



STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
DIVISION OF MEDICAID
DR. ROBERT L. ROBINSON
EXECUTIVE DIRECTOR

MEDICAID PROGRAM ACTION

Eligibility Transmittal

DATE: April 01, 2009

PROGRAM IDENTIFIER: 435.040109137
Medicaid Regional Offices

SUBJECT: Wholesale Change Increases in Need Standards, RSDI and VA Benefits;
Spousal Impoverishment Income and Resource Maximums Increase;
Revised SSI Notices, COL Policy, DOM P-2 and P-6, and Appendix.

As of January 1, 2009, the following increases and revisions are effective:

- RSDI, SSI FBR's, VA Pension, Aid & Attendance and Compensation benefits increase by 5.8%
- Nursing Home/Hospital income limit increases to \$2,022.00
- Medicare, Part B premium remains \$96.40
- The RSDI & VA increases received by QMB, SLMB, QWDI and QI-1 recipients were not calculated in the 12/08 Wholesale Change process but were increased in the March 2009 Wholesale Change of FPL cases. These increases are always disregarded until the FPL increases.
- The Spousal Impoverishment resource limit increases to \$109,560.00 and the monthly needs allowance to \$2,739.00

These increases are applicable for all eligibility determinations for the month of January 2009 and forward. Limits in effect prior to 01/2009 must be used for months prior to January.

As of March 1, 2009, the Federal Poverty Levels (FPL) increased as follows:

	<u>Individual</u>	<u>Couple</u>
QMB (100% FPL)	\$ 903 month	\$1,215 month
SLMB (120% FPL)	\$1,083 month	\$1,457 month
QI-1 & Healthier MS Waiver (135% FPL)	\$1,219 month	\$1,640 month
QWDI (200% FPL)	\$1,805 month	\$2,429 month
WORKING DISABLED (250%)	\$2,257 month	\$3,036 month

These increases are effective for all eligibility determinations for March 1, 2009, forward.

For any poverty level case approved after WC whose eligibility is retroactive to January or February 2009, use the RSDI and VA amount in effect prior to the 5.8% cost-of-living increase. MEDS will use the FPL in effect prior to the 03/01/09 increase for both months.

Revised SSI Notices, DOM-P6 and Appendix

The SSI notices of denial and termination have been revised to include all changes since January 1, 2009. The appropriate Appendix pages have been revised to include all changes since January 1, 2009. The DOM-P6, at-home pamphlet, has been revised to reflect the 2009 Federal Poverty Levels. The DOM-P2, nursing home pamphlet, has been revised to reflect the changes effective January 1, 2009. The sliding scale for working disabled premiums has been revised to reflect changes effective March 1, 2009. The revised pamphlets are located on the DOM website.

VOLUME III REVISIONS

Remove the following pages in Volume III and insert the revised pages.

<u>Remove</u>	<u>Insert</u>
Section B, page 2025/2026, revised 03/01/08	Page 2025/2026
Section B, page 2030/2031, revised 03/01/08	Page 2030/2031
Section B, page 2040/2041, revised 03/01/08	Page 2040/2041
Section B, page 2050/2051, revised 03/01/08	Page 2050/2051
Appendix, page 4L, revised 03/01/08	Appendix, page 4L
	Appendix, page 4M
Appendix, page 5A, revised 01/01/08	Appendix, page 5A
Appendix, page 5B, revised 03/01/08	Appendix, page 5B
Appendix, page 5C, revised 01/01/08	Appendix, page 5C
Appendix, page 5D, revised 01/01/08	Appendix, page 5D
Appendix, page 6, revised 03/01/08	Appendix, page 6
Appendix, page 10A, revised 01/01/08	Appendix, page 10A
Appendix, page 10B, revised 01/01/08	Appendix, page 10B
Appendix, page 10C, revised 01/01/08	Appendix, page 10C
Appendix, page 11, revised 01/01/03	Appendix, page 11

If you have any questions concerning the material in this transmittal, contact the Bureau of Enrollment.



Robert L. Robinson
Executive Director

RLR:EM:bm

cc: All Holders of Volume III

DIVISION OF MEDICAID

RB291

NOTICE OF APPROVAL OF RETROACTIVE SSI-RELATED MEDICAID

ID#:

SSN:

SSI APPLICATION DATE:

The Division of Medicaid has been informed by the Social Security Administration that you were eligible for Supplemental Security Income (SSI) in the past. Individuals who are eligible for SSI are also eligible for Medicaid. Your eligibility for SSI Medicaid begins (date) _____ and ends _____. You will not receive a Medicaid card for this prior period so you will need to show this notice to any providers of medical services, such as doctors or hospitals, if you have medical bills from this period of time. Your Medicaid ID# for this period is shown above.

If you have medical bills in the three months prior to your application for SSI, notify the regional office shown below and show them this letter to verify receipt of medical assistance. If you are found eligible for medical assistance during any of those three months, some or all of your medical bills may be paid.

Medicaid Regional Office

Telephone Number

Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have Part A Medicare Hospital Insurance and your income does not exceed \$953 for an individual/\$1265 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
2. You have Part A Medicare your income does not exceed \$1269 for an individual/\$1690 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage.
3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.

4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$2,022 per month. Your resources must not exceed \$4000 for an individual.
5. You were terminated from SSI for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50-65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4,579 for an individual and \$6,137 for a couple and your total unearned income is less than \$1,269 for an individual and \$1,690 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1,269 for an individual/\$1,690 for a couple. Your resources must not exceed \$4000 for an individual and \$6000 for a couple.
8. You are a pregnant woman.

If you believe that you may be eligible under one of the groups described above, you should contact:

Medicaid Regional Office Telephone Number
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within thirty (30) days for a redetermination of eligibility.

DIVISION OF MEDICAID

RB284

NOTICE OF DENIAL AND RETROACTIVE MEDICAID

ID#:

SSN:

SSI APPLICATION DATE:

- I. In Mississippi, individuals who are eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid. However, the Division of Medicaid has been advised by the Social Security Administration that your application for SSI _____ (Date) has been denied. Therefore, you are not eligible for Medicaid as an SSI recipient.

If you disagree with the decision on your application for SSI and Medicaid, you should immediately contact your local Social Security Office as directed on the Supplemental Security Income notice of disapproved claim which you recently received. Your local Social Security Office is located in _____ (town).

If you have medical bills in one or more of the 3 months before you applied for SSI and you believe you would have been eligible for SSI at the time, you should apply for Medicaid at the Medicaid Regional Office listed at the end of this notice.

Although you are not eligible for Medicaid as a recipient of SSI, you may be eligible for Medicaid under one of the following Medicaid-only groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have Part A Medicare Hospital Insurance and your income does not exceed \$953 for an individual/\$1265 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
2. You have Part A Medicare and your income does not exceed \$1269 for an individual/\$1690 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage group.
3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.
4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$2,022 per month. Your resources must not exceed \$4000 for an individual.

5. You once received SSI and were terminated for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50 - 65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4,579 for an individual and \$6,137 for a couple and your total unearned income is less than \$1,269 for an individual and \$1,690 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1,269 for an individual/\$1,690 for a couple. Your resources must not exceed \$4000 for an individual and \$6000 for a couple.
8. You are a pregnant woman.

If you believe that you are eligible under one of the groups described above, you should contact:

Medicaid Regional Office Telephone Number
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or present this letter of denial to that office.

DIVISION OF MEDICAID

RB290

NOTICE OF TERMINATION OF MEDICAID

ID#:

SSN:

- I. The Division of Medicaid has been notified by the Social Security Administration that your Supplemental Security Income (SSI) payment has been terminated or suspended. Since the receipt of SSI was the basis of your entitlement to Medicaid, your Medicaid benefits will be terminated effective _____ (Date).

If you disagree with the decision made to terminate your SSI check and Medicaid, you should immediately contact your local Social Security Office in _____ (town) as directed in the Supplemental Security Income notice of change which you recently received.

- II. **Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.**

1. You have Part A Medicare Hospital Insurance and your income does not exceed \$953 for an individual/\$1265 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
2. You have Part A Medicare and your income does not exceed \$1269 for an individual/\$1690 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage group.
3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.
4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$2,022 per month. Your resources must not exceed \$4000 for an individual.

5. You were terminated from SSI for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50 - 65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4,579 for an individual and \$6,137 for a couple and your total unearned income is less than \$1,269 for an individual and \$1,690 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1,269 for an individual/\$1,690 for a couple. Your resources must not exceed \$4,000 for an individual and \$6,000 for a couple.
8. You are a pregnant woman.

If you believe that you may be eligible under one of the groups described above, you should contact::

Medicaid Regional Office Telephone Number
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within thirty (30) days for a redetermination of your eligibility.

DIVISION OF MEDICAID

RB293
Sent with SSI
Redetermination
Form Attached

NOTICE OF TERMINATION OF MEDICAID

CLIENT'S NAME/ADDRESS:

ID#:

SSN:

- I. The Division of Medicaid has been notified by the Social Security Administration that your Supplemental Security Income (SSI) payment has been terminated or suspended. Since the receipt of SSI was the basis of your entitlement to Medicaid, your Medicaid benefits will be terminated effective _____ (Date).

If you disagree with the decision made to terminate your SSI check and Medicaid, you should immediately contact your local Social Security Office in _____ (town) as directed in the Supplemental Security Income notice of change which you recently received.

- II. Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if:
1. You have Part A Medicare Hospital Insurance and your income does not exceed \$953 for an individual/\$1265 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
 2. You have Part A Medicare and your income does not exceed \$1269 for an individual/\$1690 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage group.
 3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.
 4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$2,022 per month. Your resources must not exceed \$4000 for an individual.

5. You were terminated from SSI for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50 - 65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4,579 for an individual and \$6,137 for a couple and your total unearned income is less than \$1,269 for an individual and \$1,690 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1,269 for an individual/\$1,690 for a couple. Your resources must not exceed \$4,000 for an individual and \$6,000 for a couple.
8. You are a pregnant woman.

If you believe that you may be eligible under one of the groups described above, you should contact:

Medicaid Regional Office Telephone Number
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within ten (10) days for a redetermination of your eligibility.

FOR AGED AND DISABLED ONLY

If you believe that you would continue to be eligible for Medicaid under one of the Medicaid groups described above, complete the attached SSI Redetermination Form and take or mail it in to the Medicaid Regional Office shown above within 10 days.

CHART OF NEED STANDARDS AND RESOURCE LIMITS

INSTITUTIONAL INCOME LIMITS

		03/01/07	01/01/08	03/01/08	01/01/09
Federal Maximum	Individual (Gross Income)	NA	\$1,911.00	NA	\$2,022.00
Earned Income Disregard		NA	\$274.00	NA	\$293.00

MEDICARE PREMIUMS

Part A		NA	\$423.00	NA	\$443.00
Part B		NA	\$96.40	NA	\$96.40
QI-2 Benefit Amount		NA		NA	

SSI FEDERAL BENEFIT RATES

SSI Individual FBR	Own Household (LA-A)	NA	\$637.00	NA	\$674.00
	Title XIX Facility (LA-D)	NA	\$30.00	NA	\$30.00

SSI Couple FBR	Own Household (LA-A)	NA	\$956.00	NA	\$1,011.00
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Deeming	Allocation to Each Ineligible Child	NA	\$318.50	NA	\$337.00

Presumed Maximum Value (PMV)	Individual	NA	\$232.33	NA	\$244.67
	Couple	NA	\$338.66	NA	\$357.00

SSI RESOURCE LIMITS	Individual	NA	\$2,000.00	NA	\$2,000.00
	Couple	NA	\$3,000.00	NA	\$3,000.00

Liberalized Resource Limits	Individual	NA	\$4,000.00	NA	\$4,000.00
	Couple	NA	\$6,000.00	NA	\$6,000.00

FEDERAL POVERTY LIMITS

Qualified Medicare Beneficiaries (QMB)	Individual	\$851.00	NA	\$867.00	NA
	Couple	\$1,141.00	NA	\$1,167.00	NA

Healthier MS Waiver	Individual	\$1,149.00	NA	\$1,170.00	NA
	Couple	\$1,541.00	NA	\$1,575.00	NA

Specified Low-Income Medicare Beneficiaries (SLMB)	Individual	\$1,021.00	NA	\$1,040.00	NA
	Couple	\$1,369.00	NA	\$1,400.00	NA

Qualifying Individual QI-1 Group	Individual	\$1,149.00	NA	\$1,170.00	NA
	Couple	\$1,541.00	NA	\$1,575.00	NA

Qualified Working Disabled Individuals (QWDI)	Individual	\$1,702.00	NA	\$1,734.00	NA
	Couple	\$2,282.00	NA	\$2,334.00	NA

Working Disabled (WD)	Individual	\$4,321.00	NA	\$4,399.00	NA
	Couple	\$5,771.00	NA	\$5,899.00	NA

SPOUSAL IMPOVERISHMENT MAXIMUMS

		03/01/07	01/01/08	03/01/08	01/01/09
Federal Resource Maximum		NA	\$104,400.00	NA	\$109,560.00
Community Spouse Monthly Maintenance Needs Allowance		NA	\$2,610.00	NA	\$2,739.00
Other Family Members Needs Allowance		NA	\$1,711.25	NA	\$1,750.00

CHART OF NEED STANDARDS AND RESOURCE LIMITS

INSTITUTIONAL INCOME LIMITS		03/01/09			
Federal Maximum	Individual (Gross Income)	NA			
Earned Income Disregard		NA			

MEDICARE PREMIUMS					
Part A		NA			
Part B		NA			
QI-2 Benefit Amount		NA			

SSI FEDERAL BENEFIT RATES					
SSI Individual FBR	Own Household (LA-A)	NA			
	Title XIX Facility (LA-D)	NA			

SSI Couple FBR	Own Household (LA-A)	NA			
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Deeming	Allocation to Each Ineligible Child	NA			
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Presumed Maximum Value (PMV)	Individual	NA			
	Couple	NA			

SSI RESOURCE LIMITS	Individual	NA			
	Couple	NA			

Liberalized Resource Limits	Individual	NA			
	Couple	NA			

FEDERAL POVERTY LIMITS					
Qualified Medicare Beneficiaries (QMB)	Individual	\$903.00			
	Couple	\$1,215.00			

Healthier MS Waiver	Individual	\$1,219.00			
	Couple	\$1,640.00			

Specified Low-Income Medicare Beneficiaries (SLMB)	Individual	\$1,083.00			
	Couple	\$1,457.00			

Qualifying Individual QI-1 Group	Individual	\$1,219.00			
	Couple	\$1,640.00			

Qualified Working Disabled Individuals (QWDI)	Individual	\$1,805.00			
	Couple	\$2,429.00			

Working Disabled (WD)	Individual	\$4,579.00			
	Couple	\$6,137.00			

SPOUSAL IMPOVERISHMENT MAXIMUMS		03/01/09			
Federal Resource Maximum		NA			
Community Spouse Monthly Maintenance Needs Allowance		NA			
Other Family Members Needs Allowance		NA			

CATEGORY	SSI		COL		DAC		OBRA'87		OBRA'90	
	RETRO									
PROGRAM CODES	Mandatory		Mandatory		Mandatory		Mandatory		Mandatory	
AGE	01,02,04		01,02,04		02,04		02,04		02,04	
	65 or >		65 or >		Must be 18		No Medicare Must be 60-64		No Medicare 50-59	
BLINDNESS	Yes		Yes		Yes		Yes		Yes	
DISABILITY	Yes		Yes		Yes		Yes		Yes	
CITIZENSHIP	Yes		Yes		Yes		Yes		Yes	
RESIDENCE	Yes		Yes		Yes		Yes		Yes	
UTIL. OF BENE.	Yes		Yes		Yes		Yes		Yes	
SSN	Yes		Yes		Yes		Yes		Yes	
ASSIGN. RIGHTS	Yes		Yes		Yes		Yes		Yes	
PHYSICIAN CERT.	No		No		No		No		No	
INCOME	SSI		COL		DAC & COL		OBRA + COL Disregards			
	Limits		Disregards		Disregards					
Individual	\$674.00		\$674.00		\$674.00		\$674.00			
Couple	\$1,011.00		\$1,011.00		\$1,011.00		\$1,011.00			
RESOURCES					SSI Limits					
Individual					\$2000.00					
Couple					\$3000.00					
SPOUSAL IMPOVERISHMENT					N/A					
TRANS. PENALTY					N/A					
30-CONSEC. DAY REQUIREMENT					N/A					
EFFECTIVE DATE-- RETROACTIVE ELIGIBILITY SERVICES	07-01-81 3 mos. prior to SSI appl. Full		07-01-81 Retro applies Full		07-01-87 Retro applies Full		07-01-88 Retro applies Full		01-01-91 Retro applies Full	

MAO AT-HOME							
CATEGORY	QMB	HEALTHIER MS WAIVER	QWDI	WD	BREAST & CERVICAL	SLMB	QI-1
PROGRAM CODES	Mandatory 31,32,34	Optional 45	Mandatory 90	Optional 25	Optional 27	Mandatory 51	Mandatory 54
AGE	N/A	N/A	Must be <65	N/A	Must be <65	Must have Part-A Medicare	Must have Part-A Medicare
BLINDNESS	Must Have Part-A Medicare	Must Not Have Part-A Medicare	N/A--Must have M'care	N/A	N/A	Part-A Medicare	Part-A Medicare
DISABILITY	Medicare	Medicare	Yes	Yes	N/A	Medicare	Medicare
CITIZENSHIP	Yes	Yes	Yes	Yes	Yes	Yes	Yes
RESIDENCE	Yes	Yes	Yes	Yes	Yes	Yes	Yes
UTIL. OF BENE.	Yes	Yes	Yes	No	N/A	Yes	Yes
SSN	Yes	Yes	Yes	Yes	Yes	Yes	Yes
ASSIGN. RIGHTS	Yes	Yes	Yes	Yes	N/A	Yes	Yes
PHYSICIAN CERT.	No	No	No	No	No	No Card	No
INCOME	100% FPL	135% FPL	200% FPL	250% FPL	250% FPL	1.20 FPL	135% FPL
	\$903.00	\$1,219.00	\$1,805.00	\$2,257.00	\$2,257.00	\$1,083.00	\$1,219.00
Individual Couple	\$1,215.00	\$1,640.00	\$2,429.00	\$3,036.00	\$3,036.00	\$1,457.00	\$1,640.00
	Liberal	Liberal	SSI	Liberal	Liberal	Liberal	Liberal
RESOURCES	N/A	\$4,000.00	N/A	\$24,000	N/A	N/A	N/A
	N/A	\$6,000.00	N/A	\$26,000	N/A	N/A	N/A
SPOUSAL IMPOVERISHMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TRANS. PENALTY	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30-CONSEC. DAY REQUIREMENT	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EFFECTIVE DATE--	07-01-89	10-01-04	07-01-90	07-01-99	07-01-01	01-01-93	01-01-98
RETROACTIVE ELIGIBILITY	No retro	Retro applies	Retro applies	Retro applies	Retro applies but not prior to 07/01	Retro applies	Retro applies
SERVICES	Medicare cost-sharing	Full with certain limitations	Medicare Part-A Premium No Card	Full	Full	Medicare Part-B Premium No Card	Medicare Part-B Premium No card

MAO LONG-TERM CARE AT HOME						
CATEGORY	HCBS Handicapped Waiver	HCBS Traumatic Brain Injury	HCBS Assisted Living Waiver	HCBS Elderly/Disable Waiver	HCBS MR/DD Waiver	Disabled Child At-Home
PROGRAM CODES	Optional	Optional	Optional	Optional	Optional	Optional
AGE	24 No age limit N/A	24 No age limit N/A	10,11,12 No age limit N/A	21,22 No age limit N/A	21,22 No age limit N/A	89 Must be 18 or <
BLINDNESS	Yes	Yes	Yes if <65	Yes if <65	Yes if <65	Yes
DISABILITY	Yes	Yes	Yes	Yes	Yes	Yes
CITIZENSHIP	Yes	Yes	Yes	Yes	Yes	Yes
RESIDENCE	Yes	Yes	Yes	Yes	Yes	Yes
UTIL. OF BENE.	Yes	Yes	Yes	Yes	Yes	Yes
SSN	Yes	Yes	Yes	Yes	Yes	Yes
ASSIGN. RIGHTS	Yes	Yes	Yes	Yes	Yes	Yes
PHYSICIAN CERT.	Yes	Yes	Yes	Yes	Yes	Yes
INCOME	NH Limit 300%	NH Limit 300%	NH Limit 300%	NH Limit 300%	NH Limit 300%	NH Limit 300%
Individual	\$2,022.00	\$2,022.00	\$2,022.00	\$2,022.00	\$2,022.00	\$2,022.00
Couple	N/A	N/A	N/A	N/A	N/A	N/A
RESOURCES	Liberalized \$4,000.00	Liberalized \$4,000.00	Liberalized \$4,000.00	Liberalized \$4,000.00	Liberalized \$4,000.00	SSI \$2,000.00
Individual	NA	NA	N/A	N/A	N/A	N/A
Couple						
SPOUSAL IMPOVERISHMENT	SI rules apply even if living at-home					
TRANS. PENALTY	Yes	Yes	Yes	Yes	Yes	N/A
30-CONSEC. DAY REQUIREMENT	N/A	N/A	N/A	N/A	NA	N/A
EFFECTIVE DATE--	01/01/94	07/01/01	10/01/00	07/01/00	07/01/00	07/01/89
RETROACTIVE ELIGIBILITY	Retro applies but not prior to 01/94	Retro applies but not prior to 07/01	Retro applies but not prior to 10/00	Retro applies but not prior to 07/00	Retro applies but not prior to 07/00	Retro applies
SERVICES	Full Services + Waiver Services	Full Services + Waiver Services	Full Services + Waiver Services	Full Services + Waiver Services	Full services + Waiver Services	Full

CATEGORY	LONG-TERM CARE	
	SSI At-Home	Under 300%
	Nursing Home Swing Bed/Hosp	Nursing Home Swing Bed/Hosp
PROGRAM CODES	Optional 01,02,04	Optional 01,02,04
AGE	65 or >	65 or >
BLINDNESS	Yes	Yes
DISABILITY	Yes	Yes
CITIZENSHIP	Yes	Yes
RESIDENCE	Yes	Yes
UTIL. OF BENE.	Yes	Yes
SSN	Yes	Yes
ASSIGN. RIGHTS	Yes	Yes
PHYSICIAN CERT.	NH only	NH only
INCOME	300% of SSI Individual Amount	
Individual	\$2,022.00	
Couple	N/A	
RESOURCES	Liberalized Resource Policies	
Individual	\$4,000.00	
Couple	N/A	
SPOUSAL IMPROVERISHMENT	Applies to all LTC clients with a CS Resource Limit \$109,560.00 Monthly Needs Allowance - \$2,739.00	
TRANS. PENALTY	Applies to NH/SB	
30-CONSEC. DAY REQUIREMENT	Applies to all Long-Term Care clients	
EFFECTIVE DATE-- RETROACTIVE ELIGIBILITY	Nursing Home--07-01-81 --retro applies Swing Bed -- 07-01-84 -- retro applies	
SERVICES	Full services including Vendor Payment for Nursing Facility care	

**2009 FEDERAL POVERTY LEVEL* (FPL)
 ALL STATES (EXCEPT ALASKA, HAWAII) AND D.C.**

**Program Code 91 -
 Children Under Age 19**

FAMILY AFDC - RELATED	100% FPL	
	ANNUAL	MONTHLY
1	10,830.00	903.00
2	14,570.00	1,215.00
3	18,310.00	1,526.00
4	22,050.00	1,838.00
5	25,790.00	2,150.00
6	29,530.00	2,461.00
7	33,270.00	2,773.00
8	37,010.00	3,085.00

**Program Code 87-
 Children Under 6**

FAMILY AFDC - RELATED	133% FPL	
	ANNUAL	MONTHLY
1	14,404.00	1,201.00
2	19,379.00	1,615.00
3	24,353.00	2,030.00
4	29,327.00	2,444.00
5	34,301.00	2,859.00
6	39,275.00	3,273.00
7	44,250.00	3,688.00
8	49,224.00	4,102.00

**Program Code 88-PW &
 Children to Age 1**

FAMILY AFDC - RELATED	185% FPL	
	ANNUAL	MONTHLY
1	20,036.00	1,670.00
2	26,955.00	2,247.00
3	33,874.00	2,823.00
4	40,793.00	3,400.00
5	47,712.00	3,976.00
6	54,631.00	4,553.00
7	61,550.00	5,130.00
8	68,469.00	5,706.00

QMB

FAMILY SIZE	100% FPL	
	ANNUAL	MONTHLY
SSI - RELATED INDIVIDUAL	10,830.00	903.00
COUPLE	14,570.00	1,215.00

FAMILY SIZE	100% FPL	
	ANNUAL	MONTHLY
SSI - RELATED INDIVIDUAL	10,830.00	903.00
COUPLE	14,570.00	1,215.00

SLMB

FAMILY SIZE	120% FPL	
	ANNUAL	MONTHLY
SSI - RELATED INDIVIDUAL	12,996.00	1,083.00
COUPLE	17,484.00	1,457.00

FAMILY SIZE	120% FPL	
	ANNUAL	MONTHLY
SSI - RELATED INDIVIDUAL	12,996.00	1,083.00
COUPLE	17,484.00	1,457.00

**QI-1/HEALTHIER MS
 WAIVER**

FAMILY SIZE	135% FPL	
	ANNUAL	MONTHLY
SSI - RELATED INDIVIDUAL	14,621.00	1,219.00
COUPLE	19,670.00	1,640.00

FAMILY SIZE	135% FPL	
	ANNUAL	MONTHLY
SSI - RELATED INDIVIDUAL	14,621.00	1,219.00
COUPLE	19,670.00	1,640.00

QWDI

FAMILY SIZE	200% FPL	
	ANNUAL	MONTHLY
SSI-RELATED INDIVIDUAL	21,660.00	1,805.00
COUPLE	29,140.00	2,429.00

FAMILY SIZE	200% FPL	
	ANNUAL	MONTHLY
SSI-RELATED INDIVIDUAL	21,660.00	1,805.00
COUPLE	29,140.00	2,429.00

WORKING DISABLED

FAMILY SIZE	250% FPL	
	ANNUAL	MONTHLY
SSI-RELATED INDIVIDUAL	27,075.00	2,257.00
COUPLE	36,425.00	3,036.00

FAMILY SIZE	250% FPL	
	ANNUAL	MONTHLY
SSI-RELATED INDIVIDUAL	27,075.00	2,257.00
COUPLE	36,425.00	3,036.00

*Published in the Federal Register.

COL COMPUTATION HISTORY

All possible calculations back to 07/77 are provided in the following steps.

- (1) Current title II benefit amount = Benefit before 1/2009
1.058 (1/2009 title II increase) COL increase
- (2) Benefit before 1/09 COL increase = Benefit before 1/2008
1.023 (1/2008 title II increase) COL increase
- (3) Benefit before 1/08 COL increase = Benefit before 1/2007
1.033 (1/2007 title II increase) COL increase
- (4) Benefit before 1/07 COL increase = Benefit before 1/2006
1.041 (1/2006 title II increase) COL increase
- (5) Benefit before 1/06 COL increase = Benefit before 1/2005
1.027 (1/2005 title II increase) COL increase
- (6) Benefit before 1/05 COL increase = Benefit before 1/2004
1.021 (1/2004 title II increase) COL increase
- (7) Benefit before 1/04 COL increase = Benefit before 1/2003
1.014 (1/2003 title II increase) COL increase
- (8) Benefit before 1/03 COL increase = Benefit before 1/2002
1.026 (1/2002 title II increase) COL increase
- (9) Benefit before 1/02 COL increase = Benefit before 1/2001
1.035 (1/2001 title II increase) COL increase
- (10) Benefit before 1/01 COL increase = Benefit before 1/2000
1.024 (1/2000 title II increase) COL increase
- (11) Benefit before 1/00 COL increase = Benefit before 1/99
1.013 (1/99 title II increase) COL increase
- (12) Benefit before 1/99 COL increase = Benefit before 1/98
1.021 (1/98 title II increase) COL increase
- (13) Benefit before 1/98 COL increase = Benefit before 1/97
1.029 (1/97 title II increase) COL increase

- (14) Benefit before 1/97 COL increase = Benefit before 1/96
1.026 (1/96 title II increase) COL increase
- (15) Benefit before 1/96 COL increase = Benefit before 1/95
1.028 (1/95 title II increase) COL increase
- (16) Benefit before 1/95 COL increase = Benefit before 1/94
1.026 (1/94 title II increase) COL increase
- (17) Benefit before 1/94 COL increase = Benefit before 1/93
1.030 (1/93 title II increase) COL increase
- (18) Benefit before 1/93 COL increase = Benefit before 1/92
1.037 (1/92 title II increase) COL increase
- (19) Benefit before 1/92 COL increase = Benefit before 1/91
1.054 (1/91 title II increase) COL increase
- (20) Benefit before 1/91 COL increase = Benefit before 1/90
1.047 (1/90 title II increase) COL increase
- (21) Benefit before 1/90 COL increase = Benefit before 1/89
1.040 (1/89 title II increase) COL increase
- (22) Benefit before 1/89 COL increase = Benefit before 1/88
1.042 (1/88 title II increase) COL increase
- (23) Benefit before 1/88 COL increase = Benefit before 1/87
1.013 (1/87 title II increase) COL increase
- (24) Benefit before 1/87 COL = Benefit before 1/86
1.031 (1/86 title II increase) COL increase
- (25) Benefit before 1/86 COL = Benefit before 1/85
1.035 (1/85 title II increase) COL increase
- (26) Benefit before 1/85 COL = Benefit before 1/84
1.035 (1/84 title II increase) COL increase
- (27) Benefit before 1/84 COL = Benefit before 7/82
1.074 (7/82 title II increase) COL increase
- (28) Benefit before 7/82 COL = Benefit before 7/81
1.112 (7/81 title II increase) COL increase

- | | | |
|---|---|-------------------------------------|
| (29) <u>Benefit before 7/81 COL</u>
1.143 (7/80 title II increase) | = | Benefit before 7/80
COL increase |
| (30) <u>Benefit before 7/80 COL</u>
1.099 (7/79 title II increase) | = | Benefit before 7/79
COL increase |
| (31) <u>Benefit before 7/79 COL</u>
1.065 (7/78 title II increase) | = | Benefit before 7/78
COL increase |
| (32) <u>Benefit before 7/78 COL</u>
1.059 (7/77 title II increase) | = | Benefit before 7/77
COL increase |

MEDICAID ELIGIBILITY MANUAL, VOLUME III			APPENDIX
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SLIDING SCALE FOR WORKING DISABLED PREMIUMS*			
MONTHLY COUNTABLE EARNINGS - INDIVIDUAL	PREMIUM PER MONTH	MONTHLY COUNTABLE EARNINGS - COUPLE	PREMIUM PER MONTH
Below \$1354	0	Below \$1822	\$0
\$1354 - \$1359.99	\$67	\$1822 - \$1839.99	\$91
\$1360 - \$1379.99	\$68	\$1840 - \$1859.99	\$92
\$1380 - \$1399.99	\$69	\$1860 - \$1879.99	\$93
\$1400 - \$1419.99	\$70	\$1880 - \$1899.99	\$94
\$1420 - \$1439.99	\$71	\$1900 - \$1999.99	\$95
\$1440 - \$1459.99	\$72	\$1920 - \$1939.99	\$96
\$1460 - \$1479.99	\$73	\$1940 - \$1959.99	\$97
\$1480 - \$1499.99	\$74	\$1960 - \$1979.99	\$98
\$1500 - \$1519.99	\$75	\$1980 - \$1999.99	\$99
\$1520 - \$1539.99	\$76	\$2000 - \$2019.99	\$100
\$1540 - \$1559.99	\$77	\$2020 - \$2039.99	\$101
\$1560 - \$1579.99	\$78	\$2040-\$2059.99	\$102
\$1580 - \$1559.99	\$79	\$2060 - \$2079.99	\$103
\$1600 - \$1619.99	\$80	\$2180 - \$2099.99	\$104
\$1620 - \$1639.99	\$81	\$2100 - \$2119.99	\$105
\$1640 - \$1659.99	\$82	\$2120 - \$2139.99	\$106
\$1660 - \$1679.99	\$83	\$2140 - \$2159.99	\$107
\$1680 - \$1699.99	\$84	\$2160 - \$2179.99	\$108
\$1700 - \$1719.99	\$85	\$2180 - \$2199.99	\$109
\$1720 - \$1739.99	\$86	\$2200 - \$2219.99	\$110
\$1740 - \$1759.99	\$87	\$2220 - \$2239.99	\$111
\$1760 - \$1779.99	\$88	\$2240 - \$2259.99	\$112
\$1780 - \$1799.99	\$89	\$2260 - \$2279.99	\$113
\$1800 - \$1819.99	\$90	\$2280 - \$2299.99	\$114
\$1820 - \$1839.99	\$91	\$2300 - \$2319.99	\$115
\$1840 - \$1859.99	\$92	\$2320 - \$2339.99	\$116
\$1860 - \$1879.99	\$93	\$2340 - \$2359.99	\$117
\$1880 - \$1899.99	\$94	\$2360 - \$2379.99	\$118
\$1900 - \$1919.99	\$95	\$2380 - \$2399.99	\$119
\$1920 - \$1939.99	\$96	\$2400 - \$2419.99	\$120

\$1940 - \$1959.99	\$97	\$2420 - \$2439.99	\$121
\$1960 - \$1979.99	\$98	\$2440 - \$2459.99	\$122
\$1980 - \$1999.99	\$99	\$2460 - \$2479.99	\$123
\$2000 - \$2019.99	\$100	\$2480 - \$2499.99	\$124
\$2020 - \$2039.99	\$101	\$2500 - \$2519.99	\$125
\$2040 - \$2059.99	\$102	\$2520 - \$2539.99	\$126
\$2060 - \$2079.99	\$103	\$2540 - \$2559.99	\$127
\$2080 - \$2099.99	\$104	\$2560 - \$2579.99	\$128
\$2100 - \$2119.99	\$105	\$2580 - \$2599.99	\$129
\$2120 - \$2139.99	\$106	\$2600 - \$2619.99	\$130
\$2140 - \$2159.99	\$107	\$2620 - \$2639.99	\$131
\$2160 - \$2179.99	\$108	\$2640 - \$2659.99	\$132
\$2180 - \$2199.99	\$109	\$2660 - \$2679.99	\$133
\$2200 - \$2219.99	\$110	\$2680 - \$2699.99	\$134
\$2220 - \$2239.99	\$111	\$2700 - \$2719.99	\$135
\$2240 - \$2257.00	\$112	\$2720 - \$2739.99	\$136
		\$2740 - \$2759.99	\$137
		\$2760 - \$2779.99	\$138
		\$2780 - \$2799.99	\$139
		\$2800 - \$2819.99	\$140
		\$2820 - \$2839.99	\$141
		\$2840 - \$2859.99	\$142
		\$2860 - \$2879.99	\$143
		\$2880 - \$2899.99	\$144
		\$2900 - \$2919.99	\$145
		\$2920 - \$2939.99	\$146
		\$2940 - \$2959.99	\$147
		\$2960 - \$2979.99	\$148
		\$2980 - \$2999.99	\$149
		\$3000 - \$3019.99	\$150
		\$3020 - \$3036.00	\$151