

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	\$7160	\$10,750	N/A	1-14
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$117,240 + 2000 = \$119,240.00	1-14

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	\$721	\$1082	1-14
	B	\$480.67	\$721.33	
	C	\$721	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$2163	\$4326	1-14
QDWI	A	\$3955	\$5309	3-14 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$3955	N/A	
	D	\$3955	N/A	
QMB	A	\$973	\$1311	4-14
SLMB	A	\$1167	\$1573	4-14
QI-1	A	\$1313	\$1770	3-14

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION

Averaging Nursing Home Private Pay Billing Rate	\$5825.00	4-14
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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	\$260.33	\$380.67	\$360.67	1-14
FBR	\$260.33	\$380.67	\$360.67	1-14
QMB	N/A	N/A	\$437.00	4-14
SLMB	N/A	N/A	\$525.00	4-14
QI-1	N/A	N/A	\$590.00	3-14

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CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY

Category	Income Limit	Effective Date
Non-Blind individuals	\$1070	1-14
Blind individuals	\$1800	

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	\$5825.00	04/14
ICF/MR	\$8967.00	
Hospital	\$4879.72	4/14

A1.8 – MEDICARE EXPENSES

Medicare Part B Premium rate: \$104.90 (effective 1-14).

Medicare Part D Base Premium rate: 32.42(effective 1-14)

**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 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	\$2931.00	1-14
Dependent Family Member Need Standard	\$1967.00	4-14

HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$11,670.00	\$15,754.50	\$17,505.00	2014
2	15,730.00	21,235.50	23,595.00	
3	19,790.00	26,716.50	29,685.00	
4	23,850.00	32,197.50	35,775.00	
5	27,910.00	37,678.50	41,655.00	

The FPL (100% level) is increased by \$4,060 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 - \$8,660 Non Q Track Couple - \$13,750	Individual - \$13,440 Couple - \$26,860	2014
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 \$63.00	Up to \$63.00	
Coinsurance up to \$3600 Out of Pocket	\$1.20 - \$3.60 Copay	\$2.55 - \$6.35 Copay	15% Coinsurance	
Catastrophic 5% or \$2/\$5 Copay	\$0	\$0	\$2.55 - \$6.35 Copay	

Low-Income Part D Premium Subsidy Amount
2010 – 29.62
2011 – 32.83
2012 – 31.18
2013 – 34.22
2014 – 29.32

A1.13 – Medically Needy Mileage Re-imbursement 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 – 2/1/07 – 03/31/08
50.5 cents per mile – 4/1/08 – 7/31/08
58.5 cents per mile – 8/1/08 – 12/31/08
55 cents per mile – 1/1/09 – 12/31/09
50 cents per mile – 1/1/10 – 12/31/2010
51 cents per mile – 01/01/11 – 04/16/2012
55.5 cents per mile – 04/17/2012 – 12/31/2012
56.5 cents per mile – 01/01/2013 – 12/31/2013
56 cents per mile -- 01/01/2014 - Present