

CHART A1.1 - ABD MEDICAID RESOURCE 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	\$7730	\$11,600	N/A	1-19
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$126,420 + 2000 = \$128,420.00	1-19

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)	A	\$771	\$1157	1-19
	B	\$514	\$771.34	
	C	\$771	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$2313	\$4626	1-19
QDWI	A	\$4249	\$5723	3-19 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$4249	N/A	
	D	\$4249	N/A	
QMB	A	\$1041	\$1410	4-19
SLMB	A	\$1249	\$1691	4-19
QI-1	A	\$1406	\$1903	3-19

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION		
Averaging Nursing Home Private Pay Billing Rate	\$6768.00	4-19

CHART A1.4 - PRESUMED MAXIMUM VALUE (PMV) OF ISM AND LIVING ALLOWANCE TO EACH INELIGIBLE CHILD				
Income Limit	PMV for an Individual	PMV for a Couple	Living Allowance	Effective Date
AMN	\$277.00	\$405.66	\$385.66	1-19
FBR	\$277.00	\$405.66	\$385.66	1-19
QMB	N/A	N/A	\$476.66	4-19
SLMB	N/A	N/A	\$570.33	4-19
QI-1	N/A	N/A	\$641.00	3-19

CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY		
Category	Income Limit	Effective Date
Non-Blind individuals	\$1220	1-19
Blind individuals	\$2040	

CHART A1.6 – BREAK-EVEN POINTS					
Living Arrangement	Earned Income		Unearned Income		Effective Date
	Individual	Couple	Individual	Couple	
A	\$1271	\$1873	\$603	\$904	1-06
B	\$869	\$1271	\$402	\$603	
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	\$5,942.39 (31 days)	04/19
ICF/MR	\$14,809.94 (31 days)	
Hospital	\$5,462.45	

<b>A1.8 – MEDICARE EXPENSES</b>	
Medicare Part B Premium rate:	\$104.90 (effective 1-14) \$121.80 (effective 1-16) \$134.00 (effective 2017 and 2018) <b>\$135.50 (effective 2019)</b>
Effective 01/2016 Medicare Part B Premium rates may vary check BENDEX for applicable rate.	

<b>CHART A1.9 - PERSONAL NEEDS ALLOWANCES (PNA) FOR AN LA-D RECIPIENT</b>		
<b>IF the LA-D Recipient is</b>	<b>THEN use the following as the PNA in the Patient Liability/Cost Share Budget:</b>	
an individual in a nursing home or Institutionalized Hospice	<b>\$70</b>	Effective <b>7-19</b>
a VA pensioner or his/her surviving spouse in a nursing home who has dependents	\$65	Effective 7-18
a VA pensioner or his/her surviving spouse in a nursing home who has no dependents	\$90	Effective 1-92  (Effective 1-93 for the Surviving Spouse)
<b>NOTE:</b> The VA check for these individuals is reduced to the amount of the PNA, regardless of other income.		
an individual in CCSP	the current amount of the Individual FBR for LA-A	
an individual in ICWP	the current amount of the Community Spouse Maintenance Need Standard	
an individual in NOW/COMP	the current Medicaid Cap	

<b>CHART A1.10 - NEED STANDARDS FOR DIVERSION OF INCOME TO A COMMUNITY SPOUSE OR DEPENDENT FAMILY MEMBER IN A PATIENT LIABILITY/COST SHARE BUDGET</b>		
<b>Diversion Standard</b>	<b>Amount</b>	<b>Effective Date</b>
Community Spouse Maintenance Need Standard	<b>\$3160.50</b>	<b>1-19</b>
Dependent Family Member Need Standard	<b>\$2114.00</b>	<b>4-19</b>

HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$12,490.00	\$16,861.50	\$18,735.00	2019
2	16,910.00	22,828.50	25,365.00	
3	21,330.00	28,795.50	31,995.00	
4	25,750.00	34,762.50	38,625.00	
5	30170.00	40,729.50	45,255.00	

The FPL (100% level) is increased by \$4,420 for each additional person in the household.

CHART A1.12 – COSTS AND GUIDELINES FOR RECEIPT OF MEDICARE PART D - LOW INCOME SUBSIDY				
	Group 1	Group 2	Group 3	Eff. Date
Resource Limit	None	Non Q Track Individual - \$9,230 Non Q Track Couple - \$14,600	Individual - \$14,390 Couple - \$28,720	2019
Income Limit	Full Medicaid	Q Track or Less than 135% of FPL	Less than 150% of FPL	
Monthly Premium	\$0	\$0	Sliding Scale	
Deductible Per Year	\$0	Up to \$85.00	Up to \$85.00	
Coinsurance up to \$3600 Out of Pocket	\$1.25 - \$3.80 Copay	\$3.40 - \$8.50 Copay	15% Coinsurance	
Catastrophic 5% or \$2/\$5 Copay	\$0	\$0	\$3.40 - \$8.50 Copay	

<b>Low-Income Part D Premium Subsidy Amount</b>
2010 – 29.62
2011 – 32.83
2012 – 31.18
2013 – 34.22
2014 – 29.32
2015 – 26.47
2016 – 25.78
2017 – 26.43
2018 – 24.53
<b>2019- 25.68</b>

<b>A1.13 – Medically Needy Mileage Re-imburement Rate</b>
48.5 cents per mile – 09/10/05 – 12/31/05
44.5 cents per mile – 01/01/06 – 01/31/07
48.5 cents per mile – 02/01/07 – 03/31/08
50.5 cents per mile – 04/01/08 – 07/31/08
58.5 cents per mile – 08/01/08 – 12/31/08
55.0 cents per mile – 01/01/09 – 12/31/09
50.0 cents per mile – 01/01/10 – 12/31/10
51.0 cents per mile – 01/01/11 – 04/16/12
55.5 cents per mile – 04/17/12 – 12/31/12
56.5 cents per mile – 01/01/13 – 12/31/13
56.0 cents per mile - 01/01/14 – 12/31/14
57.5 cents per mile – 01/01/15 – 12/31/15
54.0 cents per mile – 01/01/16 – 12/31/2016
53.5 cents per mile – 01/01/17 - 12/31/2017
54.5 cents per mile – 01/01/2018 – 12/31/2018
<b>58.0 cents per mile – 01/01/2019 - present</b>