

Medicaid - General Eligibility Requirements

General Eligibility Requirements

You must meet income, resource (in most cases), and other eligibility requirements in order to be eligible for Medicaid. These categories are grouped by:

- Individuals who are aged (age 65 and older), blind and disabled. (Identified for Medicaid purposes as SSI-related)
- Families with children under age 21. (Identified for Medicaid purposes as TANF-related)
- Single and married individuals with a temporary disability, age 59 through 64, limited income or special circumstances (Identified for Medicaid purposes as GA-related):
 - Under-going drug and alcohol treatment
 - Victim of domestic violence
 - Caring for a child or disabled person
- Special Medicaid conditions.

Income

Medicaid eligibility is determined using income and household size in comparison to income limits. Age and disability are also factors in determining which income limits apply. (Income limits for the various eligibility groups are listed below.)

Examples of income counted in determining eligibility include:

- Wages (certain deductions are allowed)
- Interest
- Dividends
- Social Security
- Veterans' Benefits
- Pensions
- Spouse's income if living with him/her

Examples of income not counted when determining eligibility include:

- TANF
- SSI
- Food Stamps
- Low Income Home Energy Assistance Program (LIHEAP) benefits
- Foster Care payments
- Certain housing or utility subsidies

- Weatherization Payments

Income Limits

The income limits for each category are provided in the section for that category.

Resources

Medicaid eligibility is also determined using resource and household size in comparison to resource limits. (Resource limits for the various eligibility groups are listed below or in the section for that category.)

NOTE: Resource limits do not apply for families with children in the household, under their care and control, and under the age of 21.

Examples of resources counted in determining eligibility include:

- Cash
- Checking accounts
- Savings accounts and certificates
- Christmas or vacation clubs
- Stocks and bonds
- Some trust funds
- Life insurance
- Vehicles
- Revocable burial funds
- Non-resident property

Examples of resources not counted in determining eligibility include:

- Your home
- Revocable and irrevocable burial reserves subject to specified limits
- Burial space and marker
- One motor vehicle

Resource Limits

Each Medicaid eligibility group has resource limits. The charts below provides specific details:

Non-Money Payment (NMP) Medicaid

GA-Related	SSI-Related
One Person = \$250	One Person = \$2,000
Two People = \$1,000	Two People = \$3,000

TANF-related = Does not apply: Resources for families with children in the household and under care and control are excluded.

Medically-Needy Only Medicaid

GA or SSI-Related	Cost Sharing, Specified Low-Income Medicare Beneficiary, Qualifying Individual Categories
One Person = \$2,400	One Person = \$4,000
Two People = \$3,200	Two People = \$6,000
Each Additional Person = \$300	

TANF-related = Does not apply: Resources for families with children in the household and under care and control are excluded.

Other Eligibility Requirements

- **Identity** -- Identity can be verified using an individual's Social Security Number (SSN) or another piece of identification (i.e. Driver's License).
- **Social Security Number (SSN)** -- A SSN must be provided for each person applying for Medicaid. County Assistance Office staff will help you apply for an SSN for anyone who does not have one.
- **Residency** -- Medicaid is available to individuals who are residents of Pennsylvania if all other eligibility requirements are met. There is no requirement regarding the length of time that a person must live in Pennsylvania.
- **Citizenship** -- Medicaid is available to United States citizens, refugees and certain lawfully admitted aliens. Other aliens may be eligible for limited Medicaid benefits if an emergency medical condition exists.
- **Household Composition** -- County Assistance Office staff will determine who are mandatory or optional budget group members in the Medicaid application based upon household relationships and individual needs for Medicaid.