

**Medicaid Eligibility Handout  
Pregnant Women, Children under 19,  
Parent and Other Caretaker Relatives  
Plan First (family planning and birth control services) for Women age 19-55  
and Males age 21 and over**

You may apply for any of the programs in this handout using the single streamline Medicaid application. Children may be living in one or two parent families. You may also apply for unrelated children as long as they are living in your home, and you provide parental care and support.

For fast service, you may apply on-line at [www.insurealabama.org](http://www.insurealabama.org). You may also mail your application. For a paper application, call 1-800-362-1504 or visit Medicaid's website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov). If you cannot apply on-line or by mail, you can apply in person at your local county health department, federally qualified health care center or some local hospitals.

To be eligible for Medicaid you must:

- \* Be a resident of Alabama,
  - \* Be a U.S. citizen or be in satisfactory immigration status according to agency rules (Non-citizens must provide proof of immigrant status to receive full Medicaid services.)
- \*\* NOTE: Non-citizens who meet income, residency and other requirements may be eligible for emergency services without proof of citizenship or immigration status.

**MONTHLY FAMILY INCOME  
Effective February 1, 2019**

| <b>FAMILY<br/>SIZE</b> | <b>MONTHLY INCOME<br/>146% Federal Poverty Limit (FPL)*</b> |
|------------------------|---|
| 1                      | \$1,520.00  |
| 2                      | \$2,058.00  |
| 3                      | \$2,596.00  |
| 4                      | \$3,133.00  |
| 5                      | \$3,671.00  |
| 6                      | \$4,209.00  |
| 7                      | \$4,747.00  |
| 8                      | \$5,284.00  |

--Add \$652.00 for each additional family member over 8

**\*NOTE: the amount above includes the 5% FPL disregard**

Family size is the number of persons counted as members of an individual's household. The family size of the household is determined by counting those who are included on the federal income tax form. The number of individuals expected to be claimed on the federal income tax return determines family size

**You must report to Medicaid: address changes, persons moving in or out of your home, income changes, birth of a child, death of a household member, pregnancy or miscarriage.**

Household income is calculated based on the Modified Adjusted Gross Income (MAGI) methodology. Household income is the sum of the MAGI-based income of every individual included in the individual's household. The total income of a household will equal the MAGI of all individuals in the household size regardless of whether or not they file taxes.

**For Pregnant women:**

- \* Income of all persons included in the "family size" is counted

**Coverage:**

- \* Medicaid coverage may begin as early as three months.
- \* Pregnant women will receive full Medicaid coverage.

**For Children:**

- \* Children must be under age 19
- \* Children may be living in one or two parent families
- \* The income of all persons included in the "family size" is counted
- \* The income of the legal parent (including adoptive parent) and step-parent to the child is counted if they are included in the child's family size.
- \* If the child does not qualify for Medicaid due to income, the application will be processed for the ALL KIDS program.
- \* For more information about ALL Kids, contact [www.adph.org](http://www.adph.org)

**Coverage:**

- \* Medicaid coverage may begin as early as three months before the month of application.
- \* Children under 19 will receive 12 months continuous eligibility, without regard to changes in circumstances, as long as they remain residents of the state.
- \* Children under 19 will receive full Medicaid coverage

**For Family Planning Services:**

To apply, females must be between 19 and 55 years of age; not be receiving Medicare or have had your tubes tied. Males ages 21 and older may apply for Vasectomy services only. If you are applying for Plan First, you must complete the Plan First Application.

**Coverage:**

Family planning services for females cover birth control pills, Depo Provera shots, IUDs, Diaphragms, and implants. It also covers a yearly family planning exam and certain other tests or lab work. Plan first also covers Smoking Cessation products.

## Eligibility Requirements for Parent and Other Caretaker Relatives

**Medicaid for Parent and Other Caretaker Relatives is a program for families with very low income who have children under the age of 19 living in their homes. Parent and Other Caretaker Relatives program allows the parent to receive full Medicaid coverage. There must be a relationship to the children, such as that of a parent or close relative, in order to qualify for this program. Non-related caretakers do not qualify for this program but children of non-related caretakers may still be eligible for Medicaid for children under 19.**

**To be eligible for Parent and Other Caretaker Relatives, you must:**

- \* Have a child under the age of 19 who is a close relative and who lives in the home,
- \* Be a resident of Alabama,
- \* Be a U.S. citizen (See Citizenship and Identity Handout for examples of documentation.), or be in satisfactory immigration status (You must provide proof of immigrant status.),
- \* Assign all medical insurance or medical support benefits to the State,
- \* Report household changes, such as: address changes, birth, pregnancy, someone moving in or out of your home, adoption, or change in income.

**NOTE: Income must be reported within ten days of the day you receive your first paycheck.**

| <u>Financial Eligibility</u> |                             |
|------------------------------|-----------------------------|
| <u>Family Size</u>           | <u>Eligibility Standard</u> |
| 1                            | \$188.00                    |
| 2                            | \$254.00                    |
| 3                            | \$320.00                    |
| 4                            | \$387.00                    |
| 5                            | \$453.00                    |
| 6                            | \$519.00                    |
| 7                            | \$586.00                    |
| 8                            | \$652.00                    |

\* Add \$67 for each additional family member

**\*NOTE: The amount above includes the 5% disregard**

All programs and services of the Alabama Medicaid Agency are administered in full compliance with Title VI of the Federal Civil Rights Act of 1994, Section 504 of the Rehabilitation Act of 1973, and the Americans With Disabilities Act of 1990.

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