

DIV III
3/2/17

Mandatory Eligibility Groups

	Income as a percentage of poverty level		annual income in dollar limits (2017)
Parent Caretaker	personal monthly income \$670 - less than 100% FPL	\$	8,080.00
[Low income Medicare Beneficiaries] Qualified Medicare Beneficiary (QMB)	100%	\$	12,060.00
Specified Low Income Medicare Beneficiary (SLMB120)	120%	\$	14,472.00
Specified Low Income Medicare Beneficiary (SLMB135)	135%	\$	16,281.00
Qualified Working Disabled Individual (QDWI)	200%	\$	24,120.00
Children Infants & Children Under Age 19 (household of 2)	133%	\$	21,599.00
Pregnant women (household of 2)	133%	\$	21,599.00
[Infants up to one year old born to medicaid enrolled mother] Deemed newborns	auto eligible for first year		
Children in foster care or who receive adoption assistance	varies		
Low income aged blind disabled receiving [State Supplemental Assistance]	75%	\$	9,045.00
Former Foster Care Up to Age 26	auto eligible		

Optional Eligibility Groups

Low-income Children (MOE)	134-196%	\$	23,637.00
Optional Targeted Low Income Children (CHIP kids) (MOE)	196-318%	\$	38,350.00
Medically Needy* Pregnant women & Children	personal monthly income \$591 - less than 100% FPL	\$	7,092.00
Medically Needy* Aged, Blind and Disabled	personal monthly income \$591 - less than 100% FPL	\$	7,092.00
Home Care For Children with Severe Disabilities [a/k/a Katie Beckett Children]	300% of SSI	\$	26,460.00
Pregnant Women (household of 2)	134-196%	\$	31,830.00
Medicaid for Employed Adults with Disabilities	450%	\$	54,270.00
Individuals Needing Treatment for Breast and Cervical Cancer ***	250%	\$	30,150.00
Medicaid Limited to Family Planning & Related Services ****	196%	\$	23,637.00
The Adult Group (NHHPP) *	138%	\$	16,643.00

* Under Federal Medicaid law, the adult group is listed under the groups that states must cover. The U.S. Supreme Court decision made it a 'mandatory' group that States can elect to cover.

** While Medically Needy is an optional category, as a 209(b) State, if New Hampshire does not elect to provide medically needy coverage, we must allow adult category individuals whose income exceeds the categorically needy income limit to spend down to the categorically needy income limit. Additionally, once a State opts to provide medically needy coverage, there are certain groups that must be covered as medically needy (e.g., pregnant women).

***The Medicaid program does not set income limits or determine eligibility for the program. The CDC sets income limits and the Department's Public Health program determines eligibility.

**** *The income limit may not exceed the highest income level for pregnant women under the Medicaid State Plan.