

<b>CHART A1.1 - ABD MEDICAID RESOURCE LIMITS</b>				
<b>Type Limit</b>	<b>Individual Limit</b>	<b>Couple Limit</b>	<b>LA-D Individual With a Community Spouse</b>	<b>Effective Date</b>
SSI/LA-D	\$2000	\$3000	N/A	7-88
AMN	\$2000	\$4000	N/A	4-90
QMB/SLMB/QI-1	\$6680	\$10,020	N/A	1-11
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$109,560 + 2000 = \$111,560.00	1-09

<b>CHART A1.2 - ABD MEDICAID NET INCOME LIMITS (GROSS - \$20)</b>				
<b>Type Limit</b>	<b>LA</b>	<b>Individual Limit</b>	<b>Couple Limit</b>	<b>Effective Date</b>
AMN	All	\$317	\$375	10-90
<b>FBR (SSI Limit)</b>	A	\$674	\$1011	1-09
	B	\$449.34	\$674.00	
	C	\$674	N/A	
	D	\$30	N/A	
<b>Medicaid CAP</b>	D	\$2022	\$4044	1-09
<b>QDWI</b>	A	\$3675	\$4922	3-09 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$3675	N/A	
	D	\$3675	N/A	
<b>QMB</b>	A	\$903	\$1215	4-09
<b>SLMB</b>	A	\$1083	\$1457	4-09
<b>QI-1</b>	A	\$1219	\$1640	3-09

**CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION**

Averaging Nursing Home Private Pay Billing Rate	\$4916.55	4-09
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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	\$244.66	\$357.00	\$337.00	1-09
FBR	\$244.66	\$357.00	\$337.00	1-09
QMB	N/A	N/A	\$411.66	4-09
SLMB	N/A	N/A	\$492.33	4-09
QI-1	N/A	N/A	\$553.33	3-09

**CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY**

Category	Income Limit	Effective Date
Non-Blind individuals	\$1000	1-10
Blind individuals	\$1640	

**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	

<b>A1.8 – MEDICARE EXPENSES</b>
Medicare Part B Premium rate: \$96.40 (effective 1-09).
Medicare Part D Base Premium rate: 31.94 (effective January 2010)

<b>CHART A1.9 - PERSONAL NEEDS ALLOWANCES (PNA) FOR AN LA-D RECIPIENT</b>		
<b>IF the LA-D Recipient is</b>	<b>THEN use the following as the PNA in the Patient Liability/Cost Share Budget:</b>	
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  <b>NOTE:</b> 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	

<b>CHART A1.10 - NEED STANDARDS FOR DIVERSION OF INCOME TO A COMMUNITY SPOUSE OR DEPENDENT FAMILY MEMBER IN A PATIENT LIABILITY/COST SHARE BUDGET</b>		
<b>Diversion Standard</b>	<b>Amount</b>	<b>Effective Date</b>
Community Spouse Maintenance Need Standard	\$2739	1-09
Dependent Family Member Need Standard	\$1822	4-09

HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$10,830.00	\$14,620.50	\$16,245.00	2009
2	14,570.00	19,669.50	21,855.00	
3	18,310.00	24,718.50	27,465.00	
4	22,050.00	29,767.50	33,075.00	
5	25,790.00	34,816.50	38,685.00	

The FPL (100% level) is increased by \$3,740 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
<b>Resource Limit</b>	None	Non Q Track Individual - \$8,100 Non Q Track Couple - \$12,910	Individual - \$12,910 Couple - \$25,010	2010
<b>Income Limit</b>	Full Medicaid	Q Track or Less than 135% of FPL	Less than 150% of FPL	
<b>Monthly Premium</b>	\$0	\$0	Sliding Scale	
<b>Deductible Per Year</b>	\$0	Up to \$53.00	Up to \$62.00	
<b>Coinsurance up to \$3600 Out of Pocket</b>	\$1.10 - \$3.30 Copay	\$2.50 - \$6.30 Copay	15% Coinsurance	
<b>Catastrophic 5% or \$2/\$5 Copay</b>	\$0	\$0	\$2.50 - \$6.30 Copay	

Low-Income Premium Subsidy Amount
2010 – 29.62

<b>A1.13 – Medically Needy Mileage Re-imbursement Rate</b>	
	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 to present