	CHART A1.1 - Al	BD MEDICAID RES	SOURCE LIMITS	
Type Limit	Individual Limit	Couple Limit	LA-D Individual With a Community Spouse	Effective Date
SSI/LA-D	\$2000	\$3000	N/A	7-88
AMN	\$2000	\$4000	N/A	4-90
QMB/SLMB/ QI-1	\$6600	\$9910	N/A	1-10
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$109,560 + 2000 = \$111,560.00	1-09

CHAR	CHART A1.2 - ABD MEDICAID NET INCOME LIMITS (GROSS - \$20)					
Type Limit	LA	Individual Limit	Couple Limit	Effective Date		
AMN	All	\$317	\$375	10-90		
FBR (SSI Limit)	А	\$674	\$1011	1-09		
(551 Linit)	В	\$449.34	\$674.00			
-	С	\$674	N/A			
	D	\$30	N/A			
Medicaid CAP	D	\$2022	\$4044	1-09		
QDWI	А	\$3675	\$4922	3-09		
	С	\$3675	N/A	Note: Effective 3-98, ISM no		
	D	\$3675	N/A	longer applies to this COA eliminating LA-B.		
QMB	А	\$903	\$1215	4-09		
SLMB	А	\$1083	\$1457	4-09		
QI-1	А	\$1219	\$1640	3-09		

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CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION				
Averaging Nursing Home Private Pay Billing Rate	\$4916.55	4-09		

	CHART A1.4 - PRESUMED MAXIMUM VALUE (PMV) OF ISM AND LIVING ALLOWANCE TO EACH INELIGIBLE CHILD					
IncomePMV for anPMV for aLivingEffectiveLimitIndividualCoupleAllowanceDate						
AMN	\$244.66	\$357.00	\$337.00	1-09		
FBR	\$244.66	\$357.00	\$337.00	1-09		
QMB	N/A	N/A	\$411.66	4-09		
SLMB	N/A	N/A	\$492.33	4-09		
QI-1	N/A	N/A	\$553.33	3-09		

CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY				
Category Income Limit Effective Date				
Non-Blind individuals	\$1000	1-10		
Blind individuals	\$1640			

CHART A1.6 – BREAK-EVEN POINTS					
Living	Earned Income		Unearned Income		Effective
Arrangement	Individual	Couple	Individual	Couple	Date
Α	\$1271	\$1873	\$603	\$904	
В	\$869	\$1271	\$402	\$603	1-06
D	\$145	\$205	\$50	\$80	7-88

CHART A1.7 – MONTHLY AVERAGED MEDICAID RATES FOR KATIE BECKETT				
Level of Care	Monthly Amount	Effective Date		
Skilled Nursing Facility	\$3645	11/04		
ICF/MR	\$6667	11/04		

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A1.8 – MEDICARE EXPENSES

Medicare Part B Premium rate: \$96.40 (effective 1-09).

Medicare Part D Base Premium rate: 31.94 (effective January 2010)

CHART A1.9 - PERSONAL NEEDS ALLOWANCES (PNA) FOR AN LA-D RECIPIENT					
IF the LA-D Recipient is	THEN use the following as the PNA in the Patient Liability/Cost Share Budget:				
an individual in a nursing home or Institutionalized Hospice	\$50	Effective 7-06			
a VA pensioner or his/her surviving spouse in a nursing home who has dependents	\$50	Effective 7-06			
 a VA pensioner or his/her surviving spouse in a nursing home who has no dependents NOTE: The VA check for these individuals is reduced to the amount of the PNA, regardless of other income. 	\$90	Effective 1-92 (Effective 1-93 for the Surviving Spouse)			
an individual in CCSP	the current amount of th LA-A	ne Individual FBR for			
an individual in ICWP	the current amount of the Community Spouse Maintenance Need Standard				
an individual in NOW/COMP	the current Medicaid Ca	ар			

CHART A1.10 - NEED STANDARDS FOR DIVERSION OF INCOME TO A COMMUNITY SPOUSE OR DEPENDENT FAMILY MEMBER IN A PATIENT LIABILITY/COST SHARE BUDGET

Diversion Standard	Amount	Effective Date
Community Spouse Maintenance Need Standard	\$2739	1-09
Dependent Family Member Need Standard	\$1822	4-09

HOUSEHOLD				EFF.
SIZE	100%	135%	150%	DATE
1	\$10,830.00	\$14,620.50	\$16,245.00	
2	14,570.00	19,669.50	21,855.00	
3	18,310.00	24,718.50	27,465.00	2009
4	22,050.00	29,767.50	33,075.00	
5	25,790.00	34,816.50	38,685.00	

The FPL (100% level) is increased by \$3,740 for each additional person in the household.

CHA		COSTS AND GUIDELINE RE PART D - LOW INCO		
	Group 1	Group 2	Group 3	Eff. Date
Resource Limit	None	Non Q Track Individual - \$8,100 Non Q Track Couple - \$12,910	Individual - \$12,910 Couple - \$25,010	
Income Limit	Full Medicaid	Q Track or Less than 135% of FPL	Less than 150% of FPL	
Monthly Premium	\$0	\$0	Sliding Scale	2010
Deductible Per Year	\$0	Up to \$53.00	Up to \$62.00	
Coinsurance up to \$3600 Out of Pocket	\$1.10 - \$3.30 Copay	\$2.50 - \$6.30 Copay	15% Coinsurance	
Catastrophic 5% or \$2/\$5 Copay	\$0	\$0	\$2.50 - \$6.30 Copay	

Low-Income Premium Subsidy Amount	
2010 - 29.62	

A1.13 – Medically Needy Mileage Re-imbursement Rate
48.5 cents per mile – 9/10/05 – 12/31/05
44.5 cents per mile $-1/1/06 - 1/31/07$
48.5 cents per mile $-2/1/07 - 03/31/08$
50.5 cents per mile $-4/1/08 - 7/31/08$
58.5 cents per mile $- \frac{8}{108} - \frac{12}{3108}$
55 cents per mile $-1/1/09 - 12/31/09$
50 cents per mile $- 1/1/10$ to present
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