

## SSI-Related Programs & Coverage Groups – Financial Eligibility Standards: April 2025

NACHE ACCES								ALEEDO OT AND ADDO / OTHER
	PROGRAMS & TYPES OF COVERAGE	INCOME		ASSETS		MAINTENANCE NEEDS STANDARDS / OTHER		
DD	Individual Couple Individual Couple Couple Couple Couple Couple Couple PROGRAMS MANAGED BY SOCIAL SECURITY (eff 01/01/2025)					Disregards:		
	· ·							
Fed	plemental Security Income (SSI) eral Benefit Rate (FBR)	\$967	\$1,450	\$2,000	\$3,000	Standard Disregard = \$20		
	n payment of SSI from SSA; Includes Full Medicaid	(FBR)	(FBR)	\$2,000	. ,	Earned Income Disregard = \$65 + 1/2 Student Earned Income Disregard = \$2,350 monthly, maximum \$9,460 for calendar year  Ineligible Spouse Deeming:		
Help	by Income Subsidy (LIS) or Extra Help (150% FPL) s with costs associated with Medicare Prescription Drug Plans matic with full Medicaid or Medicare Savings Programs (QMB, B, QI1). Income asset limits change annually	\$1,956	\$2,644	\$17,600 (w/ Burial Exc)	\$35,130 (w/ Burial Exc)			
CO	OVERAGE GROUPS FOR PEOPLE 65+ OR DISABLED (Committee the properties of the propertie				Nov by CMS	1/2 FBR = \$484		
**M	EDS-AD (MM S) (88% FPL) Community Medicaid	\$1,149	\$1,552	·				Difference between the couple and single FBR)
Med	lically Needy (No Income Limit)	Subtract \$180	Subtract \$241	\$5,000	\$6,000	Parent to Disabled Child Deeming:		
	ically Needy Income Level (MNIL) Community Medicaid <u>when</u> Share of Cost is met	from gross income	from gross income	<b>¥</b> 0,000	<b>40,000</b>	Parent Allocation = \$967		
PR	PROGRAMS FOR PEOPLE WITH MEDICARE (Medicare Savings Programs/Buy-In) (interim 01/01/2025) * not incl. \$20 disregard					Disability Substantial Gainful Activity (SGA) = \$1,620 non-blind \$2,700		
**Q	MB (100% FPL)					blind  Medicare Part B Premium = \$185, Part A free for most or \$518		
_	Medicare A & B premiums, coinsurance & deductibles only  MB (120% FPL)	\$1,304		\$9,660	\$14,470			
Pay	s for Medicare Part B premium only	\$1,565				*Interim figures are calculated based on the 2025 2.5 % Cost of Living Adjustment (COLA) until the official Federal Poverty Levels (FPL) are published in the Spring of 2026.		
Pay	1 (135% FPL) s for Medicare Part B premium only	\$1,761	\$2,379					
	Working Disabled (200% FPL)	Updated when FPLs release (Jan/Feb)				**These Standards change effective April 1 of each year in accordance with federal		
for N	ified Disabled Working Individuals (QDWI) Program Pays ledicare <b>Part A only.</b> Must have lost SSDI due to loyment	\$2,608	\$3,525	\$5,000	\$6,000	law		
	OGRAMS BASED ON INSTITUTIONAL POLICY – Patient Responsibility and Income Trusts may apply. (eff 01/01/2025)					PERSONAL NEE	DS ALLOWANCE	SSI Individual \$30 only in NH = \$78.40 (SSP)
		esponsibility and Income Trusts may apply. (eff		f 01/01/2025)		Individual	Couple	Transfer of Asset Divisor = \$10,458 (eff 4/2025)
Pav	titutional Care Program (ICP) Nursing Home (NH) room, board & care			<b>\$2,000</b> (\$5,000 if MEDS-AD eligible)	\$3,000 (\$6,000 if MEDS-AD eligible)	\$160	\$320	Community Hospice Allocations:
	Medicare A & B premiums, coinsurance & deductibles	\$2,901 (MEDS-AD Institutional Income Limit \$1,149)	\$5,802 (MEDS-AD Institutional Income Limit \$1,552)			Community \$1,305		Spouse only = <b>FBR (\$967)</b> Spouse + Dependents or Dependents Only = <b>CNS</b>
Pay	Hospice services related to terminal illness Medicare A & B premiums, coinsurance & deductibles					NH \$160	NH \$320	Standard
	me and Community Based Services (HCBS) Waivers or PACE					PACE /HCBS in ALF: *R&		Spousal Impoverishment: (eff 07/01/2025)
	Medicare A & B premiums, coinsurance & deductibles					PACE /HCBS @ home: \$2,901/ \$5,802 PACE in NH: \$130 / \$260 iBudget: \$2,901 / \$5,802		MMMNA = \$2,555 Excess shelter = \$766**
								Standard Utility Allowance = \$419 (eff 10/1/2024)
ST	TATE FUNDED PROGRAMS (eff 01/01/2025)					Maximum Income Allowance = \$3,948 Community Spouse Resource Allowance =		
	TIONAL STATE SUPPLEMENT (OSS) REDESIGN			\$2,000	\$3,000	\$160	\$320	\$157,920 Family Members Allowance with Spouse = (MMMNA-income) divided by 3 Dependents with no Spouse = CNS Standard
Max Ass	imum Payment = \$184.40 single / \$386.80 Couple sts with paying room & board at alternate living facilities	\$1,045.40	\$1,993.80			Provider rate \$991.40	Provider rate \$1,885.80	
	OTECTED OSS (Reference OLM 2040.0822)	\$1,152	\$2,207			\$160	\$320	
	imum Payment = \$345 single / \$690 Couple sts with paying room & board at alternate living facilities					Provider rate \$1,152	Provider rate \$2,207	Home Equity Interest Limit = \$730,000
	ME CARE FOR DISABLED ADULTS (HCDA) s small stipend to caregivers of disabled	\$2,901	\$5,802					

These resource limits include \$1,500 per person for burial expenses.

Indicates programs for which SHINE Counselors provide screening and application assistance.