	SSI RETRO	COL	DAC	OBRA '87	OBRA '90		
CATEGORY	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory		
PROGRAM CODES	01,02,04	01,02,04	02,04	02,04	02,04		
AGE	65 or >	65 or >	Must be 18	No Medicare	No Medicare		
				Must be 60-64	Must be 50-59		
BLINDNESS	Yes	Yes	Yes	Yes	Yes		
DISABILITY	Yes	Yes	Yes	Yes	Yes		
CITIZENSHIP	Yes	Yes	Yes	Yes	Yes		
RESIDENCE	Yes	Yes	Yes	Yes	Yes		
UTIL. OF BENE.	Yes	Yes	Yes	Yes	Yes		
SSN	Yes	Yes	Yes	Yes	Yes		
ASSIGN. RIGHTS	Yes	Yes	Yes	Yes	Yes		
PHYSICIAN CERT.	No	No	No	No	No		
INCOME	SSI	COL	DAC & COL				
	Limits	Disregards	Disregards	OBRA + COL Disregards			
Individual	\$733.00	\$733.00	\$733.00	\$733.00			
Couple	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00			
RESOURCES		SSI Limits					
Individual	\$2,000.00						
Couple	\$3,000.00						
SPOUSAL							
IMPOVERISHMENT	N/A						
TRANS. PENALTY	N/A						
30-CONSEC. DAY REQUIREMENT	N/A						
EFFECTIVE DATE	07-01-81	07-01-81	07-01-87	07-01-88	01-01-91		
RETROACTIVE	3 mos. Prior	Retro	Retro	Retro	Retro		
ELIGIBILITY					applies		
SERVICES	to SSI appl. Full	applies Full	applies Full	applies Full	applies Full		
JERVICES	Full	Full	Full	Full	Full		

	MAO LONG-TERM CARE AT HOME						
	HCBS HCBS HCBS HCBS		HCBS	Disabled			
	Handicapped	Traumatic	Assisted	Elderly/Disabled	MR/DD	Child	
	Waiver	Brain Injury	Living Waiver	Waiver	Waiver	At-Home	
CATEGORY	Optional	Optional	Optional	Optional	Optional	Optional	
PROGRAM CODES	24	24	10,11,12	21,22	21,22	89	
AGE	No age	No age	No age	No age	No age	Must be 18	
	limit	limit	limit	limit	limit	or <	
BLINDNESS	N/A	N/A	N/A	N/A	N/A	Yes	
DISABILITY	Yes	Yes	Yes if <65	Yes if <65	Yes if <65	Yes	
CITIZENSHIP	Yes	Yes	Yes	Yes	Yes	Yes	
RESIDENCE	Yes	Yes	Yes	Yes	Yes	Yes	
UTIL. OF BENE.	Yes	Yes	Yes	Yes	Yes	Yes	
SSN	Yes	Yes	Yes	Yes	Yes	Yes	
ASSIGN. RIGHTS	Yes	Yes	Yes	Yes	Yes	Yes	
PHYSICIAN CERT.	Yes	Yes	Yes	Yes	Yes	Yes	
INCOME	NH Limit	NH Limit	NH Limit	NH Limit	NH Limit	NH Limit	
	300%	300%	300%	300%	300%	300%	
Individual	\$2,199.00	\$2,199.00	\$2,199.00	\$2,199.00	\$2,199.00	\$2,199.00	
Couple	N/A	N/A	N/A	N/A	N/A	N/A	
RESOURCES	Liberalized	Liberalized	Liberalized	Liberalized	Liberalized	SSI	
Individual	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$2,000.00	
Couple	N/A	N/A	N/A	N/A	N/A	N/A	
SPOUSAL	SI rules apply						
IMPOVERISHMENT	even if living at-home				N/A		
TRANS. PENALTY	Yes	Yes	Yes	Yes	Yes	N/A	
30-CONSEC. DAY	N/A	N/A	N/A	N/A	N/A	N/A	
REQUIREMENT							
EFFECTIVE DATE	01-01-94	07-01-01	10-01-00	07-01-00	07-01-00	07-01-89	
RETROACTIVE	Retro applies but	Retro applies but	Retro applies but	Retro applies but	Retro appies but	Retro	
ELIGIBILITY	not prior to 01/94	not prior to 07/01	not prior to 10/00	not prior to 07/00	not prior to 07/00	applies	
SERVICES	Full	Full	Full	Full	Full	Full	
	plus	plus	plus	plus	plus		
	Waiver Services	Waiver Services	Waiver Services	Waiver Services	Waiver Services		

	LONG TERM CARE				
	SSI At-Home	Under 300%			
	Nursing Home	Nursing Home			
	Swing Bed/Hosp	Swing Bed/Hosp			
CATEGORY	Optional	Optional			
PROGRAM CODES	01,02,04	01,02,04			
AGE	65 or >	65 or >			
BLINDNESS	Yes	Yes			
DISABILITY	Yes	Yes			
CITIZENSHIP	Yes	Yes			
RESIDENCE	Yes	Yes			
UTIL. OF BENE.	Yes	Yes			
SSN	Yes	Yes			
ASSIGN. RIGHTS	Yes	Yes			
PHYSICIAN CERT.	NH Only	NH Only			
INCOME	300% of SSI Individual Amount				
Individual	\$2,199.00				
Couple	N/A				
RESOURCES	Liberalized Resource Policies				
Individual	\$4,000.00				
Couple	N/A				
SPOUSAL	Applies to all LTC clients with a CS				
IMPOVERISHMENT	Resource Limit \$119,220.00				
	Monthly Needs Allowance - \$2,980.00				
TRANS. PENALTY	Applies to NH/SB				
30-CONSEC. DAY	Apples to all Long-Term	Care clients			
REQUIREMENT					
EFFECTIVE DATE	Nursing Home07-01-81retro applies				
RETROACTIVE	Swing Bed 07-01-84 retro applies				
ELIGIBILITY					
SERVICES	Full services including Vendor Payment				
	for Nursing Facility care				