

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	\$9090	\$13,630	N/A	1-23
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$148,620+ 2000 = \$150,620.00	1-23

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	\$914	\$1371	1-23
	B	\$609.34	\$914	
	C	\$914	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$2742	\$5484	1-23
QDWI	A	\$4945	\$6659	3-23 Note: Effective 3-98, ISM no longer applies to this COA eliminating LA-B.
	C	\$4379	N/A	
	D	\$4379	N/A	
QMB	A	\$1215	\$1644	4-23
SLMB	A	\$1458	\$1972	4-23
QI-1	A	\$1641	\$2219	3-23

CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION		
Averaging Nursing Home Private Pay Billing Rate	\$9,584.00	4-23

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	\$324.66	\$477.00	\$477.00	1-23
FBR	\$324.66	\$477.00	\$477.00	1-23
QMB	N/A	N/A	\$554.66	4-23
SLMB	N/A	N/A	\$664.00	4-23
QI-1	N/A	N/A	\$746.00	3-23

CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY		
Category	Income Limit	Effective Date
Non-Blind individuals	\$1470	1-23
Blind individuals	\$2460	

CHART A1.6 – BREAK-EVEN POINTS					
Living Arrangement	Earned Income		Unearned Income		Effective Date
	Individual	Couple	Individual	Couple	
A	\$1913	\$2827	\$934	\$1391	1-23
B	\$1303.68	\$1913	\$629.34	\$934	
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	\$6,658.49 (31 days)	04-23
ICF/ID	\$24,269.59 (31 days)	

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) \$144.60 (effective 2020) \$148.50 (effective 2021) \$170.10 (effective 2022) \$164.90 or higher depending on income* (effective 2023)
Effective 01/2016 Medicare Part B Premium rates may vary check BENDEX for applicable rate. * Most SSA recipients will pay less than this amount (164.90 on average).	

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	\$70	Effective 7-19
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 EDWP/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	\$3715.50	1-23
Dependent Family Member Need Standard	\$2465	4-23

CHART A1.11-TANF Standard of Need (SON)				
HOUSEHOLD SIZE	SON	HOUSEHOLD SIZE	SON	EFF. DATE
1	\$235.00	7	\$672.00	2022
2	\$356.00	8	\$713.00	
3	\$424.00	9	\$751.00	
4	\$500.00	10	\$804.00	
5	\$573.00	11	\$860.00	
6	\$621.00	12	\$884.00	

CHART A1.12 - FEDERAL POVERTY LIMITS				
HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$14,580.00	\$19,683.00	\$21,870.00	2023
2	\$19,720.00	\$26,622.00	\$29,580.00	
3	\$24,860.00	\$33,561.00	\$37,290.00	
4	\$30,000.00	\$40,500.00	\$45,000.00	
5	\$35,140.00	\$47,439.00	\$52,710.00	

The FPL (100% level) is increased by \$5,140 for each additional person in the household.

CHART A1.13 – 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 - \$10,590 Non-Q Track Couple - \$16,630	Individual - \$16,660 Couple - \$33,240	2023
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	\$0.00	104.00	
Coinsurance up to \$7400 Out of Pocket	\$1.45 - \$4.30 Copay	\$4.15 - \$10.35 Copay	15% Coinsurance	
Catastrophic 5% or Copay	\$0	\$0	\$4.15 - \$10.35 Copay	

CHART A1.14 - 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	
2020 – 25.34	
2021 - 29.80	
2022 - 32.38	
2023 - 37.30	

A1.15 – Medically Needy Mileage Re-Imbursement 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 – 12/31/16
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 - 01/01/21 - 12/31/21
58.5 cents per mile - 01/01/22 - 06/30/22
62.5 cents per mile - 07/01/22- 12/31/22
65.5 cents per mile - 01/01/23 - present