

AGED, BLIND AND DISABLED

MEDICAID PROGRAMS

FEDERAL POVERTY LEVELS

SSI Extensions, WDI, and IC/Waivers Effective: 7/1/2023									
 SSI Extensions- DAC, Widower, Lead/Pickle Income must be below SSI FBF disregards are deducted FBR for SSI recipient Individual \$914 Couple \$1,371 Resources below Individual \$2,000 Couple \$3,000 Full coverage Medicaid categor 	R once	 Earner single Unea deduce Quart Full c Must Being disab 	erking Disabled ed income up to 250% i e and couple rned income before dis ctions Single \$1,847 Couple \$2,761 terly Earnings \$1,640 coverage Medicaid be working and disabl g over 65 is not equival led. Client has to be di gh SSA or DDU	ed lent to being	 I P P<	Vaiver ncome standard \$2,742 Net income for IDTs \$2, Resource Limit \$2,000 Average cost of nursing MMNA \$2,465 (7/1/23 Excess shelter Max \$1,2 7/23) MMNA + Excess She CSRA-Fed Max \$148,62 CSRA-Fed Max \$148,62 CSRA-State Min \$31,29 Personal Needs Allowan Frustee Fee 3% net inco 82.23 Excess Home Equity for Services-\$688,000	facility \$8,275) 51 Min \$740 lter = \$3,716 20 0 ce \$91 (7/23) me standard-		
Medicare Savings Programs Federal Poverty Level (FPL) Effective: 4/1/2023-3/31/2024									
 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-\$164.90 (2023) Medicare PT A Premium \$506 (2023) Medicare Co-pay amounts Medicare deductibles: 2023 Hospital \$1,600 2023 Doctor \$226 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 D 			 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 D 				
HOUSEHOLD SIZE	-	0%	120%	135% \$1.641.0		250%			

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HOUSEHOLD SIZE	100%	120%	135%	250%	
1	\$1,215.00	\$1,458.00	\$1,641.00	\$3,038.00	
2	\$1,644.00	\$1,972.00	\$2,219.00	\$4,109.00	
3	\$2,072.00	\$2,486.00	\$2,797.00	\$5,180.00	
4	\$2,500.00	\$3,000.00	\$3,375.00	\$6,250.00	
5	\$2,929.00	\$3,514.00	\$3,954.00	\$7,321.00	
6	\$3,357.00	\$4,028.00	\$4,532.00	\$8,392.00	
7	\$3,785.00	\$4,542.00	\$5,110.00	\$9,463.00	
8	\$4,214.00	\$5,056.00	\$5,688.00	\$10,534.00	
+1	\$429	\$514	\$578	\$1,071	

2023 Federal Cost of Living Adjustment is 8.7%

*Resource Guidelines no longer apply to MSP Categories (QMB/SLIMB/QI1)