

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	\$95,100 + 2000 = \$97,100.00	1-05

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	\$579	\$869	1-05
	B	\$386	\$579	
	C	\$579	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$1737	\$3474	1-05
QDWI	A	\$3255	\$4342	3-05 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$3255	N/A	
	D	\$3255	N/A	
QMB	A	\$798	\$1069	4-05
SLMB	A	\$958	\$1283	4-05
QI-1	A	\$1077	\$1443	3-05
\$600 TA		\$12,569.00/yr. \$1047.42/mo.	\$16,862.00/yr. \$1405.17/mo.	6/04

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION		
Averaging Nursing Home Private Pay Billing Rate	\$4167.33	4-05

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	\$213	\$309.67	\$289.67	1-05
FBR	\$213	\$309.67	\$289.67	1-05
QMB	N/A	N/A	\$356.00	4-05
SLMB	N/A	N/A	\$427.66	4-05
QI-1	N/A	N/A	\$481.05	3-05

CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY		
Category	Income Limit	Effective Date
Non-Blind individuals	\$830	1-05
Blind individuals	\$1380	

CHART A1.6 – BREAK-EVEN POINTS					
Living Arrangement	Earned Income		Unearned Income		Effective Date
	Individual	Couple	Individual	Couple	
A	\$1223	\$1803	\$579	\$869	1-05
B	\$837	\$1223	\$386	\$579	
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: \$78.20 (effective 1-05).

Medicare Approved Drug Discount Card: up to \$30 (effective 6/04)

**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	\$30	Effective 01-92 Effective 04-03
a VA pensioner or his/her surviving spouse in a nursing home who has dependents	\$30	Effective 1-92
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	\$2377.50	1-05
Dependent Family Member Need Standard	\$1624	4-05

CHART A1.11 – FEDERAL POVERTY LEVEL TABLES FOR MEDICARE PART D - LOW INCOME SUBSIDY						
HOUSEHOLD SIZE	100%	135%	140%	145%	150%	EFF. DATE
1	\$9,570.00	\$12,919.50	\$13,398.00	\$13,876.50	\$14,355.00	2005
2	12,830.00	17,320.50	17,962.00	18,603.50	19,245.00	
3	16,090.00	21,721.50	22,526.00	23,330.50	24,135.00	
4	19,350.00	26,122.50	27,090.00	28,057.50	29,025.00	
5	22,610.00	30,523.50	31,654.00	32,784.50	33,915.00	

The FPL (100% level) is increased by \$3,260 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 - \$6000 Non Q Track Couple - \$9000	Individual - \$10,000 Couple - \$20,000	2005
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	\$0	\$50.00	
Coinsurance up to \$3600 Out of Pocket	\$1 - \$3 Copay	\$2 - \$5 Copay	15% Coinsurance	
Catastrophic 5% or \$2/\$5 Copay	\$0	\$0	\$2 - \$5 Copay	