

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	\$7730	\$11,600	N/A	1-19
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$126,420 + 2000 = \$128,420.00	1-19

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	\$771	\$1157	1-19
	B	\$514	\$771.34	
	C	\$771	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$2313	\$4626	1-19
QDWI	A	\$4249	\$5723	3-19 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$4249	N/A	
	D	\$4249	N/A	
QMB	A	\$1041	\$1410	4-19
SLMB	A	\$1249	\$1691	4-19
QI-1	A	\$1406	\$1903	3-19

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION		
Averaging Nursing Home Private Pay Billing Rate	\$6768.00	4-19

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	\$277.00	\$405.66	\$385.66	1-19
FBR	\$277.00	\$405.66	\$385.66	1-19
QMB	N/A	N/A	\$476.66	4-19
SLMB	N/A	N/A	\$570.33	4-19
QI-1	N/A	N/A	\$641.00	3-19

CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY		
Category	Income Limit	Effective Date
Non-Blind individuals	\$1220	1-19
Blind individuals	\$2040	

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	\$5,942.39 (31 days)	04/19
ICF/MR	\$14,809.94 (31 days)	
Hospital	\$5,462.45	

A1.8 – MEDICARE EXPENSES	
Medicare Part B Premium rate:	\$104.90 (effective 1-14) \$121.80 (effective 1-16) \$134.00 (effective 2017 and 2018) \$135.50 (effective 2019)
Effective 01/2016 Medicare Part B Premium rates may vary check BENDEX for applicable rate.	

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	\$70	Effective 7-19
a VA pensioner or his/her surviving spouse in a nursing home who has dependents	\$65	Effective 7-18
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	\$3160.50	1-19
Dependent Family Member Need Standard	\$2114.00	4-19

HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$12,490.00	\$16,861.50	\$18,735.00	2019
2	16,910.00	22,828.50	25,365.00	
3	21,330.00	28,795.50	31,995.00	
4	25,750.00	34,762.50	38,625.00	
5	30170.00	40,729.50	45,255.00	

The FPL (100% level) is increased by \$4,420 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 - \$9,230 Non Q Track Couple - \$14,600	Individual - \$14,390 Couple - \$28,720	2019
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 \$85.00	Up to \$85.00	
Coinsurance up to \$3600 Out of Pocket	\$1.25 - \$3.80 Copay	\$3.40 - \$8.50 Copay	15% Coinsurance	
Catastrophic 5% or \$2/\$5 Copay	\$0	\$0	\$3.40 - \$8.50 Copay	

Low-Income Part D Premium Subsidy Amount
2010 – 29.62
2011 – 32.83
2012 – 31.18
2013 – 34.22
2014 – 29.32
2015 – 26.47
2016 – 25.78
2017 – 26.43
2018 – 24.53
2019- 25.68

A1.13 – Medically Needy Mileage Re-imbusement Rate
48.5 cents per mile – 09/10/05 – 12/31/05
44.5 cents per mile – 01/01/06 – 01/31/07
48.5 cents per mile – 02/01/07 – 03/31/08
50.5 cents per mile – 04/01/08 – 07/31/08
58.5 cents per mile – 08/01/08 – 12/31/08
55.0 cents per mile – 01/01/09 – 12/31/09
50.0 cents per mile – 01/01/10 – 12/31/10
51.0 cents per mile – 01/01/11 – 04/16/12
55.5 cents per mile – 04/17/12 – 12/31/12
56.5 cents per mile – 01/01/13 – 12/31/13
56.0 cents per mile - 01/01/14 – 12/31/14
57.5 cents per mile – 01/01/15 – 12/31/15
54.0 cents per mile – 01/01/16 – 12/31/2016
53.5 cents per mile – 01/01/17 - 12/31/2017
54.5 cents per mile – 01/01/2018 – 12/31/2018
58.0 cents per mile – 01/01/2019 - present