	8755.01- 9522	9644.01- 10,489	10,533.01- 11,456	890.01- 968
194% MIC-N <1	2531	3420	4309	5198	6087	6976	7886	8755	9644	10,533	890
141%- 211% MIC-1 (Age 1-5)	1839.01- 2752	2486.01- 3719	3132.01- 4686	3778.01- 5645	4424.01- 6621	5071.01- 7588	5717.01- 8555	6363.01- 9522	7009.01- 10,489	7656.01- 11,456	647.01- 968
141% MIC-N (Age 1-5)	1839	2486	3132	3778	4424	5071	5717	6363	7009	7656	647
107%- 211% MIC-1 (Age 6-18)	1396.01- 2752	1886.01- 3719	2377.01- 4686	2867.01- 5645	3358.01- 6621	3848.01- 7588	4338.01- 8555	4829.01- 9522	5319.01- 10,489	5810.01- 11,456	491.01- 968
107% MIC-N (Age 6-18)	1396	1886	2377	2867	3358	3848	4338	4829	5319	5810	491
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	2413	3261	4109	4957	5805	6653	7501	8349	9197	10,044	848
5% Disregard	65.21	88.13	111.04	133.96	156.88	179.79	202.71	225.63	248.54	271.46	22.92

Revised 2/4/2025

MA-2252, NON- MAGI MEDICAID INCOME/RESERVE LIMITS

Effective: April 1, 2026

	1	2	3	4	5	6	7	8	Add'l
MAF-M Reserve Limit: \$3000	242	317	367	400	433	467	500	525	
	9	10	11	12	13	14			
	542	575	600	633	667	700			33
<i>Adult Medicaid</i>	1	2							
MAABD-N	1330	1804							
MAABD-N 1/3 reduced	887	1203							
MAABD-M	242	317							
MAABD-M 1/3 reduced	161	211							
HCWD 150% (unearned)	1995	2705							
HCWD 150% 1/3 reduced	1331	1804							
HCWD 200%	2660	3607	<i>Above 200% - Premium must be paid.</i>						
HCWD 200% 1/3 reduced	1774	2405							
MQB-Q 100%	1330	1804	2277	2750	3224	3697	4170	4644	474
MQB-Q 1/3 reduced	887	1203	1518	1834	2149	2465	2781	3096	316
MQB-B 100% - 120%	1330.01- 1596	1804.01- 2164	2277.01- 2732	2750.01- 3300	3224.01- 3868	3697.01- 4436	4170.01- 5004	4644.01- 5572	<i>Add 474 to previous minimum and 568 to 120%</i>
MQB-B 1/3 reduced	887.01- 1065	1203.01- 1443	1518.01- 1822	1834.01- 2201	2149.01- 2579	2465.01- 2958	2781.01- 3337	3096.01- 3715	<i>Add 316 to previous minimum and 379 to 120%</i>
MQB-E 120% - 135%	1596.01- 1796	2164.01- 2435	2732.01- 3074	3300.01- 3713	3868.01- 4352	4436.01- 4991	5004.01- 5630	5572.01- 6269	<i>Add 568 to previous minimum and 639 to 135%</i>
MQB-E 1/3 reduced	1065.01- 1198	1443.01- 1624	1822.01- 2050	2201.01- 2476	2579.01- 2902	2958.01- 3328	3337.01- 3754	3715.01- 4180	<i>Add 379 to previous minimum and 427 to 135%</i>
MWD 200%	2660	3607							
MWD 1/3 reduced	1774	2405							
TBI 300%	3990	5410							
Reserve: MAABD	2000	3000							
Reserve: MQB-Q/B/E	9950	14910							
Reserve: HCWD	32532	32532							
Reserve: MWD	4000	6000							

Revised 4/1/2026

MA-3321, MAGI MEDICAID & MEDICAID EXPANSION INCOME LIMITS

*** MAGI & MXP groups do not have Reserve Limits – Only MAF-M (Refer to MA-2252) ***

Effective: **APRIL 1, 2026**

	1	2	3	4	5	6	7	8	9	10	Add'l
133% MXP-N	1769	2399	3028	3658	4288	4917	5547	6176	6806	7435	630
196% MPW	2607	3535	4463	5390	6318	7246	8174	9101	10,029	10,957	928
195% MAF-D	2594	3517	4440	5363	6286	7209	8132	9055	9978	10,901	923
194%- 211% MIC-1<1	2581.01- 2807	3499.01- 3806	4417.01- 4804	5335.01- 5803	6254.01- 6802	7172.01- 7800	8090.01- 8799	9009.01- 9798	9927.01- 10,797	10,845.01- 11,795	919.01- 999
194% MIC-N <1	2581	3499	4417	5335	6254	7172	8090	9009	9927	10,845	919
141%- 211% MIC-1 (Age 1-5)	1876.01- 2807	2543.01- 3806	3211.01- 4804	3878.01- 5803	4545.01- 6802	5213.01- 7800	5880.01- 8799	6548.01- 9798	7215.01- 10,797	7882.01- 11,795	668.01- 999
141% MIC-N (Age 1-5)	1876	2543	3211	3878	4545	5213	5880	6548	7215	7882	668
107%- 211% MIC-1 (Age 6-18)	1424.01- 2807	1930.01- 3806	2437.01- 4804	2943.01- 5803	3449.01- 6802	3956.01- 7800	4462.01- 8799	4969.01- 9798	5475.01- 10,797	5982.01- 11,795	507.01- 999
107% MIC-N (Age 6-18)	1424	1930	2437	2943	3449	3956	4462	4969	5475	5982	507
MAF-C/N	434	569	667	744	824	901	975	1036	1096	1169	78
185% TMA	2461	3337	4212	5088	5964	6839	7715	8591	9466	10,342	876
5% Disregard	66.50	90.17	113.83	137.50	161.17	184.83	208.50	232.17	255.83	279.50	22.92

REVISED 4/1/2026

GROUP	BENEFITS	BASIC MEDICAID ELIGIBILITY REQUIREMENTS**					SPECIAL PROVISIONS EFFECTIVE 07/2024
		BASIC ELIGIBILITY REQUIREMENT	WHOSE INCOME and RESOURCES COUNT	MONTHLY INCOME LIMIT Updated 04/2025	RESOURCE LIMIT Updated 04/2025	DEDUCTIBLE/SPEND DOWN	
S-ABD, SSI cases	Full Medicaid coverage only if a Medicaid application is submitted	<ul style="list-style-type: none"> 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 – \$1,305 2 – \$1,763	SSI Limits 1 - \$2,000 2 - \$3,000	YES	<p>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. See discussion of <u>Medical Deductible</u> on page 2 of this same column.</p> <p>Individuals in nursing facilities generally do not have to meet a deductible to be eligible for Medicaid. However, they must pay all of their monthly income, less a \$70 personal needs allowance and the cost of medical expenses not covered by Medicaid or other insurance to the nursing facility. Medicaid pays the remainder of their cost of care.</p> <p>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 \$2,555.00/mo. and can be as much as \$3,948.00 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.</p> <p>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 1/3 the total value of the countable resources, but currently not less than \$31,584 or more than \$157,920. The amount protected for the at-home spouse is not countable in determining the eligibility of the spouse in the facility.</p> <p>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.</p>
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 – \$1,305 2 – \$1,763	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 – \$1,305 2 – \$1,763	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 - \$1,957 2 - \$2,644 200% of Poverty Level 1 - \$2,609 2 - \$3,525	Min. CSRP limit \$31,584	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 – \$1,305 2 – \$1,763	1 - \$9,660 2 - \$14,470	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 - \$1,565 2 - \$2,115	1 - \$9,660 2 - \$14,470	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 - \$1,761 2 - \$2,380	1 - \$9,660 2 - \$14,470	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 - \$2,609 2 - \$3,525	2X SSI Limits 1 - \$4,000 2 - \$6,000	NO	
Traumatic Brain Injury (TBI)	Full Medicaid Coverage	Age 18 and older and eligible for MAABD or SAABD	Spouse's income and resources if live together.	300% of Poverty Level 1-\$3,913 2-\$5,288	SSI Limits 1 - \$2,000 2 - \$3,000	NO	

NOTE: Total number of eligible individuals is limited to available funds.

GROUP	BENEFITS	BASIC MEDICAID ELIGIBILITY REQUIREMENTS **					Notes
		BASIC ELIGIBILITY REQUIREMENT	WHOSE INCOME and RESOURCES COUNT	MONTHLY INCOME LIMIT Updated 04/2025	RESOURCE LIMIT Updated 04/2025	DEDUCTIBLE/SPEND DOWN	
Families & Children MAF	Full Medicaid Coverage	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.	MAGI Methodology.	1 - \$434 2 - \$569 3 - \$667 4 - \$744 5 - \$824	NO	YES	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.
Pregnant Women MPW	Full Medicaid	A self-attestation of pregnancy and due date can be accepted as proof of pregnancy unless the county has information that contradicts the attestation.	MAGI Methodology	196% of Poverty Level 1 - \$2,557 2 - \$3,455 3 - \$4,353 4 - \$5,252 5 - \$6,119	NO	NO	When determining the family size for the pregnant woman the unborn child is included. For example, the family size for a single pregnant woman would be 2.
Children age 0 thru 18 MIC	Full Medicaid Coverage	Must be age 0 thru age 18.	MAGI Methodology	211% of Poverty Level 1 - \$2,752 2 - \$3,719 3 - \$4,686 4 - \$5,654 5 - \$6,621	NO	NO	
Title IV-E Children IAS	Full Medicaid Coverage	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.	There is no income.		NO	NO	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. MNIL: 1 - \$242 2 - \$317 3 - \$367 4 - \$400 5 - \$433
State Foster Care Children	Full Medicaid Coverage	A child under 21 and currently in the legal custody of the state sponsored foster care and ineligible for Title IV-E.	MAGI Methodology	1. MAGI 2. MAF-M	\$3,000 (MAF-M)	YES	
Expanded Foster Care	Full Medicaid Coverage	Be 18-20 and had been in Foster Care at age 18 and enrolled in Medicaid program.	MAGI Methodology	1. MAGI 2. MAF-M	\$3,000 (MAF-M)	YES	

GROUP	BENEFITS	BASIC MEDICAID ELIGIBILITY REQUIREMENTS **					Notes
		BASIC ELIGIBILITY REQUIREMENT	WHOSE INCOME and RESOURCES COUNT	MONTHLY INCOME LIMIT Updated 04/2025	RESOURCE LIMIT Updated 04/2025	DEDUCTIBLE/SPEND DOWN	
Non-IV-E/ Special Needs Adoption	Full Medicaid Coverage	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.	MAGI Methodology	1. MAGI 2. MAF-M 3. Authorize ongoing Medicaid (See Notes)	NO	YES	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.
MFC- Medicaid for Former Foster Care	Full Medicaid Coverage	Be age 18-26 and have been in foster care at age 18 and enrolled in NC Medicaid.	There is no income.		NO	NO	Effective January 1, 2023: Individuals who turn age 18 that were in foster care and receiving Medicaid in any state.
Breast & Cervical Cancer Medicaid MAF-W	Full Medicaid Coverage	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).	There is no income (BCCM).		NO	NO	
Family Planning MAF-D	Family Planning Program	NO AGE LIMIT	MAGI Methodology	195% of Poverty Level 1 - \$2,544 2 - \$3,437 3 - \$4,331 4 - \$5,225 5 - \$6,119	NO	NO	If a beneficiary's income increases to more than 195%, he/she will be ineligible for family planning coverage.
Transitional Medicaid (TMA)	Full Medicaid Coverage	A beneficiary may receive up to twelve months of Transitional Medicaid (TMA) when ineligible for MAF-C because of new or increased income.	MAGI Methodology	185% of Poverty Level 1 - \$2,413 2 - \$3,261 3 - \$4,109 4 - \$4,957 5 - \$5,805	NO	NO	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
Medicaid Expansion (MXP)	Full Medicaid Coverage	Age 19 or over and under age 65.	MAGI Methodology	133% of Poverty Level 1 - \$1,735 2 - \$2,345 3 - \$2,954 4 - \$3,564 5 - \$4,183	NO	NO	

***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 1/31/2025