

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 Families and Individuals Group (MAGI)

B-210 ARKids First

B-200 Families and Individuals Group (MAGI)

MS Manual 01/01/17

Most individuals under age 65 will fall into the Families and Individuals general eligibility grouping. Most of the specific groups under this general grouping use the Modified Adjusted Gross Income or MAGI methodologies to determine financial eligibility for individuals. (See [MS E-200](#) for specific policy regarding the MAGI methodology.) Therefore, this group is commonly called the “MAGI” group. Generally speaking, the MAGI groups cover children and non-SSI adults under age 65 who are not in need of specialized services or benefits related to a disability or blindness or who are not in need of long term care support or services (See [MS E-220](#)). A non-SSI individual with a disability or blindness who is not eligible for or covered by Medicare may be covered in the Adult Expansion Group if otherwise eligible.



NOTE: Two groups (Newborns and Former Foster Care Adults) which are described below do not have a financial test and therefore, the MAGI methodology is not used. However, since these two groups cover non-aged, blind, or disabled adults or children, they are included in the general grouping of Families and Individuals.

Individuals in all groups must meet the General Eligibility Requirements as outlined in [MS D-100-540](#).

The sections that follow describe each of the specific Families and Individuals (MAGI) eligibility groups.

B-210 ARKids First

MS Manual 07/08/16

The ARKids First group provides health insurance coverage for Arkansas children from birth to age 19. There are two categories of coverage in the ARKids First group – ARKids A and ARKids B. Along with the age requirement of being under the age of 19, relationship and/or living with a specified relative must be established for eligibility in these categories. (See [MS F-110](#)).

ARKids A provides coverage to children under age 19 with family income under 142% of the Federal Poverty Level for the applicable household size (See [MS E-110](#)). ARKids A provides the full range of Medicaid services. This is a mandatory eligibility group authorized and funded by Title XIX of the Social Security Act (Medicaid).

ARKids B provides coverage to otherwise uninsured children under age 19 with family income equal to or over 142% but under 211% of the FPL for the household size (See [MS E-110](#)). ARKids

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 Families and Individuals Group (MAGI)

B-220 Newborns

B provides a more limited range of services with limited co-pays for some services. (See [Appendix G](#)) ARKids B was authorized by Arkansas Act 407 of 1997 (the ARKids First Program Act) and was implemented as a Section 1115 Medicaid expansion program effective September 1, 1997. The program is currently funded by the Children's Health Insurance Program (CHIP) under Title XXI of the Social Security Act.

Because ARKids A and ARKids B have different benefit packages and have different federal funding match rates, it is necessary to designate separate categories of coverage for them.

Please see [PUB-040, Arkansas Medicaid, ARKids First & You](#) for a summary of the benefit packages which highlights the differences in the two packages.

B-220 Newborns

MS Manual 08/15/14

This group consists of newborns up to age 1 whose mothers were Medicaid eligible at the time of their births. Newborns in this group are guaranteed Medicaid coverage for the first year of life regardless of income changes that may occur during that first year. Newborns receive the full range of Medicaid services.

Although this group is considered part of the ARKids First group, Newborns also have a separate category of coverage to ensure no change in household circumstances affects their one-year of guaranteed coverage. At age 1, eligibility for ARKids First (A or B) is determined as for any other child ([See MS I-230](#)).

Newborns born to pregnant women approved under the Unborn child category ([See MS B-250](#)) will not be eligible for the Newborn category. Eligibility should be determined for ARKids.

B-230 Parents/Caretaker Relatives

MS Manual 08/15/14

This group consists of adults who have related minor children living in the home for whom the adult exercises care and responsibility ([MS F-110](#)) and whose household income is below the income limit for this group (See [MS E-110](#)).

Both natural or adoptive parents may be living in the home with the child. There is no "deprivation of parental care or support" requirement for the parents to be included in this group.

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 Families and Individuals Group (MAGI)

B-240 Pregnant Women

If an adult meets the criteria for this group, he or she must be assigned to this group even if eligibility exists in another MAGI eligibility group. Therefore, eligibility for this group is determined first before moving to other categories that may have higher income limits.



NOTE: Only adults are included in this group. Children will not be placed in this group. Their coverage will be in the appropriate ARKids program or some other type of Medicaid such as TEFRA, or a private insurance plan.

Adults covered in the group receive the full range of Medicaid benefits.

B-240 Pregnant Women

MS Manual 08/15/14

This group consists of women age 19 and above who are pregnant at the time of application and are not eligible in either the Parent/Caretaker Relative ([MS B-230](#)) or Former Foster Care ([MS B-260](#)) group. A pregnant woman can apply for retroactive Pregnant Women Medicaid up to 3 months after birth of the baby.

There are two categories of coverage within the Pregnant Woman group.

- Those with household income at or below the income limit for Low-Income Pregnant Woman Coverage ([MS E-110](#)) receive the full range of Medicaid services.
- Those with income above that limit but under the limit for High-Income Pregnant Woman Coverage ([MS E-110](#)) are provided services related to prenatal, delivery and postpartum care, and to other conditions that may complicate pregnancy.

Both levels provide postpartum coverage through the end of the month in which the 60th day from the date of delivery falls.

B-250 Unborn Child (Pregnant Woman)

MS Manual 08/15/14

This group consists of non-citizen pregnant women who do not meet the alienage requirements for Medicaid and whose household income is at or below 209% of the federal poverty level for the appropriate household size. This includes pregnant women who are any of the following:

- Lawfully admitted aliens who do not yet meet the 5 year residency requirements;
- Lawfully present in the United States under a Compact of Free Association with the United States (e.g., individuals from the Marshall Islands);

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 Families and Individuals Group (MAGI)

B-260 Former Foster Care Adults

- Undocumented aliens.

The purpose of this group is to provide pre-natal care to the unborn child who is expected to be born in the United States. As this coverage is intended to benefit unborn children who will be U.S. citizens at birth, the pregnant woman will not qualify for this coverage if she intends to leave the U.S. before the baby is born.

This group is also different from the other Pregnant Women groups in that it receives an enhanced federal match rate under the Children's Health Insurance Program (CHIP). The CHIP enhanced funding coverage is available only to pregnant women who have no other insurance that covers pregnancy related services.

The non-citizen pregnant woman will receive postpartum coverage. Postpartum coverage is through the end of the month in which the 60th day from the date of delivery falls.

B-260 Former Foster Care Adults

MS Manual 06/08/16

This group consists of adults up to age 26 who aged out of foster care in Arkansas. There is no income or resource test. Other than the general Medicaid eligibility requirements that all Medicaid eligibles must meet ([MS D-100](#)), the requirements for eligibility in this group are that the adult was in foster care in Arkansas, was enrolled in Medicaid when aging out of foster care at age 18-21 depending on the individual circumstances and is currently under age 26.

Individuals in this group receive the full range of Medicaid benefits.

B-270 Adult Expansion Group (Arkansas Works Program)

MS Manual 01/01/17

The Health Care Independence Program has been amended to become the Arkansas Works Program starting January 1, 2017. Throughout this policy manual the Arkansas Works Program will be referred to as the Adult Expansion Group.

This group consists of adults who are 19 through 64 years of age with household income below 133% (138% with 5% disregard applied) of the applicable federal poverty level ([MS E-110](#)) and are not eligible in either the Parents/Caretaker Relatives group ([MS B-230](#)) or Former Foster Care group ([MS B-260](#)). Adults who are blind or who have a disability may be covered in this group unless they are determined eligible for coverage in another group on the basis of the need for long term care services (facility or waiver) or other disability related services.

MEDICAL SERVICES POLICY MANUAL, SECTION B

B-200 Families and Individuals Group (MAGI)

B-270 Adult Expansion Group (Arkansas Works Program)

A woman who is pregnant at the time of application cannot be included in this group until after the postpartum period. She must be enrolled in one of the pregnant women groups or in the parents/caretaker relatives group if eligible. However, a woman who becomes pregnant after enrolling in this adult group may remain in the adult group throughout her pregnancy.

Individuals eligible in this group will participate in the Arkansas Works Program authorized by Arkansas Works Act of 2016. The Arkansas Works Program provides Medicaid funding in the form of premium assistance to enable individuals to enroll in either private health insurance plans or employer sponsored insurance (ESI).

EXCEPTION: Individuals eligible for the Adult Expansion Group, who have health care needs that make coverage through the Health Insurance Marketplace impractical, overly complex, or would undermine continuity or effectiveness of care, will not enroll in a private QHP but will remain in Medicaid (Re. [MS A-100](#)). Those individuals eligible for ESI who meet this criteria will have a choice to select either traditional Medicaid or the Employer Sponsored Insurance benefit package.



NOTE: If an individual in this group has a child(ren) under age 18 living in the home, the child(ren) must be covered in Medicaid or have other health insurance coverage.

An individual who is twenty-one (21) years of age or older and working must enroll in employer health insurance coverage if the employer has elected to participate in the Arkansas Works Program. An individual determined eligible for ESI must enroll in ESI coverage within 30 days of receiving the enrollment notice.

All Arkansas Works Program recipients will be referred to the Arkansas Division of Workforce Services for free job assistance services.