

| <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/<br>QI-1                                | \$7970                  | \$11,960            | N/A  | 1-21                  |
| QDWI   | \$4000                  | \$6000              | N/A  | 1-89                  |
| Spousal Impoverishment                           | N/A                     | N/A                 | \$130,380+ 2000<br>=<br>\$132,380.00           | 1-21                  |

| <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   |
| FBR<br>(SSI Limit)  | A         | \$794                   | \$1191              | 1-21  |
|   | B         | \$529.34                | \$794               |   |
|   | C         | \$794                   | N/A                 |   |
|   | D         | \$30                    | N/A                 |   |
| Medicaid CAP  | D         | \$2382                  | \$4764              | 1-21  |
| QDWI  | A         | \$4379                  | \$5893              | 3-21<br>Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B. |
|   | C         | \$4379                  | N/A                 |   |
|   | D         | \$4379                  | N/A                 |   |
| QMB   | A         | \$1074                  | \$1452              | 4-21  |
| SLMB  | A         | \$1288                  | \$1742              | 4-21  |
| QI-1  | A         | \$1449                  | \$1960              | 3-21  |

| <b>CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION</b> |           |      |
|--|-----------|------|
| Averaging Nursing Home Private Pay Billing Rate                | \$8821.00 | 4-21 |

| <b>CHART A1.4 - PRESUMED MAXIMUM VALUE (PMV) OF ISM AND LIVING ALLOWANCE TO EACH INELIGIBLE CHILD</b> |                              |                         |                         |                       |
|---|------------------------------|-------------------------|-------------------------|-----------------------|
| <b>Income Limit</b>   | <b>PMV for an Individual</b> | <b>PMV for a Couple</b> | <b>Living Allowance</b> | <b>Effective Date</b> |
| AMN   | \$284.66                     | \$417.00                | \$397.00                | 1-21                  |
| FBR   | \$284.66                     | \$417.00                | \$397.00                | 1-21                  |
| QMB   | N/A                          | N/A                     | \$490.66                | 4-21                  |
| SLMB  | N/A                          | N/A                     | \$587.33                | 4-21                  |
| QI-1  | N/A                          | N/A                     | \$660.00                | 3-21                  |

| <b>CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY</b> |                     |                       |
|--|---------------------|-----------------------|
| <b>Category</b>                                  | <b>Income Limit</b> | <b>Effective Date</b> |
| Non-Blind individuals                            | \$1310              | 1-21                  |
| Blind individuals                                | \$2190              |                       |

| <b>CHART A1.6 – BREAK-EVEN POINTS</b> |                      |               |                        |               |                       |
|---------------------------------------|----------------------|---------------|------------------------|---------------|-----------------------|
| <b>Living Arrangement</b>             | <b>Earned Income</b> |               | <b>Unearned Income</b> |               | <b>Effective Date</b> |
|                                       | <b>Individual</b>    | <b>Couple</b> | <b>Individual</b>      | <b>Couple</b> |                       |
| A                                     | \$1673               | \$2467        | \$814                  | \$1211        | 1-21                  |
| B                                     | \$1143.68            | \$1673        | \$549.34               | \$814         |                       |
| D                                     | \$145                | \$205         | \$50                   | \$80          | 7-88                  |

| <b>CHART A1.7 – MONTHLY AVERAGED MEDICAID RATES FOR KATIE BECKETT</b> |                       |                       |
|---|-----------------------|-----------------------|
| <b>Level of Care</b>  | <b>Monthly Amount</b> | <b>Effective Date</b> |
| Skilled Nursing Facility  | \$6344.46 (31 days)   | 04/21                 |
| ICF/MR  | \$14,846.21 (31 days) |                       |

| <b>A1.8 – MEDICARE EXPENSES</b>  |   |
|--|---|
| Medicare Part B Premium rate:  | \$104.90 (effective 1-14)<br>\$121.80 (effective 1-16)<br>\$134.00 (effective 2017 and 2018)<br>\$135.50 (effective 2019)<br>\$144.60 (effective 2020)<br>\$148.50 (effective 2021) |
| Effective 01/2016 Medicare Part B Premium rates may vary check BENDEX for applicable rate. |   |

| <b>CHART A1.9 - PERSONAL NEEDS ALLOWANCES (PNA)<br/>FOR AN LA-D RECIPIENT</b>  |   |   |
|--|---|---|
| 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  | \$70  | Effective 7-19  |
| a VA pensioner or his/her surviving spouse in a nursing home who has no dependents<br><br><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<br><br>(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> |           |                |
|---|-----------|----------------|
| Diversion Standard  | Amount    | Effective Date |
| Community Spouse Maintenance Need Standard  | \$3259.50 | 1-21           |

| Dependent Family Member Need Standard |             |             | \$2178.00   | 4-21      |
|---------------------------------------|-------------|-------------|-------------|-----------|
| CHART A1.11- FEDERAL POVERTY LIMITS   |             |             |             |           |
| HOUSEHOLD SIZE                        | 100%        | 135%        | 150%        | EFF. DATE |
| 1                                     | \$12,880.00 | \$17,388.00 | \$19,320.00 | 2021      |
| 2                                     | 17,420.00   | 23,517.00   | 26,130.00   |           |
| 3                                     | 21,960.00   | 29,646.00   | 32,940.00   |           |
| 4                                     | 26,500.00   | 35,775.00   | 39,750.00   |           |
| 5                                     | 31,040.00   | 41,904.00   | 46,560.00   |           |

The FPL (100% level) is increased by \$4,540 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 - \$9,470<br>Non-Q Track Couple - \$14,960 | Individual - \$14,790<br>Couple - \$29,520 | 2021      |
| <b>Income Limit</b>  | Full Medicaid         | Q Track<br>or<br>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 \$92.00   | Up to \$92.00                              |           |
| <b>Coinsurance up to \$3600<br/>Out of Pocket</b>                                      | \$1.30 - \$4.00 Copay | \$3.70 - \$9.20 Copay   | 15% Coinsurance                            |           |
| <b>Catastrophic 5% or \$2/\$5 Copay</b>  | \$0                   | \$0   | \$3.70 - \$9.20 Copay                      |           |

| <b>Low-Income Part D Premium Subsidy Amount</b> |                     |
|---|---------------------|
|   | 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        |
|   | 2020 – 25.34        |
|   | <b>2021</b> - 29.80 |

| <b>A1.13 – Medically Needy Mileage Re-Imbursement Rate</b> |   |
|--|---|
|  | 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 – 12/31/16       |
|  | 53.5 cents per mile – 01/01/17 - 12/31/17       |
|  | 54.5 cents per mile – 01/01/18 – 12/31/18       |
|  | 58.0 cents per mile – 01/01/19 - 12/31/19       |
|  | 57.5 cents per mile - 01/01/20 - 12/31/20       |
|  | 56.0 cents per mile - <b>01/01/21 - present</b> |