



**Eligibility  
Quick Reference Guide  
December 2015**



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## Eligibility Quick Reference Guide

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**This Quick Reference Guide is designed to assist you to understand eligibility information.**

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## Eligibility Quick Reference Guide

# 1. Determining Eligibility and What Individuals Need for a Full Eligibility Determination

## A. Self-attestation

Individuals do not need to provide printed documents to verify all required information. Some self-attested information may be verified by the Federal Data Services Hub (FDSH), state, federal, and other data sources.

## B. Individuals may not need all of the items below, but having them may speed up the enrollment process.

- a. Your Contact Information\*
  - i. Email Address and Password
  - ii. Mailing and/or Permanent Address
  - iii. Proof of Residence (e.g., utility bill, lease, etc.)
  - iv. Phone Number
  - v. Birthdate
- b. ID (one of the following)
  - i. Social Security Card or Immigration Documents (I-9 if available)
  - ii. Government Issued ID such as a Driver's License
  - iii. Birth Certificate
- c. Household Information
  - i. Names, Dates of Birth and Social Security Numbers (SSN) of all persons living in your house
  - ii. Proof of Marriage
- d. Income Information (one of the following)
  - i. The list below has helpful documents when determining an individual or household's monthly and annual income. Proof of income may not be needed because of the income verification check that kynect performs with the Federal Government, specifically the Internal Revenue Service.
    1. W-2 Form(s)
    2. Last year's Tax Return(s)
    3. Pay Stubs from the last 2 months
    4. Proof of Unearned Income (SSI, Social Security Disability (RSDI) Award Letter)
    5. Other Proof of Income
- e. Expenses Information
  - i. Alimony (if applicable)
  - ii. Student Loan Interest Payment
  - iii. Teacher Expenses (if individual is a school teacher only)
  - iv. School Tuition and Fees
- f. Health Insurance/Card for Current Insurance (if individual has insurance through an employer)
  - i. Cost of Insurance (premium bill or check stub showing premium deductions)

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- ii. If you are interested in Medicaid Insurance Coverage, do your medical providers (doctors, clinics, hospitals) accept Medicaid? Medicaid plans include Passport, Coventry Cares, Humana Care Source, Wellcare and Anthem. It can save you time if you know which insurance plans your medical providers accept.
- g. Employment Information (Self and Employer)
  - i. Employer Identification Number (EIN) if known. This number can be found on your W-2 form.
  - ii. Business Name
  - iii. Work Address
  - iv. Work Phone Number or Work Number for individual's Human Resources Office Contact
  - v. Work's Health Plan if your employer offers insurance coverage

\*If the individual's identity is not verified through KOG/Experian, he or she will need a government issued ID.

## 2. How Eligibility is Determined

### MAGI Medicaid and Health Insurance Plans

The ACA requires a coordinated process for determining eligibility across states for all Insurance Affordability Programs including Medicaid (MAGI only), KCHIP, Health Insurance Plans (HIPs) with payment assistance and Special Discounts. kynect assesses eligibility for these programs, looking first to the most comprehensive programs, Medicaid and KCHIP. If an individual is not found eligible for these programs, the system then evaluates for payment assistance and Special Discounts. For individuals and households not eligible for assistance programs, kynect uses the individual or household's income to determine their ability to purchase affordable private health insurance plans, or Qualified Health Plans (QHPs).

Eligibility is determined based on monthly earnings for Medicaid and annual earnings for payment assistance and Special Discounts. [kynect will complete these calculations, but how they are calculated is something important for Agents and kynectors to know.

Eligibility for insurance affordability programs is based on household income and family size. kynect uses these factors to determine where a household falls on federal poverty level (FPL).

For more information about general guidelines for determining eligibility, please refer to chapter 3 of the Agent and kynector Training Manual. For information about determining household income, please refer to the training manual or Income Quick Reference Guide.

### Non-MAGI Medicaid:

Non-MAGI Medicaid provides free or low-cost health coverage to expanded groups of individuals. Non-MAGI applications cannot currently be completed in kynect. In order to be Non-MAGI eligible, an individual must fall into one of the following groups:

- o Aged; 65 and over
- o Blind or
- o Disabled

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For additional information on Non-MAGI eligibility, see the Agent and kynector Training Manual.

## 3. Unique Scenarios

### A. Same-sex Partners

Same-sex married partners who plan to file taxes jointly must also indicate that they are married and file jointly in kynect.

### B. Exemptions

Under the ACA, most individuals are required to have health insurance. Those that remain uninsured may be required to pay a federal tax penalty if they are not exempt. For 2015, individuals will have to pay one of these amounts (whichever is higher): \$325 per person (\$162.50 per child under 18) up to \$975 for a family or 2% of their yearly income (over a set threshold). Check with [IRS.gov/ACA](http://IRS.gov/ACA), [healthcare.gov](http://healthcare.gov), or your tax preparer for exact amount. The law allows for certain individuals to be exempt from the mandate to have health insurance by recognizing nine exemptions (see below). Individuals can use the Exemptions tool at [www.healthcare.gov/exemptions-tool](http://www.healthcare.gov/exemptions-tool) to find out if they may qualify for an exemption. You can obtain some exemptions [only from the Marketplace](#) while others you may claim when you file your tax return. Individuals claiming exemptions on their tax return must file *Form 8965 Health Coverage Exemptions* with their tax return.

Exemption	Definition	Who Grants the Exemption
Religious Conscience	<ul style="list-style-type: none"> <li>Members of a religious sect that is recognized as conscientiously opposed to accepting any insurance benefits</li> </ul>	<ul style="list-style-type: none"> <li>May only be granted by the federal marketplace (<a href="http://healthcare.gov">healthcare.gov</a>)</li> </ul>
Healthcare Sharing Ministry	<ul style="list-style-type: none"> <li>Health sharing ministries help share the cost of health insurance but do not provide it</li> </ul>	<ul style="list-style-type: none"> <li>May be granted by the federal marketplace or claimed on tax return</li> </ul>
Native American Tribe	<ul style="list-style-type: none"> <li>Member of a federally recognized Native American tribe</li> </ul>	<ul style="list-style-type: none"> <li>May be granted by the federal marketplace or claimed on tax return</li> </ul>
No Filing Requirement	<ul style="list-style-type: none"> <li>An individual's household income is below the minimum threshold for filing a tax return</li> </ul>	<ul style="list-style-type: none"> <li>May only be claimed on tax return</li> </ul>
Short Coverage Gap	<ul style="list-style-type: none"> <li>An individual went without coverage for less than three consecutive months during the year</li> </ul>	<ul style="list-style-type: none"> <li>May only be claimed on tax return</li> </ul>
Hardship	<ul style="list-style-type: none"> <li>An individual has suffered hardship that makes him or her unable to obtain coverage</li> </ul>	<ul style="list-style-type: none"> <li>May only be granted by the federal marketplace</li> </ul>

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Unaffordable Coverage Options	<ul style="list-style-type: none"> <li>An individual can't afford coverage because the minimum amount for the premiums is more than 8% percent of household income</li> </ul>	<ul style="list-style-type: none"> <li>May only be claimed on tax return</li> </ul>
Incarceration	<ul style="list-style-type: none"> <li>An individual is in jail, prison, or similar penal institution or correctional facility after the disposition of charges</li> </ul>	<ul style="list-style-type: none"> <li>May be granted by the federal marketplace or claimed on tax return</li> </ul>
Not Lawfully Present	<ul style="list-style-type: none"> <li>An individual is neither a U.S. citizen, a U.S. national, nor an alien lawfully present in the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>May only be claimed on tax return</li> </ul>
AmeriCorps Coverage	<ul style="list-style-type: none"> <li>An individual is covered through an AmeriCorps program for short-term or self-funded coverage</li> </ul>	<ul style="list-style-type: none"> <li>May only be granted by the federal marketplace</li> </ul>

## 4. Payment Assistance (APTC)

### A. What is Payment Assistance?

- Under the Affordable Care Act (ACA), qualified individuals are eligible to receive premium tax credits through kynect to help them purchase a Qualified Health Plan. This includes individuals who are not:
  - eligible for Medicare, Medicaid, or KCHIP;
  - enrolled in VA or TRICARE; or
  - offered Employer Sponsored Insurance (ESI).
- This payment assistance may be provided in advance (Advanced Premium Tax Credit (APTC)) or taken as a tax credit at the time an individual files their income taxes. This credit is only available through kynect. The tax credit cannot exceed the amount of the premium paid by the individual. Any discrepancies are reconciled in their federal taxes of the same year.
- The amount of the credit is determined by comparing the federal poverty level (FPL), household income and the benchmark plan's premium.
- The benchmark plan is the second-lowest cost Silver plan (based upon the ages of all members included in the plan – "age adjusted").
- An individual who wants a higher tier (Gold or Platinum) plan does not receive additional payment assistance for the incremental premium exceeding that of a silver plan.
- For individuals whose Silver plan premium amount exceeds the annual premium limit, the payment assistance amount equals the difference between the plan premium and annual premium limit.

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- If there is any additional Payment Assistance left over after it has been used to completely cover medical premiums, the remaining portion can be used to cover pediatric dental or the pediatric portion of a family dental plan.

**Please Note:** Agents and kynectors should instruct individuals to use caution when selecting the amount of APTC applied during the initial shopping period. If 100% of APTC is applied and an income increase occurs, the individual may have to pay back the over applied APTC amount.

At the end of the year, the taxpayer's payment assistance is reconciled with what the taxpayer should have received (using actual household income and family size for the taxable year).

- If the payment assistance was less than the actual premium tax credit, the individual receives an additional refund.
- If the payment assistance was greater than the actual tax credit, the individual owes the excess as an additional tax liability. This is included in their federal taxes.

#### Payment Assistance = Plan Premium – Annual Premium Limit

Income	Annual Premium Limit
Up to 138% FPL	2.01% of income
138 - 150% FPL	3.02 – 4.02% of income
150 - 200% FPL	4.02 - 6.34% of income
200 - 250% FPL	6.34 - 8.1% of income
250 - 300% FPL	8.1 - 9.56% of income
300 - 400% FPL	9.56% of income

#### Premium Limits for Individuals Based on Income

##### ***Example Individual: Joe Smith***

Joe is a single man with no dependents, earns an income at 144% of the FPL (\$16,545), and is not offered affordable health insurance by his employer or any other source. If Joe were to purchase a Silver plan which has an annual premium of \$1000 via kynect, his:

- Annual premium limit will be 3.5% of his income or  $.035 * \$16,545 = \$579.09$ .
- Payment Assistance = Plan Premium per year – Premium Limit =  $\$1,000 - \$579.09 = \$420.91$ .
- Joe's monthly premium owed =  $\$579.09 / 12 = \$48.26$ .

If Joe were to purchase a Gold plan with plan premium of \$2,000 per year, his payment assistance amount would still be \$420.91. Joe would then be expected to pay the annual balance of \$1,579.09 to meet the \$2,000 plan premium amount, or \$131.59 per month.

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### 5. Basic Medicare Review

#### A. What is Medicare?

- Medicare is a Federal program that provides health insurance for individuals 65 or older, individuals under 65 with certain disabilities, or individuals of any age with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).
- Medicare is not a program that is available via kynect. It is included here to give a well-rounded overview of programs that you may have exposure to while helping individuals.
- How can these individuals qualify?
  - The individual or spouse has to have worked for at least ten years in Medicare-covered employment
  - The individual must be Citizen or permanent resident of the U.S.
- There are four major parts in the Medicare program:
  - Part A: Hospital insurance program.
  - Part B: Medical insurance program.
  - Part C: Medicare advantage program.
  - Part D: Outpatient prescription drug benefit.
- If an individual has questions regarding Medicare, please refer them to the Department of Insurance (DOI), State Health Insurance Assistance Program (SHIP), or an Insurance Agent for further assistance.

### 6. Basic Medicaid Review

#### B. What is Medicaid?

- Medicaid is a health and long-term care coverage program, jointly funded by state governments and the federal government.
- Medicaid is a program that is available via kynect.
- Every state establishes and administers its own Medicaid program and determines the type, amount, duration, and scope of services covered within broad federal guidelines.
- States are required to cover certain mandatory benefits and may choose to provide other optional benefits, as well.

#### C. What is Modified Adjusted Gross Income (MAGI) Medicaid?

- i. MAGI rules, introduced by the ACA, are the new method of determining eligibility for Insurance Affordability Programs. The MAGI calculation provides a nationwide standard for calculating income for eligibility determinations.
- ii. Who is eligible?
  1. Parents & Caretaker Relatives
  2. Pregnant Women
  3. Children under age 19
  4. Medicaid Expansion
    - a. Adults whose income level is at or below 133% of the Federal Poverty Level (FPL) (plus a 5% disregard).

**The table below shows the monthly income for select FPL levels.**

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Family Size	100%	138%	150%	200%	213%	218%
1	\$973	1,343	\$1,459	\$1,945	\$2,072	\$2,121
2	\$1,311	\$1,809	\$1,967	\$2,622	\$2,793	\$2,858
3	\$1,650	\$2,276	\$2,474	\$3,299	\$3,513	\$3,596
4	\$1,988	\$2,743	\$2,982	\$3,975	\$4,234	\$4,333
5	\$2,326	\$3,210	\$3,489	\$4,652	\$4,955	\$5,071
6	\$2,665	\$3,677	\$3,997	\$5,329	\$5,675	\$5,808
7	\$3,003	\$4,144	\$4,504	\$6,005	\$6,396	\$6,546
8	\$3,341	\$4,611	\$5,012	\$6,682	\$7,116	\$7,284

5. Covers children who are:
  - a. Under the age of 1 whose family earns less than 185% FPL
  - b. Under the age of 6 whose family earns less than 133% FPL
  - c. Under the age of 18 whose family earns less than 100% FPL
  - d. Medicaid Expansion covers children under the age of 18 whose family earns less than 150% FPL and the child is a student.
- iii. Managed Care Organizations (MCOs)
  - Individuals enrolled in Medicaid will enroll in a MCO. Enrollment will take place through kynect as part of the individual application process.
  - Medicaid-eligible individuals will be able to comparison shop both Health Insurance Plans (HIPs) and MCOs.
  - If the individual does not select a MCO, kynect will select one for them automatically.
  - Automatic selection will only apply to MCOs. Individuals will **not** be auto-enrolled in Health Insurance Plans or SHOP plans.
- iv. Kentucky Children’s Health Insurance Program (KCHIP)
  - KCHIP is for children younger than 19 who live in families with income between 138% and 218% of the FPL.
  - If a parent voluntarily leaves a job, the children are not immediately eligible for KCHIP.
  - A family may apply for KCHIP and other assistance at the local Department for Community Based Services offices in the county where the family lives.

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### 7. Non-MAGI and Other Medicaid Programs

Non-MAGI Medicaid is a methodology for determining Medicaid eligibility for those categories exempt from the MAGI methodology.

#### A. Who is eligible?

- i. Individuals who are aged (over 54)
- ii. Blind, or
- iii. Disabled (commonly known as ABD)

#### B. Other Medicaid Programs

##### i. Medicaid Waivers

1. Medicaid waiver programs can provide Medicaid coverage for different services that can assist an individual in remaining in their home. If the individual is not elderly, a disability determination is required.

Below are the different types of waivers.

- a. The **Home and Community Based (HCB) Waiver** program provides individuals who may need nursing home care the opportunity to remain in their homes while receiving needed assistance through the use of community resources. Through this program, a KY Medicaid eligible individual who is elderly and/or disabled may receive assistance with bathing, grooming, toileting and other activities of daily living. HCB Waiver services do not include around-the-clock care but are services that are provided in an individual's home by qualified staff from a home health agency in their local area of residence or some services may be provided at an adult day health care center, also located in their area of residence. An individual may request additional information at:
  - Phone number: (502)-564-5560
  - Online: <http://chfs.ky.gov/dms/hcb.htm>.
- b. The **Supports for Community Living (SCL)** program provides an alternative to institutional care for individuals with intellectual and developmental disabilities. SCL allows individuals to remain in or return to the community in the least restrictive setting. Individuals with intellectual and developmental disabilities who meet requirements for residence in an intermediate care facility, people with disabilities in intellectual functioning (ICF/MR) and who meet other Medicaid requirements are eligible for these services. There is currently a waiting list for services and supports. An application allows an individual's name to be included on the list. Additional individuals are served in chronological order as funding becomes available. An individual may request additional information at:
  - Phone: (502) 564-7702
  - Online: <http://dbhdid.ky.gov/kdbhdid/default.aspx>.

After an individual is selected for funding, they must then be determined to need the level of care provided by an ICF/ID and to be eligible for Medicaid.

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- c. The **Michelle P. Waiver (MPW)** program provides an alternative to institutional care for individuals with intellectual or developmental disabilities. The MPW allows individuals to remain in their homes with services and supports. The Michelle P. Waiver services are for persons with a developmental or intellectual disability who require a protected environment while learning personal and other living skills, educational experiences, awareness of their environment and who meet Medicaid financial eligibility requirements. Individuals can contact their local Community Mental Health Center to schedule a Michelle P. Waiver assessment. An individual may request additional information at:
- Phone: 502-564-4527
  - Online: <http://chfs.ky.gov/dms/mpw.htm> or <http://dbhdid.ky.gov/cmhc/default.aspx>.
- d. The **Acquired Brain Injury (ABI) Waiver** program provides intensive services and supports to adults with acquired brain injuries working to re-enter community life. Services are provided exclusively in community settings and are for individuals who have the potential for rehabilitation and training during a period of transition and reintegration into the community. Services are individualized, goal specific and may include assistance, training and supports with personal and other living skills, counseling and therapy services, employment goals, etc. To qualify for ABI services, an individual must have an injury to the brain that is not hereditary, congenital or degenerative. The individual must be at least 18 years of age, must meet nursing facility level of care, must be expected to benefit from waiver services, and be financially eligible for Medicaid services. The individual may be placed on a waiting list if there are no vacancies available. An individual may request additional information at:
- Phone: (502) 564-5198 or toll free at (866) 878-2626.
- e. The **Acquired Brain Injury Long Term Care (ABI LTC) Waiver** program provides an alternative to institutional care for individuals that have reached a plateau in their rehabilitation level and require maintenance services to avoid institutionalization and to live safely in the community. The ABI LTC waiver completes the continuum of care by complementing the ABI Waiver program which focuses on intensive rehabilitation services. To qualify, an individual must be at least 18 years of age, must meet nursing facility level of care, must have a primary diagnosis of 1) an acquired brain injury that necessitates supervision 2) rehabilitative services and 3) long term supports, and must be Medicaid eligible. An individual may request additional information at:
- Phone: (502) 564-5198 or toll free at (866) 878-2626.
- f. **MODEL II Waiver** programs are community-based, in-home waiver services for individuals who are dependent on a ventilator 12 hours or greater per day, meet High Intensity nursing care services 24 hours per day and would otherwise require nursing facility level of care in a hospital-based nursing facility. The

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individual must also meet the income and resource limitations required by the program. An individual may request additional information at:

- Phone: 502-564-5560
- Online: <http://chfs.ky.gov/dms/mwii.htm>.

ii. **Pass Through**

Pass Through is a special Medicaid eligibility continuation program aimed to preserve Medicaid coverage for certain groups of individuals who lose Supplemental Security Income (SSI) payments. Beneficiaries of Pass Through are those who have previously received Medicaid as a SSI or State Supplementation Program recipient, and lost those benefits due to an increase in, Entitlement to, or re-computation of Retirement, Survivors, and Disability Insurance (RSDI) benefits. Increases in RSDI benefits may be the result of a Cost of Living Adjustment (COLA). These individuals are referred to as 'Pickle People' (named for the U.S. Representative who enacted the law) and receive a letter instructing them to apply through DCBS.

iii. **Supplemental Security Income (SSI) Individuals**

The Supplemental Security Income (SSI) program pays benefits to low-income disabled individuals (adults or children) who have limited income and resources. SSI benefits are also payable to individuals 65 years and older without disabilities who meet certain financial limits.

Anyone approved for an SSI payment automatically receives a Medicaid card. If an individual is deemed ineligible for SSI, he or she will be automatically ineligible for Medicaid in this category. The individual can apply in another category of Medicaid.

iv. **State Supplementation Program**

State Supplementation Program provides payments to aged, blind or disabled individuals who are age 18 years or older and have insufficient income to meet special needs for care in:

- Licensed personal care home (PCH),
- Licensed family care home (FCH), or
- Caretaker services.

If an individual is potentially eligible for SSI, an application for SSI must be submitted and verified prior to State Supplementation Program approval. Medicaid pays the Medicare Supplementary Medical Insurance (SMI) premiums for all State Supplementation Program recipients with Medicare Part B.

v. **Nursing Facilities**

Nursing facility services include room and board, dietary services, nutritional supplements, social services, activities, respiratory therapy and supplies, nursing services, the use of equipment and facilities, medical and surgical supplies, prosthetic devices, laundry services, drugs ordered by the physician and personal items routinely provided by the facility.

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Other services, if medically necessary and if ordered by the physician, include X-rays, physical therapy, speech therapy, occupational therapy, laboratory services, oxygen and related oxygen supplies. These services may be billed separately from the per diem rate. Individuals may be eligible for nursing facility services if:

- They reside in a facility participating in the Kentucky Medicaid Program and are placed in a Medicaid-certified bed,
- They require and meet the nursing facility level of care criteria (as defined by Section 4 of 907 KAR 1:022) giving consideration for the medical diagnosis, age-related dependencies, care needs, services and health personnel required to meet these needs and the feasibility of meeting the needs through alternative institutional or non-institutional services, and
- They meet the income and resource limitations required by the program.

vi. **Intermediate Care Facilities for Individuals with Intellectual Disability or Developmental Disabilities (ICF/MR/DD)**

ICF/MR/DD covers services for individuals with intellectual Disability and developmental disabilities who require a planned program of active treatment on an inpatient basis and who meet patient status criteria of ICF-MR facilities participating in the Medicaid program.

vii. **Hospice**

Hospice provides palliative (comforting) care including relief of pain and other symptoms, for persons in the last phase of an incurable disease. Hospice also provides supportive services to terminally ill persons and assistance to their families in adjusting to the patient's illness and death.

viii. **Money Follows the Person**

The Money Follows the Person (MFP) program facilitates transition of and provides sustainable community based services to individuals who choose to move from long term care setting (Intermediate Care Facilities for Individuals with Intellectual Disability or Developmental Disabilities (ICF/MR/DD) ICFs/MR/DD and nursing facilities) into the community.

All Medicaid eligible individuals who are receiving Medicaid services in an ICF/MR or a Nursing Facility and have been in the institutional setting (or a combination of hospitalization and institutionalization) for a minimum of six consecutive months are eligible to transition. Those who transition must meet the criteria for services through one of three transition waivers. Those waivers will provide transition and community based services to individuals who qualify for one of the following groups:

- Individuals who are elderly and/or physically disabled,
- Individuals who have intellectual disability and a developmental disability, or
- Individuals who have an acquired brain injury.

ix. **Medicare Savings Program**

The Medicare Savings Program provides partial financial assistance with Medicare premiums, deductibles, or coinsurance - through the Medicare Savings Program (i.e.,

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Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals) - to certain low-income Medicare beneficiaries who are not entitled to the full Medicaid benefit package.

x. **Title IV-E of the Social Security Act (Children in the Custody of the State)**

The Federal Foster Care Program helps to provide safe and stable out-of-home care for children until they are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency. The program is authorized by Title IV-E of the Social Security Act. Title IV-E children automatically receive a medical card. Medicaid applications for these programs are handled by the Department for Community Based Services in an in-person interview.

## 8. Additional Public Assistance Programs

A. Eligibility Requirements for the **Supplemental Nutrition Assistance Program (SNAP) or Food Assistance:**

1. Citizenship

a. Only U.S. citizens and some legal foreign residents of the United States

2. Work Registration

a. Anyone in a household who is 16 to 60 years old and can work must register for, look for and accept work. There are some exceptions to this requirement.

3. Resources

a. A household may have no more than \$2,000 in cash and bank account assets. If a member of the household is 60 or older, the household may have no more than \$3,000 in resources. Some resources not used to calculate household assets include the dwelling, its contents and personal belongings. Vehicles also are excluded.

4. Income

a. Benefit amount depends on household size, countable income, and other factors.

SNAP is not offered via kynect; individuals need to use the DCBS SNAP Web Portal.

B. Eligibility Requirements for the **Kentucky Temporary Assistance K-TAP:**

1. Families with children under the age of 18, or under 19 if a full-time secondary student.

2. Most adults who receive K-TAP must participate in a work activity

K-TAP is not offered via kynect: refer the individual to DCBS

C. Eligibility Requirements for the **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

1. Individuals who receives KTAP, food stamps or Medicaid

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2. Women who are pregnant or have a pregnant woman or infant in the family who receives Medicaid
3. A member of the family receives KTAP
4. Household income is at or below 185% of the FPL

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<b>Other Quick Reference Guides</b>	<b>Topics Covered</b>
<b>Small Business Health Options Program</b>	Employee and Employer Set Up Enrollment and Disenrollment Special Enrollment COBRA
<b>Health Insurance</b>	HIPs Metal Level Plans Out-of-Pocket Costs Payment Assistance Special Discounts Plan Comparison Tool in kynect Summary of Benefit and Coverage
<b>Income</b>	MAGI Countable Income Household Composition Tax Filing Status Tax Form Reference
<b>Kentucky Online Gateway</b>	How to set up a KOG account as an Individual, Employer and kynector
<b>Interview Guide</b>	How to Fill out an Application in kynect Commonly Asked Questions
<b>Special Enrollment</b>	Special Enrollment Qualifying Events Special Enrollment Effective Dates Exceptional Special Enrollment
<b>Glossary</b>	Acronyms and Definitions of Terms
<b>Helpful Resources</b>	Contact Information Call Center Policy
<b>Understanding Immigration</b>	General Immigration Information Examples of Documentation Insurance Plans Available for Immigrants Submitting Documentation
<b>1095-A</b>	Definition of the Tax Form 1095-A How to Work with the Tax Form 1095-A Reconciliation of Payment Assistance