

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	\$7860	\$11,800	N/A	1-20
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$128,640 + 2000 = \$130,640.00	1-20

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	\$783	\$1175	1-20
	B	\$522	\$783.34	
	C	\$783	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$2349	\$4698	1-20
QDWI	A	\$4339	\$5833	3-20 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$4339	N/A	
	D	\$4339	N/A	
QMB	A	\$1064	\$1437	4-20
SLMB	A	\$1276	\$1724	4-20
QI-1	A	\$1436	\$1940	3-20

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION		
Averaging Nursing Home Private Pay Billing Rate	\$8517.00	4-20

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	\$281.00	\$411.66	\$391.66	1-20
FBR	\$281.00	\$411.66	\$391.66	1-20
QMB	N/A	N/A	\$485.66	4-20
SLMB	N/A	N/A	\$581.33	4-20
QI-1	N/A	N/A	\$653.33	3-20

CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY		
Category	Income Limit	Effective Date
Non-Blind individuals	\$1260	1-20
Blind individuals	\$2110	

CHART A1.6 – BREAK-EVEN POINTS					
Living Arrangement	Earned Income		Unearned Income		Effective Date
	Individual	Couple	Individual	Couple	
A	\$1651	\$2435	\$803	\$1195	1-20
B	\$1129	\$1651.68	\$542	\$803.34	
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	\$6,111.96 (31 days)	04/20
ICF/MR	\$14,846.21 (31 days)	

A1.8 – MEDICARE EXPENSES	
Medicare Part B Premium rate:	\$104.90 (effective 1-14) \$121.80 (effective 1-16) \$134.00 (effective 2017 and 2018) \$135.50 (effective 2019) \$144.60 (effective 2020)
Effective 01/2016 Medicare Part B Premium rates may vary check BENDEX for applicable rate.	

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	\$70	Effective 7-19
a VA pensioner or his/her surviving spouse in a nursing home who has dependents	\$70	Effective 7-19
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 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	

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	\$3216.00	1-20
Dependent Family Member Need Standard	\$2155.00	4-20

CHART A1.11- FEDERAL PROVERTY LIMITS				
HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$12,760.00	\$17,226.00	\$19,140.00	2020
2	17,240.00	23,274.00	25,860.00	
3	21,720.00	29,322.00	32,580.00	
4	26,200.00	35,370.00	39,300.00	
5	30,680.00	41,418.00	46,020.00	

The FPL (100% level) is increased by \$4,480 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 - \$9,360 Non-Q Track Couple - \$14,800	Individual - \$14,610 Couple - \$29,160	2020
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 \$89.00	Up to \$89.00	
Coinsurance up to \$3600 Out of Pocket	\$1.30 - \$3.90 Copay	\$3.60 - \$8.95 Copay	15% Coinsurance	
Catastrophic 5% or \$2/\$5 Copay	\$0	\$0	\$3.60 - \$8.95 Copay	

Low-Income Part D Premium Subsidy Amount	
	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
	2019 - 25.68
	2020 – 25.34

A1.13 – Medically Needy Mileage Re-imbusement Rate	
	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 – 12/31/16
	53.5 cents per mile – 01/01/17 - 12/31/17
	54.5 cents per mile – 01/01/18 – 12/31/18
	58.0 cents per mile – 01/01/19 - 12/31/19
	57.5 cents per mile - 01/01/20 - present