

STATE OF ALASKA
Department of Health and Social Services
Division of Public Assistance

Date: April 20, 2007

Subject: Family Medicaid Manual Change #34

This manual change includes the aligned education income policy and updates the income eligibility standards announced by broadcast on November 29, 2006. As part of an ongoing effort to align income and resource policies across programs, to the extent possible we have presented education income policy in the same format and language in the Adult Public Assistance, Alaska Temporary Assistance, and Food Stamp program manuals. For Family Medicaid, this means countable education assistance is now prorated over the period of its intended use. We have also clarified that education assistance is treated the same way, regardless of whether it is provided to an undergraduate student or a graduate student. This applies to all applications and reviews processed on or after December 1, 2006.

This change also includes the program's annual Cost of Living Allowance (COLA) adjustments. Each year the Family Medicaid income eligibility standards are adjusted by the same percentage as the COLA increase in Social Security benefits. This year the COLA increase is 3.3%. This manual change incorporates the 2007 standards, which become effective with the benefit month of January 2007. In addition, it updates the Income Standards in Addendums 1 and 2, as a result of the increase in Alaska Federal Poverty Guidelines on April 1, 2007 announced by broadcast on February 28, 2007.

Several minor clarifications and technical changes are also included. Highlights of these policy revisions are described below. If you have any questions please contact any member of the Policy and Program Development Team at 465-3347 or email dpapolicy@health.state.ak.us.

OVERVIEW OF CHANGES

MS 5000-2 Purpose of this Manual

- Removed paragraph explaining how the manual is organized into five parts. This no longer applies.

- Changed references from Division of Medical Assistance to the Division of Health Care Services.
- Changed contacting the DMA Beneficiary Eligibility Unit via e-mail to the DPAPolicy e-mail address.

MS 5006-1 - Notice of Decision Required

Removed paragraph referencing the SSI/APA related notices. This information is included in the Aged, Disabled and Long Term Care Medicaid Manual.

MS 5011 - U.S. Citizenship and Eligible Alien Status

Added three additional groups to the list of individuals who are exempt from the requirement to provide proof of U.S. citizenship.

MS 5020-B - Financial Eligibility

Deleted references to APA-related Medicaid policy that are included in the Aged, Disabled and Long Term Care Medicaid Manual. Replaced with Family Medicaid policies that do not apply to Under 21 and Denali KidCare. These policies were formerly located in MS 5020-C.

MS 5120-2(C)(2) - Parental Relationship

Removed "Special Note" concerning processing the BVS affidavit of paternity when the deprivation reason changes. This process no longer applies.

MS 5161-3 - Loans

Revised to present loan policy in the same format and language used by other program manuals.

MS 5161-4 - Work-Study Earned Income

Revised to present work-study earned income policy in the same format and language used by other program manuals.

MS 5162-4 - Education Assistance

- Revised to present policy in the same format and language as in the Adult Public Assistance, Alaska Temporary Assistance, and Food Stamp program manuals.
- Clarified that all countable education assistance will be prorated over the period of its intended use. This applies to all applications and reviews processed on or after December 1, 2006.

- Clarified that education assistance is treated the same way, regardless of whether it is received by an undergraduate student or a graduate student.

MS 5195 - Individuals Under Title IV-E Foster Care and Adoption Assistance

Changed references from Division of Family and Youth Services to Office of Children's Services.

MS 5450 - Individual Under 21 in Custody of the State

- Changed references from Division of Family and Youth Services to the Office of Children's Services.
- Changed reference for notifying DPA of any court-ordered payments or any health insurance available to the child to the Division of Health Care Services Third Party Liability Unit.

MS 5460 - Eligibility Under State-Only Adoption Assistance Agreement

- Changed references from Division of Family and Youth Services to Office of Children's Services (OCS).
- Removed duplicated OCS address that is in 5460(C) EIS Information.

Addendum 1 - Denali KidCare

Updated program standards to reflect the Poverty Guidelines for Alaska effective April 1, 2007.

Addendum 2 – Family Medicaid Income Standards

Updated program standards to reflect the COLA changes for 2007.

[Previous Section](#)

[Next Section](#)

5000-2 PURPOSE OF THIS MANUAL

The Family Medicaid Eligibility Manual provides the caseworker with federal and state policies used to determine Medicaid eligibility, and program procedures to implement state and federal laws. This manual will assist Division of Public Assistance (DPA) and Division of Health Care Services (DHCS) staff, partner agencies, contractors, and others with the guidance needed to determine eligibility. Not every applicable law is found in this manual, so when a caseworker is uncertain how to apply any of these policies, they should contact the DPA Policy Unit at **DPAPolicy@health.state.ak.us**

While we have attempted to be consistent in identifying when policy applies to both Medicaid and Denali KidCare and when it applies only to Denali KidCare. Some parts of this manual (and other department publications, memos, and policy clarifications) may still refer only to Medicaid when it should also refer to Denali KidCare. In most cases, correct interpretation of these references will be obvious, but if a caseworker has any doubt, he or she should contact DPA Policy for clarification.

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5006-1 NOTICE OF DECISION REQUIRED

Written notice of each action taken by a caseworker on any Family Medicaid related application or Family Medicaid related case must be given or sent to the applicant or recipient. All of these notices must be "adequate." Some of them must also be "timely." These terms are explained below.

[Previous Section](#)

[Next Section](#)

5011 U.S. CITIZENSHIP AND ELIGIBLE ALIEN STATUS

To be eligible for Medicaid, including Denali KidCare, an individual must be a U.S. citizen or a qualified alien.

U.S. citizens must provide verification of their U.S. citizenship and identity to be eligible for Medicaid benefits.

Qualified aliens must provide verification of their satisfactory immigration status when they apply for Medicaid benefits.

Note:

Verification of satisfactory immigration status is not required for an alien applying for treatment of an emergency medical condition. See [Section 5600](#).

Verification of U.S. citizenship and identity is not required for:

- A current Supplemental Security Income (SSI) recipient;
 - A current Medicare recipient;
 - An individual receiving Social Security Disability Insurance (SSDI) benefits;
 - Children in state foster care or Title IV-E adoption assistance;
 - A newborn child receiving newborn coverage through the end of his or her first birthday; and.
 - A baby whose mother is a non-qualified alien and is determined eligible under “Emergency Treatment for Aliens” for the labor and delivery of the child. Documentation of U.S. citizenship would be required when the child turns age one.
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Note:

This provision only applies to the verification requirements for newborns, and does not allow automatic eligibility for a child born to a non-qualified alien. See [Section 5330](#).

Verification of U.S. citizenship or immigration status is needed only for the individuals who will receive benefits, not for individuals applying for or renewing Medicaid or Denali KidCare on behalf of someone else.

Note:

If an individual who is a mandatory household member is found ineligible for Medicaid for failure to provide verification of their own citizenship and identity, or immigration status, that individual's needs, income, and resources continue to be included in the financial eligibility determination for the household.

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5020 FINANCIAL ELIGIBILITY

Generally speaking, any case involving children is considered Family Medicaid (*AFDC*) related, and any case involving an aged, blind, or disabled person is related to *SSI*/APA . The only exception is the case of a disabled child, where the *SSI* or 300% of *SSI* standard is used to determine eligibility.

In a case where an individual in a household may qualify for Family Medicaid or APA /*SSI* , the caseworker should explain the differences to the applicant and then must allow the applicant to choose the eligibility category for which they wish to apply. An individual may be eligible in one category pending an eligibility determination in another category.

5020 A. PROSPECTIVE DETERMINATION

Eligibility for Medicaid and Denali KidCare is always determined prospectively.

Except as provided for under the continuous eligibility policy (see [Section 5007](#)), if the household has income that prospectively exceeds the income limit for Denali KidCare or a Medicaid eligibility category, medical assistance is denied for that month. For an ongoing case, if it appears the reason for the ineligibility will continue, the case is closed (except for children protected by continuous eligibility).

However, if it appears that the household will again be prospectively eligible in the following month, the ongoing case and benefit may be suspended for a month and then reinstated without a new application.

5020 B. FAMILY MEDICAID POLICIES THAT DO NOT APPLY TO UNDER 21 AND DENALI KIDCARE

1. The Family Medicaid minor parent deeming policy ([section 5160-7](#)) does not apply to Under 21 Medicaid or Denali KidCare. This means that regardless of the age of the individual, if that individual is living with his or her parent(s) in the same household, the income and resources of the parent(s) is deemed available. However, if that individual is a 19 or 20 year old and has a dependent child in the household, the caseworker should determine if the individual and dependent are eligible for Family Medicaid (rather than Under 21 or

DKC), in which case the income and resources of the individual's parent(s) is not counted.

2. An alien sponsor's income and resources are not considered in determining the Medicaid or Denali KidCare eligibility of the alien if the alien entered the U.S. before August 22, 1996, or entered under an old affidavit of support before February 19, 1997. See Sections [5156-6](#) and [5160-8](#) for more details.
3. The Federal Poverty Guidelines for Alaska are used in place of the Family Medicaid standards when determining eligibility for Denali KidCare (including pregnant women) and Transitional Medicaid (last five month period).
4. The Family Medicaid monthly earned income deduction of \$150 plus 33 percent of the remaining earned income does not apply to Under 21 or Denali KidCare eligibility determinations.

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5161-4 WORK-STUDY EARNED INCOME

College or university students may be enrolled in a work-study program in which they attend school part-time and work part-time at a job. Any income an applicant or recipient earns from employment in a work-study program will not be counted as income.

This disregard applies to both adults and children. The caseworker must verify that part-time employment of an applicant or recipient who claims to be in a work-study program is in fact a work-study job and not an individually acquired regular part-time job.

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5162-4 EDUCATION ASSISTANCE

5162-4 A. TITLE IV HIGHER EDUCATION ACT AND BUREAU OF INDIAN AFFAIRS GRANTS AND AWARDS

The total amount of any grant, scholarship, or award issued under any program funded under the Title IV of the Higher Education Act or under a Bureau of Indian Affairs student assistance program is not counted as income in determining eligibility or benefit amount.

Payments that fit this category include:

- Pell Grants
- State Student Incentive Grants (SIG)
- Academic Achievement Incentive Scholarships
- Byrd Scholars
- Federal Supplemental Educational Opportunities Grants (FSEOG)
- Federal Educational Loans (Federal PLUS Loans, Perkins Loans, Stafford Loans, Ford Loans, etc.)
- Upward Bound
- Gear Up (Gaining Early Awareness and Readiness for Undergraduate Programs)
- LEAP (Leveraging Educational Assistance Partnership)
- SLEAP (Special Leveraging Educational Assistance Partnership)
- Work-Study Programs

Verify that the source of the education assistance is Title IV or BIA by viewing the individual's award letter. Contact the awarding institution if the award letter is not available or is unclear.

5162-4 B. OTHER EDUCATIONAL GRANTS AND AWARDS

Education assistance that is not funded under Title IV of the Higher Education Act or the Bureau of Indian Affairs student assistance program funds is excluded as income if it is used or will be used for paying tuition, fees, or other necessary education expenses at any educational institution, including vocational, technical, and correspondence schools, and schools for people with disabilities.

Any portion of education assistance that is not used or set aside for paying tuition, fees, or other necessary education expenses is countable unearned income.

5162-4 C. BUDGETING COUNTABLE EDUCATION INCOME

Total all countable education assistance. Do not add any other type of earned or unearned income unless it is received specifically because of the student's status and is intended to pay education-related expenses.

1. Subtract from the above the costs for tuition and fees charged by the school.
2. Subtract the costs for books, school supplies, and any special clothing, tools, or other expenses of the student that are related to the cost of attending school.
3. Subtract costs for childcare necessary for the student to attend school. The child care limits of section 5165-2 do not apply.
4. Subtract costs for transportation (actual costs, such as bus pass or parking fees, or standard mileage rate permitted by IRS).
5. Divide the remaining amount by the number of months the money is intended to cover.
6. Count the prorated amount as monthly income for each month in the period of intended use. If the money is received after the period it is intended to cover has already begun, prorate the money over the entire period of intended use and apply the prorated amount only to the months in which it was received and the remaining months it is intended to cover.

7. Any amount of money retained after the period of intended use is a countable resource.
8. These deductions from countable education income are also given to anyone not included in the assistance unit whose income is used to determine eligibility and benefit amount.

Verification of source, amount, period of intended use, and allowable education expenses is required.

[Previous Section](#)

[Next Section](#)
MC #34 (04/07)

5195 INDIVIDUALS UNDER TITLE IV-E FOSTER CARE AND ADOPTION ASSISTANCE

Title IV-E is a section of the Social Security Act, which addresses federal payments for foster care and adoption assistance. In Alaska, the Office of Children's Services Division (OCS) determine a child's eligibility for Title IV-E Foster Care and Title IV-E Adoption Assistance. OCS is responsible for making sure a child meets all criteria before being enrolled as a Title IV-E recipient, and the financial determination that is based on AFDC policy in effect on July 16, 1996. The rules for determining Title IV-E eligibility are found in the AFDC Manual Section 395.

Children for whom a Title IV-E adoption assistance agreement is in effect and children who receive Title IV-E foster care payments are eligible for Medicaid if they meet the Medicaid requirements of enumeration, assignment of rights, U.S. citizenship or qualified alien status, and Citizenship Status Declaration (*CSD*).

A child in a state-only adoption assistance agreement (not a Title IV-E adoption assistance agreement) may be eligible for Medicaid. See [Section 5460](#).

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5195-3 RESPONSIBILITY TO APPLY

OCS administers the Title IV-E program in Alaska and is responsible for making Medicaid application for these children, cooperating with CSSD, for those Title IV-E subsidized adoption and foster care cases under their jurisdiction, including foster care cases originating out-of-state. Foster care cases originating out of state will be handled by OCS under the terms of the Interstate Compact on the Placement of Children (ICPC) agreement.

For children under Title IV-E and state-only adoption assistance agreements originating in other states, the adoptive parents are responsible for applying and providing necessary information and verifications from the other state, including a copy of the adoption assistance agreement. Application would be made on the *GEN 50B*, but the parental income and resources would not be considered.

[Previous Section](#)

[Next Section](#)

[MC #34 \(04/07\)](#)

5195-4 REVIEW OF ELIGIBILITY

Title IV-E adoption assistance cases must be reviewed at least once every 12 months. A review application is not required; verification that the adoption assistance agreement remains in effect is considered sufficient review. Foster Care cases are reviewed every 6 months along with the **OCS** Title IV-B case review. A full review, including the GEN 33A or GEN 35 application, is required.

The social worker is responsible for notifying the OCS eligibility caseworker between review periods if a Title IV-E Foster Care or Title IV-E Adoption Assistance child has a change in status that affects the child's eligibility for Title IV-E assistance.

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5195-5 CHANGING FROM TITLE IV-E FOSTER CARE TO ADOPTION ASSISTANCE

Occasionally a Title IV-E Foster Care child will become a Title IV-E Adoption Assistance child. When this occurs, the OCS regional IV-E designee will inform the eligibility caseworker of the change in status by submitting a GEN 33A; the Adoption Coordinator supplies a copy of the subsidized adoption agreement. (The adoption does not need to be final for the child's status to change; a signed adoption agreement in effect is all that is required.)

The caseworker must take action to:

- change the Medicaid subtype and eligibility codes;
- set the review date to coincide with the subsidized adoption review;
- ensure that the Medicaid benefit address is that of the adoptive parents; and
- ensure that the notice/review mailing address is that of OCS central office (see EIS Information below).

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5195-6 **EIS INFORMATION**

Title IV-E foster care cases should have the local OCS office's mailing address entered on the EIS address screen so they will receive all notices and review forms. Upon request, Medicaid coupons may be mailed to the foster parents by entering their address on the second page of the address screen.

Title IV-E adoption assistance cases will use the OCS central office address:

Office of Childrens Services
Adoption Program Coordinator
PO Box 110630
Juneau, Alaska 99811-0630

This address is entered on the ADDR so that all notices will be sent there. The adoptive parent's address should be entered on the ADD2 for the Medicaid coupons to go to that address.

EIS INFORMATION

MEDICAID SUBTYPE:

IV	Title IV-E subsidized adoption
FC	Title IV-E foster care

ELIGIBILITY CODE:

50	Child under 21, not in state custody (including all subsidized adoptions, both Title IV-E and state-only)
51	Child under 21, in state custody (including Title IV-E foster care)
11	Pregnant Woman

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5450 INDIVIDUAL UNDER 21 IN CUSTODY OF THE STATE

An individual under age 21 who is in custody of the Office of Children's Services (**OCS**) and is not covered under Title IV-E Foster Care (see [Section 5195](#)), Denali KidCare, or any other Medicaid coverage category (see Note below) is eligible for Medicaid if the individual meets the eligibility criteria set out in [Section 5410](#).

The Family Medicaid one person ANI standard is used to determine eligibility for these individuals. If **OCS** places the individual with his or her birth parents or adoptive parents, the income, resources, and needs of the parents must be considered in determining eligibility as explained in [Section 5420](#), even if **OCS** retains legal custody of the child.

Application for this coverage must be made by the individual's **OCS** social worker, who is responsible for:

1. Completing a GEN 33 application form;
2. Providing all required verification;
3. Notifying the Division of Health Care Services Third Party Liability Unit of any court-ordered payments or any health insurance available to the child;
4. Advising the foster parents of the Well-Child (**EPSDT**) program;
5. Reporting any changes to the eligibility caseworker in the individual's income, resources, medical insurance, or placement; and
6. Completing a GEN 33A-review application every six months.

Note:

Although most children in the custody of the state do not have access to resources or income, occasionally a child will be found ineligible due to one of those factors. If this happens, the caseworker should consider eligibility under the more liberal Denali KidCare.

Example:

An OCS social worker submits an application for a child who is in OCS custody and placed in a foster home. The child is not eligible under Title IV-E Foster Care. Under 21 eligibility is determined by counting only the child's resources and income against the Family Medicaid limits, using the ANI 01 standard.

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

5460 ELIGIBILITY UNDER STATE-ONLY ADOPTION ASSISTANCE AGREEMENT

The state-only adoption assistance program is administered by the Office of Children's Services (OCS) and funded entirely by the State. Eligibility for the program is determined by **OCS** with financial eligibility for the Under 21 Medicaid category determined by DPA .

Note:

*The income and resources of adoptive parents are not considered when determining Under 21 Medicaid eligibility for a child under the age of 18 who is eligible to receive **state-only** adoption assistance.*

An individual under 18 with special medical or rehabilitative needs who has a state-only adoption agreement in effect, and who is not eligible for Title IV-E adoption assistance, is eligible for Medicaid if, **immediately prior to execution of the adoption assistance agreement**, the child:

1. Received Medicaid from any state or would have been eligible to receive Medicaid under any existing Alaska Medicaid eligibility category or Denali KidCare, if application had been made; or
2. Would have been eligible to receive Medicaid if the filing unit rules and income eligibility standards for Title IV-E Foster Care had been used (the child does not have to be in Title IV-E Foster Care).

The child must also meet the Medicaid requirements of enumeration, assignment of rights, citizenship or legal alien status, and Citizenship Status Declaration (**CSD**).

Pregnant Women: For **OCS** reporting purposes, it is preferable for children who are also of an age to qualify for Denali KidCare, to receive Medicaid under the state-only adoption assistance category.

5460 A. INITIAL APPLICATION AND ELIGIBILITY DECISION

Children who are eligible to receive Medicaid because they receive a

subsidy under a state-only adoption assistance agreement will usually be receiving Medicaid already under another subtype, such as Juvenile Court Ordered (JC). However, occasionally a child will not be a Medicaid recipient when the adoption agreement is being finalized. Follow these procedures for the applicable circumstance:

1. Non-recipient child: OCS Adoption Assistance Coordinator submits a GEN #33 to the OCS eligibility caseworker with a memo verifying a pending adoption assistance agreement. The caseworker determines eligibility for any category of Medicaid or Denali KidCare. If eligible regardless of state-only adoption status, the caseworker opens the case using the appropriate Medicaid or Denali KidCare subtype and eligibility code and requests a copy of the signed adoption assistance agreement.

If the child is not eligible under another eligibility category, the caseworker may then determine eligibility using the filing unit rules and income eligibility standards for Title IV-E Foster Care (See Section 395 of the *AFDC* Manual). However, do not apply the Title IV-E Foster Care income eligibility test (as described in Section 395-2B 8. (b) (3) of the *AFDC* Manual). Send the appropriate notice (denial or request for adoption assistance agreement) to the adoption program coordinator at the address listed below. Do not authorize benefits until the adoption assistance agreement is final.

2. Recipient child: OCS will provide the eligibility caseworker with a copy of the signed adoption assistance agreement. The caseworker must make the EIS changes as outlined below in the "EIS Information" section.

Once *OCS* has applied for the child under the State-Only Adoption Assistance eligibility category or a child has been converted to this category, all correspondence regarding Medicaid eligibility must be mailed to:

Adoption Program Coordinator
Office of Children's Services
PO Box 110630
Juneau, AK 99811-0630

Medicaid benefits must be mailed to the adoptive parents by entering the adoptive parents address information on the *EIS* address (*ADD2*) screen.

No child should be placed in this eligibility category until the signed adoption assistance agreement has been received. If Medicaid is approved but a signed adoption assistance agreement is not received, the child may continue to receive Medicaid using the eligibility rules for any other appropriate Medicaid coverage.

The child's name must be changed on the system if the adoption has resulted in a name change. Also, the *MERI* screen must reflect any insurance coverage the child may now have available through the adoptive parents.

5460 B. REVIEW OF ELIGIBILITY

Like Title IV-E Adoption Assistance cases, state-only adoption assistance Medicaid cases must be reviewed at least annually. State-only cases must be reviewed by August 31 of each year. A review application form (GEN #33A or *GEN 72*) is NOT required.

By July 31 of each year, the OCS Adoption Program Coordinator must submit a list of children receiving state-only adoption assistance and provide for each child:

1. Adoption assistance agreement effective through date;
2. Physical location;
3. Medical insurance information; and
4. Child's Social Security Number.

When this list is received from *OCS*, the caseworker must recertify Medicaid eligibility for each child whose adoption assistance agreement is still in effect and whose residence and medical insurance information is complete. The caseworker then authorizes ongoing Medicaid and sets the review date to the next August 31 and sends a notice to the *OCS* Adoption Program Coordinator, informing him/her that Medicaid eligibility continues for the child.

Changes: OCS is responsible for notifying the eligibility caseworker between review periods if a state-only adoption assistance agreement child has a change in status that affects eligibility for Medicaid assistance, including a change of name or address of the child or a change in the medical insurance available to the child. Changes in income and resources are not relevant to this category.

Residence: If a child leaves Alaska, the state-only adoption subsidy will follow the child, but the Medicaid eligibility in Alaska must be terminated. If the child moves to a state that offers Medicaid for state-only subsidized adoption cases as part of its Medicaid State Plan, the child should apply for Medicaid in that state. If a child receiving Medicaid through state-only adoption assistance agreement from another state moves to Alaska, the child may be eligible for Medicaid in Alaska.

Subsidized adoptions (Title IV-E and state-only) originating outside of Alaska do not involve **OCS**, so the adoptive parent is responsible for applying for Medicaid coverage for the child. Coverage is subject to proper notification and verification of the adoption assistance agreement from the state providing the subsidy.

5460 C. *EIS* INFORMATION:

For Medicaid coupon delivery, the caseworker should enter the adoptive parents' address on the **ADD2** screen.

EIS INFORMATION

MEDICAID SUBTYPE:

SO	State-only (not IV-E) subsidized adoptions.
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ELIGIBILITY CODE:

50	Child under 21, not in state custody (including all subsidized adoptions, both Title IV-E and state-only)
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11	Pregnant Woman (regardless of custody)
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ADDENDUM- 1

DENALI KIDCARE INCOME STANDARDS Effective April 1, 2007

Denali KidCare with insurance is based upon the Federal Poverty Guidelines (*FPG*) for Alaska as set each year by the U.S. Department of Health and Human Services.

Note:

The eligibility standard for Denali KidCare for children without insurance and pregnant women does not increase each year.

Household Size	Denali KidCare (with insurance) 150% <i>FPG</i>	Denali KidCare (w/no insurance) and Pregnant Women
	Monthly Income	Monthly Income
1	1,597	1,635
2	2,140	2,208
3	2,684	2,782
4	3,228	3,355
5	3,772	3,928
6	4,315	4,501
7	4,859	5,074
8	5,403	5,647
Addl.	544	574

[Previous Section](#)

[Next Section](#)
[MC #34 \(04/07\)](#)

ADDENDUM 2**FAMILY MEDICAID INCOME STANDARDS****ADULT INCLUDED (AI)**

The following income eligibility standards are used when the household includes at least one specified relative.

NOTE:

This chart is also used for the Under 21 category and for any case in which the specified relative is the only person included in the household.

Effective 1/1/2006			Effective 1/1/2007		
Household Size	Gross Income (185%)	Net Income	Household Size	Gross Income (185%)	Net Income
Adult Included			Adult Included		
1	1348	729	1	1393	753
2	2155	1165	2	2225	1203
3	2425	1311	3	2504	1354
4	2695	1457	4	2784	1505
5	2965	1603	5	3063	1656
6	3235	1749	6	3342	1807
7	3505	1895	7	3622	1958
Each Additional	270	146	Each Additional	279	151

ADULT NOT INCLUDED (ANI)

The following income eligibility standards are used in cases in which no specified relative is included in the household. Household size is the total number of dependent

children who are included in the household:

Effective 1/1/2006			Effective 1/1/2007		
Household Size	Gross Income (185%)	Net Income	Household Size	Gross Income (185%)	Net Income
Adult Included			Adult Included		
1	1184	640	1	1222	661
2	1454	786	2	1502	812
3	1724	932	3	1781	963
4	1994	1078	4	2060	1114
5	2264	1224	5	2340	1265
6	2534	1370	6	2619	1416
7	2804	1516	7	2898	1567
Each Additional	270	146	Each Additional	279	151

**SELF-EMPLOYMENT INCOME
ANNUALIZATION STANDARDS (185% *FPG*)**

Household Size	Income Standard Effective 4/1/2005	Income Standard Effective 4/1/2006	Income Standard Effective 4/1/2007
1	22,108	22,663	23,625
2	29,656	30,525	31,672
3	37,204	38,388	39,720
4	44,752	46,250	47,767
5	52,300	54,113	55,815
6	59,848	61,975	63,862
7	67,396	69,838	71,910
8	74,944	77,700	79,957
Addl.	7,548	7,863	8,048

IRS Mileage Allowance

Year	2005	2006	2007
Cents per Mile	40.5	44.5	48.5

TRANSITIONAL MEDICAID INCOME STANDARDS (185% *FPG*)

Household Size	Effective 4/1/2005	Effective 4/1/2006	Effective 4/1/2007
1	1,843	1,889	1,969
2	2,472	2,544	2,640
3	3,101	3,199	3,310
4	3,730	3,855	3,981
5	4,359	4,510	4,652
6	4,988	5,165	5,322
7	5,617	5,820	5,993
8	6,246	6,475	6,664
Addl.	629	656	671

[Previous Section](#)[Next Section
MC #34 \(0407\)](#)