

## AGED, BLIND, AND DISABLED MEDICAID PROGRAMS

	SSI Exten	sions, WDI, and Effective: 1/1/18				
<ul> <li>SSI Extensions- DAC, Widower Lead/Pickle</li> <li>Income must be below SSI I once disregards are deducted</li> <li>FBR for SSI recipient <ul> <li>Individual \$750</li> <li>Couple \$1,125</li> </ul> </li> <li>Resources below <ul> <li>Individual \$2,000</li> <li>Couple \$3,000</li> </ul> </li> <li>Full coverage Medicaid cate</li> </ul>	<ul> <li>Earn         <ul> <li>Earn</li></ul></li></ul>	<b>Shife the arrive of the second secon</b>	50% FPL for re disregards 320 l isabled uivalent to nas to be	<ul> <li>Resource Lim</li> <li>Average cost \$7,025.00</li> <li>MMMNA \$2,</li> <li>Excess shelter</li> <li>MMMNA + E</li> <li>CSRA-Fed M</li> <li>CSRA-Fed M</li> <li>Personal Need</li> <li>Trustee Fee 3' standard=\$67</li> </ul>	or IDTs \$2,249 hit \$2,000 of nursing facility ,030 r Max \$1,060 Min \$609 Excess Shelter=\$3,090 <b>fax</b> \$123,600 <b>fin</b> \$31,290 ds Allowance=\$70 % gross income .50 Equity for LTC	
	Fede Ef	icare Savings Property Level Fective: 4/1/17-3/3	(FPL) 31/18			
<ul> <li>Qualified Medicare Beneficiary</li> <li>Income up to 100% FPL</li> <li>Will pay conditional Part A premium</li> <li>Eligibility begins the month the month of approval</li> <li>No retroactive months</li> <li>Covers:</li> <li>Medicare PT B Premium-\$1 (2018)</li> <li>Medicare PT A Premium \$4 (2018)</li> <li>Medicare Co-pay amounts</li> <li>Medicare deductibles: <ul> <li>2018 Hospital \$1,316</li> <li>2018 Doctor \$183</li> </ul> </li> <li>Deemed LIS eligible for Me Part D</li> </ul>	Benefician Incom Will I after 4 Covers: A Covers: Media other No M Deem Part I	<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> <li>No Medicaid card is issued</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 Part D</li> </ul>	
HOUSEH	DLD 100%	120%	135%	250%		
1	\$1,005	\$1,206	\$1,357	\$2,513		
2	\$1,354	\$1,624	\$1,827	\$3,384		

\$2,042

\$2,460

\$2,878

\$3,296

\$3,714

\$4,132

\$418

\$2,298

\$2,768

\$3,238

\$3,708

\$4,179

\$4,649

\$470

\$4,255

\$5,125

\$5,996

\$6,867

\$7,738

\$8,609

\$871

\$1,702

\$2,050

\$2,399

\$2,747

\$3,095

\$3,444

\$349

3

4

5

6

7

8

+1