

# SSI-Related Programs -- Financial Eligibility Standards: April 1, 2018

PROGRAMS & TYPES OF COVERAGE	INCOME		ASSETS		MAINTENANCE NEEDS STANDARDS / OTHER									
	Individual	Couple	Individual	Couple										
<b>PROGRAMS MANAGED BY SOCIAL SECURITY</b>					<b>Disregards:</b> *Standard Disregard = \$20 *Earned Income Disregard = \$65 + 1/2 Student Earned Income Disregard = \$1,820 monthly, maximum \$7,350 for calendar year <b>Ineligible Spouse Deeming:</b> ½ FBR = \$375 Child Allocation = \$375/child (Difference between the couple and single FBR)									
<b>*Supplemental Security Income (SSI)</b> Federal Benefit Rate (FBR) Cash payment of SSI from SSA; Includes Full Medicaid							<b>\$750</b> <small>(FBR)</small>	<b>\$1,125</b> <small>(FBR)</small>	<b>\$2,000</b>	<b>\$3,000</b>				
<b>*Low Income Subsidy (LIS) or Extra Help (150% FPL)</b> Helps with costs associated with Medicare Prescription Drug Plans Automatic with full Medicaid or Medicare Savings Programs (QMB, SLMB, QI1). Income asset limits change annually							<b>\$1,518</b>	<b>\$2,058</b>	<b>\$14,100</b>	<b>\$28,150</b>				
<b>PROGRAMS FOR PEOPLE 65+ OR DISABLED (Community Medicaid Programs)</b> <small>Updated when FPLs released Jan/Feb   Updated each November by CMS</small>					<b>Parent to Disabled Child Deeming:</b> Parent Allocation = \$750  <b>Disability Substantial Gainful Activity (SGA) = \$1,180 non-blind \$1,970 blind</b>  <b>Medicare Part B Premium = \$134.00, Part A free for most or \$422</b>  <i>* A \$20 General Income Disregard applies to these programs. \$20 will be subtracted from the total of all income not based on need before comparing the income to the income limit. In addition, \$65 is subtracted from the total of all earned income, and ½ the remainder is subtracted before comparing the income to the income limit.</i>									
<b>*MEDS-AD (MM S) (88% FPL)</b> Full Community Medicaid							<b>\$891</b>	<b>\$1,208</b>	<b>\$5,000</b>	<b>\$6,000</b>				
<b>*Medically Needy (No Income Limit)</b> Medically Needy Income Level (MNIL) Full Community Medicaid when Share of Cost is met							Subtract \$180 from gross income	Subtract \$241 from gross income						
<b>PROGRAMS FOR PEOPLE WITH MEDICARE (Medicare Savings Programs/Buy-In)</b>					<b>PERSONAL NEEDS ALLOWANCE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Individual</th> <th style="text-align: center;">Couple</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>\$105</b></td> <td style="text-align: center;"><b>\$210</b></td> </tr> <tr> <td style="text-align: center;">Community NH \$1,012 NH \$105</td> <td style="text-align: center;">Community NH \$1,372 NH \$210</td> </tr> <tr> <td colspan="2" style="text-align: center;">                     PACE / SMMC-LTC in ALF: R&amp;B+ \$202 / \$402                      PACE / SMMC-LTC at home: \$2,250 / \$4,500                      PACE in NH: \$105 / \$210                      iBudget / Cystic Fibrosis: \$2,250 / \$4,500                      References: 2640.0117.01 &amp; 2640.0118                 </td> </tr> </tbody> </table>		Individual	Couple	<b>\$105</b>	<b>\$210</b>	Community NH \$1,012 NH \$105	Community NH \$1,372 NH \$210	PACE / SMMC-LTC in ALF: R&B+ \$202 / \$402 PACE / SMMC-LTC at home: \$2,250 / \$4,500 PACE in NH: \$105 / \$210 iBudget / Cystic Fibrosis: \$2,250 / \$4,500 References: 2640.0117.01 & 2640.0118	
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<b>*QMB (100% FPL)</b> Pays Medicare A & B premiums, coinsurance & deductibles only					<b>\$1,012</b>	<b>\$1,372</b>	<b>\$7,560</b>	<b>\$11,340</b>						
<b>*SLMB (120% FPL)</b> Pays for Medicare Part B premium only (PBMO)					<b>\$1,214</b>	<b>\$1,646</b>								
<b>*QI1 (135% FPL)</b> PBMO					<b>\$1,366</b>	<b>\$1,852</b>								
<b>*Working Disabled (200% FPL)</b> Qualified Disabled Working Individuals (QDWI) Program Pays for Medicare Part A only. Must have lost SSDI due to employment					<b>\$2,024</b>	<b>\$2,744</b>	<b>\$5,000</b>	<b>\$6,000</b>						
<b>PROGRAMS BASED ON INSTITUTIONAL POLICY</b> – Patient Responsibility and Income Trusts may apply. <small>Updated when FPLs released Jan/Feb</small>					<b>SSI Individual \$30 only in NH = \$75 (SPS)</b>  <b>Transfer of Asset Divisor = \$8,944 (eff 6/1/2017)</b>  <b>Community Hospice Allocations:</b> Spouse only = FBR (\$750) Spouse + Dependents or Dependents Only = CNS Standard  <b>Spousal Impoverishment:</b>  MMMNA = \$2,030 Excess shelter = \$609 Standard Utility Allowance = \$347 Maximum Income Allowance = \$3,090 Community Spouse Resource Allowance = \$123,600 Family Members Allowance with Spouse = (MMMNA-income) divided by 3 Dependents with no Spouse = CNS Standard  <b>Home Equity Interest Limit = \$572,000</b>									
<b>Institutional Care Program (ICP)</b> Pays Nursing Home (NH) room, board & care Pays Medicare A & B premiums, coinsurance & deductibles							<b>\$2,250</b> <small>(MEDS-AD Institutional Income Limit \$891)</small>	<b>\$4,500</b> <small>(MEDS-AD Institutional Income Limit (\$1208))</small>	<b>\$2,000</b> <small>(\$5,000 if MEDS-AD eligible)</small>	<b>\$3,000</b> <small>(\$6,000 if MEDS-AD eligible)</small>				
<b>Hospice</b> Pays Hospice services related to terminal illness Pays Medicare A & B premiums, coinsurance & deductibles														
<b>Home and Community Based Services (HCBS) or Waivers</b> Pays Medicare A & B premiums, coinsurance & deductibles														
<b>STATE FUNDED PROGRAMS</b>					<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Individual</th> <th style="text-align: center;">Couple</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>\$54</b> Provider rate \$774.40</td> <td style="text-align: center;"><b>\$108</b> Provider rate \$1,548.80</td> </tr> <tr> <td style="text-align: center;"><b>\$54</b> Provider rate \$935</td> <td style="text-align: center;"><b>\$108</b> Provider rate \$1,870</td> </tr> </tbody> </table>		Individual	Couple	<b>\$54</b> Provider rate \$774.40	<b>\$108</b> Provider rate \$1,548.80	<b>\$54</b> Provider rate \$935	<b>\$108</b> Provider rate \$1,870		
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<b>OPTIONAL STATE SUPPLEMENT (OSS) REDESIGN</b> Maximum Payment = \$78.40 single / \$156.80 Couple Assists with paying room & board at alternate living facilities					<b>\$828.40</b>	<b>\$1,656.80</b>	<b>\$2,000</b>	<b>\$3,000</b>						
<b>PROTECTED OSS</b> Maximum Payment = \$239 single / \$478 Couple Assists with paying room & board at alternate living facilities					<b>\$935</b>	<b>\$1,870</b>								
<b>HOME CARE FOR DISABLED ADULTS (HCDA)</b> Pays small stipend to caregivers of disabled					<b>\$2,250</b>	<b>\$4,500</b>								

- ▶ These resource limits include \$1,500 per person for burial expenses.
- ★ Indicates programs for which SHINE counselors provide screening and application assistance.