

# MEDICAID PROGRAMS DESK AID

Effective January 1, 2006

COVERAGE GROUP	RESOURCE LIMIT	MONTHLY INCOME LIMITS							
Food Stamps Regular	\$3000 if 1 or more HH member(s) age 60 or over \$2000 all other applicant HH		<b>Household Size</b>						
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
		Gross	\$1037	\$1390	\$1744	\$2097	\$2450	\$2803	\$3156
		Net	\$798	\$1070	\$1341	\$1613	\$1885	\$2156	\$2428
		Allot.	\$152	\$278	\$399	\$506	\$601	\$722	\$798
FMAP and FMAP-Related Medicaid	\$2000 per applicant HH (prior to approval)  \$5000 per recipient HH (after approval)		<b>Household Size</b>						
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
		Test 1	\$675.25	\$1330.15	\$1570.65	\$1824.10	\$2020.20	\$2249.60	\$2469.75
		Test 2	\$365	\$719	\$849	\$986	\$1092	\$1216	\$1335
		Test 3	\$183	\$361	\$426	\$495	\$548	\$610	\$670
Expanded SLMB (QI-1)	\$4000 for 1 \$6000 for 2	120% PL -less than 135%	<b>Family Size</b>		<b>Income of</b>		<b>But Less Than</b>		
			<b>1</b>	<b>2</b>	\$957		\$1077		
			<b>2</b>		\$1283		\$1444		
<b>Nursing Facility and Elderly Waiver (Couple)</b>									
<b>Income</b>	<b>\$1809</b>		<b>(\$1809 x 2)</b>						
<b>Resources</b>	<b>\$2000 individual</b>		<b>Miller Trust</b>						
	<b>\$3000 couple (both in facility)</b>		<b>\$1809- \$3618</b>						
Qualified Medicare Beneficiaries	\$4000 for 1 \$6000 for 2	100% Poverty level	<b>Family Size</b>						
			<b>1</b>	<b>2</b>					
			\$798	\$1070					
Qualified Working & Disabled	\$4000 for 1 \$6000 for 2	200% Poverty level	<b>Family Size</b>						
			<b>1</b>	<b>2</b>					
			\$1595	\$2139	(Includes Additional Earned Income Disregards)				
SSI-Related Medicaid	\$2000 for 1 \$3000 for couple		<b>Family Size (Couple in own home)</b>						
			<b>1</b>	<b>2</b>					
			\$603	\$904					
Medically Needy	\$10,000 per HH		<b>Medically Needy Income Level (MNIL)</b>						
			<b>Family Size</b>						
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
			\$483	\$483	\$566	\$666	\$733	\$816	\$891
Specified Low-Income Medicare Beneficiaries	\$4000 for 1 \$6000 for 2	100% PL -less than 120% PL	<b>Family Size</b>		<b>Income Of</b>		<b>But Less Than</b>		
			<b>1</b>	<b>2</b>	\$798		\$957		
			<b>2</b>		\$1070		\$1283		
Spousal Impoverishment numbers:			MMMNA - \$2,488.50			Resource Allowance - \$99,540			

**HH** = Household  
**FMAP** = Family Medical Assistance Program  
**SLMB** = Specified Low-Income Medicare Beneficiaries  
**SSI** = Supplemental Security Income

**QMB** = Qualified Medicare Beneficiaries  
**MMMNA** = Minimum Monthly Maintenance Needs Allowance  
**MNIL** = Medically Needy Income Level  
**PL** = Poverty Level