Service Chapter: ACA Medicaid 510-03 & Non-ACA 510-05
Effective Date: 04/01/2026

Overview

Updating the ACA and Non-ACA Medicaid policy manual with the 2026 Federal Poverty Level (FPL) amounts.

Description of Changes

1. Income Levels 510-03-85-40 - Change
Updating the Federal Poverty Levels in the ACA policy manual effective 04/01/2026.

2. Income Levels 510-05-85-40 – Change
Updating Federal Poverty Levels in the Non-ACA manual effective 04/01/2026.

3. Groups Covered Under ACA Medicaid 510-03-30-05 - Change
Updating the FPL percentage for Parents and Caretake/relative group effective 04-01-2026.

4. Assigning Category of Eligibility 510-03-30-15 - Change
Updating the FPL percentage for Parents and Caretake/relative group effective 04-01-2026.

5. ACA Eligible Individuals Health Care Coverage 510-03-30-20 - Change
Updating the FPL percentage for Parents and Caretake/relative group effective 04-01-2026.

Policy Section Updates

1. Income Levels 510-03-85-40

3. Children ages 6 through 18 and Individuals eligible for the Adult Expansion Group - 133% + the 5% disregard or 138%.

   The family size is increased for each unborn when determining the appropriate family size.

Household Size	Monthly Income Level	Annual Income Level
1	~~$1,800~~ $1,836	~~$21,597~~$22,025
2	~~$2,433~~ $2,489	~~$29,187~~$29,864
3	~~$3,065~~ $3,142	~~$36,777~~$37,702
4	~~$3,698~~ $3,795	~~$44,367~~$45,540
5	~~$4,330~~ $4,449	~~$51,957~~$53,379
6	~~$4,963~~ $5,102	~~$59,547~~$61,217
7	~~$5,595~~ $5,755	~~$67,137~~$69,056
8	~~$6,228~~ $6,408	~~$74,727~~$76,894
9	~~$6,860~~ $7,061	~~$82,317~~$84,732
10	~~$7,493~~ $7,715	~~$89,907~~$92,571
Plus - 1	~~$633~~ $654	~~$7,590~~$7,839
Effective April 1, ~~2025~~ 2026		

4. Children ages 0 through 6 - 147% + the 5% disregard or 152%.

   The family size is increased for each unborn when determining the appropriate family size.

Household Size	Monthly Income Level	Annual Income Level
1	~~$1,983~~$2,022	~~$23,788~~$24,260
2	~~$2,679~~$2,742	~~$32,148~~$32,893
3	~~$3,376~~$3,461	~~$40,508~~$41,527
4	~~$4,073~~$4,180	~~$48,868~~$50,160
5	~~$4,769~~$4,900	~~$57,228~~$58,794
6	~~$5,466~~$5,619	~~$65,588~~$67,428
7	~~$6,163~~$6,339	~~$73,948~~$76,061
8	~~$6,859~~$7,058	~~$82,308~~$84,695
9	~~$7,556~~$7,778	~~$90,668~~$93,328
10	~~$8,253~~$8,497	~~$99,028~~$101,962
+1	~~$697~~$720	~~$8,360~~$8,634
Effective April 1, ~~2025~~ 2026		

5. ACA Adults age 19 and 20 and Medically Needy Pregnant Women, Children and Parent/Caretaker relative - 90% of Poverty Level. See Non-ACA Medicaid Policy income considerations, income deductions and income disregards.

   The family size is increased for each unborn when determining the appropriate family size.

Household Size	Monthly Income Level	Yearly Income Level
1	~~$1,174~~$1,197	~~$14,085~~$14,364
2	~~$1,587~~$1,623	~~$19,035~~$19,476
3	~~$1,999~~$2,049	~~$23,985~~$24,588
4	~~$2,412~~$2,475	~~$28,935~~$29,700
5	~~$2,824~~$2,901	~~$33,885~~$34,812
6	~~$3,237~~$3,327	~~$38,835~~$39,924
7	~~$3,649~~$3,753	~~$43,785~~$45,036
8	~~$4,062~~$4,179	~~$48,735~~$50,148
9	~~$4,474~~$4,605	~~$53,685~~$55,260
10	~~$4,887~~$5,031	~~$58,635~~$60,372
+1	~~$413~~$426	~~$4,950~~$5,112
Effective April 1~~, 2025~~ 2026		

6. Pregnant Women - 170% + 5% Disregard or 175%

   The family size is increased for each unborn when determining the appropriate family size.

Household Size	Monthly Income Level	Yearly Income Level
1	~~$2,283~~$2,328	~~$27,388~~$27,930
2	~~$3,085~~$3,156	~~$37,013~~$37,870

3	~~$3,887~~$3,985	~~$46,638~~$47,810
4	~~$4,689~~$4,813	~~$56,263~~$57,750
5	~~$5,491~~$5,641	~~$65,888~~$67,690
6	~~$6,293~~$6,470	~~$75,513~~$77,630
7	~~$7,095~~$7,298	~~$85,138~~$87,570
8	~~$7,897~~$8,126	~~$94,763~~$97,510
9	~~$8,699~~$8,955	~~$104,388~~$107,450
10	~~$9,502~~$9,783	~~$114,013~~$117,390
+1	~~$803~~$829	~~$9,625~~$9,940
Effective April 1, ~~2025~~ 2026		

7. Optional Targeted Low-Income Children (CHIP) - 200% + 5% Disregard or 205%.

   The family size is increased for each unborn when determining the appropriate family size.

Household Size	Monthly Income Level	Yearly Income Level
1	~~$2,674~~$2,727	~~$32,083~~$32,718

2	~~$3,614~~$3,697	~~$43,358~~$44,362
3	~~$4,553~~$4,668	~~$54,633~~$56,006
4	~~$5,493~~$5,638	~~$65,908~~$67,650
5	~~$6,432~~$6,608	~~$77,183~~$79,294
6	~~$7,372~~$7,579	~~$88,458~~$90,938
7	~~$8,312~~$8,549	~~$99,733~~$102,582
8	~~$9,251~~$9,519	~~$111,008~~$114,226
9	~~$10,191~~$10,490	~~$122,283~~$125,870
10	~~$11,130~~$11,460	~~$133,558~~$137,514
+1	~~$940~~$971	~~$11,275~~$11,644
Effective April 1, ~~2025~~ 2026		

8. ACA Maintenance of Effort – Medicaid – Children ages 6 through 18.

   The family size is increased for each unborn when determining the appropriate family size.

Household Size	111% FPL Monthly	111% FPL Annual	133% FPL Monthly	133% FPL Annual
1	~~$1,448~~$1,477	~~$17,372~~$17,716	~~$1,735~~$1,769	~~$20,815~~$21,227
2	~~$1,957~~$2,002	~~$23,477~~$24,021	~~$2,345~~$2,399	~~$28,130~~$28,782
3	~~$2,466~~$2,528	~~$29,582~~$30,326	~~$2,954~~$3,028	~~$35,445~~$36,336

4	~~$2,974~~$3,053	~~$35,687~~$36,630	~~$3,564~~$3,658	~~$42,760~~$43,890
5	~~$3,483~~$3,578	~~$41,792~~$42,935	~~$4,173~~$4,288	~~$50,075~~$51,445
6	~~$3,992~~$4,104	~~$47,897~~$49,240	~~$4,783~~$4,917	~~$57,390~~$58,999
7	~~$4,501~~$4,629	~~$54,002~~$55,545	~~$5,393~~$5,547	~~$64,705~~$66,554
8	~~$5,009~~$5,155	~~$60,107~~$61,850	~~$6,002~~$6,176	~~$72,020~~$74,108
9	~~$5,518~~$5,680	~~$66,212~~$68,154	~~$6,612~~$6,806	~~$79,335~~$81,662
10	~~$6,027~~$6,205	~~$72,317~~$74,459	~~$7,221~~$7,435	~~$86,650~~$89,217
+1	~~$509~~$526	~~$6,105~~$6,305	~~$610~~$630	~~$7,315~~$7,555
Effective April 1, ~~2025~~ 2026				

2. Income Levels 510-05-85-40 – Change

3. Medically needy income levels

a. Medically needy income levels are applied when a Medicaid individual or unit resides in their own home or in a specialized facility, and when a Medicaid individual has been screened as requiring nursing care but elects to receive HCBS. The income level is equal to 90% of the poverty level applicable to a Medicaid Unit of the size involved.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	~~$1,174~~$1,197
2	~~$1,587~~$1,623

3	~~$1,999~~$2,049
4	~~$2,412~~$2,475
5	~~$2.824~~$2,901
6	~~$3,237~~$3,327
7	~~$3,649~~$3,753
8	~~$4,062~~$4,179
9	~~$4,474~~$4,605
10	~~$4,487~~$5,031
(+1)	~~$413~~$426
Effective April 1, ~~2025~~2026	

b. Nursing care income level. The nursing care income level is $115 per month and must be applied to residents receiving psychiatric or nursing care services in nursing facilities, the state hospital, Prairie Saint John's, a Psychiatric Residential Treatment Facility (PRTF), or receiving swing bed care in a hospital.

c. ICF-ID income level. The income level for a resident of an Intermediate Care Facility for the intellectually disabled (ICF-ID), is $150 effective July 1,2025.

d. Community spouse income level. The income level for a community spouse who is eligible for Medicaid is subject to the categorically needy, medically needy, or poverty level income levels. The level for an ineligible community spouse is $2644, or a higher amount if ordered by a court or hearing officer.

e. Family member income level. The income level for each ineligible family member in a spousal impoverishment case is $881 effective July 2025 ($822 effective July 2023, $852 effective July 2024).

3. Poverty income levels.

a. Qualified Medicare Beneficiaries The income level is equal to 100% of the poverty level applicable to a Medicaid Unit of the size involved.

For Qualified Medicare Beneficiaries these levels apply regardless of living arrangements (i.e., in home or in a nursing facility...).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for QMBs for January, February, and March. This disregard prevents QMBs from becoming ineligible pending issuance of the new poverty levels which are effective April 1 of each year.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	~~$1,305~~$1,330
2	~~$1,763~~$1,804
3	~~$2,221~~$2,277
4	~~$2,680~~$2,750
5	~~$3,138~~$3,224
6	~~$3,596~~$3,697
7	~~$4,055~~$4,170
8	~~$4,513~~$4,644
9	~~$4,971~~$5,117
10	~~$5,430~~$5,590
(+1)	~~$459~~$474
Effective April 1, ~~2025~~2026	

b. Specified Low-Income Medicare Beneficiaries. The income level is equal to 120% of the poverty level applicable to a Medicaid Unit of the size involved. This is the maximum income level for SLMBs. Applicants or recipients who have income at or below one hundred percent of the poverty level are not eligible as a SLMB, but must be a QMB. These income levels apply regardless of living arrangements (i.e., in home or in a nursing facility...).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for SLMBs for January, February, and March. This disregard prevents SLMBs from becoming ineligible pending issuance of the new poverty levels which are effective April 1 of each year.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	~~$1,565~~$1,596
2	~~$2,115~~$2,164
3	~~$2,665~~$2,732
4	~~$3,215~~$3,300
5	~~$3,765~~$3,868
6	~~$4,315~~$4,436
7	~~$4,865~~$5,004
8	~~$5,415~~$5,572
9	~~$5,965~~$6,140
10	~~$6,515~~$6,708
(+1)	~~$550~~$568
Effective April 1, ~~2025~~2026	

c. Qualifying Individuals. The income level is equal to 135% of the poverty level applicable to a Medicaid Unit of the size involved. This is the maximum income level for QIs. Applicants or recipients who have income at or below 120% of the poverty level are not eligible as a QI, but may be eligible as a SLMB or QMB. These income levels apply regardless of living arrangements (i.e., in home or in a nursing facility...).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for QIs for January, February, and March. This disregard prevents QIs from becoming ineligible pending issuance of the new poverty levels, which are effective April 1 of each year.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	~~$1,761~~$1,796
2	~~$2,380~~$2,435
3	~~$2,999~~$3,074
4	~~$3,617~~$3,713
5	~~$4,236~~$4,352
6	~~$4,855~~$4,991
7	~~$5,474~~$5,630
8	~~$6,092~~$6,269
9	~~$6,711~~$6,908
10	~~$7,330~~$7,547
(+1)	~~$619~~$639
Effective April 1, ~~2025~~2026	

d. Workers with Disabilities. The income level is equal to 225% of the poverty level applicable to a Medicaid Unit of the size involved.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	~~$2,935~~$2,993
2	~~$3,966~~$4,058
3	~~$4,997~~$5,123
4	~~$6,029~~$6,188
5	~~$7,060~~$7,253
6	~~$8,091~~$8,318
7	~~$9,122~~$9,383
8	~~$10,154~~$10,448
9	~~$11,185~~$11,513
10	~~$12,216~~$12,578
(+1)	~~$1,032~~$1,065
Effective April 1, ~~2025~~2026	

e. Children with Disabilities. The income level is equal to 250% of the poverty level applicable to the Medicaid Unit size involved.

The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	~~$3,261~~$3,325

2	~~$4,407~~$4,509
3	~~$5,553~~$5,692
4	~~$6,698~~$6,875
5	~~$7,844~~$8,059
6	~~$8,990~~$9,242
7	~~$10,136~~$10,425
8	~~$11,282~~$11,609
9	~~$12,428~~$12,792
10	~~$13,573~~$13,975
(+1)	~~$1,146~~$1,184
Effective April 1, ~~2025~~2026	

4. Breast and Cervical Cancer Early Detection Program and Refugee Medical Assistance income levels.

    a. The income level is equal to 200% of the poverty level applicable to a Medicaid Unit of the size involved.

Number of Persons	Monthly Income Level
1	~~$2,609~~$2,660
2	~~$3,525~~$3,607
3	~~$4,442~~$4,554

4	~~$5,359~~$5,500
5	~~$6,275~~$6,447
6	~~$7,192~~$7,394
7	~~$8,109~~$8,340
8	~~$9,025~~$9,287
9	~~$9,942~~$10,234
10	~~$10,859~~$11,180
(+1)	~~$917~~$947
Effective April 1, ~~2025~~ 2026	

3. Groups Covered under ACA Medicaid 510-03-30-05

The following are the groups of individuals who can be covered under ACA Medicaid:

1. Categorically Needy Group
    a. Parents and Caretaker/relatives of deprived children under age 18 (through the month they attain age 18) and their spouses up to ~~46~~ 39% FPL (COE of M063);

4. Assigning Category of Eligibility 510-03-30-15

There are six (6) major Categories of Eligibility (COE), each of which have related categories that fall under them. The six major categories are:

1. Children Under age 21;
2. Optional Children's Group (CHIP);
3. Parents, caretaker relatives and their spouses;
4. Pregnant Women;

5. Adults.
6. Former Foster Care Children

The following rules determine how to assign the COE for eligible individuals:

3. Parents, Caretakers and their Spouses

COE	COE Description	Rule to Assign COE
63	Parents, Caretaker Relatives (& their Spouses) of Deprived Children	The Parent(s) or Caretaker: • Is the natural or adoptive parent, or a caretaker/relative within the 5th degree of relationship to a child under age 18 (through the month the child attains age 18); • Has a child residing with them who is deprived due to the absence, disability, incapacity, age or unemployment/ underemployment of a parent; • Has income below ~~46~~ 39% of the FPL.

5. ACA Eligible individuals Health Care Coverage 510-03-30-20

Individuals determined eligible under ACA Medicaid are assigned their Health Care Coverage under either Traditional Medicaid or the Alternative Benefit Plan (ABP), which is currently provided through Sanford Health Plan (SHP) through December 31, 2021 and through Blue Cross and Blue Shield of North Dakota effective January 1, 2022.

b. Eligible parents and caretaker/relatives of deprived children under age 18 (through the month the child attains age 18) and their spouses with income below ~~46~~39% of the FPL.