Appendix J: Eligibility Standards for Non-MAGI Programs

Program	Monthly income limit	Effective date	Asset maximum	Effective date		
Spend Down (includes disabled child) - MHNS, MHSD, MHDC						
1 person – aged or disabled	\$ 1,033	04-01-23	\$ 5,726.00	07-01-23		
2 people – aged or disabled	1,397	04-01-23	11,452.00	07-01-23		
1 person – blind	1,215	04-01-23	5,726.00	07-01-23		
2 people – blind	1,644	04-01-23	11,452.00	07-01-23		
SGA (Substantial Gainful Activity) – aged or disabled	1,470	01-01-23				
SGA – blind	2,460	01-01-23				
SSI (Supplemental Security Inc	ome)					
1 person in own household	914	01-01-23				
2 people in own household	1,371	01-01-23				
1 person in another's household	609	01-01-23				
2 people in another's household	914	01-01-23				
SSI essential person in own household	458	01-01-23				
SSI 1619 (a) and (b)	4,134	01-01-23	2,000 individual 3,000 couple			
Qualified Medicare Beneficiary	(QMB)					
1 person	1,215	04-01-23	9,090	01-01-23		
2 people	1,644	04-01-23	13,630	01-01-23		
3 People	2,072	04-01-23	13,630	01-01-23		
Specified Low-Income Medicare	Beneficiary 1 (SL	MB or SLMB1)			
1 person	1,458	04-01-23	9,090	01-01-23		
2 people	1,972	04-01-23	13,630	01-01-23		
3 people	2,486	04-01-23	13,630	01-01-23		
Specified Low-Income Medicare	e Beneficiary 2 (SL	MB2 or QI-1)				
1 person	1,641	04-01-23	9,090	01-01-23		
2 people	2,219	04-01-23	13,630	01-01-23		
3 people	2,797	04-01-23	13,630	01-01-23		

Appendix J: Eligibility Standards for MHABD

Program	Monthly income limit	Effective date	Asset maximum	Effective date			
Blind Pension (BP)	\$ 8,217 (sighted spouse)	04-01-23	\$ 29,999	2018			
Supplemental Aid to the Blind (SAB) consolidated standard	\$ 987	01-01-23	\$ 5, 726.00indiv. 11,452.00 couple	07-01-23			
Qualified Disabled and Working Individuals (QDWI)							
1 person	\$ 2,430	04-01-23	\$ 4,000				
2 people	3,287	04-01-23	6,000				
Ticket to Work Health Assurance (TWHA)							
1 person	\$ 3,645	04-01-23	\$ 5,726.00	07-01-23			
2 people	4,930	04-01-23	11,452.00	07-01-23			

TWHA - Income effective 04-01-2023, Premiums effective 04-01-2019					
Percent of FPL	Single or couple	Monthly income	Monthly premium		
Less than 100%	Single	\$ 1,215.00 or less	\$ 0		
	Couple	1,644.00 or less	0		
100% up to but not including 150%	Single	1,215.01 - 1822.99	42		
	Couple	1,644.01 – 2,464.99	56		
150% up to but not including 200%	Single	1,823.00 – 2,429.99	62		
	Couple	2,465.00 - 3,286.99	85		
200% up to but not including 250%	Single	2,430.00 - 3,037.99	104		
	Couple	3,287.00 – 4,108.99	141		
250% up to but not including 300%	Single	3,038.00 - 3645.00	156		
	Couple	4,109.00 – 4,930.00	211		

Other expenses	Amount	Effective Date
Supplementary Medical Insurance (SMI) Medicare Part B monthly premium	\$ 164.90	01-01-23
State mileage rate (per mile)	\$ 0.655	04-01-23

Appendix J: Eligibility Standards for MHABD

Vendor Care - in a nursing facility, institution for hospital	the intellectually o	lisabled,	or mental o	or psychiatric
Vendor Surplus Calculation			/laximum	Effective Date
All income paid to the facility as surplus minus \$50 personal needs allowance and allowable deductions: medical insurance premiums, allotments, child support			6.00 after Division of Assets	07-01-23
Home and Community Based Services (HCB)	 nursing facility 	care in yo	our own hoi	me
Monthly income limit for eligible individual (not including spouse)	Effective date	Asset	Maximum	Effective Date
\$1,598	01-01-23		6.00 after Division of Assets	07-01-23
Other numbers used for Vendor and HCB cald	culations			
Spousal share – used to determine Division of A	Spousal share – used to determine Division of Assets		ble assets	Effective Date
Minimum	Minimum		29,724	01-01-23
Maximum	Maximum		148,620	01-01-23
Allotment of income – used to determine allotments to a community spouse or dependents		Month	ly amount	Effective Date
Minimum monthly maintenance needs allowance (MMMNA)		\$	2,465	07-01-23
Maximum MMMNA			3,716	01-01-23
Maximum allocation to a child			457	01-01-23
Shelter Expenses – used to determine allotment	s to a community	spouse		
Allowable Expense		Мс	onthly limit	Effective Date
Shelter standard		\$	740	07-01-23
Utility standard			441	10-01-22
Telephone standard		_	71	10-01-22
Maximum home equity – For Vendor, HCB, or PACE		Asset Maximum		Effective Date
		\$	688,000	01-01-23
Transfer of property penalty				
Average monthly private pay nursing rate		\$	6,983	04-01-23

Appendix J: Eligibility Standards for MHABD

Supplemental Nursing Care (SNC) – cash grant to participants living in supported living facilities				
SNC income eligibility determination	Asse	t Maximum	Effective Date	
SNC grant is available if the facility's monthly residential care expense exceeds the participant's countable income. The grant amount is the deficit up to the maximum monthly grant amount.		26.00 indiv 2.00 couple	07-01-23	
Grant type		um monthly ant amount	Effective Date	
Residential care facility I	\$	156	07-01-00	
 Residential care facility II Assisted living facility Intermediate or skilled without a level of care determination 		292	07-01-00	
Intermediate or skilled with a level of care determination		390	07-01-00	
Personal needs allowance paid to all SNC participants		50	01-01-15	