INSTITUTIONAL INCOME L	IMITS	1/1/2026	7/1/2026	1/1/2027	7/1/2027
Federal Maximum		\$2,982			
				•	
SPOUSAL IMPOVERISHMEN	T MAXIMUMS				
Federal Resource Maximum - Con	mmunity Spouse Limit	\$162,660			
		·			·
LIBERALIZED RESOURCE L					
Single Individual and Institutional	Spouse Limit	\$4,000			
SUBSTANTIAL HOME EQUIT					
Federal Equity Minimum Limit U	sed by DOM	\$752,000			
<u> </u>					
TRANSFER OF ASSETS DIVI					
	Monthly Rate	\$9,430			
	Daily Rate	\$309			
MEDICAID INCOME DEDUC					
Earned Income Disregard (Work		\$453.00			
Community Spouse Monthly Mai	ntenance Needs Allowance	\$4,066.50			
Other Family Members Needs All Dependent Child Under Age 18 -	` •	\$2,643.75			
				•	
NON-COVERED MEDICAL E	XPENSE LIMITS				
Eyeglasses -per occurrence for lenses, frames, dispensing fee		\$215.14			
Dentures	per plate	\$678.44			
Delitures	full pair	\$1,356.88			
Denture Repair - per occurrence		\$270.00			
Hearing Aids	for one	\$1,777.40			
Hearing Aids	for both	\$3,377.40			

#### MEDICAID ELIGIBILITY MANUAL

Revised 07/01/2025

INSTITUTIONAL INCOME LI	MITS	1/1/2024	7/1/2024	1/1/2025	7/1/2025
Federal Maximum		\$2,829	N/A	\$2,901	N/A
SPOUSAL IMPOVERISHMENT	ΓMAXIMUMS				
Federal Resource Maximum - Com	munity Spouse Limit	\$154,140	N/A	\$157,920	N/A
LIBERALIZED RESOURCE LI	MITS				
Single Individual and Institutional	Spouse Limit	\$4,000	N/A	\$4,000	N/A
SUBSTANTIAL HOME EQUIT					
Federal Equity Minimum Limit Us	ed by DOM	\$713,000	N/A	\$730,000	N/A
TRANSFER OF ASSETS DIVIS					
	Monthly Rate	\$8,300	\$8,300	\$8,300	\$9,430
	Daily Rate	\$272	\$272	\$272	\$309
MEDICAID INCOME DEDUCT					
Earned Income Disregard (Work D	,	\$427.50	N/A	\$439.50	N/A
Community Spouse Monthly Main		\$3,853.50	N/A	\$3,948.00	N/A
Other Family Members Needs Allo	•	\$2,465.00	\$2,555.00	\$2,555.00	\$2,643.75
Dependent Child Under Age 18 - N	lo CS)		4-,000	4-,000	+=,0 10110
NON COVEDED MEDICAL EX	DENICE I IMITO				
NON-COVERED MEDICAL EX		Φ <b>21</b> ( <b>2</b> 0	0215 14	0215 14	001514
Eyeglasses -per occurrence for lenses, frames, dispensing fee		\$216.30	\$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
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	for both	\$3,377.40	\$3,377.40	\$3,377.40	\$3,377.40

INSTITUTIONAL INCOME LI	MITS	1/1/2022	7/1/2022	1/1/2023	7/1/2023
Federal Maximum		\$2,523	N/A	\$2,742	N/A
SPOUSAL IMPOVERISHMENT	T MAXIMUMS				
Federal Resource Maximum - Con	nmunity Spouse Limit	\$137,400	N/A	\$148,620	N/A
LIBERALIZED RESOURCE LI	IMITS				
Single Individual and Institutional	Spouse Limit	\$4,000	N/A	\$4,000	N/A
SUBSTANTIAL HOME EQUIT					
Federal Equity Minimum Limit Us	sed by DOM	\$636,000	N/A	\$688,000	N/A
TRANSFER OF ASSETS DIVIS					
	Monthly Rate	\$6,893	\$7,107	\$7,107	\$8,300
	Daily Rate	\$226	\$233	\$233	\$272
				T	
MEDICAID INCOME DEDUCT					
Earned Income Disregard (Work D	,	\$376.50	N/A	\$413.00	N/A
Community Spouse Monthly Main		\$3,435.00	N/A	\$3,715.50	N/A
Other Family Members Needs Allo		<b>40.155.5</b> 0	# <b>2 2</b> 00 <b>7</b> 7	Φ <b>2</b> 200 <b>7</b> 7	Φ <b>2.</b> 4.6 <b>7.</b> 0.0
Dependent Child Under Age 18 - 1	No CS)	\$2,177.50	\$2,288.75	\$2,288.75	\$2,465.00
NON COVERED MEDICAL EX	VDENCE I IMITEC				
NON-COVERED MEDICAL EX		Φ215.14	Φ21 ( 20	Φ21 ( 20	Φ <b>21</b> ( <b>20</b>
Eyeglasses -per occurrence for lense		\$215.14	\$216.30	\$216.30	\$216.30
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	I o	\$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

#### 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 IMPOVERISHMENT	Γ MAXIMUMS				
Federal Resource Maximum - Com	munity Spouse Limit	\$128,640	N/A	\$130,380	N/A
LIBERALIZED RESOURCE LI	MITS				
Single Individual and Institutional	Spouse Limit	\$4,000	N/A	\$4,000	N/A
SUBSTANTIAL HOME EQUIT					
Federal Equity Minimum Limit Us	ed by DOM	\$595,000	N/A	\$603,000	N/A
TRANSFER OF ASSETS DIVIS					
	Monthly Rate	\$6,832	\$6,832	\$6,832	\$6,893
Daily Rate		\$224	\$224	\$224	\$226
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 - N	lo 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	L	\$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

INSTITUTIONAL INCOME LIMIT	TS .	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 LIMIT					
Single Individual and Institutional Spo	use Limit	\$4,000	N/A	\$4,000	N/A
SUBSTANTIAL HOME EQUITY L					
Federal Equity Minimum Limit Used b	y DOM	\$572,000	N/A	\$585,000	N/A
					1
TRANSFER OF ASSETS DIVISOR					
	Monthly Rate	\$6,619	\$6,832	\$6,832	\$6,832
	Daily Rate	\$217	\$224	\$224	\$224
MEDICA ID INCOME DEDUCTION					
MEDICAID INCOME DEDUCTION		Φ221.00	3.T/ A	Φ2.41.50	> T / A
Earned Income Disregard (Work Dedu	·	\$331.00	N/A	\$341.50	N/A
Community Spouse Monthly Maintena		\$3,090.00	N/A	\$3,160.50	N/A
Other Family Members Needs Allowar	, -				
Dependent Child Under Age 18 - No C	(S)	\$2,030.00	\$2,057.50	N/A	\$2,113.75
NON-COVERED MEDICAL EXPE					
Eyeglasses - per occurrence for lenses, frames, 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
	for both			\$3,377.40	\$3,377.40

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
LINED ALIZED DESCRIPCE LINEES				
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
Other Family Members Needs Allowance (Living with CS or				
Dependent Child Under Age 18 - No CS)	\$1,991.25	\$2,002.50	N/A	\$2,030.00

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

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

Revised 07/01/2017

INSTITUTIONAL INCOME LIMITS	1/1/2010	1/1/2011	7/1/2011
Federal Maximum	\$2,022	\$2,022.00	N/A
		-	
SPOUSAL IMPOVERISHMENT MAXIMUMS			
Federal Resource Maximum - Community Spouse Limit	\$109,560	\$109,560	N/A
LIBERALIZED RESOURCE LIMITS			
Single Individual and Institutional Spouse Limit	\$4,000	\$4,000	\$4,000
SUBSTANTIAL HOME EQUITY LIMIT			
Federal Equity Minimum Limit Used by DOM	\$500,000	\$506,000	N/A
TRANSFER OF ASSETS DIVISOR RATES			
Monthly Rate	\$4,600*	\$5,700	\$5,700
Daily Rate	\$151*	\$187	\$187
MEDICAID INCOME DEDUCTION MAXIMUMS			
Earned Income Disregard (Work Deduction)	\$293.00	\$293.00	N/A
Community Spouse Monthly Maintenance Needs Allowance	\$2,739.00	\$2,739.00	N/A
Other Family Members Needs Allowance (Living with CS or			
Dependent Child Under Age 18 - No CS)	\$1,821.25	\$1,821.25	\$1,838.75
TRANSFER OF ASSETS DIVISOR 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.						
	OBRA-93 Transfer Rates were in effect from 08/11/1993 - 02/07/2006. Monthly rates are 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						
10/01/1993 - 03/31/1999	\$2,000 monthly rate					