

## AGED, BLIND, AND DISABLED MEDICAID PROGRAMS

MEDICAL ASSISTANCE DIV		SSI Extone	sions, WDI, and	C/Waivars				
			Effective: 1/1/18					
<ul> <li>once disregard</li> <li>FBR for SSI r</li> <li>Individual \$</li> <li>Couple \$1,1</li> <li>Resources bel</li> <li>Individual \$</li> <li>Couple \$1</li> </ul>	be below SSI FBR ds are deducted ecipient 6750 125 ow	<ul> <li>WDI-Worl</li> <li>Earne a sing</li> <li>Unear and d</li> <li>Sin</li> <li>Cou</li> <li>Quart</li> <li>Full c</li> <li>Must</li> <li>Being being</li> </ul>	king Disabled ad income up to 25 gle and couple rned income before eductions gle \$1,519 uple \$2,269 erly earnings \$1,3 coverage Medicaid be working and di g over 65 is not equ disabled. Client h led through SSA o	0% FPL for e disregards 20 sabled sivalent to as to be	<ul> <li>N</li> <li>R</li> <li>A</li> <li>\$\$^{\$'}\$</li> <li>M</li> <li>E</li> <li>M</li> <li>C</li> <li>C</li> <li>C</li> <li>P</li> <li>t</li> <li>st</li> <li>E</li> </ul>	ncome standard let income for II esource Limit \$ verage cost of r 7,025.00 IMMNA \$2,030 xcess shelter M	DTs \$2,249 52,000 hursing facility ax \$1,060 Min \$609 ess Shelter=\$3,090 \$123,600 \$31,290 Allowance=\$70 gross income uity for LTC	
the month of a No retroactive Covers: Medicare PT (2018)	100% FPL litional Part A gins the month afte approval	Effe MB Specified I Beneficiary • Income • Will N r • Eligibit approv • Up to 3 covera Covers: • Medica other b	<ul> <li>Will NOT pay Conditional PT A</li> <li>Eligibility begins the month of approval</li> <li>Up to 3 months of retroactive coverage</li> <li>Covers:</li> <li>Medicare PT B Premium Only! No other benefit coverage</li> </ul>			<ul> <li>Qualified Individuals (Q1-1)</li> <li>Income 120%-135% FPL</li> <li>Will NOT pay for Conditional PT A</li> <li>Eligibility begins the month of approval</li> <li>Up to 3 months of retroactive coverage</li> <li>Covers:</li> <li>Medicare PT B Premium Only! No other benefit coverage</li> <li>No Medicaid card issued</li> <li>Deemed LIS eligible for Medicare</li> </ul>		
<ul> <li>Medicare Co-</li> <li>Medicare ded</li> <li>0 2018 Hospit</li> <li>0 2018 Doctor</li> </ul>	uctibles: tal \$1,316	Deeme Part D	ed LIS eligible for			art D 250% \$2,530		
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SIZE				
1	\$1,012	\$1,214	\$1,366	\$2,530
2	\$1,372	\$1,646	\$1,852	\$3,430
3	\$1,732	\$2,078	\$2,338	\$4,330
4	\$2,092	\$2,510	\$2,824	\$5,230
5	\$2,452	\$2,942	\$3,310	\$6,130
6	\$2,812	\$3,374	\$3,796	\$7,030
7	\$3,172	\$3,806	\$4,282	\$7,930
8	\$3,532	\$4,238	\$4,768	\$8,830
+1	\$360	\$432	\$486	\$900

\*MSP Resource Guideline for Individual \$9,060 and Couple \$14,340