

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	\$99,540 + 2000 = \$101,540.00	1-06

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	\$603	\$904	1-06
	B	\$402	\$603	
	C	\$603	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$1809	\$3618	1-06
QDWI	A	\$3352	\$4485	3-06 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$3352	N/A	
	D	\$3352	N/A	
QMB	A	\$817	\$1100	4-06
SLMB	A	\$980	\$1320	4-06
QI-1	A	\$1103	\$1485	3-06

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION

Averaging Nursing Home Private Pay Billing Rate	\$4257.60	4-06
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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	\$221	\$321.34	\$301.34	1-06
FBR	\$221	\$321.34	\$301.34	1-06
QMB	N/A	N/A	\$373..33	4-06
SLMB	N/A	N/A	\$446.67	4-06
QI-1	N/A	N/A	\$501.67	3-06

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: \$88.50 (effective 1-06).

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	\$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	\$2488.50	1-06
Dependent Family Member Need Standard	\$1670	4-06

CHART A1.11 – FEDERAL POVERTY LEVEL TABLES FOR MEDICARE PART D - LOW INCOME SUBSIDY						
HOUSEHOLD SIZE	100%	135%	140%	145%	150%	EFF. DATE
1	\$9,800.00	\$13,230.00	\$13,720.00	\$14,210.00	\$14,700.00	2006
2	13,200.00	17,820.00	18,480.00	19,140.00	19,800.00	
3	16,600.00	22,410.00	23,240.00	24,070.00	24,900.00	
4	20,000.00	27,000.00	28,000.00	29,000.00	30,000.00	
5	23,400.00	31,590.00	32,760.00	33,930.00	35,100.00	

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	

A1.13 – Medically Needy Mileage Re-imburement Rate
48.5 cents per mile – 9/10/05 – 12/31/05
44.5 cents per mile – effective 1/1/06