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REFERENCE/DESK AIDS
CATEGORICAL FACTORS

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS****MEDICAID EXTENSIONS/CONTINUATIONS
SECTION 249E OF THE PUBLIC LAW 92-603**

The complete description of the Section 249E eligibility determination process can be found in CATEGORICAL FACTORS MEDICAID EXTENSIONS/CONTINUATIONS, SECTION 249E OF THE PUBLIC LAW 92-603.

Effective January 1 each year, the factors used to establish 249e eligibility may increase and are identified below:

	RSDI Benefit Increases	RSDI factor
2008	.188	.893
2009	.174	.965
2010	.174	.965
2011	.174	.965
2012	.168	.966

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS**

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

A full explanation of the use of Family Health Plus premium rates for adults, Medicaid Managed Care rates for children and Medicaid wrap-around service rates can be found in **CATEGORICAL FACTORS FAMILY HEALTH PLUS** and **FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM**. The following rates are shown for effective April 1, 2008 through March 2009 and beginning January 1, 2010 for nine regions of the State:

WESTERN		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$317.31	\$417.10	\$181.14	\$201.40
	Cost of Wrap				
Erie	Vision	\$ 2.08	\$2.15	\$1.03	\$1.25
Genesee	DME	\$2.61	\$2.79	\$0.47	\$0.53
Monroe	ER Transportation	\$2.18	\$2.44	\$1.30	\$1.37
Niagara	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$1.20	\$1.76
Orleans	Dental	\$16.16	\$18.34	\$14.47	\$16.19
Wyoming	Pharmacy	\$66.78	\$155.00	\$41.00	\$46.47

NORTHEAST		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$330.08	\$413.67	\$181.97	\$202.09
	Cost of Wrap				
Albany	Vision	\$2.25	\$2.27	\$1.50	\$1.59
Fulton	DME	\$2.92	\$2.79	\$1.07	\$1.06
Montgomery	ER Transportation	\$1.23	\$1.66	\$1.44	\$1.47
Rensselaer	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$3.35	\$3.33
Saratoga	Dental	\$17.55	\$19.33	\$13.09	\$15.12
Schenectady	Pharmacy	\$81.30	\$155.00	\$41.00	\$46.47
Warren					
Washington					

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS**

**FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE
PROGRAM**

MID-HUDSON		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$377.88	\$458.66	\$212.96	\$230.08
	Cost of Wrap				
Dutchess Orange Sullivan Ulster	Vision	\$1.35	\$1.55	\$1.08	\$1.25
	DME	\$1.31	\$1.62	\$0.63	\$0.61
	ER Transportation	\$1.68	\$1.95	\$1.11	\$1.24
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$4.01	\$3.81
	Dental	\$17.30	\$19.15	\$14.21	\$15.93
	Pharmacy	\$92.41	\$155.00	\$41.00	\$46.47

UTICA-ADIRONDACK		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/10/10
Counties	Monthly Managed Care Premiums	\$367.85	\$456.77	\$183.49	\$203.33
	Cost of Wrap				
Clinton Essex Franklin Hamilton Herkimer Jefferson Lewis Oneida Oswego St. Lawrence	Vision	\$1.92	\$2.11	\$1.15	\$1.32
	DME	\$1.67	\$1.82	\$0.59	\$0.61
	ER Transportation	\$1.42	\$1.58	\$1.14	\$1.26
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$0.58	\$1.31
	Dental	\$21.55	\$22.15	\$14.45	\$16.11
	Pharmacy	\$79.18	\$155.00	\$41.00	\$46.47

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS**

**FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE
PROGRAM**

NORTHERN METRO		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$337.23	\$436.46	\$194.22	\$211.57
	Cost of Wrap				
Putnam Rockland Westchester	Vision	\$1.46	\$1.61	\$1.37	\$1.52
	DME	\$1.04	\$1.10	\$0.67	\$0.70
	ER Transportation	\$0.82	\$0.88	\$0.68	\$0.92
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$2.54	\$2.74
	Dental	\$17.92	\$19.59	\$17.28	\$18.17
	Pharmacy	\$69.88	\$155.00	\$41.00	\$46.47

NYC		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$255.10	\$371.65	\$177.35	\$197.01
	Cost of Wrap				
	Vision	\$1.14	\$1.28	\$0.80	\$0.92
	DME	\$0.59	\$0.68	\$0.51	\$0.58
	ER Transportation	\$0.34	\$0.43	\$0.47	\$0.61
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$0.28	\$0.33
	Dental	\$14.97	\$15.82	\$10.90	\$11.73
	Pharmacy	\$52.73	\$155.00	\$41.00	\$46.47

LONG ISLAND		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$295.36	\$412.48	\$189.14	\$208.76
	Cost of Wrap				
Nassau Suffolk	Vision	\$1.17	\$1.26	\$0.82	\$0.88
	DME	\$0.91	\$0.94	\$0.66	\$0.68
	ER Transportation	\$0.29	\$0.31	\$0.55	\$0.82
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$1.79	\$2.20
	Dental	\$17.25	\$19.11	\$15.07	\$16.56
	Pharmacy	\$50.06	\$155.00	\$41.00	\$46.47

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS**

**FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE
PROGRAM**

CENTRAL		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$339.85	\$436.75	\$169.43	\$188.15
	Cost of Wrap				
Cayuga	Vision	\$2.02	\$2.20	\$1.15	\$1.23
Chenango	DME	\$1.71	\$1.79	\$0.49	\$0.53
Columbia	ER Transportation	\$1.94	\$2.14	\$1.47	\$1.49
Cortland	Non-ER Transportation	\$0.00	\$0.00	\$2.36	\$2.61
Delaware	(\$0 for adults)				
Greene	Dental	\$17.14	\$19.03	\$12.56	\$14.64
Madison	Pharmacy	\$76.32	\$155.00	\$41.00	\$46.47
Onondaga					
Otsego					
Schoharie					
Tomplins					

FINGER LAKES		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$362.70	\$457.02	\$186.76	\$217.47
	Cost of Wrap				
Allegany	Vision	\$2.12	\$2.44	\$1.17	\$1.41
Broome	DME	\$2.17	\$2.51	\$0.74	\$0.79
Cattaraugus	ER Transportation	\$1.54	\$1.68	\$0.91	\$1.09
Chautauqua	Non-ER Transportation	\$0.00	\$0.00	\$0.58	\$1.31
Chemung	(\$0 for adults)				
Livingston	Dental	\$19.58	\$20.76	\$0.00	\$8.37
Ontario	Pharmacy	\$79.52	\$155.00	\$41.00	\$46.47
Schuyler					
Seneca					
Steuben					
Tioga					
Wayne					
Yates					

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS**

**REDUCTION FACTORS FOR CALCULATING MEDICAID ELIGIBILITY
UNDER PICKLE AMENDMENT**

<i>If SSI was terminated during this period:</i>	Multiply Social Security income by:	<i>If SSI was terminated during this period:</i>	Multiply Social Security income by:
May – June 1977	.267	Jan. 1995 – Dec. 1995	.680
July 1977 – June 1978	.282	Jan. 1996 – Dec. 1996	.698
July 1978 – June 1979	.301	Jan. 1997 – Dec. 1997	.718
July 1979 – June 1980	.330	Jan. 1998 – Dec. 1998	.733
July 1980 – June 1981	.378	Jan. 1999 – Dec. 1999	.742
July 1981 – June 1982	.420	Jan. 2000 – Dec. 2000	.761
July 1982 – Dec. 1983	.451	Jan. 2001 – Dec. 2001	.788
Jan. 1984 – Dec. 1984	.467	Jan. 2002 – Dec. 2002	.808
Jan. 1985 – Dec. 1985	.483	Jan. 2003 – Dec. 2003	.819
Jan. 1986 – Dec. 1986	.498	Jan. 2004 – Dec. 2004	.837
Jan. 1987 – Dec. 1987	.505	Jan. 2005 – Dec. 2005	.859
Jan. 1988 – Dec. 1988	.526	Jan. 2006 – Dec. 2006	.894
Jan. 1989 – Dec. 1989	.547	Jan. 2007 – Dec. 2007	.924
Jan. 1990 – Dec. 1990	.573	Jan. 2008 – Dec. 2008	.944
Jan. 1991 – Dec. 1991	.604	Jan. 2009 – Dec. 2009	1.00
Jan. 1992 – Dec. 1992	.626	Jan. 2010 – Dec. 2010	1.00
Jan. 1993 – Dec. 1993	.645	Jan. 2011 – Dec. 2011	1.00
Jan. 1994 – Dec. 1994	.661	Jan. 2012 – Dec. 2012	1.00

To determine the countable SSA income to be used in determining eligibility under the Pickle Amendment:

- Locate the month in which the person last received SSI and the corresponding Reduction factor.
- Multiply the individual's (and/or spouse's)
- current Social Security benefit by the applicable Reduction factor.
- The result is the countable SSA income to be used. This figure should be added to any other countable income.
- If the resulting total (minus \$20.00 SSI-related income disregard) is less than the current SSI income standard and resources are less than the current SSI resource level, the individual is financially eligible for Medicaid under the Pickle amendment.

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS**

MEDICAID ELIGIBILITY UNDER THE PICKLE AMENDMENT

Screening for Medicaid eligibility under the Pickle Amendment is as follows:

Step 1: Ask the person, "Are you now receiving a Social Security check?" If the answer is no, the person cannot be Pickle eligible. If the answer is yes, go on to the next step.

Step 2: Ask the person, "After April 1977, did you ever get an SSI check at the same time that you got Social Security, or did you get SSI in the month just before your Social Security started?" If the answer is no, the person cannot be Pickle eligible. If the answer is yes, go on to step 3.

Step 3: Ask the person, "What is the last month in which you received SSI?"

Step 4: Look up that month in which the person last received SSI. (See **REFERENCE REDUCTION FACTORS FOR CALCULATING MEDICAID ELIGIBILITY UNDER THE PICKLE AMENDMENT**) Find the percentage that applies to that year and month. Multiply the present amount of the person's (and/or spouse's) Social Security benefits by the applicable percentage.

Step 5: You have just calculated the person's countable Social Security income under the Pickle Amendment. Add the figure that you have just calculated to any other countable income the person may have. If the resulting total is less than the current SSI income criteria, the person is Pickle eligible, from the standpoint of income, for Medicaid benefits. (The person must still satisfy separate Medicaid resource and non-financial requirements.)

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**REFERENCE/DESK AIDS
CATEGORICAL FACTORS****SUBSTANTIAL GAINFUL ACTIVITY (SGA)**

A full explanation of SGA is found in the **CATEGORICAL FACTORS SUBSTANTIAL GAINFUL ACTIVITY (SGA)**.

Federal regulations provide for annual automatic cost of living adjustments to the SGA threshold amount each January 1. An individual is considered to be able to engage in Substantial Gainful Activity (SGA) if that individual's average gross earnings from work activities exceed the amounts identified below:

Year	Non-Blind Per Month	Blind Per Month
2008	\$940	\$1,570
2009	\$980	\$1,640
2010	\$1,000	\$1,640
2011	\$1,000	\$1,640
2012	\$1,010	\$1,690

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS****TRIAL WORK PERIOD**

A full explanation of trial work period is found in the **CATEGORICAL FACTORS TRIAL WORK PERIOD**.

Federal regulations provide for annual cost of living adjustments to the trial work threshold amount each January 1. A trial work period month is any calendar month in which the certified disabled recipient earns an amount equal to or greater than that identified below:

Year	Monthly Amount
2008	\$670 per month
2009	\$700 per month
2010	\$720 per month
2011	\$720 per month
2012	\$720 per month

REFERENCE/DESK AIDS

INCOME SECTION

**REFERENCE/DESK AIDS
INCOME**

INCOME DISREGARDS

The following types of income are disregarded in whole or in part in the determination of gross monthly income for Medicaid. An "X" indicates a disregard for the category of assistance. For details refer to **INCOME DISREGARDS** for appropriate category.

NOTE: In determining eligibility for persons applying for Family Planning Benefit Program (FPBP), apply the disregards of the category for which the individual is most closely related (LIF, ADC-related or S/CC. The SSI category is NOT used.)

In determining eligibility for persons applying for Medicare Savings Programs (MSP), apply the disregards for the SSI category; however, the MSP premium is not allowed as a deduction from income.

TYPE OF DISREGARD	ADC-related	FPBP See note above	FHP/ FHP- PAP	LIF	S/CC	MSP See note above	SSI-Related including MBI-WPD
Americorps	X		X	X	X		X
Assistance based on need	X		X	X	X		X
Blood Plasma settlements	X		X*	X			X
Bona Fide loans	X		X	X	X		X
Burial Fund/Burial Arrangements (excluded)							X
Cash Assistance income	X		X	X	X		X
Certified Blind or Certified Disabled Child Support Payments							X
Certified Blind Reasonable Work-related Expenses							X
Child and Adult Care Food Program (CACFP)	X		X	X	X		
Childcare/incapacitated adult care costs subject to dollar limitations	X			X			

X* For FHP, applied to parents living with their children under age of 21, and persons aged 19 and 20.

**REFERENCE/DESK AIDS
INCOME**

INCOME DISREGARDS

TYPE OF DISREGARD	ADC-related	FPBP See note above	FHP/ FHP- PAP	LIF	S/CC	MSP See note above	SSI-Related, including MBI-WPD
Childcare services payments made by agencies	X			X	X		X
Childcare income	X**			X**	X**		
Child support including arrearage payments	X		X	X	X		X
Crime Victims' Fund Payments							X
Disaster Relief and Emergency Assistance	X		X*	X			X
Dividend/Interest Income							X
Donated Foods	X		X	X	X		X
Earned Income, percentage of	X			X			X
Earned Income Tax Credit Payments	X		X	X	X		X
Emergency Safety Net Payments					X		
Expenses Obtaining Income							X
Federal Economic Opportunity Act, Title III	X		X	X	X		
Federal Energy Assistance Payment	X		X	X	X		X
Federal Older Americans Act of 1965-Green thumb, non-salary only	X			X			X
Federal Relocation Assistance	X		X	X	X		X
Food Stamps	X		X	X	X		X

X* For FHP, applied to parents living with their children under age of 21, and persons aged 19 and 20.

X** Disregard may be a partial amount or a partial time period.

**REFERENCE/DESK AIDS
INCOME**

INCOME DISREGARDS

TYPE OF DISREGARD	ADC-related	FPBP See note above	FHP/ FHP-PAP	LIF	S/CC	MSP See note above	SSI-Related, including MBI-WPD
Foster Parent Payments	X		X	X	X		X
Free Meals	X		X	X	X		X
Garden Produce or Livestock for personal use	X		X	X	X		X
G.I. Bill Deduction	X		X	X	X		X
Health Insurance Premiums	X						X
Hostile Fire Pay							X
Housing and Urban Development (HUD) Community Development Block Grant Funds	X		X	X	X		X
Impairment –Related Work Expense							X
Income Tax Refunds	X		X	X	X		X
Individual Development Accounts				X			
Infrequent or Irregular Income							X**
In-kind Income or maintenance from non-LRR, no services rendered	X		X	X	X		X
Insurance Payments	X		X*	X			
Interest/Dividend Payment							X
Job Corps	X		X	X	X		
Native American Payments	X**		X**	X**	X**		X**
NYS Department of Labor youth program payments	X		X	X	X		

X* For FHP, applied to parents living with their children under age of 21, and persons aged 19 and 20.

X** Disregard may be a partial amount or a partial time period.

**REFERENCE/DESK AIDS
INCOME**

INCOME DISREGARDS

TYPE OF DISREGARD	ADC-related	FPBP See note above	FHP/ FHP-PAP	LIF	S/CC	MSP See note above	SSI-Related, including MBI-WPD
Other Income as required by federal law							X
Overpayments	X			X	X		X
Persecution Payments	X		X	X	X		X
Plan to Achieve Self-Support (PASS)							X
Preventative Housing Service	X		X	X	X		X
Radiation Exposure Compensation Trust Fund Payments	X		X*	X			X
Reduced (Limited) \$90 Veteran's Administration Pension							X
Refunds							X
Replacement of Assistance Already Paid							X
Retroactive Benefits Under the SSI Program							X
Room and/or Board payments received	X			X	X		X
SSI Payments	X		X	X	X		X
State or Local Relocation Assistance Payments							X
Students							
--Earned Income	X		X	X	X		X
--Educational related income							X
--Graduate Education Grants or Scholarship	X		X	X	X		

X* For FHP, applied to parents living with their children under age of 21, and persons aged 19 and 20.

X** Disregard may be a partial amount or a partial time period.

**REFERENCE/DESK AIDS
INCOME**

INCOME DISREGARDS

TYPE OF DISREGARD	ADC-related	FPBP See note above	FHP/ FHP- PAP	LIF	S/CC	MSP See note above	SSI- Related, including MBI-WPD
--School Meals	X		X	X	X		X
--Student Loans	X		X	X	X		X
--Undergraduate Educational Grants, Scholarships or Work Study	X		X	X	X		
Support Payments	X**			X**	X**		
Third Party Insurance Payments							X
Trade Readjustment Allowance (TRA)	X			X	X		
Unearned Income							X
U.S. Census	X			X	X		X
Veterans A and A/UME							X
Vietnam Veterans Agent Orange/Spina Bifida	X		X	X	X		X
VISTA	X		X	X	X		X
Vocational Rehabilitation Act							X
Volunteer Program Payments	X		X	X	X		X
Women's, Infants, Children (WIC)	X		X	X			X
Work Expense	X**			X**	X**		
Workforce Investment Act (WIA) (formerly Job Training Partnership Act (JTPA))	X		X	X	X		

X* For FHP, applied to parents living with their children under age of 21, and persons aged 19 and 20.

X** Disregard may be a partial amount or a partial time period.

**REFERENCE/DESK AIDS
INCOME
LIF BUDGETING METHODOLOGY**

EARNED INCOME DISREGARD

A full explanation of the Earned Income Disregard is found in the **INCOME LIF BUDGETING METHODOLOGY**.

The earned income disregard is adjusted annually to reflect changes in the poverty level:

Year	Percentage
Effective June 1, 2004	53%
Effective June 1, 2005	54%
Effective June 1, 2006	55%
Effective June 1, 2007	57%
Effective June 1, 2008	28% *
Effective June 1, 2009	28%
Effective June 1, 2010	28%

* The 2008 level was adjusted downward to reflect the substantial increase in the Medicaid Standard.

**REFERENCE/DESK AIDS
INCOME****STUDENT INCOME**

A full explanation of the SSI-related disregards and students' income as an earned income can be found in the **INCOME** SSI-RELATED DISREGARDS.

Effective January 1 each year, the standard for a student's income as an SSI-disregard is:

Year	Monthly income	Annual income
2008	\$1,550	\$6,240
2009	\$1,640	\$6,600
2010	\$1,640	\$6,600
2011	\$1,640	\$6,600
2012	\$1,700	\$6,840

**REFERENCE/DESK AIDS
INCOME**

INCOME ALLOCATION

The full explanation of the use of Income Allocations in the SSI-related budgeting process can be found in the **INCOME** SSI-RELATED BUDGETING METHODOLOGY.

Numbers are effective January 1 of each year:

Allocation to	Allocation Amount		How Determined
Non-SSI Child	2008	\$342	Difference between Medicaid income level for one and two
	2009	\$350	
	2010	\$350	
	2011	\$350	
	2012	\$367	
Single parent (regardless of category)	2008	\$637	Federal SSI Benefit Rate (FBR) for one
	2009	\$674	
	2010	\$674	
	2011	\$674	
	2012	\$698	
Two parents (regardless of category)	2008	\$956	Federal SSI Benefit Rate (FBR) for two
	2009	\$1,011	
	2010	\$1,011	
	2011	\$1,011	
	2012	\$1,048	
An SSI-related parent and a non-SSI-related parent residing with an SSI-related child and a non-SSI-related child	2007	\$957	The Federal SSI Benefit Rate (FBR) for two, living alone, plus the SSI State supplement for one, living with others
	2008	\$989	
	2009	\$1,034	
	2010	\$1,034	
	2011	\$1,034	
	2012	\$1,071	

**REFERENCE/DESK AIDS
INCOME**

MEDICALLY NEEDY INCOME LEVELS AND FEDERAL POVERTY LEVELS
(annual and monthly amounts)

HOUSEHOLD SIZE	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	EACH ADD'L PERSON
MA Standard S/CC-LIF 4/1-12/31/08	8,067 673	10,070 840	11,981 999	13,911 1,160	15,907 1,326	17,366 1,448	18,903 1,576	20,876 1,740	1,131 95
2009	8,462 706	10,563 881	12,568 1,048	14,593 1,217	16,686 1,391	18,217 1,519	19,829 1,653	21,899 1,825	99
2010	8,479 707	10,584 883	12,593 1,050	14,622 1,219	16,719 1,394	18,253 1,522	19,869 1,656	21,943 1,829	99
2011	8,487 708	10,595 883	12,606 1,051	14,637 1,220	16,736 1,395	18,271 1,523	19,889 1,658	21,965 1,831	99
2012	8,818 735	11,008 918	13,098 1,092	15,208 1,268	17,389 1,450	18,984 1,582	20,665 1,723	22,822 1,902	1,236 104
MA INCOME 2008 1/1-3/31	8,700 725	12,800 1,067	13,200 1,100	13,300 1,109	13,400 1,117	13,600 1,134	15,300 1,275	17,000 1,417	1,700 142
2008 4/1-12/31/08	8,700 725	12,800 1,067	14,800 1,234	16,700 1,392	18,600 1,550	20,500 1,709	22,400 1,867	24,400 2,034	1,900 159
2009	9,200 767	13,400 1,117	15,410 1,285	17,420 1,452	19,430 1,620	21,440 1,787	23,450 1,955	25,460 2,122	2,010 168
2010	9,200 767	13,400 1,117	15,410 1,285	17,420 1,452	19,430 1,620	21,440 1,787	23,450 1,955	25,460 2,122	2,010 168
2011	9,200 767	13,400 1,117	15,410 1,285	17,420 1,452	19,430 1,620	21,440 1,787	23,450 1,955	25,460 2,122	2,010 168
2012	9,500 792	13,900 1,159	15,985 1,333	18,070 1,506	20,155 1,680	22,240 1,854	24,325 2,028	26,410 2,201	2,085 174
100% FPL 2008 1/1-3/31	10,400 867	14,000 1,167	17,600 1,467	21,200 1,767	24,800 2,067	28,400 2,367	32,000 2,667	35,600 2,967	3,600 300
2008 4/1-12/31/08	10,400 867	14,000 1,167	17,600 1,467	21,200 1,767	24,800 2,067	28,400 2,367	32,000 2,667	35,600 2,967	3,600 300
2009	10,830 903	14,570 1,215	18,310 1,526	22,050 1,838	25,790 2,150	29,530 2,461	33,270 2,773	37,010 3,085	3,740 312
2010	10,830 903	14,570 1,215	18,310 1,526	22,050 1,838	25,790 2,150	29,530 2,461	33,270 2,773	37,010 3,085	3,740 312
2011	10,890 908	14,710 1,226	18,530 1,545	22,350 1,863	26,170 2,181	29,990 2,500	33,810 2,818	37,630 3,136	3,820 319

**REFERENCE/DESK AIDS
INCOME**

MEDICALLY NEEDY INCOME LEVELS AND FEDERAL POVERTY LEVELS
(annual and monthly amounts)

HOUSEHOLD SIZE	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	EACH ADDITIONAL PERSON
120% FPL	12,132	16,308							
2007	1,011	1,359	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2008	12,480	16,800							
1/1-3/31	1,040	1,400	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2008	12,480	16,800							
4/1-12/31/08	1,040	1,400	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2009	12,996	17,484							
	1,083	1,457	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2010	12,996	17,484							
	1,083	1,457	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2011	13,068	17,652							
	1,089	1,471	N/A	N/A	N/A	N/A	N/A	N/A	N/A
133% FPL	13,580	18,208	22,837	27,465	32,093	36,722	41,350	45,979	4,629
2007	1,132	1,518	1,904	2,289	2,675	3,061	3,446	3,832	386
2008	13,832	18,620	23,408	28,196	32,984	37,772	42,560	47,348	4,788
1/1-3/31	1,153	1,552	1,951	2,350	2,749	3,148	3,547	3,946	399
2008	13,832	18,620	23,408	28,196	32,984	37,772	42,560,	47,348	4,788
4/1-12/31/08	1,153	1,552	1,951	2,350	2,749	3,148	3, 547	3,946	399
2009	14,404	19,379	24,353	29,327	34,301	39,275	44,250	49,224	4,975
	1,201	1,615	2,030	2,444	2,859	3,273	3,688	4,102	415
2010	14,404	19,379	24,353	29,327	34,301	39,275	44,250	49,224	4,975
	1,201	1,615	2,030	2,444	2,859	3,273	3,688	4,102	415
2011	14,484	19,565	24,645	29,726	34,807	39,887	44,968	50,048	5,081
	1,207	1,631	2,054	2,478	2,901	3,324	3,748	4,171	424
135% FPL	13,649	18,347							
2007	1,138	1,529	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2008	14,040	18,900							
1/1-3/31	1,170	1,575	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2008	14,040	18,900							
4/1-12/31/08	1,170	1,575	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2009	14,621	19,670							
	1,219	1,640	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2010	14,621	19,670							
	1,219	1,640	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2011	14,702	19,859							
	1,226	1,655	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**REFERENCE/DESK AIDS
INCOME**

MEDICALLY NEEDY INCOME LEVELS AND FEDERAL POVERTY LEVELS
(annual and monthly amounts)

HOUSEHOLD SIZE	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	EACH ADDITIONAL PERSON
150% FPL	15,165	20,385	25,605	30,825	36,045	41,265	46,485	51,705	5,220
2007	1,264	1,699	2,134	2,569	3,004	3,439	3,874	4,309	435
2008	15,600	21,000	26,400	31,800	37,200	42,600	48,000	53,400	5,400
1/1-3/31	1,300	1,750	2,200	2,650	3,100	3,550	4,000	4,450	450
2008	15,600	21,000	26,400	31,800	37,200	42,600	48,000	53,400	5,400
4/1-12/31/08	1,300	1,750	2,200	2,650	3,100	3,550	4,000	4,450	450
2009	16,245	21,855	27,465	33,075	38,685	44,295	49,905	55,515	5,610
	1,354	1,822	2,289	2,757	3,224	3,692	4,159	4,627	468
2010	16,245	21,855	27,465	33,075	38,685	44,295	49,905	55,515	5,610
	1,354	1,822	2,289	2,757	3,224	3,692	4,159	4,627	468
2011	16,335	22,065	27,795	33,525	39,255	44,985	50,715	56,445	5,730
	1,362	1,839	2,317	2,794	3,272	3,749	4,227	4,704	478
160% FPL	17,424	28,536	29,648	35,760	41,872	47,984	54,096	62,208	6,112
2011	1,452	1,962	2,471	2,980	3,490	3,999	4,508	5,018	510
185% FPL	18,704	25,142	31,580	38,018	44,456	50,894	57,332	63,770	6,436
2007	1,559	2,096	2,632	3,169	3,705	4,242	4,778	5,315	537
2008	19,240	25,900	32,500	39,220	45,880	52,540	59,200	65,860	6,600
1/1-3/31	1,604	2,159	2,714	3,269	3,824	4,379	4,934	5,489	555
2008	19,240	25,900	32,560	39,220	45,880	52,540	59,200	65,860	6,660
4/1-12/31/08	1,604	2,159	2,714	3,269	3,824	4,379	4,934	5,489	555
2009	20,036	26,955	33,874	40,793	47,712	54,631	61,550	68,469	6,919
	1,670	2,247	2,823	3,400	3,976	4,553	5,130	5,706	577
2010	20,036	26,955	33,874	40,793	47,712	54,631	61,550	68,469	6,919
	1,670	2,247	2,823	3,400	3,976	4,553	5,130	5,706	577
2011	21,047	27,214	34,281	41,348	48,415	55,482	62,549	69,616	7,067
	1,679	2,268	2,857	3,446	4,035	4,624	5,213	5,802	589

**REFERENCE/DESK AIDS
INCOME**

MEDICALLY NEEDY INCOME LEVELS AND FEDERAL POVERTY LEVELS
(annual and monthly amounts)

HOUSEHOLD SIZE	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	EACH ADDITIONAL PERSON
200% FPL	20,200	27,180	34,140	41,100	48,060	55,020	61,980	68,940	6,960
2007	1,685	2,265	2,845	3,425	4,005	4,585	5,165	5,745	580
2008	20,800	28,000	35,200	42,400	49,600	56,800	64,000	71,200	7,200
1/1-3/31	1,734	2,334	2,934	3,534	4,134	4,734	5,334	5,934	600
2008	20,800	28,000	35,200	42,400	49,600	56,800	64,000	71,200	7,200
4/1-12/31/08	1,734	2,334	2,934	3,534	4,134	4,734	5,334	5,934	600
2009	21,660	29,140	36,620	44,100	51,580	59,060	66,540	74,020	7,480
	1,805	2,429	3,052	3,675	4,299	4,922	5,545	6,169	624
2010	21,660	29,140	36,620	44,100	51,580	59,060	66,540	74,020	7,480
	1,805	2,429	3,052	3,675	4,299	4,922	5,545	6,169	624
2011	21,780	29,420	37,060	44,700	52,340	59,980	67,620	75,260	7,640
	1,815	2,452	3,089	3,725	4,362	4,999	5,635	6,272	637
250% FPL	25,275	33,975							
2007	2,107	2,832	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2008	26,000	35,000							
1/1-3/31	2,167	2,917	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2008	26,000	35,000							
4/1-12/31/08	2,167	2,917	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2009	27,075	36,425							
	2,257	3,036	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2010	27,075	36,425							
	2,257	3,036	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2011	27,225	36,775							
	2,2269	3,065	N/A	N/A	N/A	N/A	N/A	N/A	N/A

INCOME/RESOURCE TEST

Category	Year	Income Compared	Household Size		Resource Level		Special Notes
			1	2	1	2	
Presumptive Eligibility for Pregnant Women	2007	100% FPL 200% FPL	N/A N/A	\$1,141 \$2,282	No Resource Test		Qualified provider makes the presumptive eligibility determination. Cannot spend down to become presumptive eligible.
	2008	100% FPL 200% FPL	N/A N/A	\$1,167 \$2,334	No Resource Test		Same as 2007
	2009	100% FPL 200% FPL	N/A N/A	\$1,215 \$2,429	No Resource Test		Same as 2007
	2010	100% FPL 200% FPL	N/A N/A	\$1,215 \$2,429	No Resource Test		An Article 28 Pre-Natal Care provider or other entity designated by SDOH who has completed required training makes the PE determination. Cannot spend down to become eligible for presumptive eligibility.
	2011	100% FPL 200% FPL	N/A N/A	\$1,226 \$2,452	No Resource Test		Same as 2010
Pregnant Women	2007	100% FPL 200% FPL	N/A N/A	\$1,141 \$2,282	No Resource Test		If the woman is determined eligible in any month of her pregnancy, she is guaranteed eligibility for the entire pregnancy (prospectively). If the A/R applies prior to the birth of the child she is entitled to a 60 day post-partum extension also. The baby is guaranteed eligibility for one year. If the income is above 200% FPL the A/R must spend down to the Medicaid income level.
	2008	100% FPL 200% FPL	N/A N/A	\$1,167 \$2,334	No Resource Test		Same as 2007
	2009	100% FPL 200% FPL	N/A N/A	\$1,215 \$2,429	No Resource Test		Same as 2007
	2010	100% FPL 200% FPL	N/A N/A	\$1,215 \$2,429	No Resource Test		Same as 2007
	2011	100% FPL 200% FPL	N/A N/A	\$1,226 \$2,452	No Resource Test		A woman determined eligible for Medicaid for any time during her pregnancy remains eligible for Medicaid coverage until the last day of the month in which the 60th day from the date the pregnancy ends occurs, regardless of any change in income or household composition. If the income is above 200% FPL the A/R must spend down to the Medicaid income level. The baby will have guaranteed eligibility for one year.
Children Under One	2007	200% FPL	\$1,702	\$2,282	No Resource Test		If the income is above 200% FPL the A/R must spend down to the Medicaid income level. One year guaranteed eligibility if mother is in receipt of Medicaid at delivery. Eligibility can be determined in the 3 months retro to obtain the 1 year extension
	2008	200% FPL	\$1,734	\$2,334	No Resource Test		Same as 2007
	2009	200% FPL	\$1,805	\$2,429	No Resource Test		Same as 2007
	2010	200% FPL	\$1,805	\$2,429	No Resource Test		Same as 2007
	2011	200% FPL	\$1,815	\$2,452	No Resource Test		Same as 2007
Children Age 1 through 5	2007	133% FPL	\$1,132	\$1,518	No Resource Test		If the income is above 133% FPL the A/R must spend down to the Medicaid income level, resources will also be evaluated
	2008	133% FPL	\$1,153	\$1,552	No Resource Test		Same as 2007
	2009	133% FPL	\$1,201	\$1,615	No Resource Test		Same as 2007
	2010	133% FPL	\$1,201	\$1,615	No Resource Test		If the income is above 133% FPL the A/R must spend down to MA income level
	2011	133% FPL	\$1,207	\$1,631	No resource Test		Same as 2010

INCOME/RESOURCE TEST

Category	Year	Income Compared	Household Size		Resource Level		Special Notes
			1	2	1	2	
Under 21, ADC-related and FNP	2008	MA Level	\$775	\$1,067	\$4,250	\$6,400	FNP parents cannot spend down
Effective 4/1	2008	MA Level	\$725	\$1,067	\$13,050	\$19,200	Same as 2008
	2009	MA Level	\$767	\$1,117	\$13,800	\$20,100	Same as 2008
	2010	MA Level	\$767	\$1,117	No Resource Test		Same as 2008
	2011	MA Level	\$767	\$1,117	No Resource Test		Same as 2008
	2012	MA Level	\$792	\$1,159	No Resource Test		Same as 2008
Singles/Childless Couples	2008	PA Standard of Need	Varies by County	Varies by County	\$2,000	\$2,000	The A/R cannot spend down income or resources. Over age 60, resources are \$3000.
Effective 4/1	2008	MA Standard	\$673	\$840	\$13,050	\$19,200	The A/R cannot spend down income or resources
	2009	MA Standard	\$706	\$881	\$13,800	\$20,100	Same as 2008
	2010	MA Standard	\$707	\$883	No Resource Test		The A/R cannot spend down income
	2011	MA Standard	\$708	\$883	No Resource Test		The A/R cannot spend down income
	2012	MA Standard	\$735	\$918	No Resource Test		Same as 2011
Low Income Families	2008	PA Standard of Need	Varies by County	Varies by county	\$3000	\$3000	The A/R cannot spend down income or resources
Effective 4/1	2008	MA Standard	\$673	\$840	\$13,050	\$19,200	The A/R cannot spend down income or resources.
	2009	MA Standard	\$706	\$881	\$13,800	\$20,100	The A/R cannot spend down income
	2010	MA Standard	\$707	\$883	No Resource Test		
	2011	MA Standard	\$708	\$883	No Resource Test		
	2012	MA Standard	\$735	\$918	No Resource Test		
SSI-Related	2008	MA Level	\$725	\$1,067	\$4,350	\$6,400	Household size is always one or two
Effective 4/1	2008	MA Level	\$725	\$1,067	\$13,050	\$19,200	Same as 2008
	2009	MA Level	\$767	\$1,117	\$13,800	\$20,100	Same as 2008
	2010	MA Level	\$767	\$1,117	\$13,800	\$20,100	Same as 2008
	2011	MA Level	\$767	\$1,117	\$13,800	\$20,100	Same as 2008
	2012	MA Level	\$792	\$1,159	\$14,250	\$20,850	Same 2008
Children Age 6 through 18	2007	100% FPL	\$851	\$1,141	No Resource Test		If the income is above 100% FPL the A/R must spend down to the Medicaid income level, resources will also be evaluated
	2008	100% FPL	\$867	\$1,167	No Resource Test		Same as 2007
	2009	100% FPL	\$903	\$1,215	No Resource Test		Same as 2007
	2010	100% FPL	\$903	\$1,215	No Resource Test		If the income is above 100% FPL the A/R must spend down to MA income level,
	2011	100% FPL	\$908	\$1,226	No Resource Test		Same as 2010
Children Age 1 through 18	11/1 2011	133% FPL	\$1207	\$1631	No Resource Test		

INCOME/RESOURCE TEST

Category	Year	Income Compared	Household Size		Resource Level		Special Notes
			1	2	1	2	
Buy-In (QMB)	2007	100% FPL	\$851	\$1,141	\$4,000	\$6,000	Medicare Part A & B, coinsurance, deductible and premium will be paid if eligible
	2008	100%FPL	\$867	\$1,167	\$4,000	\$6,000	Same as 2007
Effective 4/1	2008	100% FPL	\$867	\$1,167	No Resource Test		Same as 2007
	2009	100% FPL	\$903	\$1,215	No Resource Test		Same as 2007
	2010	100% FPL	\$903	\$1,215	No Resource Test		Same as 2007
	2011	100% FPL	\$908	\$1,226	No Resource Test		Same as 2007
	2007	100%FPL	\$851	\$1,141	\$4,000	\$6,000	
COBRA Continuation Coverage	2008	100%FPL	\$867	\$1,167	\$4,000	\$6,000	
	2008	100% FPL	\$867	\$1,167	\$4,000	\$6,000	
	2009	100% FPL	\$903	\$1,215	\$4,000	\$6,000	
	2010	100% FPL	\$903	\$1,215	\$4,000	\$6,000	
	2011	100% FPL	\$908	\$1,226	\$4,000	\$6,000	
AIDS Health Insurance Program (AHIP)	2007	185% FPL	\$1,575	\$2,111	No Resource Test		A/R must be ineligible for Medicaid, including COBRA continuation. Premium payments are FNP
	2008	185% FPL	\$1,604	\$2,159	No Resource Test		Same as 2006
	2009	185% FPL	\$1,670	\$2,247	No Resource Test		A/R must be ineligible for Medicaid, including COBRA continuation
	2010	185% FPL	\$1,670	\$2,247	No Resource Test		Same as 2009
	2011	185% FPL	\$1,679	\$2,268	No Resource Test		Same as 2009
Qualified Disabled & Working Individual	2007	200% FPL	\$1,702	\$2,282	\$4,000	\$6,000	Medicaid will pay Medicare Part A premium
	2008	200% FPL	\$1,734	\$2,334	\$4,000	\$6,000	Same as 2007
	2009	200%FPL	\$1,805	\$2,429	\$4,000	\$6,000	Same as 2007
	2010	200% FPL	\$1,805	\$2,429	\$4,000	\$6,000	Same as 2007
	2011	200% FPL	\$1,815	\$2,452	\$4,000	\$6,000	Same as 2007

INCOME/RESOURCE TEST

Category	Year	Income Compared	Household Size		Resource Level		Special Notes
			1	2	1	2	
			\$980	\$1,320			
Specified Low Income Medicare Beneficiaries (SLIMBs)	2007	Greater than 100% but less than 120%	\$851	\$1,141	\$4,000	\$6,000	If the A/R is determined eligible, Medicaid will pay Medicare Part B premium
			\$1,021	\$1,369			
	2008	Greater than 100% but less than 120%	\$867	\$1,167	\$4,000	\$6,000	Same as 2007
			\$1,040	\$1,400			
Effective 4/1	2008	Greater than 100% but less than 120%	\$867	\$1,167	No Resource Test		Same as 2007
			\$1,040	\$1,400			
	2009	Greater than 100% but less than 120%	\$903	\$1,215	No Resource Test		Same as 2007
			\$1,083	\$1,457			
	2010	Greater than 100% but less than 120%	\$903	\$1,215	No Resource Test		Same as 2007
			\$1,083	\$1,457			
	2011	Greater than 100% but less than 120%	\$908	\$1,226	No Resource Test		Same as 2007
			\$1,089	\$1,471			
Qualified Individuals (QI)	2007	Equal to or greater than 120% but less than 135%	\$1,021	\$1,369	No Resource Test		If the A/R is determined eligible, Medicaid will pay Medicare Part B premium
			\$1,149	\$1,541			
	2008	Equal to or greater than 120% but less than 135%	\$1,040	\$1,400	No Resource Test		Same as 2007
			\$1,170	\$1,575			
	2009	Equal to or greater than 120% but less than 135%	\$1,083	\$1,457	No Resource Test		Same as 2007
			\$1,219	\$1,640			
	2010	Equal to or greater than 120% but less than 135%	\$1,083	\$1,457	No Resource Test		Same as 2007
			\$1,129	\$1,640			
	2011	Equal to or greater than 120% but less than 135%	\$1,089	\$1,471	No Resource Test		Same as 2007
			\$1,226	\$1,655			
Family Health Plus Parents Living with Children Singles/Childless Couples	2007	150% FPL	\$1,277	\$1,712	\$12,600	\$16,200	The A/R must be ineligible for Medicaid. The A/R cannot spend down to become eligible for Family Health Plus
		100% FPL	\$851	\$1,141			
	2008	150% FPL	\$1,300	\$1,750	\$13,050	\$19,200	Same as 2007
		100% FPL	\$867	\$1,167			
	2009	150% FPL	\$1,354	\$1,822	\$13,800	\$20,100	Same as 2007
		100% FPL	\$903	\$1,215			
	2010	150% FPL	\$1,354	\$1,822	No Resource Test		Same as 2007
		100% FPL	\$903	\$1,215			
	2011	150% FPL	\$1,362	\$1,839	No Resource Test		Same as 2007
		100% FPL	\$908	\$1,226			

INCOME/RESOURCE TEST

Category	Year	Income Compared	Household Size		Resource Level		Special Notes
			1	2	1	2	
Family Planning Benefit Program (FPBP)	2007	200% FPL	\$1,702	\$2,282	No Resource Test		The A/R must be ineligible for Medicaid or Family Health Plus. The A/R cannot spend down to become eligible for Family Planning Benefit Program.
	2008	200% FPL	\$1,734	\$2,334	No Resource Test		Same as 2007
	2009	200% FPL	\$1,805	\$2,429	No Resource Test		Provides Medicaid coverage for family planning services to persons of childbearing age with incomes at or below 200% FPL. Potentially eligible individuals will be screened for Medicaid and FHPlus, unless they specifically request to be screened only for FPBP eligibility.
	2010	200% FPL	\$1,805	\$2,429	No Resource Test		Same as 2009
	2011	200% FPL	\$1,815	\$2,452	No Resource Test		Same as 2009
Medicaid Buy-in Program for People with Disabilities (MBI-WPD)	2007	250% FPL	\$2,128	\$2,853	\$10,000		A/R's with a net income that is at least 150% but at or below 250% will pay a premium. Currently there is a moratorium on premium payment collection.
	2008	250% FPL	\$2,167	\$2,917	\$10,000		Same as 2007
Effective 4/1	2008	250% FPL	\$2,167	\$2,917	\$13,050	\$19,200	Same as 2007
	2009	250% FPL	\$2,257	\$3,036	\$13,800	\$20,100	Same as 2007
	2010	250% FPL	\$2,257	\$3,036	\$13,800	\$20,100	Same as 2007
	2011	250% FPL	\$2,269	\$3,065	\$13,800	\$20,100	Same as 2007
	2011	250% FPL	\$2,269	\$3,065	\$20,000	\$30,000	Same as 2007
Breast and Cervical Cancer	2005	250% FPL	\$1,994	\$2,673	No Resource Test		
	2006	250% FPL	\$2,042	\$2,750	No Resource Test		
	2007	250% FPL	\$2,128	\$2,853	No Resource Test		See Medicaid Cancer Treatment Programs after 2007
Medicaid Cancer Treatment Programs	2008	250% FPL	\$2,167	\$2,917	No Resource Test		Includes both Breast and Cervical Cancer and Colorectal and Prostate Cancer Treatment Programs
	2009	250% FPL	\$2,257	\$3,036	No Resource Test		Same as 2008
	2010	250% FPL	\$2,257	\$3,036	No Resource Test		Same as 2008
	2011	250% FPL	\$2,269	\$3,065	No Resource Test		Same as 2008

**REFERENCE/DESK AIDS
INCOME**

MEDICARE PART A AND PART B PREMIUMS

Discussion of Medicare Part A and Part B Premiums is found in the **INCOME MEDICARE SAVINGS PROGRAM**.

Monthly Medicare Part A premium, effective January 1 each year

Year	Monthly Amount
2008	\$423 per month
2009	\$244 per month-- for persons having 30-39 quarters * \$443 per month-- not otherwise eligible for premium-free hospital insurance and have less than 30 quarters
2010	\$244 per month-- for persons having 30-39 quarters * \$443 per month-- not otherwise eligible for premium-free hospital insurance and have less than 30 quarters
2011	\$248 per month-- for persons having 30-39 quarters * \$450 per month-- not otherwise eligible for premium-free hospital insurance and have less than 30 quarters
2012	Same as 2011

Monthly Medicare Part B standard premium, effective January 1 each year

Year	Monthly Amount
2008	\$96.40 per month*
2009	\$96.40 per month*
2010	\$96.40 per month-- \$110.50 per month—if newly applying for Medicare or not protected by “hold harmless” provisions [See below]
2011	\$96.40 per month -- if previously enrolled in Medicare \$115.40 per month- if newly applying for Medicare or not protected by “hold harmless” provisions [See below]
2012	\$99.90 per month with no “hold harmless” provisions

NOTE: Under a “hold-harmless” provision of federal law, basic Medicare Part B premiums in any year cannot rise higher than that year’s COLA.

The Hold Harmless provision does not apply to the following individuals who must pay a higher premium:

Individuals whose income is above \$85,000 or by a married individual when the couple’s combined income is over \$170,000.

Individuals who do not have the Part B premium deducted from their Social Security benefit. This includes individuals who are on the Medicare Buy-In program and have their premiums paid for them. The increased premium will be paid by the State.

**REFERENCE/DESK AIDS
INCOME****NEW YORK STATE MINIMUM WAGE**

The Empire State Wage Act establishes minimum hourly wages, effective January each year. Discussion of minimum wage can be found in **INCOME LIF DISREGARDS**, **ADC-RELATED DISREGARDS** and **S/CC DISREGARDS**. The amounts are as follows:

Year	Amount
2005	\$6.00
2006	\$6.75
2007	\$7.15
2008	\$7.15
2009 *	\$7.25
2010	\$7.25

*Effective 7/24/2009

The federal minimum hourly wage is: \$7.25

**REFERENCE/DESK AIDS
INCOME****PERSONAL NEEDS ALLOWANCE -- PACE-PNA**

An explanation of the use of the PNA amount for certain waiver recipients and non-institutionalized participant of the Program of All-Inclusive Care for the Elderly (PACE) recipients, whose eligibility is determined under the spousal impoverishment provisions, can be found in **INCOME CHRONIC CARE BUDGETING METHODOLOGY FOR INSTITUTIONALIZED SPOUSES**. The PNA is the difference between the monthly Medicaid income level for a household of two and a household of one.

The amount of the PNA, effective each January 1, is found below:

Year	Amount
2008	\$342
2009	\$350
2010	\$350
2011	\$350
2012	\$367

**REFERENCE/DESK AIDS
INCOME**

MBL LIVING ARRANGEMENT CHART

MBL Shelter Type Table – Medicaid Standard beginning April 1, 2008

Code	Shelter Type	PreAdd	Shelter	MA Standard for appropriate year Household of 1	Standard Applied
01	Rent				New Standard + water
02	Rent Public				New Standard + water
03	Own Home				New Standard + water
04	Room & Board				New Standard
05	Hotel Permanent				New Standard
06	Hotel Temporary		unlimited		New Std + unlimited shelter
07	Migrant Camp				New Standard + water
09	Medical Facility	40.00	unlimited		No change
11	Room				New Standard
12	Non Level II Alcohol Treatment Facility	45.00	unlimited		No change
14	Public Home	17.00	unlimited		No change
15	Congregate Care Level I (NYC, Nassau, Suffolk, Westchester)	PNA			No change
16	Congregate Care Level II (NYC, Nassau, Suffolk, Westchester)	PNA			No change
18	Foster Care		unlimited		No change
20	Emergency Rental Supplement Program				New Standard + water
22	Shelter for Victims of Domestic Violence	45.00	unlimited		No change
23	Undomiciled				New Standard
28	Congregate Care Level I (Rest of State)	PNA Level I			No change
29	Congregate Care Level II (Rest of State)	PNA Level II			No change
33	Homeless Shelter Tier II - Less than 3 Meals/Day		unlimited		New Std + unlimited shelter
34	Homeless Shelter Tier II - 3 Meals/Day				New Standard
35	Homeless Shelter Non Tier I or Tier II	45.00	unlimited		No change
36	Shelter for Homeless less than 3 Meals/Day		unlimited		New Std + unlimited shelter
37	Residential Program for Victim of Domestic Violence		unlimited		New Std + unlimited shelter
42/51	Congregate Care Level III	PNA			No change
44	Supportive Specialized Housing	45.00	unlimited		No change

**REFERENCE/DESK AIDS
INCOME**

PUBLIC ASSISTANCE STANDARD OF NEED

NOTE: EFFECTIVE FOR DETERMINATION DONE PRIOR TO APRIL 1, 2008 only

Information regarding the Public Assistance (PA) Standard of Need can be found in the **GLOSSARY** under PUBLIC ASSISTANCE STANDARD OF NEED.

No. in Applying Household	1	2	3	4	5	6	7	
Pre-Add	\$112	\$179	\$238	\$307	\$379	\$438	\$498	Each Additional Person - \$60
Home Energy Allowance	\$14.14	\$22.50	\$30	\$38.70	\$47.70	\$55.20	\$62.70	Each Additional Person - \$7.50
Supplemental Home Energy Allowance	\$11	\$17	\$23	\$30	\$37	\$42	\$47	Each Additional Person - \$5
Monthly Shelter Allowance with Heat*								
Monthly Shelter Allowance w/out Heat:*								
Monthly Heating Allowance: Oil, Kerosene, Propane*								
Monthly Heating Allowance: Natural Gas, Coal, Wood, Municipal Electric, Other*								
Monthly Heating Allowance: PSC Electric, Greenport Electric*								
Add Pre-Add, Home Energy Allowance, Supplemental Home Energy Allowance, Shelter (with or without heat) and appropriate monthly heating allowance to arrive at the TOTAL STANDARD of NEED								
Total Standard of Need:*								

*District Specific Information. Complete as described.

**REFERENCE/DESK AIDS
INCOME**

SSI BENEFIT LEVELS

A full description of the SSI Benefit Levels used in determination of eligibility can be found in the **INCOME DETERMINATION OF ELIGIBILITY**.

These benefit levels generally change January 1 each year.

Living Arrangement	Year	Federal Benefit Rate		State Supplement		Total Benefit	
		Ind.	Couple	Ind.	Couple	Ind.	Couple
Living Alone	2008	\$637	\$956	\$87	\$104	\$724	\$1060
	2009	\$674	\$1011	\$87	\$104	\$761	\$1115
	2010	\$674	\$1011	\$87	\$104	\$761	\$1115
	2011	\$674	\$1011	\$87	\$104	\$761	\$1115
	2012	\$698	\$1048	\$87	\$104	\$785	\$1152
Living with Others	2007	\$623	\$934	\$23	\$46	\$646	\$980
	2008	\$637	\$956	\$23	\$46	\$660	\$1002
	2009	\$674	\$1011	\$23	\$46	\$697	\$1057
	2010	\$674	\$1011	\$23	\$46	\$697	\$1057
	2011	\$674	\$1011	\$23	\$46	\$697	\$1057
Living in Household of Another	2007	\$415.34	\$622.67	\$23	\$46	\$438.34	\$668.67
	2008	\$424.67	\$637.34	\$23	\$46	\$447.67	\$683.34
	2009	\$449.34	\$674	\$23	\$46	\$472.34	\$720
	2010	\$449.34	\$674	\$23	\$46	\$472.34	\$720
	2011	\$449.34	\$674	\$23	\$46	\$472.34	\$720

Title XIX (Medicaid Certified) Institutions

Living Arrangement	Year	Federal Benefit Rate		State Supplement		Total Benefit	
		Ind.	Couple	Ind.	Couple	Ind.	Couple
Statewide	2007	\$30	\$60	\$0	\$0	\$30	\$60
	2008	\$30	\$60	\$0	\$0	\$30	\$60
	2009	\$30	\$60	\$0	\$0	\$30	\$60
	2010	\$30	\$60	\$0	\$0	\$30	\$60
	2011	\$30	\$60	\$0	\$0	\$30	\$60

Minimum Personal Needs Allowances

	2007	2008	2009	2010	2011
Congregate Care Level 1	\$120	\$123	\$130	\$130	\$130
Congregate Care Level 2	\$139	\$142	\$150	\$150	\$150
Congregate Care Level 3	\$164	\$168	\$178	\$178	\$178

**REFERENCE/DESK AIDS
INCOME**

SSI BENEFIT LEVELS (continued)

Level I - Family Care (OCFS certified Family Type Home, OMH or OPWDD certified Family Care Homes)

Living Arrangement	Year	Federal Benefit Rate		State Supplement		Total Benefit	
		Ind.	Couple	Ind.	Couple	Ind.	Couple
NYC, Nassau, Suffolk, Westchester, and Rockland	2007	\$623	\$934	\$266.48	\$844.96	\$889.48	\$1,778.96
	2008	\$637	\$956	\$266.48	\$850.96	\$903.48	\$1,806.96
	2009	\$674	\$1,011	\$266.48	\$869.96	\$940.48	\$1,880.96
	2010	\$674	\$1,011	\$266.48	\$869.96	\$940.48	\$1,880.96
	2011	\$674	\$1,011	\$266.48	\$869.96	\$940.48	\$1,880.96
Rest of State	2007	\$623	\$934	\$228.48	\$768.96	\$851.48	\$1,702.96
	2008	\$637	\$956	\$228.48	\$774.96	\$865.48	\$1,730.96
	2009	\$674	\$1,011	\$228.48	\$793.96	\$902.48	\$1,804.96
	2010	\$674	\$1,011	\$228.48	\$793.96	\$902.48	\$1,804.96
	2011	\$674	\$1,011	\$228.48	\$793.96	\$902.48	\$1,804.96

Level II - Residential Care (DOH certified Residences for Adults, OMH or OPWDD certified Community Residences, Individualized Residential Alternatives and OASAS certified Chemical Dependence Residential Services)

Living Arrangement	Year	Federal Benefit Rate		State Supplement		Total Benefit	
		Ind.	Couple	Ind.	Couple	Ind.	Couple
NYC, Nassau, Suffolk, Rockland and Westchester	2007	\$623	\$934	\$435	\$1,182	\$1,058	\$2,116
	2008	\$637	\$956	\$435	\$1,188	\$1,072	\$2,144
	2009	\$674	\$1,011	\$435	\$1,207	\$1,109	\$2,218
	2010	\$674	\$1,011	\$435	\$1,207	\$1,109	\$2,218
	2011	\$674	\$1,011	\$435	\$1,207	\$1,109	\$2,218
Rest of State	2007	\$623	\$934	\$405	\$1,122	\$1,028	\$2,056
	2008	\$637	\$956	\$405	\$1,128	\$1,042	\$2,084
	2009	\$674	\$1,011	\$405	\$1,147	\$1,079	\$2,158
	2010	\$674	\$1,011	\$405	\$1,147	\$1,079	\$2,158
	2011	\$674	\$1,011	\$405	\$1,147	\$1,079	\$2,158

**REFERENCE/DESK AIDS
INCOME**

SSI BENEFIT LEVELS (continued)

Level III- 2006- Enhanced Residential Care (DOH certified Adult Homes and Enriched Housing, OPWDD certified Schools for the Mentally Retarded)

Living Arrangement	Year	Federal Benefit Rate		State Supplement		Total Benefit	
		Ind.	Couple	Ind.	Couple	Ind.	Couple
NYC, Nassau, Suffolk, Rockland and Westchester	2006	\$603	\$904	\$525	\$1,339	\$1,128	\$2,243
Rest of the State	2006	\$603	\$904	\$510	\$1,309	\$1,113	\$2,213

Level III- 2007, 2008, 2009 and 2010- Enhanced Residential Care (DOH certified Adult Homes and Enriched Housing, OPWDD certified Schools for the Mentally Retarded)

Living Arrangement	Year	Federal Benefit Rate		State Supplement		Total Benefit	
		Ind.	Couple	Ind.	Couple	Ind.	Couple
Statewide	2007	\$623	\$934	\$641	\$1,594	\$1,264	\$2,528
	2008	\$637	\$956	\$656	\$1,630	\$1,293	\$2,586
	2009	\$674	\$1,011	\$694	\$1,725	\$1,368	\$2,736
	2010	\$674	\$1,011	\$694	\$1,725	\$1,368	\$2,736
	2011	\$674	\$1,011	\$694	\$1,725	\$1,368	\$2,736

**REFERENCE/DESK AIDS
INCOME****FAMILY MEMBER ALLOWANCE (FMA)**

A full explanation of the Family Member Allowance (FMA) policy can be found in the **INCOME PERSONS IN MEDICAL FACILITIES, COMMUNITY SPOUSE AND FAMILY MEMBER ALLOWANCES.**

Effective January 1 each year the maximum Family Member Allowance is as follows:

Year	FMA Amount
2007	\$571
2008	\$584
2009	\$608
2010	\$608
2011	\$613

**REFERENCE/DESK AIDS
INCOME**

**SPOUSAL IMPOVERISHMENT
INCOME ALLOWANCES**

Discussion of income allowances under spousal impoverishment can be found in the **INCOME CHRONIC CARE BUDGETING METHODOLOGY FOR INSTITUTIONALIZED SPOUSES**.

Spousal Impoverishment	Year	Income
Community Spouse	2008	\$2,610
	2009	\$2,739
	2010	\$2,739
	2011	\$2,739
	2012	\$2,841
Institutionalized Spouse	2008	\$50
	2009	\$50
	2010	\$50
	2011	\$50
	2012	\$50

**REFERENCE/DESK AIDS
INCOME****MINIMUM MONTHLY MAINTENANCE NEEDS ALLOWANCE (MMMNA)**

A full explanation of the Minimum Monthly Maintenance Needs Allowance (MMMNA) policy can be found in the **INCOME PERSONS IN MEDICAL FACILITIES, COMMUNITY SPOUSE AND FAMILY MEMBER ALLOWANCES.**

Effective January 1 each year the Minimum Monthly Maintenance Needs Allowance is as follows:

:

Year	MMMNA Amount
2008	\$2,610
2009	\$2,739
2010	\$2,739
2011	\$2,739
2012	\$2,841

**REFERENCE/DESK AIDS
INCOME****SPOUSAL IMPOVERISHMENT: PERSONAL NEEDS ALLOWANCE (PNA)**

A discussion of the personal needs allowance for Institutionalized Spouses who reside in the Community is found in the **INCOME CHRONIC CARE BUDGETING METHODOLOGY FOR INSTITUTIONALIZED SPOUSES**.

The personal needs allowance for institutionalized spouses who reside in the community are:

Year	Amount
2008	\$342
2009	\$350
2010	\$350
2011	\$350
2012	\$367

**REFERENCE/DESK AIDS
INCOME**

CHILD HEALTH PLUS INCOME LEVELS

Effective 2/1/2009

Child Health Plus Premium Levels Chart							
Premium Categories	1	2	3	4	5	6	Each Add'l Person
Free Insurance	\$1,443	\$1,942	\$2,441	\$2,939	\$3,438	\$3,937	\$499
\$9/Child/Month (Max. \$27/Family)	\$2,004	\$2,696	\$3,388	\$4,080	\$4,772	\$5,464	\$692
\$15/Child/Month (Max \$45/Family)	\$2,257	\$3,036	\$3,815	\$4,594	\$5,373	\$6,153	\$780
\$30/Child/Month (Max \$90/Family)	\$2,708	\$3,643	\$4,578	\$5,513	\$6,448	\$7,383	\$935
\$45/Child/Month (Max \$135/Family)	\$3,159	\$4,250	\$5,341	\$6,432	\$7,523	\$8,613	\$1,091
\$60/Child/Month (Max \$180/Family)	\$3,610	\$4,857	\$6,104	\$7,350	\$8,597	\$9,844	\$1,247
Full Premium*/ Child/Month	Over \$3,610	Over \$4,857	Over \$6,104	Over \$7,350	Over \$8,597	Over \$9,844	

*The full premium varies, depending on the health plan chosen by the family.

REFERENCE

PAID/INCURRED EXPENSES UNDER THE EXCESS INCOME PROGRAM

		DEDUCTED FROM EXCESS INCOME IN (Accounting period)		
		Retroactive	First Prospective	Current
UNPAID EXPENSES INCURRED IN:				
Pre-retroactive		YES	YES	YES *
Retroactive		YES	YES	YES *
First Prospective		N/A	YES	YES *
Current		N/A	N/A	YES
EXPENSES PAID IN:				
Pre-retroactive		NO	NO	NO
Retroactive		YES	YES**	NO
First Prospective		N/A	YES	NO
Current		N/A	N/A	YES

* If the individual met his/her excess income liability in the previous period without deducting all of the unpaid expense, the portion not already used to establish eligibility is carried forward as long as the expense remains viable and there is no break in eligibility, (i.e., no intervening month or months in which the excess income is not met or in which there is no excess income liability).

** If the individual met his/her income liability in the retroactive period without deducting all of the paid expense, that portion not already used to establish eligibility may be deducted from income in the first prospective period.

DEFINITIONS: As used in this chart:

Expenses means expenses incurred for health insurance premiums, deductibles or other coinsurance charges, and necessary medical and remedial services that are recognized under State law, which have not previously been used to establish eligibility.

Accounting period means a period of time, extending from one to six months, over which income is determined and compared to the Medical Assistance income standard to determine eligibility.

Pre-retroactive period means the period prior to the first day of the third month of application for Medicaid.

Retroactive period means any portion of the three month period immediately prior to the month of application for Medicaid.

First prospective period means the first accounting period that includes the month of application.

Current period means an accounting period occurring after the first prospective period.

REFERENCE/DESK AIDS

RESOURCES SECTION

**REFERENCE/DESK AIDS
RESOURCE**

MINIMUM/MAXIMUM COMMUNITY SPOUSE ALLOWANCE

Full explanation of the Assessment/Determination for Persons in Medical Facilities including the State minimum and Federal maximum community spouse resource allowances, can be found in the **RESOURCE: RETIREMENT FUNDS, PERSONAL NEEDS ALLOWANCE ACCOUNTS, PERSON IN MEDICAL FACILITIES ASSESSMENT/DETERMINATION and TRANSFER OF ASSETS.**

Federal **Maximum** Community Spouse Resource Allowance:

Year	Amount
2008	\$104,400
2009	\$109,560
2010	\$109,560
2011	\$109,560
2012	\$113,640

The State **Minimum** Community Spouse Resource Allowance is \$74,820.

NOTE: In determining the community resource allowance on and after January 1, 2008, the community spouse is permitted to retain resources in an amount equal to the greater of the following: \$74,820 or the amount of the spousal share up to the maximum amount. The spousal share is the amount equal to one-half of the total value of the countable resources of the couple as of the beginning of the most continuous period of institutionalization of the institutionalized spouse on or after September 30, 1989.

**REFERENCE/DESK AIDS
RESOURCE**

SSI-RELATED ONLY MEDICAID RESOURCE LEVELS

Discussion of the use of the medically needy resource levels in the determination of eligibility is found in the **RESOURCE MEDICAID RESOURCE LEVEL**. The SSI-RELATED ONLY resource levels, according to family size, are:

HOUSEHOLD SIZE	ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN	EIGHT	EACH ADD'L PERSON
RESOURCES (ASSETS)									
1/1-3/31/2008	\$4,350	\$6,400	\$6,600	\$6,650	\$6,700	\$6,800	\$7,650	\$8,500	\$850
4/1/2008	\$13,050	\$19,200	\$22,200	\$25,050	\$27,900	\$30,750	\$33,600	\$36,600	\$2,850
2009	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$3,015
2010	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$3,015
2011	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$35,175	\$38,190	\$3,015
2012	\$14,250	\$20,850	\$23,978	\$27,105	\$30,233	\$33,360	\$36,488	\$39,615	\$3,128
FHP RESOURCES									
1/1-3/31/2008	\$13,050	\$19,200	\$19,800	\$19,950	\$20,010	\$20,400	\$22,950	\$25,500	\$2,500
4/1/2008	\$13,050	\$19,200	\$22,200	\$25,050	\$27,900	\$30,750	\$33,600	\$36,600	\$2,850
2009	\$13,800	\$20,100	\$23,115	\$26,130	\$29,145	\$32,160	\$33,175	\$38,190	\$3,015
2010	NO RESOURCE TEST								
2011	NO RESOURCE TEST								
2012	NO RESOURCE TEST								

MBI-WPD									
10/1/2011	\$20,000	\$30,000							

**REFERENCE/DESK AIDS
RESOURCES****SSI RESOURCE LEVELS**

The SSI Resource Levels for individuals and couples:

SSI RESOURCE LEVEL	Individuals	Couples
2008	\$2000	\$3000
2009	\$2000	\$3000
2010	\$2000	\$3000
2011	\$2000	\$3000
2012	\$2000	\$3000

**REFERENCE/DESK AIDS
RESOURCES****SUBSTANTIAL HOME EQUITY LIMIT**

A full explanation of Substantial Home Equity of SSI-related A/Rs can be found in
RESOURCES SUBSTANTIAL HOME EQUITY.

The amount is effective January 1 each year.

Year	Amount
2010	\$750,000
2011	\$758,000
2012	\$786,000

**REFERENCE/DESK AIDS
RESOURCE**

TRANSFER OF ASSETS REGIONAL RATES

A full explanation of the regional rates for use in determining the effect of a transfer of assets for less than the fair market value is discussed in **RESOURCE TRANSFER OF ASSETS**.

Regional rates are used to determine the period of restricted Medicaid coverage when a prohibited transfer is made. The rates listed below for each of the seven regions in the state are used for persons who apply for Medicaid as an institutionalized person on or after January 1, 2011.

<u>NORTHEASTERN</u> \$8,323			<u>WESTERN</u> \$7,863	
Albany	Fulton	Saratoga	Allegany	Orleans
Clinton	Greene	Schenectady	Cattaraugus	Wyoming
Columbia	Hamilton	Schoharie	Chautauqua	
Delaware	Montgomery	Warren	Erie	
Essex	Otsego	Washington	Genesee	
Franklin	Rensselaer		Niagara	

<u>ROCHESTER</u> \$8,942		<u>NORTHERN METROPOLITAN</u> \$10,105	
Chemung	Steuben	Dutchess	Westchester
Livingston	Wayne	Orange	
Monroe	Yates	Putnam	
Ontario		Rockland	
Schuyler		Sullivan	
Seneca		Ulster	

<u>CENTRAL</u> \$7,688			<u>NEW YORK CITY</u> \$10,579
Broome	Lewis	Tioga	Bronx
Cayuga	Madison`	Tompkins	Kings (Brooklyn)
Chenango	Oneida		NY (Manhattan)
Cortland	Onondaga		Queens
Herkimer	Oswego		Richmond (Staten Island)
Jefferson	St. Lawrence		

<u>LONG ISLAND</u> \$11,445	
Nassau	Suffolk

**REFERENCE/DESK AIDS
RESOURCE**

TRANSFER OF ASSETS REGIONAL RATES (continued)

Regional Rates are effective January 1 each year.

	2010	2009	2008	2007	2006
Central	\$7,264	\$6,938	\$6,696	\$6,506	\$6,232
Long Island	\$11,227	\$10,852	\$10,555	\$10,123	\$9,842
New York City	\$10,285	\$9,838	\$9,636	\$9,636	\$9,132
Northeastern	\$7,927	\$7,766	\$7,431	\$7,189	\$6,872
Northern Metropolitan	\$10,163	\$9,439	\$9,361	\$9,074	\$8,724
Rochester	\$9,058	\$8,720	\$8,089	\$8,002	\$7,375
Western	\$7,694	\$7,418	\$7,066	\$6,820	\$6,540

**REFERENCE/DESK AIDS
RESOURCES**

LOOK-BACK PERIOD

For applications of Medicaid coverage for nursing facility services and for SSI-related recipients who request an increase in coverage for nursing facility services, the look-back period increases from 36 months to 60 months (60 months for trusts) for transfers made on or after February 8, 2006.

The look-back period increases each month by 1-month increments beginning March 1, 2009 (37 months) until February 2011. Effective February 1, 2011, the full 60 month look-back period will be in place for ALL transfers of assets.

Application Date	Number of Months	Look-Back Period
February 2009	36	Feb-2006-Jan 2009
March 2009	37	Feb 2006-Feb 2009
Apr 2009	38	Feb 2006-Mar 2009
Apr 2010	50	Feb 2006-Mar 2010
Sept 2010	55	Feb 2006-Aug 2010
Feb 2011	60	Feb 2006-Jan 2011
Mar 2011	60	Mar 2006-Feb 2011

REFERENCE

TRUST FUNDS

Situation	Supplemental Needs Trusts	OBRA 1993 Exception Trusts	
		Individual Trusts	Pooled Trusts
Legal Reference		Social Security Act Section 1917(d)(4)A)	Social Security Act Section 1917(d)(4)(C)
Beneficiary's Age	Any age	Under Age 65*	Any age*
Disability	Severe and chronic or persistent impairment	In receipt of SSI Disability, SSA Disability, or certified disabled either when the trust was established or retroactively as of the date the trust was established.	Same as for an individual trust
Whose assets are used to establish the trust?	Assets of anybody	Must be the assets of the individual.	May be the assets of the individual.
Who establishes the trust?	By anyone other than the A/R.	Parent, grandparent, legal guardian of individual, or a court.	The individual, grandparent, legal guardian of the individual, or a court open account.
Medicaid repayment requirement.	If Exceptions Trust, Department recovers all amounts up to the MA paid amount.	The Department recovers all amounts up to the MA paid amount.	The Department recovers all amounts not retained by the not-for-profit organization up to the MA paid amount.
Miscellaneous unique requirements			Established and managed by a nonprofit association.

* Transfer penalties apply for transfers of assets to trusts once the person is 65 years of age or older for both individual and pooled trusts.

REFERENCE

LIFE EXPECTANCY TABLE FOR ANNUITIES

Age	Life Expectancy			Age	Life Expectancy			Age	Life Expectancy	
	Male	Female			Male	Female			Male	Female
0	74.14	79.45		40	36.64	40.97		80	7.31	8.95
1	73.70	78.94		41	35.73	40.03		81	6.85	8.40
2	72.74	77.97		42	34.83	39.09		82	6.42	7.87
3	71.77	77.00		43	33.94	38.16		83	6.00	7.36
4	70.79	76.01		44	33.05	37.23		84	5.61	6.88
5	69.81	75.03		45	32.16	36.31		85	5.24	6.42
6	68.82	74.04		46	31.29	35.39		86	4.89	5.98
7	67.83	73.05		47	30.42	34.47		87	4.56	5.56
8	66.84	72.06		48	29.56	33.56		88	4.25	5.17
9	65.85	71.07		49	28.70	32.65		89	3.97	4.81
10	64.86	70.08		50	27.85	31.75		90	3.70	4.47
11	63.87	69.09		51	27.00	30.85		91	3.45	4.15
12	62.88	68.09		52	26.16	29.95		92	3.22	3.86
13	61.89	67.10		53	25.32	29.07		93	3.01	3.59
14	60.91	66.11		54	24.50	28.18		94	2.82	3.35
15	59.93	65.13		55	23.68	27.31		95	2.64	3.13
16	58.97	64.15		56	22.86	26.44		96	2.49	2.93
17	58.02	63.17		57	22.06	25.58		97	2.35	2.75
18	57.07	62.20		58	21.27	24.73		98	2.22	2.58
19	56.14	61.22		59	20.49	23.89		99	2.11	2.43
20	55.20	60.25		60	19.72	23.06		100	2.00	2.29
21	54.27	59.28		61	18.96	22.24		101	1.89	2.15
22	53.35	58.30		62	18.21	21.43		102	1.79	2.02
23	52.42	57.33		63	17.48	20.63		103	1.69	1.89
24	51.50	56.36		64	16.76	19.84		104	1.59	1.77
25	50.57	55.39		65	16.05	19.06		105	1.50	1.66
26	49.64	54.41		66	15.36	18.30		106	1.41	1.55
27	48.71	53.44		67	14.68	17.54		107	1.33	1.44
28	47.77	52.47		68	14.02	16.80		108	1.25	1.34
29	46.84	51.50		69	13.38	16.07		109	1.17	1.25
30	45.90	50.53		70	12.75	15.35		110	1.10	1.16
31	44.96	49.56		71	12.13	14.65		111	1.03	1.07
32	44.03	48.60		72	11.53	13.96		112	0.96	0.99
33	43.09	47.63		73	10.95	13.28		113	0.89	0.91
34	42.16	46.67		74	10.38	12.62		114	0.83	0.84
35	41.23	45.71		75	9.83	11.97		115	0.77	0.77
36	40.30	44.76		76	9.29	11.33		116	0.71	0.71
37	39.38	43.80		77	8.77	10.71		117	0.66	0.66
38	38.46	42.86		78	8.27	10.11		118	0.61	0.61
39	37.55	41.91		79	7.78	9.52		119	0.56	0.56

Effective 9/26/2011, see **OTHER ELIGIBILITY REQUIREMENTS RECOVERIES ESTATE RECOVERIES.**

REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS SECTION

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS**

CO-PAYMENT AMOUNTS

Discussion of co-payment amounts for fee-for-service, managed care and Family Health Plus recipients is found in **OTHER ELIGIBILITY REQUIREMENTS CO-PAY**.

<u>SERVICE</u>	<u>AMOUNT (\$)</u> for FFS	<u>AMOUNT</u> for MC	<u>FHPlus</u>	<u>FPBP</u>
Inpatient Hospital	\$25.00 per stay upon discharge	No co-payment	\$25.00 per stay upon discharge	No co-payment
Outpatient Hospital and Clinic	\$3.00 per visit	No co-payment	\$5.00 per visit	No co-payment
Non-emergency/Non-urgent ER	\$3.00 per visit	No co-payment	\$3.00 per visit	No co-payment
Prescription drugs*				No co-payment
Brand name	\$3.00	\$3.00	\$6.00	
Generic	\$1.00	\$1.00	\$3.00	
Over-the-Counter Drugs (OTC) **(per medication)	\$.50	No co-payment	\$.50	No co-payment
Enteral/Parental Formulae/Supplies	\$1.00 per order/prescription	No co-payment	No co-payment	N/A
Covered Medical/Surgical Supplies ***	\$.50 per order	No co-payment	\$1.00 per supply	No co-payment
Laboratory	\$.50 per procedure code	No co-payment	\$.50 per procedure code	No co-payment
X-ray ****	\$1.00 per procedure	No co-payment	\$1.00 per procedure	No co-payment
Dental services	No co-payment	No co-payment	\$5.00 per visit up to total of \$25 per year	N/A
Physician Services	No co-payment	No co-payment	\$5.00 per visit	No co-payment
Family Planning Service/Supplies	No co-payment	No co-payment	No co-payment	
* One co-payment for each new prescription and each new refill				
** Covered OTC e.g. smoking cessation products, insulin				
*** Covered medical supplies e.g. diabetic supplies such as syringes, lancets, test strips, enteral formula				
**** Radiology services e.g. diagnostic x-rays, ultrasound, nuclear medicine & oncology services				

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS**

MEDICAID COVERED SERVICES

Federally Mandated Services:

- Inpatient Hospital Services
- Outpatient Hospital Services
- Physician Services
- Medical and Surgical Dental Services
- Nursing facility services for individuals aged 21 or older
- Home Health Care (Nursing, Home Health Aide, Medical Supplies & Equipment)
- Family Planning Services and Supplies
- Rural Health Clinic Services
- Laboratory and X-Ray Services
- Nurse Practitioner Services
- Federally Qualified Health Center Services
- Midwife Services
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services for individuals under 21 (Child/Teen Health Plan in NYS)
- Medicare Coinsurance and Deductibles for qualified Medicare beneficiaries for: Chiropractors, Podiatrists, Portable X-Ray and Clinical Social Work Services

Non-Mandated Services (covered by New York State Medicaid):

- Free-standing Clinic Services
- Nursing Facility Services for under age 21
- Intermediate Care Facility Services for the Developmentally Disabled
- Optometrist Services and Eyeglasses
- Physical, Speech and Occupational Therapy
- Prosthetic Devices and Orthotic Appliances
- Dental Services
- Audiology and Hearing Aids
- Clinical Psychologist Services
- Private Duty Nursing
- Diagnosis, Screening, Preventive and Rehabilitative Services
- Personal Care Services
- Transportation to Covered Services
- Hospice
- Case Management
- Inpatient Psychiatric Facility Services for Individuals under age 21 and over 65
- Drugs—prescription and non-prescription

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS**

COVERED SERVICES FOR PREGNANT WOMEN

	Presumptive Eligibility		Ongoing Medicaid Eligibility		
	Perinatal A Under 100% FPL	Perinatal B Under 200% FPL	Perinatal Family	MA-Fully Eligible	Fully Eligible under 100%FPL
Coverage Code	13	14	15	01	01
SERVICES					
Physician Care	Yes	Yes	Yes	Yes	Yes
Midwife Care	Yes	Yes	Yes	Yes	Yes
Outpatient Clinic	Yes	Yes	Yes	Yes	Yes
Pharmacy	Yes	Yes	Yes	Yes	Yes
Dental	Yes	Yes	Yes	Yes	Yes
Laboratory	Yes	Yes	Yes	Yes	Yes
Eye Care	Yes	Excluded	Excluded	Yes	Yes
Transportation	Yes	Yes	Yes	Yes	Yes
Home Health Care	Yes	Yes	Yes	Yes	Yes
Personal Care	Yes	Yes	Yes	Yes	Yes
Nursing Services	Yes	Yes	Yes	Yes	Yes
Podiatry	Yes	Excluded	Excluded	Yes	Yes
Physical Therapy	Yes	Excluded	Excluded	Yes	Yes
Occupational Therapy	Yes	Excluded	Excluded	Yes	Yes
Speech Therapy	Yes	Excluded	Excluded	Yes	Yes
Durable Medical Equipment	Yes	Excluded	Excluded	Yes	Yes
Abortion	Yes	Excluded	Excluded	Yes	Yes
Clinical Psychology	Yes	Yes	Yes	Yes	Yes
Outpatient/ Mental Health	Yes	Yes	Yes	Yes	Yes
Outpatient/ Alcoholism	Yes	Yes	Yes	Yes	Yes
Health Education	Yes	Yes	Yes	Yes	Yes
Nutritional Counseling	Yes	Yes	Yes	Yes	Yes
Family Planning	Yes	Yes	Yes	Yes	Yes
Hospice	Excluded	Excluded	Excluded	Yes	Yes
Inpatient Care	Excluded	Excluded	Yes	Yes	Yes
Alternate Level of Care	Excluded	Excluded	Excluded	Yes	Yes
Institutional LTC	Excluded	Excluded	Excluded	Yes	Yes
LT Home Health Care	Excluded	Excluded	Excluded		

COMMUNITY-BASED LONG-TERM CARE AND NURSING FACILITY SERVICES

Coverage	Community Coverage <u>without</u> Long Term Care	Community Coverage <u>with</u> Community Based Long-Term Care	All Medicaid Covered Care and Services (Applicants must be in receipt of Nursing Facility Services)
Documentation	Application: Attest to value of current resources Renewal: Attest to value of current resources	Application: Document Current Resources Renewal: Attest to value of current resources	Application: Document resources for the past 60 months or back to 2/8/2006 whichever is shorter (60 months for trusts) Renewal: Document current resources
Benefit Package	-All non-LTC Outpatient Services -Inpatient Acute Care -Inpatient Psychiatric Care -Inpatient Alcohol Rehabilitation -Short-term rehabilitation up to 29 consecutive days in a 12 month period of: -Nursing Home Care -Certified Home Health Agency (CHHA)	-All services in Community Coverage without Community Based Long Term Care PLUS: -Adult Day Health Care -Assisted Living Program (ALP) -Certified Home Health Agency-CHHA, unlimited -Hospice in the Community -Hospice Residence Program -Residential Treatment Facility -Managed LTC in the Community -Personal Care Services -Private Duty Nursing -Home and Community-Based Waiver Programs – Waiver and Non-Waiver Services -Limited Licensed Home Care Services -Personal Emergency Response Services -Consumer Directed Personal Assistant Program	-All services in Community Coverage <u>with</u> and <u>without</u> Community Based LTC, PLUS: -Nursing Facility Services which include: -Nursing Home care provided in a nursing home or hospital -Hospice in a Nursing Home -Intermediate Care Facility -Managed LTC in a Nursing Home
Coverage Code(s)	20 or 24 (NYC only–legal alien during 5 year ban)	19	01 or 11 (Legal/Alien – Full Coverage) or 10* (Provided up to 60 months look-back info and is in penalty period – no spenddown or 6 mos. spenddown met)
Outpatient only Coverage code (Spend down)	22	21	02 (Outpatient Coverage with nursing facility services) or 23* (Outpatient coverage with no nursing facility services)
RVI Code	RVI Code 3	RVI Code 2	RVI Code 1 (documentation), 4 (transfer)

* Those individuals in a transfer penalty period are not eligible for any Nursing Facility Services including short-term rehabilitation in a nursing home.

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS**

REFUGEE MEDICAL ASSISTANCE PROGRAM (RMA)

**ELIGIBILITY PERIODS, STATE/FEDERAL (S/F) CHARGE CODE AND ALIEN
CITIZENSHIP INDICATOR CODES (ACI)**

State and Federal Charge Code 30 is only assigned when a Single Individual or Childless Couple (S/CC), age 21-64, is not otherwise eligible for “regular” Medicaid (S/CC/FHPlus – 02 budget) and eligibility for the Refugee Medical Assistance program has been determined (ADC-related – 01 budget).

Immigration Status	ACI RMA Eligible	S/F Charge Code	Eligibility Period Based on either the Date Entered Country (DEC) or the Date Status is granted or achieved (DOS)
Refugee	R	30	Eight months from the date entered country (DEC) as indicated on the Arrival Departure Record (I-94) or other immigration documentation
Amerasian Immigrants	R	30	Eight months from the date entered country (DEC) as indicated on the Arrival Departure Record (I-94) or other immigration documentation
Cuban/Haitian Entrants	H	30	Eight months from the date entered country (DEC) as indicated on the Arrival Departure Record (I-94) or other immigration documentation
Asylee	A	30	Eight months from the date asylum status is granted (DOS)
Federally Certified Victims of a Severe Form of Human Trafficking	D	30	Eight months from the date of the Certification letter for adults (DOS); date of eligibility letter for children
Family Member of victims of a severe form of human trafficking issued a Derivative T-Visa (T2, T3, T4, or T5) while in the United States	D	30	Eight months from the notice date found in the I-797 (Notice of Action) (DOS)
Family Member of victims of a severe form of human trafficking issued a Derivative T-Visa (T2, T3, T4, or T5) when entering the United States	D	30	Eight months from the date entered country (DEC) as indicated on the I-94 or other immigration documentation
Iraqi/Afghan Special Immigrant (SI)	R	30	Eight months from the date they entered the U.S. (DEC) or, if already in the U.S., eight months from the date they acquired their Special Immigrant status (DOS)

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS**

DISTRICT OF FISCAL RESPONSIBILITY

The where found district is responsible for eligible persons found in the district (SSL62.1) except when:

Rules	Action	Until
Medical SSL 62.5(d)	The DFR is the district of legal residence when an individual is admitted into a medical facility outside the district of legal residence. The individual has the freedom of choice as relates to the facility.	There is at least a 30-day break in need (one full calendar month)
Placement SSL 62.5(b)	The DFR is the district of legal residence when the SS district was directly or indirectly involved in placing the eligible individual into a formal residential care setting outside the district of legal residence.	There is a least a 30-day break in need (one full calendar month)
Transition 08 OHIP/LCM-1	The DFR is the “ from ” district when a recipient of public assistance and/or care moves to another district and continues to be eligible.	If the LDSS was notified of the new address in writing after the move; the end of the month following the month the move was reported. If the LDSS was not notified of new address in writing or notified of new address in writing <u>prior</u> to move the end of the month following the month of the move.
Temporary Absence SSL 365.1(a)	The DFR is the district of legal residence when an eligible individual leaves the district of legal residence for a specific purpose and intends to return to the home district upon completion of the activity.	The individual ceases to be engaged in the activity for which the individual left the permanent home. At that point, the transition rule applies.
Domestic Violence SSL 62.5(f)	The DFR is the district of legal residence at the time of the domestic violence incident when an individual goes into a residential program for victims of domestic violence in another county.	The individual leaves the approved shelter and chooses not to return to the “ from ” district. At that point, the transition rule applies.
Emergency Temporary Housing SSL 365.1(a)	The DFR is the placing district when a homeless person is placed by one district into temporary housing in another district.	The individual leaves temporary housing. At that point, the transition rule applies.

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS
DISTRICT OF FISCAL RESPONSIBILITY**

Rules	Action	Until
Parole SSL 366 (1-a)	The DFR for an inmate released on parole is the district of legal residence prior to incarceration.	Conditions of parole are completed.
Infants Residing with Incarcerated Mother 95 ADM-4	The DFR for an infant residing with the incarcerated mother is the mother's district of legal residence at the time of her sentencing.	The infant leaves the facility.
Assisted Living Program & Adult Care Facilities 18 NYCRR 505.35(l)	The DFR is the district of legal residence at the time of admission.	Break in need.
Minor Children < 21 yrs old GIS 00 MA/018	The DFR for a child capable of indicating intent is the district "where found", unless exception applies.	The child moves to another district. At that point the transition rule applies.
	The DFR for a child incapable of indicating intent is the district of legal residence of the parents/legal guardians.	The parent/legal guardian moves to another district. At that point the transition rule applies.

**REFERENCE/DESK AIDS
DETERMINING THE MEDICAID/CHPLUS HOUSEHOLD/FAMILY SIZE**

You <u>MUST</u> Count	You <u>MAY</u> Count (it is the family's choice)	Do <u>NOT</u> Count
<p>Applicant , and the applicant's:</p> <ul style="list-style-type: none"> • Legally Responsible Relatives: (LRRs) <ul style="list-style-type: none"> ○ Parents and Stepparents of children under 21 ○ Spouses ○ Adoptive parents • Applying siblings under 21 (can Mehler child(ren)out if income makes other applying individuals in household ineligible) • Pregnant women count as a HH of 2 (self plus unborn - if expecting a multiple birth, still count as 2) <p>When an individual of any age is counted, you must also count their income</p> <p><u>It is the family's choice</u> to select the most advantageous budgeting method for those household members who are applying</p> <p>Children/minors are defined as individuals who are under age 21</p>	<ul style="list-style-type: none"> • Non-applying siblings under 21 • Applying or Non-Applying related children (e.g. niece, cousin) under 21 • Non-applying Children under 21 of applying adults • One Caretaker Relative, (e.g. grandparent, aunt, uncle - only if no parent is in HH) <u>If child is applying for Medicaid</u>, the Caretaker Relative may only be counted if (s)he is also applying <u>If child is applying for Child Health Plus</u>, the Caretaker Relative may be counted even if (s)he is not applying for Medicaid • Unwed Father of Unborn: may count if family chooses to (if he resides and budgets his income with the pregnant woman) (do not count for CHPlus) • Unwed parents of common children (who reside and budget their money together) may or may not be counted in each other's HH size • <u>For Child Health Plus determinations only:</u> you <u>may</u> count Recipients of SSI Cash, Temporary Cash Assistance and Foster Children <u>only</u> if it results in another child's full premium being reduced to subsidized coverage (a lower or zero amount) 	<ul style="list-style-type: none"> • Parents of applying pregnant minors • Recipients of SSI Cash or Temporary Cash Assistance • Unrelated Foster Children • Children and siblings over 21 • Other unrelated, non- legally responsible persons (e. g. the unmarried boyfriend of a woman who has no child or unborn in common with him or the unrelated friend of an adult or child who resides in the HH) • Parents of a minor child who is applying only for the Family Planning Benefit Program (only if (s)he claims Good Cause and/or has a need for confidentiality or is unable to access parental income information)
Count only those people who live with the applicant(s)		

**REFERENCE/DESK AIDS
OTHER ELIGIBILITY REQUIREMENTS**

**BIRTH VERIFICATION INDICATOR (BVI)
CONVERSION FROM SSA**

The BVI (Birth Verification Indicator) will be populated based on the following conversion chart:

SSA Response Code	Description	BVI Code	Edits/Handling
A	SSN is verified, there is no indication of death, and the allegation of citizenship is consistent with SSA data	1	<ul style="list-style-type: none"> ➤ System generated based on response from SSA ➤ Not data enterable by worker ➤ Worker cannot update or delete
B	SSN is verified, there is no indication of death, and the allegation of citizenship is NOT consistent with SSA data	B	<ul style="list-style-type: none"> ➤ System generated based on response from SSA ➤ Not data enterable by worker ➤ Worker cannot delete ➤ Worker can update with 3 ➤ Batch processing will not delete but will update
C*	SSN is verified, there is indication of death, and the allegation of citizenship is consistent with SSA data	C*	<ul style="list-style-type: none"> ➤ System generated based on response from SSA ➤ Not data enterable by worker ➤ Worker cannot delete ➤ Batch processing will not delete but will update
D*	SSI is verified, there is indication of death, and the allegation of citizenship is NOT consistent with SSA data	D*	<ul style="list-style-type: none"> ➤ System generated based on response from SSA ➤ Not data enterable by worker ➤ Worker cannot delete ➤ Worker can update with 3 ➤ Batch processing will not delete but will update

* BVI values "C" and "D" will not appear on the citizenship report. "C" and "D" must be reconciled from the death match report.

REFERENCE

APPLICATION REQUIREMENTS

CATEGORY	FACE-TO-FACE	DOCUMENTATION		
		RESOURCES	INTEREST INCOME	TPHI, INCOME & RESIDENCE*
SSI-RELATED				
Community coverage without LTC	NO	Attest to resources, Document Trusts & burial funds	Document	Document
Community coverage with LTC	NO	Document current resources	Document	Document
All care and services including nursing home	NO	Document current resources and look-back period	Document	Document
MBI-WPD	NO	Attest to resources, Document Trusts & burial funds	Document	Document
ADC-RELATED	NO	No resource test	Attest	Document
LIF				
S/CC				
PARENTS WITH CHILDREN UNDER 21				
CHILDREN UNDER 21				
PREGNANT WOMEN				
CHILDREN UNDER 1				
FPBP				
MEDICAID CANCER TREATMENT				
MEDICARE SAVINGS				
QI, QMB, SLMB				
AHIP				
PARTNERSHIP FOR LTC				

REFERENCE

RENEWAL/RECERTIFICATION DOCUMENTATION REQUIREMENTS

CATEGORY	RESOURCES	INCOME	CHANGE RESIDENCY	TPHI	INTEREST INCOME
SSI-RELATED					
Community coverage without LTC	Itemize and Attest	Attest	Attest	Document	Attest
Community coverage with LTC	Itemize and Attest	Attest	Attest	Document	Attest
All care and services including nursing home	Document	Document	Document	Document	Document
MBI-WPD	Attest	Attest	Attest	Document	Attest
ADC-RELATED	No resource test	Attest	Attest	Document	Attest
LIF					
S/CC					
PARENTS WITH CHILDREN UNDER 21					
CHILDREN UNDER 21					
PREGNANT WOMEN					
CHILDREN UNDER 1					
FPBP					
MEDICAID CANCER TREATMENT					
MEDICARE SAVINGS					
QI, QMB, SLMB					
AHIP					
PARTNERSHIP FOR LTC					