

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
1 W. Wilson St.
Madison WI 53703

To: Medicaid Eligibility Handbook Users

From: Jori Mundy, Bureau Director
Bureau of Eligibility and Enrollment Policy

Re: **Medicaid Eligibility Handbook Release 23-01**

Release Date: 02/25/2023

Effective Date: 02/25/2023

EFFECTIVE DATE	The following policy additions or changes are effective 02/25/2023 unless otherwise noted. Underlined text denotes new text. Text with a strike through it denotes deleted text.
POLICY UPDATES	
17.3.2 Calculating the Penalty Period	Updated average daily nursing home private pay numbers. Effective 01/01/2023.
20.3.8.1.2 Reasonable Compatibility Thresholds	Updated FPL information. Effective 02/01/2023.
22.2.1.2.4 Eligibility and Premium Determinations Based on Reasonable Compatibility	Updated FPL information. Effective 02/01/2023.
26.5.1 Calculation	Updated FPL information. Effective 02/01/2023.
39.4 Elderly, Blind, or Disabled Assets and Income Tables	Updated COLA information.
39.5 FPL Table	Updated FPL information. Effective 02/01/2023.
39.6 COLA Disregard	Updated COLA information. Effective 01/01/2023.
39.11.1 SeniorCare Income Limits	Updated FPL information. Effective 02/01/2023.

17.3 Penalty Period

17.3.2 Calculating the Penalty Period

The divestment penalty period is calculated in days by dividing the divested amount by the average daily nursing home private pay rate in effect at the time of the application (see [Section 39.4.6 Institutional Cost of Care Values](#)). This rate is updated annually on January 1.

Example 3:	Jeff moved to a nursing home and applied for Medicaid on March February 1, 2022 2023. One month earlier, Jeff transferred \$18,500 in cash to his son, and it is determined to be a divestment that is not allowed resulting in a penalty period. At the time of application, Jeff is otherwise eligible for LTC Medicaid. Since \$18,500 divided by the average daily nursing home rate at the time Jeff applied (\$307.40 308.71) equals 60.18 59.93 days, Jeff will have a divestment penalty period of 60 59 days.
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For divestments that occur after long term care eligibility is established or subsequent divestments that occur when a person is already in a divestment penalty period, the additional penalty period is calculated using the average daily nursing home private pay rate in effect at the time the divestment penalty period is being determined (see [Section 17.3.6 Divestments During a Penalty Period](#)).

20.3 Mandatory Verification Items

20.3.8 Income

20.3.8.1 Reasonable Compatibility for Income for Health Care

20.3.8.1.2 Reasonable Compatibility Thresholds

The reasonable compatibility test will apply to each AG for which earned income is reported, has not already been verified, and for which SWICA and/or Equifax data is available. Because different AGs are subject to different income and premium thresholds, the thresholds described below will be used by population as the first step in determining whether reported information is reasonably compatible.

- EBD Categorically Needy SSI-Related MA and Medically Needy MA thresholds are based on the income limits shown in- [Section 39.4.1 Elderly, Blind, or Disabled Assets and Income](#).
- MAPP and MSP thresholds are based on the income limits shown in- [Section 39.5 FPL Table](#).
- MAPP Premium thresholds are based on 100% FPL for a group of one as shown in- [Section 39.5 FPL Table](#). and described in the table below.

If both the total countable income using information reported by the applicant or member and the total countable income using information from the electronic data source are less than the threshold, the reasonable compatibility standard is met, and no further verification is required.

If the total countable income using information reported by the applicant or member is less than the threshold and the total countable income using information from the electronic data source is greater than the threshold, a second step occurs.-

In this second step, the total countable income using information from the electronic data source is compared to a threshold that is equal to 120% of the total countable income using information reported by the applicant or member. If the total countable income using information from the electronic data source is equal to or less than 120% of the total countable income using information reported by the applicant or member, the reasonable compatibility standard is met, and no further verification is required.

Reasonable Compatibility Test for MAPP Premiums		
If total gross income using the monthly earnings amount reported by the member is:	And total gross income using the monthly earnings reported by SWICA or Equifax is:	Is it reasonably compatible?
Equal to or below the MAPP premium threshold (100% of the FPL)	Equal to or below the MAPP premium threshold (100% of the FPL)	Yes. Eligibility will be based on the member-reported earnings amount, and a premium will not be owed.
Equal to or below the MAPP premium threshold (100% of the FPL)	Above the MAPP premium threshold (100% of the FPL)	The 20% threshold test occurs. <ul style="list-style-type: none"> • If the total gross income using the monthly earnings reported by SWICA or Equifax is equal to or less than 120% of the total gross income using the monthly earnings amount reported by the member, the

		<p>amounts are reasonably compatible. Eligibility will be based on the member-reported earnings amount, and a premium will not be owed.</p> <ul style="list-style-type: none"> If the total gross income using the monthly earnings reported by SWICA or Equifax is greater than 120 % of the total gross income using the monthly earnings amount reported by the member, the amounts are not reasonably compatible. Further verification must be requested.
Above the MAPP premium threshold (100% of the FPL)	Above the MAPP premium threshold (100% of the FPL)	A reasonable compatibility test was not done. Income must be verified for the correct premium amount to be determined.
Above the MAPP premium threshold (100% of the FPL)	Equal to or below the MAPP premium threshold (100% of the FPL)	A reasonable compatibility test was not done. Income must be verified for the correct premium amount to be determined.

Because different thresholds are used for different populations, individual members of a household or a given AG may pass the reasonable compatibility test while others do not.

<p>Example 4</p>	<p>Leonard is applying for EBD Medicaid. He is not married and has no children. The SSI-Related Medically Needy monthly income limit is \$1,132.50<u>215</u>. Leonard reports monthly earned income of \$1,000<u>200</u>; this is his only income, and it is below the income limit. The State Wage Information Collection Agency (SWICA) reports that Leonard’s monthly earned income is \$1,150<u>300</u>. This income amount is above the income limit. Therefore, the reasonable compatibility test using the 20% threshold will be applied.</p> <p>The 20% threshold amount is the amount that is 20% greater than the total income that includes the earned income reported by the applicant or member. In this example, the 20% threshold amount is \$1,200<u>440</u>. The total income that includes the earned income reported by SWICA (\$1,150<u>300</u>) is less than the 20% threshold amount (\$1,200<u>440</u>). Therefore, the amounts are determined to be reasonably compatible. Leonard does not need to verify the earned income.</p>
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22.2 Overpayments

22.2.1 Overpayments Introduction

22.2.1.2 Unrecoverable Overpayments

22.2.1.2.4 Eligibility and Premium Determinations Based on Reasonable Compatibility

If a member is not required to verify their earned income at the eligibility or premium determination due to reasonable compatibility and then verifies their earned income at a later date (for example, because verification is required for another program), the verified earnings must be used to determine eligibility and premium amounts. The member cannot be subject to an overpayment because the initial determination was based on income that was reasonably compatible with a data exchange.

If a member is not required to verify their earned income at the eligibility or premium determination due to reasonable compatibility and subsequently fails to report a required income change, the member can only be subject to an overpayment if their new income amount is more than 20% greater than the total income amount that was used to make the eligibility or premium determination.-

Example 8:	<p>Cameron is a disabled adult with an income limit of \$1,132.50<u>215</u> for SSI-Related Medicaid. He applies for Medicaid in January and reports that his earnings are \$1,100<u>200</u> per month. The monthly earned income amount reported by Equifax is \$1,200<u>300</u> per month. Because Cameron's reported income is below the income threshold and the Equifax-reported income is above the income threshold, the 20% threshold test is applied. The income reported by Equifax (\$1,200<u>300</u>) is less than the 20% threshold amount (120% of \$1,100<u>200</u>, or \$1,320<u>440</u>), so his reported information is reasonably compatible, and he does not need to verify his earned income.</p> <p>In April, Cameron applies for FoodShare. Cameron must provide verification of his earned income when applying for FoodShare. His verified earned income is \$1,300<u>400</u>, and it is discovered that he failed to report in February that his income increased to \$1,300<u>400</u>. This amount is over the SSI-Related Medicaid income limit of \$1,132.50<u>215</u>, so Cameron is no longer eligible for SSI-Related Medicaid. However, this amount is not more than 20% greater than the income amount of \$1,100<u>200</u> that was used to determine that he was eligible for SSI-Related Medicaid in January. Therefore, he cannot be subject to an overpayment.</p> <p>The amount that is 20% greater than \$1,100<u>200</u> is \$1,320<u>440</u>. If Cameron's income had increased to an amount greater than \$1,320<u>440</u> and he failed to report the increase, he could have been subject to an overpayment.-</p>
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26.5 MAPP Premiums

26.5.1 Calculation

MAPP premiums are calculated using only the member's income. A premium is calculated if the member's monthly Premium Gross Income exceeds 100% of the FPL (see [Section 39.5 Federal Poverty Level Table](#)) for a group of one.

Tribal members are not exempt from paying MAPP premiums (unlike BadgerCare Plus premiums). Federal statutes for MAPP supersede other parts of the law that exempt tribal members from premiums and copayments for services.

To calculate monthly premium amount:

1. Determine the member's Premium Gross Income by adding together the member's monthly gross earned income and gross unearned income.
2. Determine Countable Net Income by subtracting the following deductions from the member's Premium Gross Income:
 - a. The member's own verified monthly impairment-related work expenses (any amount)
 - b. The member's own verified monthly out-of-pocket medical/remedial expenses (any amount)
 - c. The current COLA disregard from January 1 through the date the FPL is effective in CARES for that year, if applicable
3. Determine Premium Net Income by subtracting 100% of the FPL for a group size of one from the countable net income. If this results in a negative number, change it to zero.
4. Multiply the premium net income by three percent (0.03).
5. Add the \$25 Base Premium Amount and round down to the nearest whole dollar.
6. If applicable, add the Independence Account overage amount (see the Medicaid Eligibility Handbook, Section 26.5.1.1 Independence Account Penalty).

The result is the member's monthly premium amount.

Note:	503, DAC, widow or widower disregards allowed in eligibility determinations cannot be allowed in premium calculations.
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Example 1:	Shannon applies for MAPP. Her Premium Gross income is under 100% of the FPL. She has no premium.
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Example 2:	Michael applies for MAPP. His Premium Gross income is 105 percent of the FPL. Even though his impairment-related work expenses and medical/remedial expenses decrease his Premium Net Income to \$0, Michael will still have a \$25 monthly MAPP premium.
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Example 3:	Susan is a MAPP member whose Premium Gross income is 194 181% of the FPL. When her allowable deductions are taken in the premium calculation, her Countable Net Income is \$1,750. Her monthly MAPP premium will be calculated as shown below: \$2,200 Premium Gross Income – \$300 monthly IRWE deduction – \$150 monthly medical/remedial deduction ----- \$1,750 Countable Net Income
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- \$1,132.50~~215~~ (100% of the FPL)

~~\$617.50~~

\$535 Premium Net Income

X 0.03 (3%)

~~\$18.53~~

~~\$16.05~~

+\$25 Base Premium Amount

~~\$43.53~~

\$41.05 (round down to nearest whole dollar)

Susan's monthly MAPP premium is \$43~~41~~.

39.4 Elderly, Blind, or Disabled Assets and Income Tables

39.4.1 Elderly, Blind, or Disabled Assets and Income Table

Category	Limit	Group Size 1	Group Size 2	Effective	Updated Annually?
SSI-Related Categorically Needy	Asset	\$2,000.00	\$3,000.00	1/1/1989	No
	Income	\$ 924 <u>997</u> .78	\$ 1,393 <u>503</u> .05	1/1/ 2022 <u>2023</u>	Yes
SSI-Related Medically Needy	Asset	\$2,000.00	\$3,000.00	1/1/1989	No
	Income	\$ 1,132.50 <u>215</u> .00	\$ 1,525.83 <u>643.33</u>	2/1/ 2022 <u>2023</u>	Yes
MAPP	Asset	\$15,000.00	N/A	3/1/2000	No
	Income	Less than 250% FPL_ (see Section 39.5 FPL Table)		2/1/ 2022 <u>2023</u>	Yes
Institutions Categorically Needy	Income	\$ 2,523 <u>742</u> .00	N/A	1/1/ 2022 <u>2023</u>	Yes
Group B Community Waivers	Income	\$ 2,523 <u>742</u> .00	N/A	1/1/ 2022 <u>2023</u>	Yes
QMB	Asset	\$ 8,400 <u>9,090</u> .00	\$ 12,600 <u>13,630</u> .00	1/1/ 2022 <u>2023</u>	Yes
	Income	At or below 100% FPL (see Section 39.5 FPL Table)		2/1/ 2022 <u>2023</u>	Yes
SLMB	Asset	\$ 8,400 <u>9,090</u> .00	\$ 12,600 <u>13,630</u> .00	1/1/ 2022 <u>2023</u>	Yes
	Income	At least 100% FPL but less than 120% FPL_ (see Section 39.5 FPL Table)		2/1/ 2022 <u>2023</u>	Yes
SLMB+	Asset	\$ 8,400 <u>9,090</u> .00	\$ 12,600 <u>13,630</u> .00	1/1/ 2022 <u>2023</u>	Yes
	Income	At least 120% FPL but less than 135% FPL_ (see Section 39.5 FPL Table)		2/1/ 2022 <u>2023</u>	Yes
QDWI	Asset	\$4,000.00	\$6,000.00	7/1/1990	No
	Income	\$ 2,265 <u>430</u> .00	\$ 3,051 <u>286</u> .66	2/1/ 2022 <u>2023</u>	Yes

39.4.2 Disabled Minors Deeming and Allowances

Item	Amount	Effective	Updated Annually?
SSI-Related Deeming Amount to an Ineligible Minor	\$ 420 <u>457</u> .00	1/1/ 2022 <u>2023</u>	Yes

Parental living allowance - 1 Parent	\$ 841 <u>914</u> .00	1/1/ 2022 <u>2023</u>	Yes
Parental living allowance - 2 Parents	\$ 1,261 <u>371</u> .00	1/1/ 2022 <u>2023</u>	Yes

39.4.3 LTC Post-Eligibility Allowances

Item	Amount	Effective	Updated Annually?
Institutions Personal Needs Allowance	\$45.00	7/1/2001	No
Institutions Home Maintenance Allowance Maximum	\$ 1,020 <u>093</u> .77	1/1/ 2022 <u>2023</u>	Yes
Non-Spousal-Impoverishment Family Maintenance Allowance Maximum	\$ 1,020 <u>093</u> .77	1/1/ 2022 <u>2023</u>	Yes
Community Waivers Basic Needs Allowance	\$ 1,021 <u>094</u> .00	1/1/ 2022 <u>2023</u>	Yes
Community Waivers Personal Maintenance Allowance Maximum	\$ 2,523 <u>742</u> .00	1/1/ 2022 <u>2023</u>	Yes

39.4.4 LTC Spousal Impoverishment Post-Eligibility Allowances and Community Spouse Asset Share

Description	Amount	Effective	Updated Annually?
Community Spouse Lower Income Allocation Limit	\$3,051.66	7/1/2022	Yes
Shelter Base Amount	\$915.50	7/1/2022	Yes
Community Spouse- Income Allocation Maximum	\$ 3,435.00 <u>715.50</u>	1/1/ 2022 <u>2023</u>	Yes
Dependent Family Member Income Allowance Maximum	\$762.92	7/1/2022	Yes
Dependent Family Member Income Allowance Standard	\$2,288.75	7/1/2022	Yes
Community Spouse- Asset Share (CSAS) Maximum	\$ 137,400 <u>148,620</u>	1/1/ 2022 <u>2023</u>	Yes

39.4.5 Family Care, Family Care Partnership, or PACE Group B Plus Cost Share Cap

Item	Amount	Effective	Updated Annually?
Cost Share Cap for Group	\$ 3,228.27 <u>213.15</u>	1/1/ 2022 <u>2023</u>	Yes

B Plus Family Care, Family Care Partnership, or PACE			
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39.4.6 Institutional Cost of Care Values

Item	Amount	Effective	Updated Annually?
Daily Average Private Pay Nursing Home Rate	\$ 307.40 <u>308.71</u>	1/1/ 2022 <u>2023</u>	Yes
Monthly Average Private Pay Nursing Home Rate	\$9, 350.08 <u>389.93</u>	1/1/ 2022 <u>2023</u>	Yes
Monthly Rate for State Centers for Persons with Developmental Disabilities	\$ 28,028.96 <u>30,599.17</u>	1/1/ 2022 <u>2023</u>	Yes

39.4.7 SSI Reference Values

Item	Group Size 1	Group Size 2	Effective	Updated Annually?
Federal SSI Payment Level	\$ 841 <u>914</u> .00	\$1, 261 <u>371</u> .00	1/1/ 2022 <u>2023</u>	Yes
State Supplementary Payment (SSP)	\$83.78	\$132.05	1994	No
SSI E Supplement	\$95.99	\$345.36	1994	No
Substantial Gainful Activity Threshold for Non-Blind Disabled Individuals	\$1, 350 <u>470</u> .00	N/A	1/1/ 2022 <u>2023</u>	Yes
Substantial Gainful Activity Threshold for Blind Individuals	\$2, 260 <u>460</u> .00	N/A	1/1/ 2022 <u>2023</u>	Yes

39.5 FPL Table

Group Size	Annual FPL	100% FPL	120% FPL	133% FPL	135% FPL	150% FPL	156% FPL	160% FPL	185% FPL	191% FPL	200% FPL	201% FPL	240% FPL	250% FPL	300% FPL	306% FPL	30% of 200% FPL
1	\$13,590.4580	\$1,132.5015.00	\$1,359.458.00	\$1,506.23615.95	\$1,528.88640.25	\$1,698.75822.50	\$1,766.70895.40	\$1,812.944.00	\$2,095.13247.75	\$2,463.08320.65	\$2,265.430.00	\$2,276.3342.15	\$2,718.916.00	\$2,831.2530.37.50	\$3,397.50645.00	\$3,465.45717.90	
2	\$18,310.9720	\$1,525.83643.33	\$1,831.972.00	\$2,029.35185.63	\$2,059.87218.50	\$2,288.75465.00	\$2,380.29563.59	\$2,441.629.33	\$2,822.793040.16	\$2,914.343138.76	\$3,051.286.66	\$3,066.92303.09	\$3,661.943.99	\$3,814.584108.33	\$4,577.49929.99	\$4,669.045028.59	\$915.50986.00
3	\$23,030.4860	\$1,919.172071.67	\$2,303.486.00	\$2,552.50755.32	\$2,590.88796.75	\$2,878.763107.51	\$2,993.913231.81	\$3,070.314.67	\$3,550.46832.59	\$3,665.61956.89	\$3,838.4143.34	\$3,857.534164.06	\$4,606.972.01	\$4,797.935179.18	\$5,757.516215.01	\$5,872.666339.31	
4	\$27,750.0000	\$2,312.50500.00	\$2,775.3000.00	\$3,075.63325.00	\$3,121.88375.00	\$3,468.75750.00	\$3,607.50900.00	\$3,700.4000.00	\$4,278.13625.00	\$4,416.88775.00	\$4,625.5000.00	\$4,648.135025.00	\$5,550.6000.00	\$5,781.256250.00	\$6,937.507500.00	\$7,076.25650.00	
5	\$32,470.5140	\$2,705.83928.33	\$3,247.514.00	\$3,598.75894.68	\$3,652.87953.25	\$4,058.75392.50	\$4,221.09568.19	\$4,329.685.33	\$5,005.79417.41	\$5,168.14593.11	\$5,411.856.66	\$5,438.72885.94	\$6,493.7027.99	\$6,764.587320.83	\$8,117.49784.99	\$8,279.84960.69	
6	\$37,190.0280	\$3,099.17356.67	\$3,719.4028.00	\$4,121.90464.37	\$4,183.88531.50	\$4,648.765035.01	\$4,834.715236.41	\$4,958.5370.67	\$5,733.466209.84	\$5,919.416411.24	\$6,198.713.34	\$6,229.33746.91	\$7,438.8056.01	\$7,747.938391.68	\$9,297.5110070.01	\$9,483.4610271.41	
7	\$41,910.5420	\$3,492.50785.00	\$4,191.542.00	\$4,645.035034.05	\$4,714.885109.75	\$5,238.75677.50	\$5,448.30904.60	\$5,588.6056.00	\$6,461.137002.25	\$6,670.687229.35	\$6,985.7570.00	\$7,019.93607.85	\$8,382.9084.00	\$8,731.259462.50	\$10,477.5011355.00	\$11,582.10687.05	
8	\$46,630.0560	\$3,885.834213.33	\$4,663.5056.00	\$5,168.15603.73	\$5,245.87688.00	\$5,828.756320.00	\$6,061.89572.79	\$6,217.741.33	\$7,188.79794.66	\$7,421.948047.46	\$7,771.8426.66	\$7,810.528468.79	\$9,325.10111.99	\$9,714.5810533.33	\$11,657.4912639.99	\$11,890.6412892.79	
9	\$51,350.5700	\$4,279.17641.67	\$5,135.570.00	\$5,691.306173.42	\$5,776.886266.25	\$6,418.76962.51	\$6,675.517241.01	\$6,846.7426.67	\$7,916.468587.09	\$8,173.21865.59	\$8,558.9283.34	\$8,601.139329.76	\$10,270.11140.01	\$10,697.9311604.18	\$12,837.5113925.01	\$13,094.2614203.51	
10	\$56,070.0840	\$4,672.505070.00	\$5,607.6084.00	\$6,214.43743.10	\$6,307.88844.50	\$7,008.75605.00	\$7,289.10909.20	\$7,476.8112.00	\$8,644.139379.50	\$8,924.489683.70	\$9,345.10140.00	\$9,391.7310190.70	\$11,214.12168.00	\$11,681.2512675.00	\$14,017.5015210.00	\$14,297.8515514.20	
11	\$60,790.5980	\$5,065.83498.33	\$6,079.598.00	\$6,737.557312.78	\$6,838.877422.75	\$7,598.758247.50	\$7,902.698577.39	\$8,105.797.33	\$9,371.7910171.91	\$9,675.7410501.81	\$10,131.996.66	\$10,182.3211051.64	\$12,157.13195.99	\$12,664.5813745.83	\$15,197.4916494.99	\$15,501.4416824.89	
12	\$65,510.1120	\$5,459.17926.67	\$6,551.7112.00	\$7,260.70882.47	\$7,369.888001.00	\$8,188.76890.01	\$8,516.319245.61	\$8,734.9482.67	\$10,099.46964.34	\$10,427.0111319.94	\$10,918.11853.34	\$10,972.9311912.61	\$13,102.14224.01	\$13,647.9314816.68	\$16,377.5117780.01	\$16,705.0618135.61	
13	\$70,230.6260	\$5,852.506355.00	\$7,023.626.00	\$7,783.838452.15	\$7,900.888579.25	\$8,778.759532.50	\$9,129.90913.80	\$9,364.10168.00	\$10,827.1311756.75	\$11,178.2812138.05	\$11,705.12710.00	\$11,763.5312773.55	\$14,046.15252.00	\$14,631.2515887.50	\$17,557.5019065.00	\$17,908.6519446.30	
14	\$74,950.1400	\$6,245.83783.33	\$7,495.8140.00	\$8,306.959021.83	\$8,431.879157.50	\$9,368.7510175.00	\$9,743.4910581.99	\$9,993.10853.33	\$11,554.7912549.16	\$11,929.5412956.16	\$12,491.13566.66	\$12,554.1213634.49	\$14,989.16279.99	\$15,614.5816958.33	\$18,737.4920349.99	\$19,112.2420756.99	
15	\$79,670.6540	\$6,639.177211.67	\$7,967.8654.00	\$8,830.109591.52	\$8,962.889735.75	\$9,958.7610817.51	\$10,357.11250.21	\$10,622.11538.67	\$12,282.4613341.59	\$12,680.8113774.29	\$13,278.14423.34	\$13,344.7314495.46	\$15,934.17308.01	\$16,597.9318029.18	\$19,917.5121635.01	\$20,315.8622067.71	
16	\$84,390.1680	\$7,032.50640.00	\$8,439.9168.00	\$9,353.2310161.20	\$9,493.8810314.00	\$10,548.7511460.00	\$10,970.7011918.40	\$11,252.12224.00	\$13,010.1314134.00	\$13,432.0814592.40	\$14,065.15280.00	\$14,135.3315356.40	\$16,878.18336.00	\$17,581.2519100.00	\$21,097.5022920.00	\$21,519.4523378.40	
17	\$89,110.6820	\$7,425.838068.33	\$8,911.9682.00	\$9,876.3510730.88	\$10,024.8710892.25	\$11,138.7512102.50	\$11,584.2912586.59	\$11,881.12909.33	\$13,737.7914926.41	\$14,183.3415410.51	\$14,851.16136.66	\$14,925.9216217.34	\$17,821.19363.99	\$18,564.5820170.83	\$22,277.4924204.99	\$22,723.0424689.09	
18	\$93,830.01960	\$7,819.178496.67	\$9,383.10196.00	\$10,399.5011300.57	\$10,555.8811470.50	\$11,728.7612745.01	\$12,197.9113254.81	\$12,510.13594.67	\$14,465.4615718.84	\$14,934.6116228.64	\$15,638.16993.34	\$15,716.5317078.31	\$18,766.20392.01	\$19,547.9321241.68	\$23,457.5125490.01	\$23,926.6625999.81	
19	\$98,550.07100	\$8,212.50925.00	\$9,855.10710.00	\$10,922.6311870.25	\$11,086.8812048.75	\$12,318.7513387.50	\$12,811.5013923.00	\$13,140.14280.00	\$15,193.1316511.25	\$15,685.8817046.75	\$16,425.17850.00	\$16,507.1317939.25	\$19,710.21420.00	\$20,531.2522312.50	\$24,637.5026775.00	\$25,130.2527310.50	
20	\$103,27	\$8,605.839	\$10,327.1	\$11,445.75	\$11,617.87	\$12,908.75	\$13,425.09	\$13,769.1	\$15,920.79	\$16,437.14	\$17,211.1	\$17,297.72	\$20,653.2	\$21,514.58	\$25,817.49	\$26,333.84	

	<u>0</u> <u>112,240</u>	<u>.353.33</u>	<u>1,224.00</u>	<u>12,439.93</u>	<u>12,627.00</u>	<u>14,030.00</u>	<u>14,591.19</u>	<u>4,965.33</u>	<u>17,303.66</u>	<u>17,864.86</u>	<u>8,706.66</u>	<u>18,800.19</u>	<u>2,447.99</u>	<u>23,383.33</u>	<u>28,059.99</u>	<u>28,621.19</u>	
21	<u>\$107.99</u> <u>0</u> <u>117,380</u>	<u>\$8,999.17</u> <u>.781.67</u>	<u>\$10,799</u> <u>1,738.00</u>	<u>\$11,968.00</u> <u>13,009.62</u>	<u>\$12,148.88</u> <u>13,205.25</u>	<u>\$13,498.76</u> <u>14,672.51</u>	<u>\$14,038.71</u> <u>15,259.41</u>	<u>\$14,398</u> <u>5,650.67</u>	<u>\$16,648.46</u> <u>18,096.09</u>	<u>\$17,188.41</u> <u>18,682.99</u>	<u>\$17,998</u> <u>9,563.34</u>	<u>\$18,088.33</u> <u>19,661.16</u>	<u>\$21,598</u> <u>3,476.01</u>	<u>\$22,497.93</u> <u>24,454.18</u>	<u>\$26,997.51</u> <u>29,345.01</u>	<u>\$27,537.46</u> <u>29,931.91</u>	
22	<u>\$112.71</u> <u>0</u> <u>122,520</u>	<u>\$9,392.50</u> <u>0,210.00</u>	<u>\$11,271</u> <u>2,252.00</u>	<u>\$12,492.03</u> <u>13,579.30</u>	<u>\$12,679.88</u> <u>13,783.50</u>	<u>\$14,088.75</u> <u>15,315.00</u>	<u>\$14,652.30</u> <u>15,927.60</u>	<u>\$15,028</u> <u>6,336.00</u>	<u>\$17,376.13</u> <u>18,888.50</u>	<u>\$17,939.68</u> <u>19,501.10</u>	<u>\$18,785</u> <u>0,420.00</u>	<u>\$18,878.93</u> <u>20,522.10</u>	<u>\$22,542</u> <u>4,504.00</u>	<u>\$23,481.25</u> <u>,525.00</u>	<u>\$28,177.50</u> <u>30,630.00</u>	<u>\$28,741.05</u> <u>31,242.60</u>	
23	<u>\$117.43</u> <u>0</u> <u>127,660</u>	<u>\$9,785.83</u> <u>0,638.33</u>	<u>\$11,743</u> <u>2,766.00</u>	<u>\$13,015.15</u> <u>14,148.98</u>	<u>\$13,210.87</u> <u>14,361.75</u>	<u>\$14,678.75</u> <u>15,957.50</u>	<u>\$15,265.89</u> <u>16,595.79</u>	<u>\$15,657</u> <u>7,021.33</u>	<u>\$18,103.79</u> <u>19,680.91</u>	<u>\$18,690.94</u> <u>20,319.21</u>	<u>\$19,571</u> <u>1,276.66</u>	<u>\$19,669.52</u> <u>21,383.04</u>	<u>\$23,485</u> <u>5,531.99</u>	<u>\$24,464.58</u> <u>26,595.83</u>	<u>\$29,357.49</u> <u>31,914.99</u>	<u>\$32,553.29</u> <u>944.64</u>	
24	<u>\$122.15</u> <u>0</u> <u>132,800</u>	<u>\$10,179.17</u> <u>11,066.67</u>	<u>\$12,215</u> <u>3,280.00</u>	<u>\$13,538.30</u> <u>14,718.67</u>	<u>\$13,741.88</u> <u>14,940.00</u>	<u>\$15,268.76</u> <u>16,600.01</u>	<u>\$15,879.51</u> <u>17,264.01</u>	<u>\$16,286</u> <u>7,706.67</u>	<u>\$18,831.46</u> <u>20,473.34</u>	<u>\$19,442.21</u> <u>,137.34</u>	<u>\$20,358</u> <u>2,133.34</u>	<u>\$20,460.13</u> <u>22,244.01</u>	<u>\$24,430</u> <u>6,560.01</u>	<u>\$25,447.93</u> <u>27,666.68</u>	<u>\$30,537.51</u> <u>33,200.01</u>	<u>\$31,148.26</u> <u>33,864.01</u>	
each additional person	<u>\$4,720</u> <u>140</u>	<u>\$393</u> <u>428.33</u>	<u>\$472</u> <u>514.00</u>	<u>\$523.13</u> <u>569.68</u>	<u>\$531.00</u> <u>578.25</u>	<u>\$590.00</u> <u>642.50</u>	<u>\$613.59</u> <u>668.19</u>	<u>\$629</u> <u>685.33</u>	<u>\$727.66</u> <u>792.41</u>	<u>\$751.26</u> <u>818.11</u>	<u>\$786</u> <u>856.66</u>	<u>\$790.59</u> <u>867.99</u>	<u>\$943</u> <u>1,027.99</u>	<u>\$983.33</u> <u>1,070.83</u>	<u>\$1,179</u> <u>284.99</u>	<u>\$1,203.59</u> <u>310.69</u>	
		QMB BC+ Extensions trigger limit BC+ Adults limit - MAP P premium limit	SLMB	BC+ adult premium limit	QI-1 (SLMB+)		MAGI/BC+ Limit for kids 6-18 subject to access / backdate / EE	SeniorCare tier one limit	BC+ EE for kids ages 1-5	MAGI/BC+ limit for kids 1-5 subject to access / backdate / EE	QDWI & lower SI Inc Alloc BC+ kids premiums BC+ adults limit	MAGI/BC+ kids premiums	SeniorCare tier three limit	MAPP	BC+ pregnant women kids limit	MAGI/BC+ pregnant women kids limit	excess shelter allowance

Annual figures for SeniorCare	<u>\$21,744</u> <u>23,328.00</u>	<u>\$27,180</u> <u>29,160.00</u>	<u>\$32,616</u> <u>34,992.00</u>
	<u>\$29,296</u> <u>31,552.00</u>	<u>\$36,620</u> <u>39,440.00</u>	<u>\$43,944</u> <u>47,328.00</u>

39.6 COLA Disregard

To calculate the *COLA disregard* amount, do the following:

1. Find the current gross OASDI income, which is the sum of:
 - a. The amount of the OASDI check
 - b. Any amount being deducted from the OASDI check for Medicare premiums (do not include Medicare Part B premiums that are paid for by the state)
 - c. Any amount being withheld from the OASDI check to recover a previous overpayment
2. In the table below, find the decimal figure that corresponds to the last month when the person received an SSI payment.
3. Multiply the gross OASDI income by the applicable decimal figure and round to the nearest whole dollar. The result is the historical COLA disregard amount.

Month SSI Last Received	Multiply 2022 2023 OASDI by:	Multiply 2024 2022 OASDI by:
Jan 2022 - Dec 2022	<u>0.080037</u>	--
Jan 2021 - Dec 2021	0.055713 <u>131291</u>	-0.055713
Jan 2020 - Dec 2020	0.067834 <u>142439</u>	0.012833 <u>067831</u>
Jan 2019 - Dec 2019	0.082514 <u>155944</u>	0.028379 <u>082511</u>
Jan 2018 - Dec 2018	0.107504 <u>178934</u>	0.054843 <u>107501</u>
Jan 2017 - Dec 2017	0.125004 <u>195033</u>	0.073376 <u>125001</u>
Jan 2016 - Dec 2016	0.127618 <u>197441</u>	0.076148 <u>127618</u>
Jan 2015 - Dec 2015	0.127618 <u>197441</u>	0.076148 <u>127618</u>
Jan 2014 - Dec 2014	0.142204 <u>210856</u>	0.091590 <u>142201</u>
Jan 2013 - Dec 2013	0.154877 <u>222518</u>	0.105015 <u>154877</u>
Jan 2012 - Dec 2012	0.169004 <u>235515</u>	0.119976 <u>169004</u>
Jan 2011 - Dec 2011	0.197884 <u>262080</u>	0.150556 <u>197881</u>
Jan 2010 - Dec 2010	0.197884 <u>262080</u>	0.150556 <u>197881</u>
Jan 2009 - Dec 2009	0.197884 <u>262080</u>	0.150556 <u>197881</u>
Jan 2008 - Dec 2008	0.241853 <u>302533</u>	0.197123 <u>241853</u>
Jan 2007 - Dec 2007	0.258899 <u>318214</u>	0.215174 <u>258899</u>
Jan 2006 - Dec 2006	0.282574 <u>339994</u>	0.240245 <u>282574</u>
Jan 2005 - Dec 2005	0.310830 <u>365989</u>	0.270169 <u>310830</u>
Jan 2004 - Dec 2004	0.328948 <u>382657</u>	0.289356 <u>328948</u>
Jan 2003 - Dec 2003	0.342750 <u>395354</u>	0.303973 <u>342750</u>
Jan 2002 - Dec 2002	0.351825 <u>403703</u>	0.313582 <u>351825</u>
Jan 2001 - Dec 2001	0.368250 <u>418813</u>	0.330977 <u>368250</u>
Jan 2000 - Dec 2000	0.389614 <u>438467</u>	0.353604 <u>389614</u>
Jan 1999 - Dec 1999	0.403920 <u>451628</u>	0.368754 <u>403920</u>
Jan 1998 - Dec 1998	0.411569 <u>458665</u>	0.376852 <u>411569</u>
Jan 1997 - Dec 1997	0.423672 <u>469800</u>	0.389669 <u>423672</u>
Jan 1996 - Dec 1996	0.439915 <u>484742</u>	0.406870 <u>439915</u>
Jan 1995 - Dec 1995	0.454108 <u>497799</u>	0.421900 <u>454108</u>
Jan 1994 - Dec 1994	0.468976 <u>511478</u>	0.437646 <u>468976</u>
Jan 1993 - Dec 1993	0.482433 <u>523858</u>	0.451897 <u>482433</u>
Jan 1992 - Dec 1992	0.497508 <u>537726</u>	0.467864 <u>497508</u>
Jan 1991 - Dec 1991	0.515437 <u>554220</u>	0.486848 <u>515437</u>
Jan 1990 - Dec 1990	0.540263 <u>577059</u>	0.513138 <u>540263</u>
Jan 1989 - Dec 1989	0.560900 <u>596044</u>	0.534993 <u>560900</u>
Jan 1988 - Dec 1988	0.577789 <u>611581</u>	0.552878 <u>577789</u>

Jan 1987 - Dec 1987	0. 594807 <u>627237</u>	0. 570900 <u>594807</u>
Jan 1986 - Dec 1986	0. 600007 <u>632021</u>	0. 576407 <u>600007</u>
Jan 1985 - Dec 1985	0. 612034 <u>643085</u>	0. 589144 <u>612034</u>
Jan 1984 - Dec 1984	0. 625153 <u>655155</u>	0. 603037 <u>625153</u>
Jul 1983 - Dec 1983	0. 637829 <u>666816</u>	0. 616464 <u>637829</u>
Jul 1982 - Jun 1983	0. 662783 <u>689773</u>	0. 642888 <u>662783</u>
Jul 1981 - Jun 1982	0. 696748 <u>721019</u>	0. 678856 <u>696748</u>
Jul 1980 - Jun 1981	0. 734687 <u>755922</u>	0. 719034 <u>734687</u>
Jul 1979 - Jun 1980	0. 758587 <u>777909</u>	0. 744344 <u>758587</u>
Jul 1978 - Jun 1979	0. 773324 <u>791464</u>	0. 759947 <u>773321</u>
Apr 1977 - Jun 1978	0. 785950 <u>803082</u>	0. 773324 <u>785950</u>

39.11 SeniorCare Income Limits

39.11.1 SeniorCare Income Limits Introduction

For applicants determined eligible, SeniorCare pays for a portion of covered prescription drugs, depending on the person's participation level.

Effective with benefit periods starting September 1, 2003, there are four participation levels. The level of benefits an applicant receives depends on his or her annual income and, for some, on the amount they spend on covered prescription drugs during their 12-month benefit period.

The participation levels are:

- Level 1: Co-Payment (Annual income is at or below 160% of the FPL.)
- Level 2a: Deductible \$500- (Annual income is greater than 160% of the FPL and less than or equal to 200% of the FPL.)
- Level 2b: Deductible \$850- (Annual income is greater than 200% of the FPL and less than or equal to 240% of the FPL.)
- Level 3: Spenddown (Annual income is above 240% of the FPL.)

Note:	The FPL may be adjusted annually (see Section 39.5 FPL Table for current FPLs). If the FPL changes during the eligibility determination process or before a redetermination can be completed, the new levels will be used.
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SeniorCare Levels of Participation	
Income Limits*	Annual Out-of-Pocket Expense Requirements and Benefits
Level 1 Income at or below 160% of FPL At or below \$21,744 <u>23,328</u> per individual or \$29,296 <u>31,552</u> per couple annually.*	<ul style="list-style-type: none"> • No deductible or spenddown. • \$5 co-pay for each covered generic prescription drug. • \$15 co-pay for each covered brand name prescription drug.
Level 2a Income above 160% and at or below 200% FPL \$21,745 <u>23,329</u> to \$27,180 <u>29,160</u> per individual and \$29,297 <u>31,553</u> to \$36,620 <u>39,440</u> per couple annually.*	<ul style="list-style-type: none"> • \$500 deductible per person. • Pay the SeniorCare rate for drugs until the \$500 deductible is met. • After \$500 deductible is met, pay a \$5 co-pay for each covered generic prescription drug and a \$15 co-pay for each covered brand name prescription drug.
Level 2b Income above 200% and at or below 240% of FPL \$27,181 <u>29,161</u> to \$32,616 <u>34,992</u> per individual and \$36,621 <u>39,441</u> to \$43,944 <u>47,328</u> per couple annually.	<ul style="list-style-type: none"> • \$850 deductible per person. • Pay the SeniorCare rate for most covered drugs until the \$850 deductible is met. • After \$850 deductible is met, pay a \$5 co-pay for each covered generic prescription drug and a \$15 co-pay for each covered brand name prescription drug.
Level 3 Annual income is above 240% of the FPL \$32,617 <u>34,993</u> or higher per individual and \$43,945 <u>47,328</u> or higher per couple annually.*	<ul style="list-style-type: none"> • Pay retail price for drugs equal to the difference between the member's income and \$32,616 per individual or \$43,944 per couple. This is called "spenddown." __ • Covered drug costs for spenddown will be tracked automatically. During the spenddown, there is no discount on drug costs. • After spenddown is met, meet an \$850 deductible per person. • Pay SeniorCare rate for most covered drugs until the \$850 deductible is met. • After the \$850 deductible is met, pay a \$5 co-pay for each covered generic prescription drug and a \$15 co-pay for each covered brand name prescription drug.

* These income amounts are based on the ~~2022~~-2023 federal poverty guidelines, which typically increase by a small amount each year.

39.11.2 Level 1: Copayment

SeniorCare will pay for covered prescription drugs purchased from participating pharmacies except for participant copayments.

Level 1 participants are required to pay a \$5 copayment for each covered generic prescription drug, and a \$15 copayment for each covered brand name prescription drug.

When there is no generic equivalent, the participant will still have to pay the \$15 brand name copay.

If a participant has private insurance with a higher copayment per prescription than SeniorCare, the SeniorCare copayment rules will apply, and benefits will be coordinated with the private insurance company. Providers who have questions regarding billing/benefit coordination should contact Provider Services at 1-800-947-9627.

Residents of nursing homes and community-based residential facilities will have to pay the usual SeniorCare copayment even when they are required to purchase drugs on less than a monthly basis.

39.11.3 Level 2a: Deductible

Level 2a participants have an annual deductible of \$500. The participant will get a discount off the retail price for most covered prescription drugs during the deductible period. The discount amount depends on the particular drug prescribed.

After this deductible is met, a level 2a participant is required to pay a \$5 copayment for each covered generic prescription drug and a \$15 copayment for each covered brand name prescription drug.

When there is no generic equivalent, the participant will still have to pay the \$15 brand name copay.

39.11.4 Level 2b: Deductible

Level 2b participants have an annual deductible of \$850. The participant will get a discount off the retail price for most covered prescription drugs during the deductible period. The discount amount depends on the particular drug prescribed.

After this deductible is met, a level 2b participant is required to pay a \$5 copayment for each covered generic prescription drug, and a \$15 copayment for each covered brand name prescription drug.

When there is no generic equivalent, the participant will still have to pay the \$15 brand name copay.

Note:	If married persons in the same FTG with annual income above 160% of FPL are determined non-financially eligible at different times, the deductible amount is prorated for the spouse who applies later (see SECTION 33.9.3.1 FTG CHANGES AT LEVEL 2A AND 2B)
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39.11.5 Level 3: Spenddown

Level 3 participants must meet a spenddown. The amount of spenddown is the difference between the FTG annual income and 240% of the FPL corresponding to the size of the FTG. The SeniorCare program tracks the amount spent on covered prescriptions drugs that can be applied to an applicant's spenddown.

39.11.5.1 Level 3: Fiscal Test Group of One

A SeniorCare participant considered as a FTG of one with gross annual income above 240% FPL pays retail prices for covered prescription drugs until those payments equal the spenddown amount.

After the spenddown has been met by purchasing drugs at regular prices the participant has an annual deductible of \$850. During the deductible period the participant will get a discount off the retail price for most covered prescription drugs during the deductible period.

After this deductible is met, they are required to pay a \$5 copayment for each covered generic prescription drug, and a \$15 copayment for each covered brand name prescription drug.

When there is no generic equivalent, the participant will still have to pay the \$15 brand name copay.

Example 1:	Dorothy's annual income is \$ 353,992 616 . This is \$1,000 more than 240% of the FPL for a FTG of one. Her spenddown amount for the 12-month benefit period is \$1,000. Dorothy pays the retail price for her covered prescription drugs until those payments equal the spenddown amount. If Dorothy meets the spenddown during her benefit period, she can begin purchasing covered prescription drugs at the discounted rate. These costs are applied toward the \$850 deductible. After this deductible is met, Dorothy purchases covered prescription drugs at the copayment amounts for the remainder of her benefit period.
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39.11.5.2 Level 3: Fiscal Test Group of Two

Married persons considered as a FTG of two with annual income greater than 240% FPL and in which both spouses are determined non-financially eligible at the same time pay retail price for covered prescription drugs until the spenddown requirement is met. In this case, the spenddown amount is shared, and covered prescription drugs purchased for either person in the married couple will count toward meeting the spenddown requirement, when both are eligible.

After the spenddown has been met, each spouse must meet a separate \$850 deductible requirement. Participants will get a discount off the retail price for most covered prescription drugs during the deductible period. Only the covered prescription drugs purchased for an individual spouse may count toward that spouse's deductible.

After a spouse has met his or her deductible, he or she is required to pay a \$5 copayment for each covered generic prescription drug, and a \$15 copayment for each covered brand name prescription drug.

When there is no generic equivalent, the participant will still have to pay the \$15 brand name copay.

Example 2:	Bob and Alice's annual income is \$ 95,328 944 , which is \$2,000 more than 240% of the FPL for a FTG of two. Both spouses are eligible and, for the 12-month benefit period, their joint spenddown amount is \$2,000. Bob and Alice pay for their covered prescription drugs at retail price until the \$2,000 spenddown is met. Covered prescription drugs purchased for either Bob or Alice will count toward the spenddown requirement. After Bob and Alice meet the spenddown, each person has a \$850 deductible. Only covered prescription drugs purchased for Bob count toward his deductible, and only covered prescription drugs purchased for Alice count toward her deductible. Bob meets his deductible in two months. He then purchases covered prescription drugs at the copayment amounts for the remainder of his benefit period. Alice meets her deductible in three months. She then purchases covered prescription drugs at the copayment amounts for the remainder of her benefit period.
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If only one spouse in a married couple is determined eligible, only that spouse's costs count toward the spenddown. They pay retail price for covered prescription drugs until the spenddown requirement is met.

Example 3:	Tracy and Dave's annual income is \$ 95,328 944 , which is \$2,000 more than 240% of the FPL for a FTG of two. Because Tracy is 63 years old, only Dave is eligible for SeniorCare. For the 12-month benefit period Dave's spenddown amount is \$2,000. Tracy and Dave pay for their covered prescription drugs at retail price. Only covered prescription drugs purchased for Dave count toward the spenddown requirement. After Dave has met the \$2,000 spenddown, he has a \$850 deductible. Only covered prescription drugs purchased for Dave count toward his deductible. After Dave meets his deductible, he purchases covered prescription drugs at the copayment amounts for the
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remainder of his benefit period.