

AGED, BLIND, AND DISABLED MEDICAID PROGRAMS

SSI Extensions, WDI, and IC/Waivers

Effective: 1/1/2019

SSI Extensions- DAC, Widower, 503 Lead/Pickle

- Income must be below SSI FBR once disregards are deducted
- FBR for SSI recipient
 - o Individual \$771
 - o Couple \$1,157
- Resources below
 - o Individual \$2,000
 - o Couple \$3,000
- Full coverage Medicaid category

WDI-Working Disabled

- Earned income up to 250% FPL for a single and couple
- Unearned income before disregards and deductions
 - o Single \$1,561
 - o Couple \$2,333
- Quarterly earnings \$1,360
- Full coverage Medicaid
- Must be working and disabled
- Being over 65 is not equivalent to being disabled. Client has to be disabled through SSA or DDU

IC/Waiver

- Income standard \$2,313
- Net income for IDTs \$2,312
- Resource Limit \$2.000
- Average cost of nursing facility \$7,285.00
- MMMNA \$2,058
- Excess shelter Max \$1,103 Min \$617
- MMMNA + Excess Shelter=\$3,161
- CSRA-Fed Max \$126,420
- CSRA-Fed Min \$31,290
- Personal Needs Allowance-\$72
- Trustee Fee 3% net income standard-\$69.36
- Excess Home Equity for LTC Services-\$585,000

Medicare Savings Programs

Federal Poverty Level (FPL) Effective: 4/1/19-3/31/20

Qualified Medicare Beneficiary-QMB

- Income up to 100% FPL
- Will pay conditional Part A premium
- Eligibility begins the month after the month of approval
- No retroactive months

Covers:

- Medicare PT B Premium-\$135.50 (2019)
- Medicare PT A Premium \$437 (2019)
- Medicare Co-pay amounts
- Medicare deductibles:
 2019 Hospital \$1,364
 2019 Doctor \$185
- Deemed LIS eligible for Medicare Part D

Specified Low Income Medicare Beneficiary (SLIMB)

- Income 100%-120% FPL
- Will NOT pay Conditional PT A
- Eligibility begins the month of approval
- Up to 3 months of retroactive coverage Covers:
- Medicare PT B Premium Only! No other benefit coverage
- No Medicaid card is issued
- Deemed LIS eligible for Medicare Part

Qualified Individuals (Q1-1)

- Income 120%-135% FPL
- Will NOT pay for Conditional PT A
- Eligibility begins the month of approval
- Up to 3 months of retroactive coverage Covers:
- Medicare PT B Premium Only! **No** other benefit coverage
- No Medicaid card issued
- Deemed LIS eligible for Medicare Part

HOUSEHOLD SIZE	100%	120%	135%	250%
1	\$1,041	\$1,249	\$1,406	\$2,603
2	\$1,410	\$1,691	\$1,903	\$3,523
3	\$1,778	\$2,133	\$2,400	\$4,444
4	\$2,146	\$2,575	\$2,897	\$5,365
5	\$2,515	\$3,017	\$3,395	\$6,286
6	\$2,883	\$3,459	\$3,892	\$7,207
7	\$3,251	\$3,901	\$4,389	\$8,128
8	\$3,620	\$4,343	\$4,886	\$9,048
+1	\$369	\$442	\$497	\$920

FEDERAL POVERTY LEVELS

*MSP Resource Guideline for Individual \$9,230 and Couple \$14,600