

- (1) Standards in the Medicaid Poverty Level and HealthWave Programs - To be eligible, the total countable income must not exceed the monthly poverty level standards based on the appropriate number of individuals.

Number of Persons Whose Income is Considered	<u>HEALTHWAVE</u>	Monthly 150% Poverty Level Standard (Pregnant Women & Infants Under 1)	<u>MEDICAID</u>	Monthly 133% Poverty Level Standard (Children Ages 1 thru 5)	Monthly 100% Poverty Level Standard (Children Ages 6 thru 18)
	Monthly 241% Poverty Level Standard				
1	\$2175	\$1354	\$1201	\$ 903	
2	\$2927	\$1822	\$1615	\$1215	
3	\$3678	\$2289	\$2030	\$1526	
4	\$4429	\$2757	\$2444	\$1838	
5	\$5180	\$3224	\$2859	\$2150	
6	\$5931	\$3692	\$3273	\$2461	

Add \$752 for each additional person at 241% of poverty, \$468 for each additional person at 150% of poverty, \$415 for each additional person at 133% of poverty, and \$312 for each additional person at 100% of poverty.

- (2) For premium purposes in the HealthWave program, the following standards apply.

HealthWave Premium Table

Number of Persons Whose Income is Considered	Monthly 226% Poverty Level Standard (\$75/mo prem.)	Monthly 201% Poverty Level Standard (\$50/mo prem.)	Monthly 176% Poverty Level Standard (\$30/mo prem.)	Monthly 151% Poverty Level Standard (\$20/mo prem.)
1	\$2040	\$1815	\$1589	\$1363
2	\$2745	\$2442	\$2137	\$1834
3	\$3448	\$3067	\$2686	\$2305
4	\$4153	\$3694	\$3234	\$2775
5	\$4859	\$4321	\$3783	\$3246
6	\$5561	\$4946	\$4332	\$3716

Add \$704 for each additional person at 226% of poverty, \$626 for each additional person at 201% of poverty, \$549 for each additional person at 176% of poverty and \$471 for each additional person at 151% of poverty.

(3) Standards in the QMB, LMB, and QWD Programs -

- (a) For QMB, total countable income must not exceed the monthly 100% poverty level standard.

<u>Number of Persons Whose Income is Considered</u>	<u>Monthly 100% Poverty Level Index</u>
1	\$ 903
2	\$1215
3	\$1526

For each additional person, add \$312 to the poverty level index.

- (b) To be eligible for LMB, total countable income must not exceed either the monthly 120% or 135% poverty level standard as noted in 2672.

<u>Number of Persons Whose Income is Considered</u>	<u>Monthly 120% Poverty Level Index</u>	<u>Monthly 135% Poverty Level Index</u>
1	\$1083	\$1219
2	\$1457	\$1640
3	\$1831	\$2060

For each additional person, add \$374 to the 120% poverty level index or \$421 to the 135% poverty level index.

- (c) To be eligible for QWD, total countable income must not exceed the monthly 200% poverty level standard.

<u>Number of Persons Whose Income is Considered</u>	<u>Monthly 200% Poverty Level Index</u>
1	\$1805
2	\$2429

- (d) To be eligible for Medicare Part D Subsidy, total countable income must be less than the monthly 150% poverty level index based on the appropriate number of individuals:

<u>Number of Persons in the Subsidy Household</u>	<u>Monthly 135% Poverty Level Index (Levels DØ and D1)</u>	<u>Monthly 140% Poverty Level Index (Level D2)</u>	<u>Monthly 145% Poverty Level Index (Level D3)</u>	<u>Monthly 150% Poverty Level Index (Level D4)</u>
1	\$1219	\$1264	\$1309	\$1354
2	\$1640	\$1700	\$1761	\$1822
3	\$2060	\$2137	\$2213	\$2289
4	\$2481	\$2573	\$2665	\$2757
5	\$2902	\$3009	\$3117	\$3224

For each additional person, add \$421 to the 135% poverty level index, \$437 to the 140% poverty level index, \$452 to the 145% standard and \$468 to the 150% standard.

- (4) For determining the second six months of eligibility in the TransMed program, the following standards apply.

TransMed 6-Month Reporting Income Standards

<u>Number of Persons Whose Income is Considered</u>	<u>185% of the Federal Poverty Level</u>
1	\$1670
2	\$2247
3	\$2823
4	\$3400
5	\$3976
6	\$4553
Each Additional Person	\$577

- (5) Standards in the MA and MS Programs - The protected income budgeted is the independent living standard for the number of persons in the plan and any legally responsible persons in the family group. In addition, in determining the eligibility of a pregnant woman for the MA program based on the provisions of 2652, the needs of the unborn child and the needs of the father of the unborn, if in the home, shall also be included in determining the protected income level. An SSI recipient shall not, however, be included in determining the protected income level.

For persons moving from a long term care arrangement in a Medicaid approved

institution to independent living, the independent living standard shall also be budgeted beginning with the month following the month of discharge for persons for whom the provisions of 8144.2 have been applied or the month of discharge for all others. (See 8173.)

An applicant and/or recipient entering a medical institution (including a general medical hospital or a state institution even if no FFP is available) from an independent living situation for a temporary stay as defined in 8113 may be budgeted for independent living for a period not to exceed the calendar month following the month of admission to allow for maintaining previous living arrangements. This would not be applicable if the provisions of 8144.2 are used.

The following standards are applicable:

Number of Months	Persons In Independent Living							
	1	2	3	4	5	6	7	8
1 mo.	\$ 475	475	480	497	558	619	680	741
2 mos.	\$ 950	950	960	994	1116	1238	1360	1482
3 mos.	\$1425	1425	1440	1491	1674	1857	2040	2223
4 mos.	\$1900	1900	1920	1988	2232	2476	2720	2964
5 mos.	\$2375	2375	2400	2485	2790	3095	3400	3705
6 mos.	\$2850	2850	2880	2982	3348	3714	4080	4446

For 9 or more persons, use Shelter Group V standard from Table I.

- (6) Standards for Long Term Care/HCBS - See section 8160 and 8260 for application of the standards. The Institutional standard is applicable in determining eligibility in either the month the care begins or the following month as specified in 8113. The HCBS standard is applicable beginning the month the choice form is signed, or as per 8270.

The current monthly standards are applicable for 1 person:

LOT/Institutional Care: \$ 62.00
 HCBS: \$727.00

The current monthly standards are applicable for 2 people:

LOT/Institutional Care: \$ 124.00

- (7) Standards for Presumptive Medicaid Disability: SI-Related - To be eligible, the total countable income must not exceed the applicable SSI federal benefit rate for the appropriate size household:

Eligible individual In Own Home	\$674.00
Eligible Individual with eligible spouse in home	\$1,011.00
Eligible individual in household of another.....	\$449.34
Eligible individual in Medicaid funded LTC placement	\$30.00
Eligible individual with eligible spouse - both in household of another.....	\$674.00

(8) **Standards in the Working Healthy Program**

(a) To be eligible, total countable income must not exceed the monthly 300% poverty level standard for the number of persons in the assistance plan.

<u>Number of Persons in Plan</u>	<u>Monthly 300% Poverty Level Index</u>
1	\$2708
2	\$3643
3	\$4578

(b) For premium purposes, the following standards apply:

For 1 person plans:

<u>Net Countable Income Range</u>	<u>Monthly Premium</u>
\$ 0 - 903	\$ 0
\$903.01 - 1129	55
\$1129.01 - 1354	69
\$1354.01 - 1580	83
\$1580.01 - 1805	97
\$1805.01 - 2031	110
\$2031.01 - 2257	124
\$2257.01 - 2482	138
\$2482.01 - 2708	152

For 2 or 3 Person Plans:

<u>Net Countable Income Range</u>	<u>Monthly Premium</u>
\$ 0 - 1215	\$ 0
\$1215.01 - 1518	74
\$1518.01 - 1822	93
\$1822.01 - 2125	112
\$2125.01 - 2429	130
\$2429.01 - 2732	149
\$2732.01 - 3036	168
\$3036.01 - 3339	186
\$3339.01 - 3643	205

For 3 person Plans:

\$3643.01 - 4578	\$205
------------------	-------