

# Medicaid Handbook Coversheet

## Change Summary for Medicaid Eligibility Handbook Release 26-01

Release Date: 02/13/2026

This coversheet contains a summary of the changes included in this release and the redline edit changes that were made in the handbook.

### Policy Changes

TOPIC	SUMMARY	SECTIONS	SOURCE
<b>COLA and FPL updates</b>	Updates to financial eligibility figures based on SSA's 2026 cost-of-living adjustment (COLA), 2026 federal poverty level (FPL) guidelines, and 2026 institutional cost of care values	<ul style="list-style-type: none"> <li>17.3.2 Calculating the Penalty Period</li> <li>18.4.3 Calculate the Community Spouse Asset Share</li> <li>20.3.8.1.2 Reasonable Compatibility Thresholds</li> <li>25.3.3 Determining the COLA Disregard for 503 Group</li> <li>26.5.1 Calculation</li> <li>39.4 EBD Assets and Income Tables</li> <li>39.5 FPL Table</li> <li>39.11 SeniorCare Income Limits</li> <li>39.12 Five Percent Copay Limit Tiers</li> <li>39.13 VA Allowance Rates</li> </ul>	OM 25-20 OM 25-21 OM 26-02
<b>LTC Home Equity Limit</b>	Update to long-term care (LTC) home equity limit to align with federal requirements	<ul style="list-style-type: none"> <li>16.8.1.4 Home Equity Over \$750,000.00</li> <li>39.4.8 LTC Home Equity Limit</li> </ul>	OM 25-24
<b>Tribal General Welfare Assistance</b>	Tribal General Welfare Assistance is not countable income and is disregarded as an asset for 12 months following the month received.	<ul style="list-style-type: none"> <li>15.3.14 Payments to Native Americans</li> <li>15.4.19 Payments to Native Americans</li> <li>16.7.29 Tribal General Welfare Assistance Payments</li> </ul>	OM 24-16

## Clarifications and Corrections

TOPIC	SUMMARY	SECTIONS
<b>Medicaid Redetermination Compliance</b>	Certification date corrections in examples.	<ul style="list-style-type: none"> <li>• 3.1.2 Late Renewals</li> <li>• 3.1.3 Late Verifications for Renewals</li> <li>• 3.1.4 Gaps in Coverage</li> <li>• 5.2.3 Katie Beckett Medicaid Members Moving to Other EBD Medicaid Programs</li> <li>• 32.10.1 QMB Renewals</li> </ul>
<b>Example correction</b>	Removed year from example.	<ul style="list-style-type: none"> <li>• 24.7.1 Countable Costs</li> </ul>
<b>LTC Home Equity Limit</b>	Updated terminology and removed years from examples.	<ul style="list-style-type: none"> <li>• 16.8.1.4 Home Equity Over \$750,000.00</li> </ul>

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## 3.1 Renewals

### 3.1.2 Late Renewals

Health care renewals received within three months of the renewal month can be processed as a late renewal instead of requiring a new application. There is no requirement for prior health care benefits to be maintained for a late renewal. The three-month period that allows for late renewals and renewal-related verifications starts the month after enrollment ended. It does not restart when a late renewal or when late verification has been submitted.

Exceptions: Late renewal policies do not apply to SeniorCare.

This policy applies to members receiving health care benefits based on a met deductible but not to members with an unmet deductible.

Late renewals are only permitted for people whose eligibility has ended due to lack of renewal and not for other reasons.

Late renewals and renewal-related verifications must be accepted for up to three calendar months after the renewal month. Members whose health care benefits are closed more than three months due to lack of renewal must reapply.

A late submission of an online or paper renewal form or a late renewal request by phone or in person is a valid request for health care. If verification is required to complete the renewal, the member has 20 days to provide it, even if this extends renewal processing into the fourth month after benefits closed.

Example 1	Jenny's renewal is due in January. No renewal is received by January adverse action, so a notice is sent to Jenny explaining her coverage will end effective January 31. Her renewal is later received on March 10, and Jenny requested backdated coverage for February. Jenny's income verification is due on March 30. She provides verification of February and March income by the due date and meets all other eligibility criteria for Medicaid. Her new certification period starts on <del>February 1</del> . <u>March 1 with a backdate to February 1</u> . Her next renewal will be due in February of the following year.
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Example 2	<p>Joni's renewal is due in January. Joni did not submit a renewal by January adverse action, so a notice is sent to Joni explaining her coverage will end effective January 31. She submits a renewal on April 25, with a backdate request to February. The renewal is processed the same day, and she is asked to provide verification of her income by May 15.</p> <p>If Joni provides verification of her February, March and April income on or before May 15 and meets all other eligibility criteria for Medicaid, she will be enrolled in a new certification period starting on <u>April 1 with a backdate to</u> February 1. Her next renewal will be due <del>January 31</del> <u>in March</u> of the following year.</p> <p>If Joni submits verification after the May 15 due date, a new application is required. She can request up to three months of backdated coverage when she reapplies.</p>
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For QMB renewals benefits reopen from the first of the month following when current coverage ends, whether the renewal is completed timely in the renewal month or completed late in the month following the renewal month. See [Section 32.10.1 QMB Renewals](#).

Example 3	Shelly has Medicaid and QMB renewals due in February. She submits her Medicaid and QMB renewal late with the necessary verifications on March 20. On March 30, the worker processes the renewal and verifications which completes the Medicaid and QMB renewal. The member is enrolled in Medicaid and QMB with a new certification period starting March 1. There is no gap in her QMB eligibility because benefits are confirmed in the month following the renewal month.
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Example 4	Cindy has Medicaid and QMB renewals due in February. She submits her Medicaid and QMB renewal late with the necessary verifications on April 20, requesting a backdate for March. On April 22, the renewal and verifications for March and April are processed, which completes the Medicaid and QMB renewal. The member is enrolled in Medicaid with a new certification period starting <u>April 1 with a backdate to March 1</u> , and QMB with a new certification period starting May 1. There is a gap in her QMB eligibility because the redetermination was not confirmed during the renewal month or the month following the renewal month.
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### 3.1.3 Late Verifications for Renewals

If a health care renewal is received timely but verifications are not provided with the renewal submission, the health care program open during the renewal month is maintained while awaiting verifications. If verification is not received by the verification due date, the requirement to maintain benefits ends and health care coverage ends.

If a health care renewal is received late, health care is not maintained while eligibility is being redetermined. Regardless of whether a renewal was received timely or late, if verifications are submitted anytime in the three months following the renewal month health care can reopen without a new application.

During the three months following the renewal due month, any verification that was previously provided as part of the renewal process, including AVS results, remains acceptable unless a subsequent change was reported. Only the missing verifications must be provided.

If a member has a gap in coverage, and is requesting backdated coverage, verification is required for all requested months. The member will have 20 days to provide the verification.

Example 5	Sunny's Medicaid renewal is due in January. She completes her renewal timely on January 5, and income verification is requested with a due date of January 25. Medicaid coverage is maintained for February. Sunny does not submit the requested verification by January 25, and her Medicaid eligibility ends February 28. On April 27, she submits paystubs for March 10 and March 24, and requests a backdate to March. Verification of her current income for April is requested, with a due date of May 17. On May 17, April income verification is provided. Sunny meets the eligibility criteria for Medicaid and her new certification period begins on <u>March 1-April 1 with a backdate to March 1</u> . Her next renewal will be due in March of the following year.
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### 3.1.4 Gaps in Coverage

If a member has a gap in coverage because of a late renewal, late verifications, or both, the member may request coverage of the past months in which a gap in coverage occurred. Backdated coverage under the late renewal policy is available to all health care members who meet program rules (see Section 2.8.2 Backdated Eligibility).

If a member requests coverage for past months during a late renewal, they must provide all necessary information and verification for those months (including verification of income and assets for all months requested). A member must also pay any required premiums to become eligible for those months.

Note	QMB coverage is not retroactive. For QMB see <a href="#">Section 32.10.1</a> for QMB begin dates following a renewal.
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Example 6	Marge's SLMB+ renewal is due in January. No renewal is received by January adverse action. A notice of SLMB+ coverage ending January 31 is sent to Marge. She calls the agency to complete a late renewal on April 15 and requests a backdate to February. Verification is requested for February, March and April. The due date is May 5. If she provides verifications for each month on or before May 5 (and she meets all other eligibility criteria) her <b>eligibility and certification period restart</b> starts as of <u>April 1 with a backdate to February 1</u> . <u>Her next renewal will be due in March of the following year.</u>
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## 5.2 Determination of Disability

### 5.2.3 Katie Beckett Medicaid Members Moving to Other EBD Medicaid Programs

Katie Beckett Medicaid (KBM) is a full-benefit Medicaid program for children with disabilities who have complex health care needs and live at home (see Chapter 29.1 Katie Beckett Medicaid). KBM workers determine eligibility for KBM. Eligibility for KBM requires a disability determination that is completed by the Bureau of Clinical Policy and Pharmacy (BCPP) rather than the Disability Determination Bureau (DDB). BCPP uses the same criteria as the Social Security Administration (SSA) and the DDB.

When a member loses eligibility for KBM for any reason other than a medical cessation of disability, the member's KBM disability determination meets the disability requirement for all categories of EBD Medicaid as long as the member submits requested information timely. The member's submission of information is timely if a health care application is submitted to IM within three months of when their KBM coverage ended. When an application is received, if the former KBM member otherwise meets all financial and non-financial requirements, they will be enrolled in an EBD Medicaid program first and then asked to submit the Medicaid-Disability Application, [F-10112](#) (MADA), and an Authorization to Disclose Information to Disability Determination Bureau (DDB), [F-14014](#) (ADDD). As long as all required information is provided timely and they are otherwise eligible, the former KBM member will continue to be considered to meet the disability requirement for all Medicaid programs until there is a decision on their DDB disability application. The member's eligibility will be redetermined once there is a final decision on their DDB disability application.

If the health care application is submitted more than three months after KBM coverage ends, or if the required MADA and ADDD forms and all requested information and verification are not submitted timely, the KBM disability determination will no longer satisfy the disability requirement for other Medicaid programs. The member will need a DDB disability determination to enroll or maintain their enrollment in an EBD Medicaid program or they may qualify for a health care program that does not require a disability determination, such as BadgerCare Plus.

Example 4	Carmen is 2 years old and enrolled in KBM through the end of May of this year. In February, Carmen is hospitalized and remains hospitalized in April. Despite her hospitalization for over 30 days, Carmen remains in KBM because she is still within her 12 months of continuous coverage. In late April, Carmen's parents complete a KBM renewal. Due to her hospitalization, she is no longer eligible for KBM after her continuous coverage ends. She receives a letter informing her that her KBM enrollment will end on May 31. The letter states that if she submits a health care application to the IM agency within 30 days of the letter's date, her KBM coverage will be extended until it is determined whether she is eligible for another Medicaid program. On May 5, Carmen's parents submit a health care application to the IM agency. On May 10, the IM agency processes Carmen's application and determines that she is eligible for Institutional Medicaid, and she is enrolled as of June 1. Carmen is sent a letter requesting that she submit the MADA and ADDD forms within 20 days. On May 20, Carmen's parents submit the completed MADA and ADDD forms. Carmen's Katie Beckett disability determination meets the EBD Medicaid disability requirement while she waits for a decision on her DDB application. Carmen's disability application is later approved by the DDB, and her Institutional Medicaid continues with a May renewal date.
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Example 5	<p>Tim is 15 years old and enrolled in KBM through the end of September. In July, it is determined that he no longer requires an institutional level of care, but he remains enrolled in KBM because he is still within his 12 months of continuous coverage. In August, Tim's parents complete a KBM renewal. Because he does not meet the institutional level of care requirement, he is no longer eligible for KBM after his continuous coverage period ends. Tim receives a letter informing him that his KBM enrollment will end on September 30. The letter states that if he submits a health care application to the IM agency within 30 days of the letter's date, his KBM coverage will be extended until it is determined whether he is eligible for another Medicaid program. In mid-September, Tim receives a notice informing him that his KBM enrollment will end on September 30. Tim's KBM enrollment ends on September 30 because he did not submit his health care application by the 30-day deadline, so his KBM coverage is not extended. On December 10, Tim's parents submit a health care application to the IM agency requesting a two-month backdate. On December 15, the application is processed, and Tim is determined non-financially and financially eligible for SSI-Related Medicaid. Tim is enrolled in SSI-Related Medicaid <u>as of December 1</u> with a <del>retroactive start date of</del> <u>backdate to</u> October 1. On December 15, Tim is sent a letter requesting that the MADA and ADDD forms be completed and returned within 20 days. Tim's parents submit the MADA and ADDD forms on December 30. Because Tim's application was received within three months of the KBM end date and he submitted the MADA and ADDD forms timely, the KBM disability determination meets the disability criteria for all EBD Medicaid programs while he waits for a decision on his DDB application. Tim's disability application is later approved by the DDB, and his Medicaid continues with a <del>September</del> <u>November</u> renewal date.</p>
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Example 6	<p>Sam is enrolled in KBM. Sam turns 19 on August 20. Six months prior to her birthday, Sam receives a letter informing her that her enrollment in KBM will end August 31 due to turning 19. On August 1, Sam submits a health care application, MADA, and ADDD to the IM agency. At adverse action in August, Sam receives a notice informing her that her KBM enrollment will end as of August 31. On August 20, Sam's application is processed, and she is determined non-financially and financially eligible for Medicaid Purchase Plan (MAPP). Sam's KBM disability determination meets the disability requirement for MAPP while she waits for a decision on her DDB application. Sam is enrolled in MAPP beginning September 1. Her disability application is later approved by the DDB, and her Medicaid continues with an August renewal date.</p>
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Example 7	<p>Daniel is 5 years old and enrolled in KBM through the end of June. In January, it is determined that he no longer requires an institutional level of care, but he remains enrolled in KBM because he is still within his 12 months of continuous coverage. In May, Daniel's parents complete a KBM renewal. Because he does not meet the institutional level of care requirement, he is no longer eligible for KBM after his continuous coverage period ends. Daniel receives a letter informing him that his KBM enrollment will end on June 30. The letter states that if he submits a health care application to the IM agency within 30 days of the letter's date, his KBM coverage will be extended until it is determined whether he is eligible for another Medicaid program. On June 2, Daniel's parents submit a health care application to the IM agency. On June 10, Daniel is determined eligible for SSI-Related Medicaid. Daniel is enrolled in SSI-Related Medicaid with a start date of July 1. Daniel is sent a letter requesting that the MADA and ADDD forms be completed and returned within 20 days. On June 25,</p>
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Daniel's parents submit his MADA and ADDD forms. Daniel's disability application is denied by the DDB on September 1. Since Daniel no longer meets the disability requirement for EBD Medicaid programs, he is no longer eligible for SSI-Related Medicaid. If he is ineligible for any other Medicaid program, he will remain in SSI-Related Medicaid until the end of his continuous ~~eligibility~~coverage period on June 30.

## 15.3 Exempt/Disregarded Income

### 15.3.14 Payments to Native Americans

Disregard the following payments to Native Americans:

1. Menominee Indian Bond interest payments
2. All judgment payments to tribes through the Indian Claims Commission or Court of Claims
3. Payments under the Alaskan Native Claims Settlement Act
4. Payments under the Maine Indian Claims Settlement Fund
5. Payments under PL 93-124 to the Sisseton-Wahpeton Sioux Tribe, except individual shares over \$2,000
6. Payments under PL 93-134 to the Maricopa Ak-Chin Indian Community, Navajo Tribe, Coast Indian Community of the Resighini Rancheria, Stillaguamish Tribe, Pueblo of Taos Tribe, Walker River Paiute Tribe, and White Earth Band of the Minnesota Chippewa Tribe, except individual shares over \$2,000
7. Payments under PL 94-114 to the Bad River Band and Lac Courte Oreilles Band of Chippewa Indians and the Stockbridge-Munsee Indian Community of Mohicans
8. Payments under PL 96-318 to the Delaware Tribe of Kansas and of Idaho
9. Payments under PL 96-420 to the Houlton Band of Muliseet Indians, the Passamoquoddy, and Penobscot
10. For EBD Medicaid cases, under PL 98-64, disregard all Indian judgment funds held in trust by the Secretary of the Interior for an Indian tribe and distributed on an individual basis to members of the tribe. Also disregard interest and investment income from these funds
11. Payments under PL 99-346, Saginaw Chippewa Indian Tribe of Michigan
12. Payments under PL 99-377 to the Mille Lacs, Leech Lake, and White Earth, Minnesota reservations
13. Payments under PL 101-41, Puyallup Tribe of Indians Settlement Act of 1989
14. Payments under the Distribution of Judgment Funds Act of 1987 to the Cow Creek Band, Umpqua Tribe
15. Payments under the Distribution of Indian Judgment to the Crow Creek and Lower Brule Sioux except individual shares over \$2,000
16. Payments under the settlement of the Cobell v. Salazar class-action trust case
17. Non-gaming tribal income from the following sources:
  - a) Distributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resource extraction and harvest from one of the following:
    - i. Rights of ownership or possession in any lands held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation or otherwise under the supervision of the Secretary of the Interior
    - ii. Federally-protected rights regarding off-reservation hunting, fishing, gathering, or usage of natural resources
  - b) Distributions resulting from real property ownership interests related to natural resources and improvements:
    - i. Located on or near a reservation or within the most recent boundaries of a prior federal reservation or
    - ii. Resulting from the exercise of federally-protected rights relating to such real property ownership interests.

18. Disregard Tribal Per Capita payments from gaming revenue up to the first \$500 of the monthly payment per individual. If the payments are received less than monthly, prorate the gross payment amount over the months it is intended to cover and disregard \$500 from the monthly amount.

This applies to eligibility determinations for all Medicaid subprograms for elderly, blind, or disabled persons except the following:

- a) SeniorCare
  - b) LTC programs, such as the following:
    - i. Institutional Medicaid
    - ii. HCBW
    - iii. Managed LTC or IRIS

For these subprograms, which are treated differently because they are covered under a different section of federal law, count all income from Tribal Per Capita payments from gaming revenue as unearned income.
19. Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
  20. Payment from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
  21. Money from selling things that have cultural significance
  22. Tribal ~~general welfare~~ General Welfare Assistance (GWA) payments that are based on received under the individual's demonstration Tribal General Welfare Exclusion Act of need 2014 are not counted as income for any category of Medicaid when determining eligibility. This is irrespective of whether the specific GWA program uses income as a factor of eligibility. GWA is not counted for Medicaid eligibility, even if the source of the payment is gaming revenue.
  23. Payments under the Michigan Indian Claims Settlement Act (MICSA) to the Sault Ste. Marie Tribe of Chippewa Indians and the Bay Mills Indian Community

## 15.4 Unearned Income

### 15.4.19 Payments to Native Americans

#### Tribal Per Capita Payments

Disregard the first \$500 of the monthly income from Tribal Per Capita payments from gaming revenue. If the payments are received less often than monthly, prorate the gross payment amount over the months it is intended to cover and disregard \$500 from the monthly amount.

This applies to eligibility determinations for all Medicaid subprograms for elderly, blind, or disabled persons except SeniorCare and LTC programs such as Institutional Medicaid, Family Care, and HCBWs, including Partnership and PACE. For these subprograms, count all income from Tribal Per Capita payments from gaming revenue as unearned income.

#### Tribal General Welfare Assistance Payments

Disregard Tribal General Welfare Assistance payments when determining Medicaid eligibility. See #22 in Section 15.3.14 Payments to Native Americans for details.

## 16.7 Liquid Assets

### 16.7.29 ~~The American Recovery and Reinvestment Act of 2009~~ Tribal General Welfare Assistance Payments

Do not count the ~~one-time \$250 payment~~ unspent portion of Tribal General Welfare Assistance (GWA) payments received under the ~~American Recovery and Reinvestment~~ Tribal General Welfare Exclusion Act of ~~2009~~ 2014 as an asset, either in the month of receipt or ~~nine~~ in the twelve months following the month the payment is received.

## 16.8 Real Property

### 16.8.1 Home/Homestead Property

#### 16.8.1.4 Long-Term Care Home Equity ~~Over \$750,000.00~~ Limit

~~Effective January 1, 2009, persons~~ Persons who apply for Medicaid coverage of long-term care (LTC) services (i.e., Institutional, ~~community waivers,~~ Family Care, Family Care Partnership, PACE, or PACE IRIS) are not eligible for LTC services if the equity interest in their home is greater than ~~\$750,000. He or she is~~ the long-term care home equity limit. They are still eligible for card services if all other eligibility requirements are met.

See [Section 39.4.8 Long-Term Care Home Equity Limit](#) for the annual limit.

This restriction does not apply if a spouse, ~~minor~~ child under age 21, or disabled adult child resides in the home.

The ~~\$750,000~~ LTC home equity limit can be waived in situations whereby the imposition of this eligibility requirement results in an "undue hardship" for the individual. When determining whether or not an undue hardship exists, follow the same undue hardship guidelines outlined in Section 22.4 Undue Hardship.

This policy applies regardless of whether or not the applicant or member lists the home for sale.

The equity value of a home is the current FMV minus any encumbrance on it. An encumbrance is a legally binding debt against the home. This can be a mortgage, reverse mortgage, home equity loan, or other debt secured by the home.

Note:	Property tax assessments can be used to determine a property's FMV if both the local agency and applicant/member agree that it accurately represents the price it would sell for on the open market in that geographic area. If both parties do not agree, statements from one or more realtors could be sufficient. If the local agency requests a comparative analysis, they are required to pay for it. Regardless of what process is used, the member always has the right to appeal the agency decision if they think it is incorrect.
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Example 1:	<p>Bob is a 66 year old bachelor, living in his own home who applies for Medicaid on February 1, <del>2009</del>. His home has a FMV of \$760,000 with no encumbrances. Bob meets all other Medicaid eligibility requirements and is certified for Medicaid effective February 1, <del>2009</del>. In October <del>2009</del>, Bob's health deteriorates and he applies for <del>a community waiver program</del> <u>IRIS</u>. That application is denied because Bob's equity interest in his home exceeds the LTC eligibility limit <del>by \$10,000</del>.</p> <p>On December 15, <del>2009</del> Bob reapplies for a <del>community waiver program</del> <u>IRIS</u> and reports that on December 1, <del>2009</del>, he took out a \$12,000 home equity loan and used the entire loan proceeds to purchase exempt burial assets and furniture for his home. Bob's December 15, <del>2009</del> application for <del>community waivers</del> <u>IRIS</u> is approved because Bob's equity interest in his</p>
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	home is now \$748,000, which is below the LTC <del>eligibility</del> <u>equity</u> limit, and he meets all other Medicaid eligibility requirements.
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Example 2:	Dave is 75 years old, married and living with his wife Ruth in their home which sits on a 75 acre parcel of property. The entire property qualifies as homestead property. It has a FMV of \$1,000,000 with no encumbrances. On March 5, <del>2009</del> , Dave applies for <del>Family Care. The Family Care application</del> <u>HCBW LTC Medicaid</u> , which is approved <del>because even</del> . <u>Even</u> though Dave's home equity value exceeds the <del>\$750,000</del> LTC <del>eligibility</del> <u>equity</u> limit, his wife resides in the home, <del>which negates</del> <u>so</u> the <del>\$750,000</del> LTC home equity <del>restriction</del> <u>limit does not apply</u> .
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~~This home equity provision applies only to individuals who apply for LTC Medicaid (i.e., nursing home, Family Care, etc.), on or after January 1, 2009. It does not apply to individuals who are current members of Medicaid LTC programs as of January 1, 2009, as long as they remain continuously eligible for LTC Medicaid after that date. A Medicaid LTC member who becomes ineligible for Medicaid LTC after January 1, 2009, for a calendar month or more, would be subject to the \$750,000 home equity limit during any subsequent reapplication for Medicaid LTC programs.~~

Note	<u>This policy does not apply to individuals who have been continuously enrolled in LTC Medicaid for every month since January 1, 2009.</u>
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## 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 February 1, <del>2026</del> 2025. 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 private pay rate at the time Jeff applied ( <del>\$340.99</del> 352.06) equals <del>52.54</del> 25 days, Jeff will have a divestment penalty period of <del>54</del> 52 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](#)).

## 18.4 Spousal Impoverishment Assets

### 18.4.3 Calculate the Community Spouse Asset Share

The community spouse asset share is the amount of countable assets greater than \$2,000 that the community spouse, the institutionalized person, or both, can possess at the time the institutionalized person applies for Medicaid.

IF the total countable assets of the couple are:	Then the community spouse asset share is:
\$ <del>315,840</del> <u>325,320</u> or more	\$ <del>157,920</del> <u>162,660</u>
Less than \$ <del>315,840</del> <u>325,320</u> but greater than \$100,000	½ of the total countable assets of the couple
\$100,000 or less	\$50,000

## 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)	<p>The 20% threshold test occurs.</p> <ul style="list-style-type: none"> <li>• 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 amounts are reasonably compatible. Eligibility will be based on the member-reported earnings amount, and a premium will not be owed.</li> </ul>

		<ul style="list-style-type: none"> <li>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.</li> </ul>
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.

Example 4	<p>Leonard is applying for EBD Medicaid. He is not married and has no children. The SSI-Related Medically Needy monthly income limit is \$<del>1,304.17</del><u>330</u>. Leonard reports monthly earned income of \$1,200; 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 \$1,400. 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 \$1,440. The total income that includes the earned income reported by SWICA (\$1,400) is less than the 20% threshold amount (\$1,440). Therefore, the amounts are determined to be reasonably compatible. Leonard does not need to verify the earned income.</p>
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## 24.7 Meeting the Deductible

### 24.7.1 Countable Costs

To be counted toward the deductible, a medical or remedial expense must meet all of the following conditions.

1. Be an expense for a member of the applicant or member's FTG.

Expenses may be counted if incurred for someone the member is legally responsible for if that individual could be counted in the member's FTG. The medical bill may be used even if the family member is no longer living or no longer in the current FTG.

Example 2	Sally's spouse died in April. In September, Sally requests that a medical bill incurred for her spouse be used towards her deductible. Sally is still legally responsible for the bill. The bill can be used to meet the deductible as long it did not result in a Medicaid certification in an earlier period.
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2. Meet the Definition of Medical or Remedial expense as defined in Section 15.7.3 Medical/Remedial Expenses and [Section 24.7.1.1 Countable Expenses](#).
3. Meet one of the following four conditions
  - a) Still be owed to the medical service provider sometime during the current deductible period.

Expenses which have been "deferred" by the provider are considered a countable cost still owed to the provider and can be used to meet a Medicaid deductible.

- i. The deferred charge should be viewed as an incurred expense that remains an unpaid obligation for the member.
- ii. If only a portion of the deferred charge was used to meet a prior deductible, any remaining balance can be used to meet future deductibles.
- iii. Many deferred charge situations involve very high costs for the services provided, it is extremely important to document in Case Comments which portion of the deferred charges are used to meet previous deductibles, and any remaining balance that can be used to meet current or future deductibles.

Example 3	<p>From May through July Helen resided in an Institution for Mental Diseases (IMD) and incurred a \$14,000 bill. As of October, Helen has not paid this bill. In October Helen's social worker, Ruth, assists Helen in applying for Medicaid.</p> <p>Ruth tried to help Helen meet her deductible by collecting Helen's medical bills. The "bill" for Helen's IMD stay listed \$14,000 in "Deferred Charges". Ruth questioned what deferred meant. The accounts receivable person at the IMD indicated that charges for low-income people are often "deferred." "Deferred," she explained, means that the member would not be billed for the charges, but if she happens to come into a windfall of money (lottery or inheritance), they will change the status of those charges to current and try to collect the debt.</p> <p>Helen can use this "deferred" charge toward her deductible.</p>
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Example 4	Lestat applies for Medicaid in July. A Medicaid deductible of \$700 is calculated for him. In the year prior to applying for Medicaid he had a blood transfusion. The bill for the transfusion was \$800. He never paid it and still owes it to the service provider. Lestat can use the unpaid bill to meet his Medicaid deductible, but he must provide documentation to show that the charges are currently owed. The remaining \$100 can be applied to the next deductible period, as long as it is still owed.
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- b) Paid or written off sometime during the current deductible period. Medical bills written off through bankruptcy proceedings are not allowed as a medical expense to meet a deductible.

Example 5	Frank and Estelle apply for Medicaid on March 1, requesting that their deductible period begin January 1. Their deductible for the period January 1 through June 30 is \$340. In April, they had a ten-year-old medical bill of \$300 written off. They can count the \$300 toward the January through June deductible because it was written off during the deductible period.
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- c) Paid or written off sometime during the deductible period that immediately precedes and borders on the current deductible period. These bills can be used even if they were paid after the person met the deductible in the prior period.

Example 6	Jeffrey is in his second deductible period. He did not meet his deductible in the prior period, which borders on the current period. He has a bill that was written off in the prior period. He can apply this bill to his current deductible.
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Example 7	Malcolm is in his second deductible period which began March 1. He did not meet his deductible in the prior deductible period, which immediately preceded the current deductible period. He has a medical bill that he paid in February of the year prior. He may not apply this toward his current deductible.
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Example 8	In June, Norah met her first deductible period and was certified for Medicaid through August. After certification, and before the first deductible period ended in August, Norah paid for medical services that were not Medicaid covered services. Norah is in her second deductible period which began in September. Norah can apply these paid bills to the second deductible period that began in September.
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- d) Paid or written off sometime during the three months prior to the date of application. This expense can only be used for the first deductible period. Balances cannot be carried forward to future deductible periods.

Example 9	Sierra and Skyler apply for Medicaid on August 10, requesting that their deductible period begin on August 1. Their deductible for the period from August through January is \$1500. On May 10 the couple had paid off a \$2000 outstanding medical bill. They can use that expense to meet their deductible because it was paid in the three months prior to the date of their application. The remaining \$500 cannot be applied to future deductible periods.
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Example 10	Anna applied for Medicaid on July 25, with no request for any backdated months. Her deductible period is from July through December. She has paid her Medicare Part B premiums since she turned 65, seven years ago. She can use her Part B premium expense from the months of April, May, and June <del>2020</del> as paid medical expenses. See <a href="#">Process Help 19.3.4</a> for processing information.
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Example 11	Annie applied for Medicaid on July 25, requesting a one month backdate. Her deductible period is from June through November. She has paid her Medicare Part B premiums since she turned 65, seven years ago. She can use her Part B premium expense from the months of April, May and June as paid medical expenses. See <a href="#">Process Help 19.3.4</a> for processing information.
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## 25.3 503 Group

### 25.3.3 Determining the COLA Disregard for 503 Group

To calculate the COLA disregard for 503 groups:

1. Find the gross Social Security income, which is the sum of the following:
  - a) Net amount of the Social Security payment
  - b) Any amount being deducted for Medicare premiums
  - c) Any amount being withheld for other reasons (i.e., overpayments, garnishments)
2. In the “Month SSI Last Received” column in the table below, find the month in which the person was last eligible for and received an SSI payment.
3. Find the decimal figure that applies to that month and the year the Social Security check was received.
4. Multiply the gross Social Security income by the applicable decimal figure and round to the nearest whole dollar.

Note	Once the disregard amount is determined and applied, going forward, all subsequent COLA increases will be disregarded automatically as part of the annual COLA mass change.
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Month SSI Was Last Received	Multiply <del>2025</del> 2026 Social Security by:	Multiply <del>2024</del> 2025 Social Security by:
<u>Jan 2025 - Dec 2025</u>	<u>0.027237</u>	=
Jan 2024 - Dec 2024	<del>0.024390</del> <u>050963</u>	<del>-0.024390</del>
Jan 2023 - Dec 2023	<del>0.054642</del> <u>080391</u>	<del>0.031008</del> <u>054642</u>
Jan 2022 - Dec 2022	<del>0.130305</del> <u>153993</u>	<del>0.108563</del> <u>130305</u>
Jan 2021 - Dec 2021	<del>0.178758</del> <u>201127</u>	<del>0.158227</del> <u>178758</u>
Jan 2020 - Dec 2020	<del>0.189298</del> <u>211379</u>	<del>0.169030</del> <u>189298</u>
Jan 2019 - Dec 2019	<del>0.202065</del> <u>223798</u>	<del>0.182116</del> <u>202065</u>
Jan 2018 - Dec 2018	<del>0.223798</del> <u>244940</u>	<del>0.204393</del> <u>223798</u>
Jan 2017 - Dec 2017	<del>0.239018</del> <u>259745</u>	<del>0.219993</del> <u>239018</u>
Jan 2016 - Dec 2016	<del>0.241294</del> <u>261959</u>	<del>0.222326</del> <u>241294</u>
Jan 2015 - Dec 2015	<del>0.241294</del> <u>261959</u>	<del>0.222326</del> <u>241294</u>
Jan 2014 - Dec 2014	<del>0.253976</del> <u>274296</u>	<del>0.235326</del> <u>253976</u>
Jan 2013 - Dec 2013	<del>0.265001</del> <u>285021</u>	<del>0.246626</del> <u>265001</u>
Jan 2012 - Dec 2012	<del>0.277287</del> <u>296972</u>	<del>0.259220</del> <u>277287</u>
Jan 2011 - Dec 2011	<del>0.302401</del> <u>321402</u>	<del>0.284961</del> <u>302401</u>
Jan 2010 - Dec 2010	<del>0.302401</del> <u>321402</u>	<del>0.284961</del> <u>302401</u>
Jan 2009 - Dec 2009	<del>0.302401</del> <u>321402</u>	<del>0.284961</del> <u>302401</u>
Jan 2008 - Dec 2008	<del>0.340644</del> <u>358603</u>	<del>0.324160</del> <u>340644</u>
Jan 2007 - Dec 2007	<del>0.355468</del> <u>373023</u>	<del>0.339355</del> <u>355468</u>
Jan 2006 - Dec 2006	<del>0.376058</del> <u>393053</u>	<del>0.360459</del> <u>376058</u>
Jan 2005 - Dec 2005	<del>0.400632</del> <u>416957</u>	<del>0.385648</del> <u>400632</u>

Jan 2004 - Dec 2004	0.416390432286	0.401799416390
Jan 2003 - Dec 2003	0.428393443962	0.414103428393
Jan 2002 - Dec 2002	0.436285451639	0.422192436285
Jan 2001 - Dec 2001	0.450570465535	0.436835450570
Jan 2000 - Dec 2000	0.469150483609	0.455879469150
Jan 1999 - Dec 1999	0.481592495712	0.468632481592
Jan 1998 - Dec 1998	0.488245502184	0.475451488245
Jan 1997 - Dec 1997	0.498771512423	0.486240498771
Jan 1996 - Dec 1996	0.512897526164	0.500719512897
Jan 1995 - Dec 1995	0.525240538172	0.513371525240
Jan 1994 - Dec 1994	0.538172550751	0.526626538172
Jan 1993 - Dec 1993	0.549875562135	0.538622549875
Jan 1992 - Dec 1992	0.562985574888	0.552060562985
Jan 1991 - Dec 1991	0.578578590056	0.568042578578
Jan 1990 - Dec 1990	0.600169611059	0.590173600169
Jan 1989 - Dec 1989	0.618117628519	0.608570618117
Jan 1988 - Dec 1988	0.632805642806	0.623625632805
Jan 1987 - Dec 1987	0.647606657204	0.638796647606
Jan 1986 - Dec 1986	0.652128661603	0.643431652128
Jan 1985 - Dec 1985	0.662588671778	0.654152662588
Jan 1984 - Dec 1984	0.673998682877	0.665848673998
Jul 1983 - Dec 1983	0.685022693601	0.677148685022
Jul 1982 - Jun 1983	0.706724714712	0.699393706724
Jul 1981 - Jun 1982	0.736263743446	0.729670736263
Jul 1980 - Jun 1981	0.769259775544	0.763490769259
Jul 1979 - Jun 1980	0.790045795763	0.784796790045
Jul 1978 - Jun 1979	0.802859808228	0.797930802859
Apr 1977 - Jun 1978	0.813842818912	0.809188813842

## 26.5 MAPP Premiums

### 26.5.1 Calculation

Medicaid Purchase Plan (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 Federal Poverty Level (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.

Eighteen-year-old MAPP members are not required to pay a premium.

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 cost-of-living adjustment (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 3% (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 [Section 26.5.1.1 Independence Account Penalty](#)).

The result is the member's monthly premium amount.

Note	503, Disabled Adult Child (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% 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	<p>Susan is a MAPP member whose Premium Gross Income is <del>169</del>165% 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:</p> <p>\$2,200 Premium Gross Income          – \$300 monthly IRWE deduction          – \$150 monthly medical/remedial deduction          -----</p>
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	<p>\$1,750 Countable Net Income</p> <p>– \$1,<del>304.17</del><u>330</u> (100% of the FPL)</p> <p>-----</p> <p>\$<del>445.83</del><u>420</u> Premium Net Income</p> <p>X 0.03 (3%)</p> <p>-----</p> <p>\$<del>13.37</del><u>12.60</u></p> <p>+\$25 Base Premium Amount</p> <p>-----</p> <p>\$<del>38.37</del><u>.60</u> (round down to nearest whole dollar)</p> <p>Susan’s monthly MAPP premium is \$<del>38</del><u>37</u>.</p>
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## 32.10 Medicare Savings Programs Renewals and Changes

### 32.10.1 QMB Renewals

QMB benefits begin on the first of the month following the renewal due month, if the renewal is confirmed during the renewal month or the month following the renewal month.

While a timely QMB renewal is being processed, the benefit is maintained until the redetermination is completed. (See [MEH 3.1.1 Timely Renewals](#)). When a timely renewal is pending, and verification to complete the renewal is also received timely and the member remains eligible for QMB, the new certification period should align with the extended month(s) of eligibility and there should be no gap in coverage.

Example 1	Diamond's Medicaid and QMB are due for renewal in February. She submits a renewal on February 20. Because a timely renewal is initiated, Medicaid and QMB coverage are maintained through March while the renewal is being processed. Verification of assets is requested and received on March 3 to complete her QMB renewal. Her new certification period begins April 1. There is no gap in her QMB eligibility.
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If timely verification is received and the member is no longer eligible, or if verification is not received, MSP eligibility ends based on the following:

- Eligibility redetermined before adverse action, closure is effective the first of the following month.
- Eligibility redetermined after adverse action, closure is effective the first of the month after the following month.

Example 2	Susan's Medicaid and QMB are due for renewal in February. She submits a renewal on February 3. Verification of assets is requested with a due date of February 23. Because her renewal is received timely, health care benefits are maintained for March. Verification is received and processed on February 23, and she is no longer eligible for QMB. QMB coverage ends effective April 1.
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For late QMB renewals that have all needed verification processed in the month following the renewal due month, there should be no gap in coverage.

Example 3	Meghan's Medicaid and QMB are due for renewal in February. She submits a late renewal on March 3. Because her renewal is received late, health care benefits are not maintained. Verification of assets is requested with a due date of March 23. Verification is received on March 19. Her new certification period for Medicaid and QMB begins March 1. There is no gap in her QMB eligibility because the renewal was confirmed in the month following the renewal due month.
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For late renewals with needed verification processed in the second or third month following the renewal due month, there will be a gap in QMB coverage.

Example 4	Eve's Medicaid and QMB are due for renewal in February. She submits a renewal on April 3, <a href="#">requesting a one month backdate</a> . Because her renewal is received late, health care benefits are not maintained. Verification of assets is requested with a due date of April 23. Verification of assets for March and April are received on April 19. Her new certification period for Medicaid begins <a href="#">April 1 with a backdate to</a> March 1 and QMB begins May 1. There is a gap in her QMB eligibility because the renewal was not confirmed in the renewal due month or the month following the renewal due month.
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## 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	\$1, <del>050</del> <u>077</u> .78	\$1, <del>582</del> <u>623</u> .05	1/1/ <del>2025</del> <u>2026</u>	Yes
SSI-Related Medically Needy	Asset	\$2,000.00	\$3,000.00	1/1/1989	No
	Income	\$1, <del>304.17</del> <u>330.00</u>	\$1, <del>762.50</del> <u>803.33</u>	2/1/ <del>2025</del> <u>2026</u>	Yes
MAPP	Asset	\$15,000.00	N/A	3/1/2000	No
	Income	Less than 250% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2025</del> <u>2026</u>	Yes
Institutions Categorically Needy	Income	\$2, <del>901</del> <u>982</u> .00	N/A	1/1/ <del>2025</del> <u>2026</u>	Yes
Group B Community Waivers	Income	\$2, <del>901</del> <u>982</u> .00	N/A	1/1/ <del>2025</del> <u>2026</u>	Yes
QMB	Asset	\$9, <del>660</del> <u>950</u> .00	\$14, <del>470</del> <u>910</u> .00	1/1/ <del>2025</del> <u>2026</u>	Yes
	Income	At or below 100% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2025</del> <u>2026</u>	Yes
SLMB	Asset	\$9, <del>660</del> <u>950</u> .00	\$14, <del>470</del> <u>910</u> .00	1/1/ <del>2025</del> <u>2026</u>	Yes
	Income	At least 100% FPL but less than 120% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2025</del> <u>2026</u>	Yes
SLMB+	Asset	\$9, <del>660</del> <u>950</u> .00	\$14, <del>470</del> <u>910</u> .00	1/1/ <del>2025</del> <u>2026</u>	Yes
	Income	At least 120% FPL but less than 135% FPL (see <a href="#">Section 39.5 FPL Table</a> )		2/1/ <del>2025</del> <u>2026</u>	Yes
QDWI	Asset	\$4,000.00	\$6,000.00	7/1/1990	No
	Income	\$2, <del>608.34</del> <u>660.00</u>	\$3, <del>525.00</del> <u>606.66</u>	2/1/ <del>2025</del> <u>2026</u>	Yes

### 39.4.2 Disabled Minors Deeming and Allowances

Item	Amount	Effective	Updated Annually?
SSI-Related Deeming Amount to an Ineligible Minor	\$ <del>483</del> <u>497</u> .00	1/1/ <del>2025</del> <u>2026</u>	Yes
Parental living allowance - 1 Parent	\$ <del>967</del> <u>994</u> .00	1/1/ <del>2025</del> <u>2026</u>	Yes
Parental living allowance - 2 Parents	\$1, <del>450</del> <u>491</u> .00	1/1/ <del>2025</del> <u>2026</u>	Yes

### 39.4.3 LTC Post-Eligibility Allowances

Item	Amount	Effective	Updated Annually?
Institutions Personal Needs Allowance	\$55.00	7/1/2024	No
Institutions Home Maintenance Allowance Maximum	\$1, <del>146</del> 173.77	1/1/ <del>2025</del> 2026	Yes
Non-Spousal- Impoverishment Family Maintenance Allowance Maximum	\$1, <del>146</del> 173.77	1/1/ <del>2025</del> 2026	Yes
Community Waivers Basic Needs Allowance	\$1, <del>147</del> 174.00	1/1/ <del>2025</del> 2026	Yes
Community Waivers Personal Maintenance Allowance Maximum	\$2, <del>901</del> 982.00	1/1/ <del>2025</del> 2026	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	\$3,525.00	7/1/2025	Yes
Shelter Base Amount	\$1,057.50	7/1/2025	Yes
Community Spouse Income Allocation Maximum	<del>\$3,948.00</del> 4,066.50	1/1/ <del>2025</del> 2026	Yes
Dependent Family Member Income Allowance Maximum	\$881.25	7/1/2025	Yes
Dependent Family Member Income Allowance Standard	\$2,643.75	7/1/2025	Yes
Community Spouse Asset Share (CSAS) Maximum	<del>\$157,920</del> 162,660	1/1/ <del>2025</del> 2026	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 B Plus Family Care, Family Care Partnership, or PACE	<del>\$3,855.56</del> 4,015.55	1/1/ <del>2025</del> 2026	Yes

### 39.4.6 Institutional Cost of Care Values

Item	Amount	Effective	Updated Annually?
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Daily Average Private Pay Nursing Home Rate	\$ <del>340.99</del> <u>352.06</u>	1/1/ <del>2025</del> <u>2026</u>	Yes
Monthly Average Private Pay Nursing Home Rate	\$10, <del>371.78</del> <u>708.49</u>	1/1/ <del>2025</del> <u>2026</u>	Yes
Monthly Rate for State Centers for Persons with Developmental Disabilities	\$ <del>42,286.56</del> <u>47,853.02</u>	1/1/ <del>2025</del> <u>2026</u>	Yes

### 39.4.7 SSI Reference Values

Item	Group Size 1	Group Size 2	Effective	Updated Annually?
Federal SSI Payment Level	\$ <del>967</del> <u>994.00</u>	\$1, <del>450</del> <u>491.00</u>	1/1/ <del>2025</del> <u>2026</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, <del>620</del> <u>690.00</u>	N/A	1/1/ <del>2025</del> <u>2026</u>	Yes
Substantial Gainful Activity Threshold for Blind Individuals	\$2, <del>700</del> <u>830.00</u>	N/A	1/1/ <del>2025</del> <u>2026</u>	Yes

### 39.4.8 Long-Term Care Home Equity Limit

Item	Amount	Effective	Updated Annually?
Long-Term Care Home Equity Limit	<u>\$752,000</u>	<u>1/1/2026</u>	<u>Yes</u>

### 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
1	<del>\$15,650</del> <u>\$960.00</u>	<del>\$1,304.17</del> <u>\$330.00</u>	<del>\$1,565.59</del> <u>\$596.00</u>	<del>\$1,734.55</del> <u>\$768.90</u>	<del>\$1,760.63</del> <u>\$795.50</u>	<del>\$1,956.26</del> <u>\$995.00</u>	<del>\$2,034.51</del> <u>\$074.80</u>	<del>\$2,086.67</del> <u>\$128.00</u>	<del>\$2,412.71</del> <u>\$460.50</u>	<del>\$2,490.96</del> <u>\$540.30</u>	<del>\$2,608.34</del> <u>\$660.00</u>	<del>\$2,621.38</del> <u>\$673.30</u>	<del>\$3,130.01</del> <u>\$192.00</u>	<del>\$3,260.43</del> <u>\$325.00</u>	<del>\$3,912.51</del> <u>\$990.00</u>	<del>\$3,990.76</del> <u>\$4,069.80</u>
2	<del>\$21,150</del> <u>\$640.00</u>	<del>\$1,762.50</del> <u>\$803.33</u>	<del>\$2,115.51</del> <u>\$164.00</u>	<del>\$2,344.13</del> <u>\$398.43</u>	<del>\$2,379.38</del> <u>\$434.50</u>	<del>\$2,643.75</del> <u>\$705.00</u>	<del>\$2,749.50</del> <u>\$813.19</u>	<del>\$2,820.00</del> <u>\$885.33</u>	<del>\$3,260.63</del> <u>\$336.16</u>	<del>\$3,366.38</del> <u>\$444.36</u>	<del>\$3,525.00</del> <u>\$606.66</u>	<del>\$3,542.63</del> <u>\$624.69</u>	<del>\$4,230.00</del> <u>\$327.99</u>	<del>\$4,406.25</del> <u>\$508.33</u>	<del>\$5,287.50</del> <u>\$409.99</u>	<del>\$5,393.25</del> <u>\$518.19</u>
3	<del>\$26,650</del> <u>\$27,320.00</u>	<del>\$2,220.83</del> <u>\$276.67</u>	<del>\$2,665.73</del> <u>\$732.00</u>	<del>\$2,953.70</del> <u>\$3,027.97</u>	<del>\$2,998.123</del> <u>\$073.50</u>	<del>\$3,331.25</del> <u>\$415.01</u>	<del>\$3,464.49</del> <u>\$551.61</u>	<del>\$3,553.33</del> <u>\$642.67</u>	<del>\$4,108.54</del> <u>\$211.84</u>	<del>\$4,241.79</del> <u>\$348.44</u>	<del>\$4,441.66</del> <u>\$553.34</u>	<del>\$4,463.87</del> <u>\$576.11</u>	<del>\$5,329.99</del> <u>\$464.01</u>	<del>\$5,552.08</del> <u>\$691.68</u>	<del>\$6,662.49</del> <u>\$830.01</u>	<del>\$6,795.74</del> <u>\$966.61</u>
4	<del>\$32,150</del> <u>\$33,000.00</u>	<del>\$2,679.17</del> <u>\$750.00</u>	<del>\$3,215.30</del> <u>\$300.00</u>	<del>\$3,563.30</del> <u>\$657.50</u>	<del>\$3,616.88</del> <u>\$712.50</u>	<del>\$4,018.76</del> <u>\$125.00</u>	<del>\$4,179.51</del> <u>\$290.00</u>	<del>\$4,286.67</del> <u>\$400.00</u>	<del>\$4,956.46</del> <u>\$5,087.50</u>	<del>\$5,117.21</del> <u>\$252.50</u>	<del>\$5,358.34</del> <u>\$500.00</u>	<del>\$5,385.13</del> <u>\$527.50</u>	<del>\$6,430.01</del> <u>\$600.00</u>	<del>\$6,697.93</del> <u>\$875.00</u>	<del>\$8,037.51</del> <u>\$250.00</u>	<del>\$8,198.26</del> <u>\$415.00</u>
5	<del>\$37,650</del> <u>\$38,680.00</u>	<del>\$3,137.50</del> <u>\$223.33</u>	<del>\$3,765.00</del> <u>\$868.00</u>	<del>\$4,172.88</del> <u>\$287.03</u>	<del>\$4,235.63</del> <u>\$351.50</u>	<del>\$4,706.25</del> <u>\$835.00</u>	<del>\$4,894.50</del> <u>\$5,028.39</u>	<del>\$5,020.00</del> <u>\$157.33</u>	<del>\$5,804.38</del> <u>\$963.16</u>	<del>\$5,992.63</del> <u>\$6,156.56</u>	<del>\$6,275.00</del> <u>\$446.66</u>	<del>\$6,306.38</del> <u>\$478.89</u>	<del>\$7,530.00</del> <u>\$735.99</u>	<del>\$7,843.75</del> <u>\$8,058.33</u>	<del>\$9,412.50</del> <u>\$669.99</u>	<del>\$9,600.75</del> <u>\$863.39</u>
6	<del>\$43,150</del> <u>\$44,360.00</u>	<del>\$3,595.83</del> <u>\$696.67</u>	<del>\$4,315.43</del> <u>\$436.00</u>	<del>\$4,782.45</del> <u>\$916.57</u>	<del>\$4,854.37</del> <u>\$990.50</u>	<del>\$5,393.75</del> <u>\$545.01</u>	<del>\$5,609.49</del> <u>\$766.81</u>	<del>\$5,753.33</del> <u>\$914.67</u>	<del>\$6,652.29</del> <u>\$838.84</u>	<del>\$6,868.04</del> <u>\$7,060.64</u>	<del>\$7,191.66</del> <u>\$393.34</u>	<del>\$7,227.62</del> <u>\$430.31</u>	<del>\$8,629.99</del> <u>\$9872.01</u>	<del>\$8,989.58</del> <u>\$9,241.68</u>	<del>\$10,787.49</del> <u>\$11,749.01</u>	<del>\$11,003.24</del> <u>\$1,811.81</u>
7	<del>\$48,650</del> <u>\$50,040.00</u>	<del>\$4,054.17</del> <u>\$1,170.00</u>	<del>\$4,865.50</del> <u>\$5,004.00</u>	<del>\$5,392.05</del> <u>\$546.10</u>	<del>\$5,473.13</del> <u>\$629.50</u>	<del>\$6,081.26</del> <u>\$255.00</u>	<del>\$6,324.51</del> <u>\$505.20</u>	<del>\$6,486.67</del> <u>\$672.00</u>	<del>\$7,500.21</del> <u>\$714.50</u>	<del>\$7,743.46</del> <u>\$964.70</u>	<del>\$8,108.34</del> <u>\$340.00</u>	<del>\$8,148.88</del> <u>\$381.70</u>	<del>\$9,730.01</del> <u>\$1,100.08</u>	<del>\$10,135.43</del> <u>\$1,005.00</u>	<del>\$12,162.51</del> <u>\$2,510.00</u>	<del>\$12,405.76</del> <u>\$760.20</u>
8	<del>\$54,150</del> <u>\$55,720.00</u>	<del>\$4,512.50</del> <u>\$643.33</u>	<del>\$5,415.00</del> <u>\$5,005.72</u>	<del>\$6,001.17</del> <u>\$5,601.75</u>	<del>\$6,091.88</del> <u>\$268.50</u>	<del>\$6,768.75</del> <u>\$965.00</u>	<del>\$7,039.50</del> <u>\$243.59</u>	<del>\$7,220.00</del> <u>\$429.33</u>	<del>\$8,348.13</del> <u>\$590.16</u>	<del>\$8,618.88</del> <u>\$868.76</u>	<del>\$9,025.00</del> <u>\$286.66</u>	<del>\$9,070.13</del> <u>\$333.09</u>	<del>\$10,830.00</del> <u>\$1,001.14</u>	<del>\$11,281.25</del> <u>\$1,256.83</u>	<del>\$13,537.50</del> <u>\$7,509.99</u>	<del>\$13,808.25</del> <u>\$14,208.59</u>

9	<del>\$59,65</del> <del>061,40</del> 0.00	<del>\$4,970.</del> <del>835,11</del> 6.67	<del>\$5,96</del> <del>56,14</del> 0.00	<del>\$6,611.</del> <del>20805.</del> 17	<del>\$6,710.</del> <del>62907.</del> 50	<del>\$7,456.</del> <del>25675.</del> 01	<del>\$7,754.</del> <del>49982.</del> 01	<del>\$7,953.</del> <del>338,18</del> 6.67	<del>\$9,196.</del> <del>04465.</del> 84	<del>\$9,494.</del> <del>29772.</del> 84	<del>\$9,941.</del> <del>6610,2</del> 33.34	<del>\$9,991.</del> <del>3710,2</del> 84.51	<del>\$11,92</del> <del>9.9912,</del> 280.01	<del>\$12,42</del> <del>7.0879</del> 1.68	<del>\$14,91</del> <del>2.4915,</del> 350.01	<del>\$15,21</del> <del>0.7465</del> 7.01
10	<del>\$65,15</del> <del>067,08</del> 0.00	<del>\$5,429.</del> <del>17590.</del> 00	<del>\$6,51</del> <del>5708.</del> 00	<del>\$7,220.</del> <del>80434.</del> 70	<del>\$7,329.</del> <del>38546.</del> 50	<del>\$8,143.</del> <del>76385.</del> 00	<del>\$8,469.</del> <del>51720.</del> 40	<del>\$8,686.</del> <del>67944.</del> 00	<del>\$10,04</del> <del>3.9634</del> 1.50	<del>\$10,36</del> <del>9.7167</del> 6.90	<del>\$10,85</del> <del>8.3411,</del> 180.00	<del>\$10,91</del> <del>2.6311,</del> 238.90	<del>\$13,03</del> <del>0.0141</del> 6.00	<del>\$13,57</del> <del>2.9397</del> 5.00	<del>\$16,28</del> <del>7.5177</del> 0.00	<del>\$16,61</del> <del>3.2617,</del> 105.40
11	<del>\$70,65</del> <del>072,76</del> 0.00	<del>\$5,887.</del> <del>506,06</del> 3.33	<del>\$7,06</del> <del>5276.</del> 00	<del>\$7,830.</del> <del>388,06</del> 4.23	<del>\$7,948.</del> <del>138,18</del> 5.50	<del>\$8,831.</del> <del>259,09</del> 5.00	<del>\$9,184.</del> <del>50458.</del> 79	<del>\$9,420.</del> <del>00701.</del> 33	<del>\$10,89</del> <del>1.8811,</del> 217.16	<del>\$11,24</del> <del>5.1358</del> 0.96	<del>\$11,77</del> <del>5.0012,</del> 126.66	<del>\$11,83</del> <del>3.8812,</del> 187.29	<del>\$14,13</del> <del>0.0055</del> 1.99	<del>\$14,71</del> <del>8.7515,</del> 158.33	<del>\$17,66</del> <del>2.5018,</del> 189.99	<del>\$18,01</del> <del>5.7555</del> 3.79
12	<del>\$76,15</del> <del>078,44</del> 0.00	<del>\$6,345.</del> <del>83536.</del> 67	<del>\$7,61</del> <del>5844.</del> 00	<del>\$8,439.</del> <del>95693.</del> 77	<del>\$8,566.</del> <del>87824.</del> 50	<del>\$9,518.</del> <del>75805.</del> 01	<del>\$9,899.</del> <del>4910,1</del> 97.21	<del>\$10,15</del> <del>3.3345</del> 8.67	<del>\$11,73</del> <del>9.7912,</del> 092.84	<del>\$12,12</del> <del>0.5448</del> 5.04	<del>\$12,69</del> <del>1.6613,</del> 073.34	<del>\$12,75</del> <del>5.1213,</del> 138.71	<del>\$15,22</del> <del>9.9968</del> 8.01	<del>\$15,86</del> <del>4.5816,</del> 341.68	<del>\$19,03</del> <del>7.4961</del> 0.01	<del>\$19,41</del> <del>8.2420,</del> 002.21
13	<del>\$81,65</del> <del>084,12</del> 0.00	<del>\$6,804.</del> <del>177,01</del> 0.00	<del>\$8,16</del> <del>5412.</del> 00	<del>\$9,049.</del> <del>55323.</del> 30	<del>\$9,185.</del> <del>63463.</del> 50	<del>\$10,20</del> <del>6.2651</del> 5.00	<del>\$10,61</del> <del>4.5193</del> 5.60	<del>\$10,88</del> <del>6.6711,</del> 216.00	<del>\$12,58</del> <del>7.7196</del> 8.50	<del>\$12,99</del> <del>5.9613,</del> 389.10	<del>\$13,60</del> <del>8.3414,</del> 020.00	<del>\$13,67</del> <del>6.3814,</del> 090.10	<del>\$16,33</del> <del>0.0182</del> 4.00	<del>\$17,01</del> <del>0.4352</del> 5.00	<del>\$20,41</del> <del>2.5121,</del> 030.00	<del>\$20,82</del> <del>0.7621,</del> 450.60
14	<del>\$87,15</del> <del>089,80</del> 0.00	<del>\$7,262.</del> <del>50483.</del> 33	<del>\$8,71</del> <del>5980.</del> 00	<del>\$9,659.</del> <del>13952.</del> 83	<del>\$9,804.</del> <del>3810,1</del> 02.50	<del>\$10,89</del> <del>3.7511,</del> 225.00	<del>\$11,32</del> <del>9.5067</del> 3.99	<del>\$11,62</del> <del>0.0097</del> 3.33	<del>\$13,43</del> <del>5.6384</del> 4.16	<del>\$13,87</del> <del>1.3814,</del> 293.16	<del>\$14,52</del> <del>5.0096</del> 6.66	<del>\$14,59</del> <del>7.6315,</del> 041.49	<del>\$17,43</del> <del>0.0095</del> 9.99	<del>\$18,15</del> <del>6.2570</del> 8.33	<del>\$21,78</del> <del>7.5022,</del> 449.99	<del>\$22,22</del> <del>3.2589</del> 8.99
15	<del>\$92,65</del> <del>095,48</del> 0.00	<del>\$7,720.</del> <del>83956.</del> 67	<del>\$9,26</del> <del>5548.</del> 00	<del>\$10,26</del> <del>8.7058</del> 2.37	<del>\$10,42</del> <del>3.1274</del> 1.50	<del>\$11,58</del> <del>1.2593</del> 5.01	<del>\$12,04</del> <del>4.4941</del> 2.41	<del>\$12,35</del> <del>3.3373</del> 0.67	<del>\$14,28</del> <del>3.5471</del> 9.84	<del>\$14,74</del> <del>6.7915,</del> 197.24	<del>\$15,44</del> <del>1.6691</del> 3.34	<del>\$15,51</del> <del>8.8799</del> 2.91	<del>\$18,52</del> <del>9.9919,</del> 096.01	<del>\$19,30</del> <del>2.0889</del> 1.68	<del>\$23,16</del> <del>2.4987</del> 0.01	<del>\$23,62</del> <del>5.7524,</del> 347.41
16	<del>\$98,15</del> <del>0101,1</del> 60.00	<del>\$8,179.</del> <del>17430.</del> 00	<del>\$9,81</del> <del>510,1</del> 16.00	<del>\$10,87</del> <del>8.3011,</del> 211.90	<del>\$11,04</del> <del>1.8838</del> 0.50	<del>\$12,26</del> <del>8.7664</del> 5.00	<del>\$12,75</del> <del>9.5113,</del> 150.80	<del>\$13,08</del> <del>6.6748</del> 8.00	<del>\$15,13</del> <del>1.4659</del> 5.50	<del>\$15,62</del> <del>2.2116,</del> 101.30	<del>\$16,35</del> <del>8.3486</del> 0.00	<del>\$16,44</del> <del>0.1394</del> 4.30	<del>\$19,63</del> <del>0.0120,</del> 232.00	<del>\$20,44</del> <del>7.9321,</del> 075.00	<del>\$24,53</del> <del>7.5125,</del> 290.00	<del>\$25,02</del> <del>8.2679</del> 5.80
17	<del>\$103,6</del> <del>50106,</del> 840.00	<del>\$8,637.</del> <del>50903.</del> 33	<del>\$10,3</del> <del>65684</del> .00	<del>\$11,48</del> <del>7.8884</del> 1.43	<del>\$11,66</del> <del>0.6312,</del> 019.50	<del>\$12,95</del> <del>6.2513,</del> 355.00	<del>\$13,47</del> <del>4.5088</del> 9.19	<del>\$13,82</del> <del>0.0014,</del> 245.33	<del>\$15,97</del> <del>9.3816,</del> 471.16	<del>\$16,49</del> <del>7.6317,</del> 005.36	<del>\$17,27</del> <del>5.0080</del> 6.66	<del>\$17,36</del> <del>1.3889</del> 5.69	<del>\$20,73</del> <del>0.0021,</del> 367.99	<del>\$21,59</del> <del>3.7522,</del> 258.33	<del>\$25,91</del> <del>2.5026,</del> 709.99	<del>\$26,43</del> <del>0.7527,</del> 244.19
18	<del>\$109,1</del> <del>50112,</del> 520.00	<del>\$9,095.</del> <del>83376.</del> 67	<del>\$10,9</del> <del>1511,</del> 252.0	<del>\$12,09</del> <del>7.4547</del> 0.97	<del>\$12,27</del> <del>9.3765</del> 8.50	<del>\$13,64</del> <del>3.7514,</del> 065.01	<del>\$14,18</del> <del>9.4962</del> 7.61	<del>\$14,55</del> <del>3.3315,</del> 002.67	<del>\$16,82</del> <del>7.2917,</del> 346.84	<del>\$17,37</del> <del>3.0490</del> 9.44	<del>\$18,19</del> <del>1.6675</del> 3.34	<del>\$18,28</del> <del>2.6284</del> 7.11	<del>\$21,82</del> <del>9.9922,</del> 504.01	<del>\$22,73</del> <del>9.5823,</del> 441.68	<del>\$27,28</del> <del>7.4928,</del> 130.01	<del>\$27,83</del> <del>3.2428,</del> 692.61

19	\$114,650 118,200.00	\$9,554,178 50.00	\$11,465 820.00	\$12,707 0513,100.50	\$12,898 13,297.50	\$14,331 2677,5.00	\$14,904 5115,366.00	\$15,286 6776,0.00	\$17,675 2118,222.50	\$18,248 4681,3.50	\$19,108 3470,0.00	\$19,203 8879,8.50	\$22,930 0123,640.00	\$23,885 4324,625.00	\$28,662 5129,550.00	\$29,235 7630,141.00
20	\$120,150 123,800.00	\$10,012 5032,3.33	\$12,015 388.00	\$13,316 6373,0.03	\$13,516 8893,6.50	\$15,018 7548,5.00	\$15,619 5016,104.39	\$16,020 0051,7.33	\$18,523 1319,098.16	\$19,123 8871,7.56	\$20,025 0064,6.66	\$20,129 1374,9.89	\$24,030 0077,5.99	\$25,031 2580,8.33	\$30,037 5096,9.99	\$30,638 2531,589.39
21	\$125,650 129,560.00	\$10,470 8379,6.67	\$12,565 956.00	\$13,926 2014,359.57	\$14,135 6257,5.50	\$15,706 2516,195.01	\$16,334 4984,2.81	\$16,753 3317,274.67	\$19,371 0497,3.84	\$19,999 92920,621.64	\$20,941 6621,593.34	\$21,046 3770,1.31	\$25,129 9991,2.01	\$26,177 0899,1.68	\$31,412 4932,390.01	\$32,040 7433,037.81
22	\$131,150 135,240.00	\$10,929 1711,270.00	\$13,115 524.00	\$14,535 8098,9.10	\$14,754 3815,214.50	\$16,393 7690,5.00	\$17,049 5158,1.20	\$17,486 6718,032.00	\$20,218 9684,9.50	\$20,874 7121,525.70	\$21,858 3422,540.00	\$21,967 6322,652.70	\$26,230 0127,048.00	\$27,322 9328,175.00	\$32,787 5133,810.00	\$33,443 2634,486.20
23	\$136,650 140,920.00	\$11,387 5074,3.33	\$13,665 14,092.00	\$15,145 3861,8.63	\$15,373 1385,3.50	\$17,081 2561,5.00	\$17,764 5018,319.59	\$18,220 0078,9.33	\$21,066 8872,5.16	\$21,750 1322,429.76	\$22,775 0023,486.66	\$22,888 8823,604.09	\$27,330 0028,183.99	\$28,468 7529,358.33	\$34,162 5035,229.99	\$34,845 7535,934.59
24	\$142,150 146,600.00	\$11,845 8312,216.67	\$14,215 660.00	\$15,754 9516,248.17	\$15,991 8716,492.50	\$17,768 7518,325.01	\$18,479 4919,058.01	\$18,953 3319,546.67	\$21,914 7922,600.84	\$22,625 5423,333.84	\$23,691 6624,433.34	\$23,810 1224,555.51	\$28,429 9929,320.01	\$29,614 5830,541.68	\$35,537 7436,650.01	\$36,248 2437,383.01
each additional person	\$5,500 680.00	\$45847 3.33	\$5505 68.00	\$609.5 8629.53	\$618.7 5639.00	\$687.5 0710.00	\$714.9 9738.39	\$733.75 7.33	\$847.9 1875.66	\$875.4 1904.06	\$916.94 6.66	\$921.2 4951.39	\$1,099 135.99	\$1,145. 83183.33	\$1,374 419.99	\$1,402. 49448.39
		QMB BC+ Extensions trigger limit	SLMB	BC+ adult premium limit	QI-1 (SLMB+)		MAGI/BC+ Limit for kids 6-18 subject	SeniorCare tier one limit	BC+ EE for kids ages 1-5	MAGI/BC+ limit for kids 1-5 subject	QDWI & lower SI Inc Alloc BC+	MAGI/BC+ kids premiums	SeniorCare tier three limit	MAPP	BC+ pregnant women kids limit	MAGI/BC+ pregnant women

		BC+ Adults limit M APP premium limit					to access / backdate / EE			to access / backdate / EE	kids premiums BC+ adults limit					kids limit
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Annual figures for SeniorCare	\$25,040,536.00	\$30,300,31,920.00	\$37,560,38,304.00
	<del>\$33,840.00</del> 34,624.00	<del>\$42,300</del> 43,280.00	<del>\$50,760</del> 51,936.00

## 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 their 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 Federal Poverty Level (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 <a href="#">Section 39.5 FPL Table</a> 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
<b>Level 1</b> Income at or below 160% of FPL At or below <del>\$25,040</del> <u>\$25,536</u> per individual or <del>\$33,840</del> <u>\$34,624</u> per couple annually.*	<ul style="list-style-type: none"> <li>• No deductible or spenddown.</li> <li>• \$5 co-pay for each covered generic prescription drug.</li> <li>• \$15 co-pay for each covered brand name prescription drug.</li> </ul>
<b>Level 2a</b> Income above 160% and at or below 200% FPL <del>\$25,041</del> <u>\$25,537</u> to <del>\$31,300</del> <u>\$31,920</u> per individual and <del>\$33,841</del> <u>\$34,625</u> to <del>\$42,300</del> <u>\$43,280</u> per couple annually.*	<ul style="list-style-type: none"> <li>• \$500 deductible per person.</li> <li>• Pay the SeniorCare rate for drugs until the \$500 deductible is met.</li> <li>• 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.</li> </ul>
<b>Level 2b</b> Income above 200% and at or below 240% of FPL <del>\$31,301</del> <u>\$31,921</u> to <del>\$37,560</del> <u>\$38,304</u> per individual and <del>\$42,301</del> <u>\$43,281</u> to <del>\$50,760</del> <u>\$51,936</u> per couple annually.	<ul style="list-style-type: none"> <li>• \$850 deductible per person.</li> <li>• Pay the SeniorCare rate for most covered drugs until the \$850 deductible is met.</li> <li>• 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.</li> </ul>
<b>Level 3</b> Annual income is above 240% of the FPL	<ul style="list-style-type: none"> <li>• Pay retail price for drugs equal to the difference between the member's income and <del>\$37,560</del> <u>\$38,304</u> per</li> </ul>

<p><del>\$37,561</del> <u>38,305</u> or higher per individual and <del>\$50,761</del> <u>51,937</u> or higher per couple annually.*</p>	<p>individual or <del>\$50,760</del> <u>51,936</u> per couple. This is called “spenddown.”</p> <ul style="list-style-type: none"> <li>• Covered drug costs for spenddown will be tracked automatically. During the spenddown, there is no discount on drug costs.</li> <li>• After spenddown is met, meet an \$850 deductible per person.</li> <li>• Pay SeniorCare rate for most covered drugs until the \$850 deductible is met.</li> <li>• 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.</li> </ul>
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\* These income amounts are based on the ~~2025~~ 2026 federal poverty guidelines, which typically increase by a small amount each year.

### 39.11.5 Level 3: 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.

<p>Example 1:</p>	<p>Dorothy’s annual income is <del>\$38,560</del> <u>39,304</u>. 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.</p> <p>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.</p> <p>After this deductible is met, Dorothy purchases covered prescription drugs at the copayment amounts for the remainder of her benefit period.</p>
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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.

<p>Example 2:</p>	<p>Bob and Alice's annual income is \$<del>52,760</del>53,936, 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
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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.

<p>Example 3:</p>	<p>Tracy and Dave's annual income is \$<del>52,760</del>53,936, 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.</p> <p>Tracy and Dave pay for their covered prescription drugs at retail price. Only covered prescription drugs purchased for Dave count toward the spenddown requirement.</p> <p>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 remainder of his benefit period.</p>
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### 39.12 Five Percent Copay Limit Tiers

<del>2025</del> 2026 Per-Member Copay Limits											
Status	Assistance Group Income Tier as Percentage of the Federal Poverty Level										
	0-50%	>50-100%	>100-150%	>150-200%	>200-250%	>250-300%	>300-350%	>350-400%	>400-450%	>450-500%	>500%
Individual	\$0	\$26	\$53	\$79	\$106	\$132	\$159	\$186	\$212	\$239	\$265
Prorated (split between counted spouses)	\$0	\$13	\$26.50	\$39.50	\$53	\$66	\$79.50	\$93	\$106	\$119.50	\$132.50

### 39.13 VA Allowance Rates

The chart below can be used to identify the value of the exempt portion of a VA payment if both the VA benefit type is known and the payment indicates the member is eligible for A&A or housebound allowance, but does not list an amount for the allowance.

The following rates are effective December 1, ~~2024~~2025 – November 31, ~~2025~~2026.

VA INCOME TYPE	AID & ATTENDANCE AMOUNT	HOUSEBOUND ALLOWANCE AMOUNT
Veteran's pension (see note)	up to \$ <del>945</del> <u>971</u>	up to \$ <del>314</del> <u>323</u>
Surviving spouse pension (see note)	up to \$ <del>567</del> <u>583</u>	up to \$ <del>211</del> <u>217</u>
Veteran's disability compensation	Benefit could include A&A for the spouse. Amount depends on veteran's disability rating.	N/A
Surviving spouse dependency and indemnity compensation (DIC)	\$ <del>409.53</del> <u>421.00</u>	\$ <del>191.85</del> <u>197.22</u>
Surviving parent DIC	\$ <del>445</del> <u>458</u>	N/A

Note	For VA pensions, which are based on need, the A&A or housebound allowance amounts given above or the monthly unreimbursed medical expense (UME) amount shown on the award letter could be greater than the monthly VA pension amount. In this situation, disregard the entire pension.
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