MEDICAID ELIGIBILITY MANUAL Revised 07/01/2017

10/01/1993 - 03/31/1999

CHART OF INSTITUTIONAL LIMITS & TRANSFER OF ASSETS DIVISORS

INSTITUTIONAL INCOME LIM	ITS	1/1/2010	1/1/2011	7/1/2011		
Federal Maximum		\$2,022	\$2,022.00	N/A		
			-			
SPOUSAL IMPOVERISHMENT	MAXIMUMS					
Federal Resource Maximum - Comm	unity Spouse Limit	\$109,560	\$109,560	N/A		
LIBERALIZED RESOURCE LIM						
Single Individual and Institutional Sp	oouse Limit	\$4,000	\$4,000	\$4,000		
r						
SUBSTANTIAL HOME EQUITY						
Federal Equity Minimum Limit Used	l by DOM	\$500,000	\$506,000	N/A		
TRANSFER OF ASSETS DIVISO						
	Monthly Rate	\$4,600*	\$5,700	\$5,700		
	Daily Rate	\$151*	\$187	\$187		
MEDICAID INCOME DEDUCTIO		**	#2 02.00	27/4		
Earned Income Disregard (Work Dec	\$293.00	\$293.00	N/A			
Community Spouse Monthly Mainten	\$2,739.00	\$2,739.00	N/A			
Other Family Members Needs Allow	ι υ	¢1 001 05	¢1.001.05	\$1,838.75		
Dependent Child Under Age 18 - No CS) \$1,821.25 \$1,821.25 \$						
TRANSFER OF ASSETS DIVISO	R RATES PRIOR TO 01	/01/2010				
TRANSFER OF ASSETS DIVISOR RATES PRIOR TO 01/01/2010*The monthly transfer of assets rate of \$4,600 and daily rate of \$151 was in effect for 02/08/2006 -						
12/31/2010.	51 \$4,000 and daily face of	\$151 was iii		08/2000 -		
12/31/2010.						
OBRA-93 Transfer Rates were in eff	ect from 08/11/1993 - 02/0	7/2006. Mor	nthly rates ar	e shown		
below; partial month penalty periods	did not apply to OBRA 93	policy.				
03/01/2003 - 02/07/2006	\$3,100 monthly rate					
04/01/1999 - 02/28/2003	\$2,600 monthly rate					

\$2,000 monthly rate

MEDICAID ELIGIBILITY MANUAL Revised 07/01/2017

INSTITUTIONAL INCOME LIMITS	1/1/2012	10/1/2012	1/1/2013	7/1/2013
Federal Maximum	\$2,094	N/A	\$2,130	N/A
SPOUSAL IMPOVERISHMENT MAXIMUMS				
Federal Resource Maximum - Community Spouse Limit	\$113,640	N/A	\$115,920	N/A
LIBERALIZED RESOURCE LIMITS				
Single Individual and Institutional Spouse Limit	\$4,000	\$4,000	\$4,000	\$4,000
SUBSTANTIAL HOME EQUITY LIMIT				
Federal Equity Minimum Limit Used by DOM	\$525,000	N/A	\$536,000	N/A
			-	
TRANSFER OF ASSETS DIVISOR RATES				
Monthly Rate	\$5,700	\$5,700	\$5,700	\$5,700
Daily Rate	\$187	\$187	\$187	\$187
			-	
MEDICAID INCOME DEDUCTION MAXIMUMS				
Earned Income Disregard (Work Deduction)	\$305.00	N/A	\$311.00	N/A
Community Spouse Monthly Maintenance Needs Allowance	\$2,841.00	N/A	\$2,898.00	N/A
Other Family Members Needs Allowance (Living with CS or				
Dependent Child Under Age 18 - No CS)	\$1,838.75	\$1,891.25	\$1,891.25	\$1,938.75

MEDICAID ELIGIBILITY MANUAL Revised 07/01/2017

INSTITUTIONAL INCOME LIMITS	1/1/2014	7/1/2014	1/1/2015	7/1/2015
Federal Maximum	\$2,163	N/A	\$2,199	N/A
SPOUSAL IMPOVERISHMENT MAXIMUMS				
Federal Resource Maximum - Community Spouse Limit	\$117,240	N/A	\$119,220	N/A
			-	
LIBERALIZED RESOURCE LIMITS				
SingleIindividual and Institutional Spouse Limit	\$4,000	\$4,000	\$4,000	\$4,000
SUBSTANTIAL HOME EQUITY LIMIT				
Federal Equity Minimum Limit Used by DOM	\$543,000	N/A	\$552,000	N/A
TRANSFER OF ASSETS DIVISOR RATES				
Monthly Rate	\$5,700	\$5,920	\$5,920	\$6,250
Daily Rate	\$187	\$194	\$194	\$205
			-	
MEDICAID INCOME DEDUCTION MAXIMUMS				
Earned Income Disregard (Work Deduction)	\$316.50	N/A	\$322.50	N/A
Community Spouse Monthly Maintenance Needs Allowance	\$2,931.00	N/A	\$2,980.00	N/A
Other Family Members Needs Allowance (Living with CS or				
Dependent Child Under Age 18 - No CS)	\$1,938.75	\$1,966.25	N/A	\$1,991.25

MEDICAID ELIGIBILITY MANUAL

Other Family Members Needs Allowance (Living with CS or

Dependent Child Under Age 18 - No CS)

\$2,030.00

N/A

Revised 07/01/2017

CHART OF INSTITUTIONAL LIMITS & TRANSFER OF ASSETS DIVISORS

INSTITUTIONAL INCOME LIMITS	1/1/2016	7/1/2016	1/1/2017	7/1/2017
Federal Maximum	\$2,199	N/A	\$2,205	N/A
SPOUSAL IMPOVERISHMENT MAXIMUMS				
Federal Resource Maximum - Community Spouse Limit	\$119,220	N/A	\$120,900	N/A
LIBERALIZED RESOURCE LIMITS				
SingleIindividual and Institutional Spouse Limit	\$4,000	\$4,000	\$4,000	\$4,000
SUBSTANTIAL HOME EQUITY LIMIT				
Federal Equity Minimum Limit Used by DOM	\$552,000	N/A	\$560,000	N/A
TRANSFER OF ASSETS DIVISOR RATES				
Monthly Rate	\$6,250	\$6,405	\$6,405	\$6,619
Daily Rate	\$205	\$210	\$210	\$217
MEDICAID INCOME DEDUCTION MAXIMUMS				
Earned Income Disregard (Work Deduction)	\$322.50	N/A	\$323.50	N/A
Community Spouse Monthly Maintenance Needs Allowance	\$2,980.50	N/A	\$3,022.50	N/A

\$1,991.25 \$2,002.50

MEDICAID ELIGIBILITY MANUAL

Revised 07/01/2019

INSTITUTIONAL INCOME LIMIT	ſS	1/1/2018	7/1/2018	1/1/2019	7/1/2019
Federal Maximum		\$2,250	N/A	\$2,313	N/A
SPOUSAL IMPOVERISHMENT M	AXIMUMS				
Federal Resource Maximum - Commun	nity Spouse Limit	\$123,600	N/A	\$126,420	N/A
LIBERALIZED RESOURCE LIMITS					
Single Individual and Institutional Spo	use Limit	\$4,000	N/A	\$4,000	N/A
SUBSTANTIAL HOME EQUITY LIMIT					
Federal Equity Minimum Limit Used b	by DOM	\$572,000	N/A	\$585,000	N/A
TRANSFER OF ASSETS DIVISOR	RATES				
	Monthly Rate	\$6,619	\$6,832	\$6,832	\$6,832
Daily Rate		\$217	\$224	\$224	\$224
				-	
MEDICAID INCOME DEDUCTIO					
Earned Income Disregard (Work Dedu	7	\$331.00	N/A	\$341.50	N/A
Community Spouse Monthly Maintena	nce Needs Allowance	\$3,090.00	N/A	\$3,160.50	N/A
Other Family Members Needs Allowar	nce (Living with CS or				
Dependent Child Under Age 18 - No CS)		\$2,030.00	\$2,057.50	N/A	\$2,113.75
NON-COVERED MEDICAL EXPE	NSE LIMITS				
Eyeglasses - per occurrence for lenses, f	rames, dispensing fee			\$362.79	\$362.79
Dentures	per plate			\$678.44	\$678.44
	full pair			\$1,356.88	\$1,356.88
Denture Repair - per occurrence				\$270.00	\$270.00
Hearing Aids	for one			\$1,777.40	\$1,777.40
	for both			\$3,377.40	\$3,377.40

MEDICAID ELIGIBILITY MANUAL

Revised 07/01/2021

INSTITUTIONAL INCOME LI	MITS	1/1/2020	7/1/2020	1/1/2021	7/1/2021
Federal Maximum		\$2,349	N/A	\$2,382	N/A
			•	•	
SPOUSAL IMPOVERISHMEN	T MAXIMUMS				
Federal Resource Maximum - Con	nmunity Spouse Limit	\$128,640	N/A	\$130,380	N/A
LIBERALIZED RESOURCE LIMITS					
Single Individual and Institutional	Spouse Limit	\$4,000	N/A	\$4,000	N/A
SUBSTANTIAL HOME EQUITY LIMIT					
Federal Equity Minimum Limit Us	ed by DOM	\$595,000	N/A	\$603,000	N/A
TRANSFER OF ASSETS DIVIS	OR RATES				
	Monthly Rate	\$6,832	\$6,832	\$6,832	\$6,893
	Daily Rate	\$224	\$224	\$224	\$226
					1
MEDICAID INCOME DEDUCT					
Earned Income Disregard (Work D		\$347.50	N/A	\$353.00	N/A
Community Spouse Monthly Main		\$3,216.00	N/A	\$3,259.50	N/A
Other Family Members Needs Allo					
Dependent Child Under Age 18 - No CS)		\$2,113.75	\$2,155.00	\$2,155.00	\$2,177.50
NON-COVERED MEDICAL EX					
Eyeglasses - per occurrence for lenses, frames, dispensing fee		\$362.79	\$215.14	\$215.14	\$215.14
Dentures	per plate	\$678.44	\$678.44	\$678.44	\$678.44
	full pair	\$1,356.88	\$1,356.88	\$1,356.88	\$1,356.88
Denture Repair - per occurrence		\$270.00	\$270.00	\$270.00	\$270.00
Hearing Aids	for one	\$1,777.40	\$1,777.40	\$1,777.40	\$1,777.40
	for both	\$3,377.40	\$3,377.40	\$3,377.40	\$3,377.40