

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/QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$101,640 + 2000 = \$103,640.00	1-07

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	\$623	\$934	1-07
	B	\$415.33	\$623	
	C	\$623	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$1869	\$3738	1-07
QDWI	A	\$3489	\$4649	3-07 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$3489	N/A	
	D	\$3489	N/A	
QMB	A	\$851	\$1141	4-07
SLMB	A	\$1021	\$1369	4-07
QI-1	A	\$1149	\$1541	3-07

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION

Averaging Nursing Home Private Pay Billing Rate	\$4358.57	4-07
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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	\$227	\$331.34	\$311.34	1-07
FBR	\$227	\$331.34	\$311.34	1-07
QMB	N/A	N/A	\$387.00	4-07
SLMB	N/A	N/A	\$463.00	4-07
QI-1	N/A	N/A	\$520.34	3-07

CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY

Category	Income Limit	Effective Date
Non-Blind individuals	\$860	1-06
Blind individuals	\$1450	

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	\$3645	11/04
ICF/MR	\$6667	

A1.8 – MEDICARE EXPENSES

Medicare Part B Premium rate: \$93.50 (effective 1-07).

**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 the Individual FBR for LA-A	
an individual in ICWP	the current amount of the Community Spouse Maintenance Need Standard	
an individual in MRWP	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	\$2541	1-07
Dependent Family Member Need Standard	\$1712	4-07

HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$10,210.00	\$13,783.50	\$15,315.00	2007
2	13,690.00	18,481.50	20,535.00	
3	17,170.00	23,179.50	25,755.00	
4	20,650.00	27,877.50	30,975.00	
5	24,130.00	32,575.50	36,195.00	

The FPL (100% level) is increased by \$3,480 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 - \$7,620 Non Q Track Couple - \$12,190	Individual - \$11,710 Couple - \$23,410	2007
Income Limit	100% of FPL or full Medicaid	Less than 135% of FPL	Less than 150% of FPL	
Monthly Premium	\$0	\$0	Sliding Scale	
Deductible Per Year	\$0	Up to \$53.00	Up to \$53.00	
Coinsurance up to \$3600 Out of Pocket	\$1 - \$3.10 Copay	\$2.15 - \$5.35 Copay	15% Coinsurance	
Catastrophic 5% or \$2/\$5 Copay	\$0	\$0	\$2.15 - \$5.35 Copay	

A1.13 – Medically Needy Mileage Re-imbursment 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 – effective 2/1/07