# AHCCCS ELIGIBILITY REQUIREMENTS January 1, 2024

## Where to Apply

- [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)
- DES/Family Assistance Office
- Call 1-855-HEA-PLUS for the nearest office

## Eligibility Criteria

<table>
<thead>
<tr>
<th>Households &amp; Income After Deductions</th>
<th>Resource Limits (Equity)</th>
<th>Social Security #</th>
<th>Special Requirements</th>
<th>Benefits</th>
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<tbody>
<tr>
<td><strong>Children Under Age 1</strong></td>
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<tr>
<td>Household Monthly Income by</td>
<td>$1,845.00</td>
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<td>Household Size (After Deductions)</td>
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<td>$1,845.00</td>
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<td>$2,504.00</td>
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<td>$3,163.00</td>
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<td>4</td>
<td>$3,822.00</td>
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<td>Add $660 per Add'l person*</td>
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<td><strong>Children Ages 1 – 5</strong></td>
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<tr>
<td>Household Monthly Income by</td>
<td>$1,770.00</td>
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<td>Household Size (After Deductions)</td>
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<td>$1,770.00</td>
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<td>$3,034.00</td>
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<td>4</td>
<td>$3,666.00</td>
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<td>Add $633 per Add'l person*</td>
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<td><strong>Children Ages 6 – 18</strong></td>
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<tr>
<td>Household Monthly Income by</td>
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<td>Household Size (After Deductions)</td>
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<td>4</td>
<td>$3,458.00</td>
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<td>Add $597 per Add'l person*</td>
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<td><strong>KidsCare Children Under Age 19</strong></td>
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<td>Household Monthly Income by</td>
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<td>Household Size (After Deductions)</td>
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<td>4</td>
<td>$5,850.00</td>
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<td>Add $1,009 per Add'l person*</td>
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<td><strong>Parent &amp; Caretaker Relatives</strong></td>
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<tr>
<td>Household Monthly Income by</td>
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<td>Household Size (After Deductions)</td>
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<td>$1,331.00</td>
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<td>$1,806.00</td>
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<td>$2,756.00</td>
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<td>Add $476 per Add'l person*</td>
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<td><strong>Adults</strong></td>
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<td>Household Monthly Income by</td>
<td>$1,670.00</td>
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<td>Household Size (After Deductions)</td>
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<td>$3,458.00</td>
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<td>Add $597 per Add'l person*</td>
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<td><strong>Pregnant Women</strong></td>
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<td>Household Monthly Income by</td>
<td>$1,958.00</td>
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<td>Household Size (After Deductions)</td>
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<td>$1,958.00</td>
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<td>$2,658.00</td>
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<td>$3,357.00</td>
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<td>$4,056.00</td>
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<td>Add $700 per Add'l person*</td>
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</table>

### Benefits

- AHCCCS Medical Services
- N/A

## Coverage for Children

**ELIGIBILITY REQUIREMENTS**

- Not eligible for Medicaid
- No health insurance coverage within last 3 months
- Not available to State employees, their children, or spouses
- $10 - $70 monthly premium covers all eligible children

### Special Requirements

- N/A

## Coverage for Individuals

### General Information

- 19 years of age or older
- Under age 65
- Not entitled to Medicare
- Adult’s children must have health insurance coverage
- Ineligible for any other categorical Medicaid coverage

### Benefits

- AHCCCS Medical Services
- N/A

## Coverage for Women

### General Information

- Under age 65
- Screened and diagnosed with breast cancer, cervical cancer, or a pre-cancerous cervical lesion by the Well Woman Health check Program
- Ineligible for any other Medicaid coverage

### Benefits

- AHCCCS Medical Services
- N/A
**AHCCCS ELIGIBILITY REQUIREMENTS February 1, 2024**

<table>
<thead>
<tr>
<th>Application</th>
<th>Eligibility Criteria</th>
<th>General Information</th>
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</thead>
<tbody>
<tr>
<td>Where to Apply</td>
<td>Household Monthly Income by Household Size (After Deductions) ¹</td>
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<tr>
<td></td>
<td>Resource Limits (Equity)</td>
<td>Social Security Number</td>
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<tr>
<td></td>
<td>Special Requirements</td>
<td>Benefits</td>
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<tr>
<td>Coverage for Elderly or Disabled People</td>
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<tr>
<td>Long Term Care</td>
<td>300% FBR $2,829 Individual</td>
<td>Requires nursing home level of care or equivalent</td>
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<td>$2,000 Individual</td>
<td>May be required to pay a share of cost</td>
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<td>Required</td>
<td>Estate recovery program for the cost of services received after age 55</td>
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<td>Requires nursing home level of care or equivalent, May be required to pay a share of cost</td>
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<td></td>
<td>AHCCCS Medical Services², Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
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<tr>
<td>SSI CASH</td>
<td>100% FBR $943 Individual</td>
<td>Requires nursing home level of care or equivalent</td>
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<td>$2,000 Individual $3,000 Couple</td>
<td>May be required to pay a share of cost</td>
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<td>Required</td>
<td>Estate recovery program for the cost of services received after age 55</td>
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<td>AHCCCS Medical Services², Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
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<tr>
<td>SSI MAO</td>
<td>100% FPL $1,255 Individual</td>
<td>Requires nursing home level of care or equivalent</td>
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<td>$1,704 Couple</td>
<td>May be required to pay a share of cost</td>
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<td>Required</td>
<td>Estate recovery program for the cost of services received after age 55</td>
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<td>AHCCCS Medical Services², Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
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<tr>
<td>Freedom to Work</td>
<td>250% FPL $3,138 Individual</td>
<td>Requires nursing home level of care or equivalent</td>
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<td>Only Earned Income is Counted</td>
<td>May be required to pay a share of cost</td>
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<tr>
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<td>Required</td>
<td>Estate recovery program for the cost of services received after age 55</td>
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<td></td>
<td>AHCCCS Medical Services², Nursing Facility, Home &amp; Community Based Services, and Hospice</td>
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**Coverage for Medicare Beneficiaries**

| QMB                              | www.healthearizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034 | N/A Required                  | Entitled to Medicare Part A |
|                                 | 100% FPL $1,255 Individual $1,704 Couple                                                                 | Payment of Part A & B premiums, coinsurance, and deductibles |
| SLMB                             | www.healthearizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034 | N/A Required                  | Entitled to Medicare Part A |
|                                 | 120% FPL $1,255.01-$1,506.00 Individual $1,704.01-$2,044.00 Couple                                        | Payment of Part B premium |
| QI-1                             | www.healthearizonaplus.gov or mail an application to SSI MAO 801 E Jefferson MD 3800 Phoenix, Arizona 85034 | N/A Required                  | Entitled to Medicare Part A |
|                                 | 135% FPL $1,506.01-$1,695.00 Individual $2,044.01-$2,300.00 Couple                                         | Not receiving Medicaid benefits |
|                                 | N/A Required                                                                            | Payment of Part B premium |

Applicants for the above programs must be Arizona residents and either U.S. citizens or qualified immigrants. Applicants may need to provide documentation of U.S. Citizenship or immigrant status.

Applicants for the Children, Caretaker Relative, Pregnant Women, Adult, and SSI-MAO, who do not meet the citizen/immigrant status requirements may qualify for Emergency Services.

**NOTES:**
1. Income deductions vary by program but may include work expenses and educational expenses.
2. AHCCCS Medical Services include, but are not limited to, doctor’s office visits, immunizations, hospital care, lab, x-rays, and prescriptions.
3. If the applicant has a spouse living in the community, between $29,724 and $148,620 of the couple’s resources may be disregarded.
4. "Each additional" approximate amounts only.