

Indiana Health Coverage	Program Policy Manual
CHAPTER: 3000 ELIGIBILITY STANDARDS	SECTION: 3000.00.00 TABLE OF CONTENTS

- 3000.00.00 ELIGIBILITY STANDARDS
- 3005.00.00 RESOURCE LIMITS
- 3005.10.00 RESOURCE LIMITS (MED 1)
- 3005.10.05 Home Equity Restriction (MED 1)
- 3005.15.00 RESOURCE LIMITS (MED 2)
- 3005.20.00 RESOURCE LIMITS (MED 3)
- 3005.25.00 RESOURCE LIMITS (MED 4)
- 3006.00.00 FACILITY RATE USED TO CALCULATE PENALTY PERIOD (MED)
- 3010.00.00 INCOME/NEED STANDARDS
- 3010.20.00 INCOME STANDARDS (MED 1)
- 3010.20.05 Eligibility Income Standards (MED 1)
- 3010.20.05.05 Additional Eligibility Income Standards (MED 1)
- 3010.20.10 Post-Eligibility Standards (MED 1)
- 3010.20.15 Special Income Level Used For Institutional Residents and Waiver Services (MED 1)
- 3010.20.20 Income Standard/Premiums for M.E.D. Works
- 3010.25.00 INCOME STANDARDS (MED 2)
- 3010.26.00 TRANSITIONAL MA STANDARDS (MA F)
- 3010.30.00 INCOME STANDARDS (MED 3)
- 3010.30.05 Income Standards/Low-Income Parents or Caretakers, Children Age 19, 20 and Children in Psychiatric Facilities (MED 3)
- 3010.30.10 Income Standards HIP

3010.30.10.05 Income Standards Low-Income Parent Caretaker

3010.30.10.10 Income Standards HIP TMA

3010.30.15 Income Standards/Child Age 6 - 18 (MED 3)

3010.30.20 Income Standards/Child Age 1 - 5 (MED 3)

3010.30.25 Income Standards/Child Under 19 (MED 3)

3010.30.30 Pregnant Women, Infants Under Age One (MED 3)

3010.30.35 Foster Care Independence (MED 3)

3010.30.40 Certain Children / Premiums, and (MED 3)

3010.35.00 INCOME STANDARDS (MED 4)

3010.35.05 QMB Income Standards (MED 4)

3010.35.10 SLMB Income Standards (MED 4)

3010.35.15 QDW Income Standards (MED 4)

3010.35.20 QI Income Standards (MED 4)

3040.00.00 GENERAL INCOME DISREGARD (MED 1, 4)

3041.00.00 MEDICARE PART D BENCHMARK (MED 1)

3045.00.00 GENERAL EARNED INCOME DISREGARD (MED 1 MED 4)

3046.00.00 SUBSTANTIAL GAINFUL ACTIVITY AMOUNT (MED 1)

3047.00.00 MINIMUM EARNINGS FOR M.E.D. WORKS IMPROVED CATEGORY (MED 1)

3050.00.00 FOOTNOTES

Indiana Health Coverage	Program Policy Manual
CHAPTER: 3000 ELIGIBILITY STANDARDS	SECTION: 3000.00.00 Table of Contents

3000.00.00 ELIGIBILITY STANDARDS

Each program has separate standards established by law or regulation which must be used to determine eligibility for assistance. This chapter includes information on the following:

- Resource Limits (Section 3005);
- Facility Private Pay Rate (Section 3006);
- Income/Need Standards (Section 3010);
- MA Earned Income Disregard (Section 3035);
- General Income Disregard (Section 3040);
- Medicare Part D Benchmark (Section 3041);
- General Earned Income Disregard (Section 3045);
- Substantial Gainful Activity (Section 3046); and
- Minimum Earnings for M.E.D. Works Improved Category (Section 3047)

3005.00.00 RESOURCE LIMITS

The resource limit is the maximum value of nonexempt resources which an assistance group (AG) may retain in order to be eligible for assistance.

3005.10.00 RESOURCE LIMITS (MED 1)

The resource limit is dependent upon the category of assistance and the composition and living arrangement of the AG.1

Effective June 1, 2014, the resource limits for Aged, Blind, and Disabled categories (MA A, MA B, and MA D) are as follows:

\$2000 for an applicant/member, who is unmarried, separated from their spouse for reasons other than medical, or whose spouse qualifies as a "community spouse".

Example 1:

Ann is in a Medicaid Certified Facility and applying for Medicaid. Ann's spouse John, who is living in the community, has also applied under Med 1. The resource standard for Ann would follow the resource standards under MCCA at point of initially determining eligibility. After the 90-day protective period, Ann's resource limit would be \$2000. John would also have a \$2000 resource limit

effective 1/1/15; 117,240 effective 1/1/14; \$115,920 effective 1/1/13; \$113,640 effective 1/1/12; \$109,560, effective 1/1/09 through 12/31/11; \$104,400 effective 1/1/08 through 12/31/08);

- Any amount of resources ordered by a court against the institutionalized spouse for the support of the community spouse;

- The amount established by an Administrative Law Judge as the result of an appeal; or

- The above standards were not adjusted effective 1/1/10 through 1/1/11 as usual because the CPI did not increase.

3005.10.05 Home Equity Restriction (MED 1)

An applicant will be ineligible for long-term care services, if the applicant's equity interest in the real property is greater than \$595,000 effective 1/1/2020.

- _ From 1/1/2019 to 12/31/2019 the limit was \$585,000
- _ From 1/1/2018 to 12/31/2018 the limit was \$572,000
- _ From 1/1/2017 to 12/31/2017 the limit was \$560,000
- From 1/1/2016 to 12/31/2016 the limit was \$552,000
- From 1/1/2015 to 12/31/2015 the limit was \$552,000
- From 1/1/2014 to 12/31/2014 the limit was \$543,000
- From 1/1/2013 to 12/31/2013 the limit was \$536,000
- From 1/1/2012 to 12/31/2012 the limit was \$525,000
- From 1/1/2011 to 12/31/2011 the limit was \$506,000
- From 1/1/2009 to 12/31/2010 the limit was \$500,000.

3005.15.00 RESOURCE LIMITS (MED 2)

This section is applicable to MA Q (Refugee Medical Assistance) only.

The resource limit is \$1,000 for applicants.

3005.20.00 RESOURCE LIMITS (MED 3)

There are no resource limits for any of the MED 3 categories of assistance. Any amount of resources may be retained by an AG.

3005.25.00 RESOURCE LIMITS (MED 4)

The resource limits for the QMB, SLMB, QDW, and QI categories are:¹

\$7,860 effective 1/01/20 for an applicant/member who is unmarried or not living with their spouse;

\$11,800 effective 1/01/20 for an applicant/member and their spouse if the couple is living together.

3006.00.00 FACILITY RATE USED TO CALCULATE PENALTY PERIOD (MED)

The average monthly private pay rate for nursing facilities in the statewide geographic region to be used in computing transfer penalties as explained in Section 2640.10.35 is \$6,681. This amount is in effect for applications filed on and after July 1, 2020.

For applications filed on or after:

- 7-1-19 through 6-30-20 \$6682;
- 7-1-18 through 6-30-19 \$6527;
- 7-1-17 through 6-30-18 \$6439;
- 7-1-16 through 6-30-17, \$6078;
- 7-1-15 through 6-30-16, \$5923;
- 7-1-14 through 6-30-15, \$5733;
- 7-1-13 through 6-30-14, \$5449;
- 7-1-12 through 6-30-13, \$5353;
- 7-1-11 through 6-30-12, \$5139;
- 7-1-10 through 6-30-11, \$4826;
- 7-1-09 through 6-30-10, \$4611;
- 7-1-08 through 6-30-09, \$4456;
- 7-1-07 through 6-30-08, \$4249;
- 7-1-06 through 6-30-07, \$3960;
- 7-1-05 through 6-30-06, \$3898;
- 7-1-04 through 6-30-05, \$3817;
- 7-1-03 through 6-30-04, \$3667;
- 7-1-02 through 6-30-03, \$3,598

For applications filed 11-1-98 through 6-30-02, the amount for the appropriate geographic region below is to be used.

Region I	\$ 3,405.21
Region II	\$ 3,422.07
Region III	\$ 3,267.05

COUNTY	REGION	COUNTY	REGION
ADAMS	I	LAWRENCE	III
ALLEN	I	MADISON	II
BARTHOLOMEW	III	MARION	II
BENTON	II	MARSHALL	I
BLACKFORD	II	MARTIN	III
BOONE	II	MIAMI	I
BROWN	III	MONROE	III
CARROLL	II	MONTGOMERY	II
CASS	I	MORGAN	II

CLARK	III	NEWTON	I
CLAY	III	NOBLE	I
CLINTON	II	OHIO	III
CRAWFORD	III	ORANGE	III
DAVISS	III	OWEN	III
DEARBORN	III	PARKE	III
DECATUR	III	PERRY	III
DEKALB	I	PIKE	III
DELAWARE	II	PORTER	I
DUBOIS	III	POSEY	III
ELKHART	I	PULASKI	I
FAYETTE	II	PUTNAM	III
FLOYD	III	RANDOLPH	II
FOUNTAIN	II	RIPLEY	III
FRANKLIN	II	RUSH	II
FULTON	I	ST. JOSEPH	I
GIBSON	III	SCOTT	III
GRANT	II	SHELBY	II
GREENE	III	SPENCER	III
HAMILTON	II	STARKE	I
HANCOCK	II	STEUBEN	I
HARRISON	III	SULLIVAN	III
HENDRICKS	II	SWITZERLAND	III
HENRY	II	TIPPECANOE	II
HOWARD	II	TIPTON	II
HUNTINGTON	I	UNION	II
JACKSON	III	VANDERBURGH	III
JASPER	III	VERMILLION	III
JAY	II	VIGO	III
JEFFERSON	III	WABASH	I
JENNINGS	III	WARREN	II
JOHNSON	II	WARRICK	III
KNOX	III	WASHINGTON	III
KOSCIUSKO	I	WAYNE	II
LAGRANGE	I	WELLS	I
LAKE	I	WHITE	I
LAPORTE	I	WHITLEY	I

3010.00.00 INCOME/NEED STANDARDS

Income and Need Standards are the maximum income or expense consideration that is given to an AG in order to determine financial eligibility. For some programs, both a gross income and net income comparison are necessary. The specific income or need standards of each program are discussed in the following sections.

3010.20.00 INCOME STANDARDS (MED 1)

The income standards used in determining eligibility for MA A, MA B, and MA D AGs are based on AG size, composition, and living arrangement. The following sections list the income standards to be utilized in a given case.

3010.20.05 Eligibility Income Standards (MED 1)

The monthly income standards listed in this section are used in the eligibility determination. These standards are effective March 1, 2020.

\$1064 - unmarried applicant/member of any age; or applicant/member not living with a spouse

\$1437 - married couple, either or both of whom are applicants/members

3010.20.05.05 Additional Eligibility Income Standards (MED 1)

The monthly income standards listed in this section are used in the eligibility determination. These standards are effective January 1, 2020.

\$392 - a dependent child; applicable for a child not in an MA assistance group or one who is in an MA assistance group other than MA B or MA D;

\$392 - an essential person;

\$783 - one parent of the child applicant/member;

\$1175 - two parents of the child applicant/member; and

\$392 - stepparent.

3010.20.10 Post-Eligibility Standards (MED 1)

The policies stated in this section apply only to the MA A, MA B, and MA D categories of assistance.

The purpose of post-eligibility is to determine the institutionalized applicant's/member's liability to the facility. This determination also establishes the amount of the institutionalized applicant's/member's income which is allocated to meet the needs of his community spouse and certain other family members. The following standards are used in the post-eligibility calculation:

Personal needs allowance:

- \$52²

Effective 7-1-02 (\$50 effective 7-1-99) this is the minimum amount allowed for all applicants/members.

If the person is receiving long term care services through a home-and-community based waiver (HCBS), the personal needs allowance is equal to the Special Income Level (SIL). Refer to 3010.20.15.

- In specific situations, an additional individual amount for increased personal needs is to be deducted. Refer to Section 3455.15.10.

Spousal allocation³ based on:

- Spousal Income Standard -- \$2155 effective 7-1-20 (\$2114 effective 7-1-19; \$2058 effective 7-1-18; \$2030 effective 7-1-17 through 6-30-18; \$2003 effective 7-1-16 through 06-30-17; \$1992 effective 7-1-15 through 6-30-16; \$1967 effective 7-1-14 through 6-30-15; 1939 effective 7-1-13 through 6-30-14; \$1892 effective 7-1-12 through 6-30-13; \$1839 effective 7-1-11 through 6-30-12; corrected to \$1822 effective 1-1-11 through 6-30-11); \$1823 effective 7-1-09 through 12-31-10; \$1751 effective 7-1-08 through 6-30-09)
- Shelter Standard - \$647 effective 7-1-20 (\$634 effective 7-1-19; \$617 effective 7-1-18; \$609 effective 7-1-17 through 06/30/18; \$601 effective 7-1-16 through 06/30/17; \$597 effective 7-1-15 through 6-30-16; \$590 effective 7-1-14 through 6-30-15; \$582 effective 7-1-13 through 6-30-14; \$568 effective 7-1-12 through 6-30-13; 552 effective 7-1-11 through 6-30-12; \$547 effective 7-1-09 through 6-30-11; \$526 effective 7-1-08 through 6-30-08)
- Maximum Maintenance Standard – \$3,216 effective 1-1-20 (\$3,161 effective 1-1-19; \$3,090 effective 1-1-18; \$3,023 effective 1-1-17; \$2,981 effective 1-1-15; \$2,931 effective 1-1-14; \$2898 effective 1-1-13; \$2841 effective 1-1-12; \$2739 effective 1-1-09 through 12-31-11; \$2610 effective 1-1-08)

Family allocation based on:

- 1/3 of the difference between a family member's income and \$2155 effective 7-1-20 (\$2114 effective 7-1-19; \$2058 effective 7-1-18; \$2030 effective 7-1-17 through 6-30-18; \$2003 effective 7-1-16 through 06-30-17; \$1992 effective 7-1-15 through 06-30-16; \$1967 effective 7-1-14 through 6-30-15; \$1939 effective 7-1-13 through 6-30-14; \$1892 effective 7-1-12 through 6-30-13; \$1839 effective 07-01-11 through 6-30-12; \$1822 corrected effective 01-01-11 through 06-30-11; \$1823 effective 07-01-09 through 12-31-10; \$1751 effective 07-07-08 through 06-30-09)

3010.20.15 Special Income Level Used For Institutional Residents and Waiver Services (MED 1)

The Special Income Level (SIL) used in determining eligibility for Institutional Residents and for certain HCBS waivers is 300% of the SSI Maximum Benefit Rate. Effective 1-1-20,

the SIL is \$2,349 (effective 1-1-19, the SIL is \$2,313; effective 1-1-18, the SIL is \$2,250; effective 1-1-17, the SIL is \$2,205; effective 1-1-15, the SIL is \$2,199; effective 1-1-14, the SIL is \$2,163; effective 1-1-13, \$2,130; effective 1-1-12, \$2,094; 1-1-09 through 12-31-11, the SIL was \$2,022).

The income standard for the Behavioral and Primary Healthcare Coordination Waiver (BPHC) is 300% of the Federal Poverty Level, or, \$3,190 effective 3-1-20.

3010.20.20 Income Standard/Premiums for M.E.D. Works

The income standard for MADW and MADI is 350% of the Federal Poverty Level. Effective March 1, 2020 the standard is \$3,722. Premiums are listed in the following table.

PREMIUMS						
Family Size	Monthly Gross Income Premium Amount					
1	\$1595 to \$1861	\$1862 to \$2127	\$2128 to \$2659	\$2660 to \$3190	\$3191 to \$3722	\$3723 and over
	\$48	\$69	\$107	\$134	\$161	\$187

2	\$2155 to \$2515	\$2516 to \$2874	\$2875 to \$3592	\$3593 to \$4310	\$4311 to \$5029	\$5030 and over
	\$65	\$93	\$145	\$182	\$218	\$254

3010.25.00 INCOME STANDARDS (MED 2)

The MED 2 income standards are based on the TANF standards.

This chart lists the monthly income standards to be used for the MA Q category of assistance.⁴

AG WITH A PARENT INCLUDED			
AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	139.50	6	463.50
2	229.50	7	522.00
3	288.00	8	580.50
4	346.50	9	639.00
5	405.00	10	697.50
Each Additional Member + \$58.50		Each Additional Member + \$58.50	

AG WITH CHILDREN ONLY			
AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
<u>1</u>	<u>139.50</u>	<u>6</u>	<u>432.00</u>
<u>2</u>	<u>198.00</u>	<u>7</u>	<u>490.50</u>
<u>3</u>	<u>256.50</u>	<u>8</u>	<u>549.00</u>
<u>4</u>	<u>315.00</u>	<u>9</u>	<u>607.50</u>
<u>5</u>	<u>373.50</u>	<u>10</u>	<u>666.00</u>
Each Additional Member + \$58.50		Each Additional Member + \$58.50	

3010.26.00 TRANSITIONAL MA STANDARDS (MA F)

There is no income standard for the first six months of eligibility. Beginning with the seventh month, the AG's average gross monthly earnings (minus child care expenses) must be equal to or less than 185% of the Federal Poverty Level for TMA eligibility to continue.⁵ The income standards effective 03/01/20 are shown below:

TMA STANDARDS			
AG SIZE	EARNINGS	AG SIZE	EARNINGS
1	\$1968	5	\$4730
2	\$2658	6	\$5421
3	\$3349	7	\$6112
4	\$4040	8	\$6802
For each additional member, add \$691			

3010.30.00 INCOME STANDARDS (MED 3)

The income standards for the MA 2, MA Y, MA Z, MA 9, MA O, MAE, MAZ, MASB, MASP, MARB, MASB, MAGP, MA 14, and MA 10 categories of assistance are based on the Federal Poverty Guidelines. The size of the AG determines the income standard to be used. Gross income and net income may not exceed the standards in order for financial eligibility to exist. The following sections list the standards to be used in the consideration of income.

3010.30.05 Income Standards/Low-Income Parents or Caretakers, and Children in Psychiatric Facilities (MED 3)

This chart lists the monthly income standards to be used for low-income parents or caretakers (MAGF), and Children Age 18 and under 22 (MA O).

AG WITH A PARENT INCLUDED				
AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD	
1	152	6	498	
2	247	7	561	
3	310	8	624	
4	373	9	687	
5	435	10	750	
Each Additional Member + \$63				

3010.30.10 Income Standards HIP

This chart lists the monthly income standards to be used for uninsured adults who are at least 19 years old and less than 65 years old (MASP, MARP, MANA, MAPC, and MAHL). The income standard is based on 133% of the Federal Poverty Level (FPL), effective March 1, 2020.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	1415	5	3401
2	1911	6	3897
3	2408	7	4394
4	2904	8	4890
For each additional member, add \$497			

This chart lists the monthly income standards to be used for uninsured adults who are at least 19 years old and less than 65 years old (MASB and MARB) who fail to make required

financial contribution to a POWER Account and are eligible for HIP Basic coverage. MASB for Transitional Medical Assistance (TMA) members are exempt from this chart. The income standard is based on 100% of the FPL, effective March 1, 2020.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	1064	5	2557
2	1437	6	2930
3	1810	7	3304
4	2184	8	3677

For each additional member, add \$374.

3010.30.10.05 Income Standards Low-Income Parent Caretaker

This chart lists the monthly income standards to be used for Low-Income Parent Caretakers aged between 19 and 64 (MASP and MASB) and for low-income parent caretakers who are eligible for Medicare or eligible to receive an HCBS Waiver (MAGF). Low Income Parent Caretakers refugees who are within their first 8 months in the country will be placed into MAGF instead of MA Q. These members will be able to remain in MAGF for 8 months.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	152	5	435
2	247	6	498
3	310	7	561
4	373	8	624

For each additional member, add \$63.

3010.30.10.10 Income Standards HIP TMA

For HIP TMA adults aged at least 19 years old and less than 65 years old (MASP and MASB), refer to 3010.26.00.

3010.30.15 Income Standards/Child Age 6 - 18 (MED 3)

This chart lists the monthly income standards to be used for children 6 years old and through the age of 18 (MA 2) effective March 1, 2020. Financial eligibility exists if net income is less than or equal to the standards per AG size.⁶ The income standard is based on 106% of the Federal Poverty Level.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	1128	5	2711
2	1523	6	3106
3	1919	7	3502
4	2315	8	3898

For each additional member, add \$396

3010.30.20 Income Standards/Child Age 1 - 5 (MED 3)

This chart lists the monthly income standards for the following groups: children age 1 through 5 (MA Z) and family planning services (MA E), effective March 1, 2020.⁷ The income standard is based on 141% of Federal Poverty Level.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
<u>1</u>	<u>1500</u>	<u>5</u>	<u>3605</u>
<u>2</u>	<u>2026</u>	<u>6</u>	<u>4132</u>
<u>3</u>	<u>2553</u>	<u>7</u>	<u>4658</u>
<u>4</u>	<u>3079</u>	<u>8</u>	<u>5185</u>

For each additional member, add \$527

3010.30.25 Income Standards/Child Under 19 (MED 3)

This chart lists the monthly income standards to be used for the following groups: children age 1-5, 141-158% FPL; children age 6-18, 106-158% FPL. The category is MA 9. The standards are effective March 1, 2020⁸ (Refer to Section 1620.86 for an explanation of this category). The income standard is based on 158% of Federal Poverty Level.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
<u>1</u>	<u>1681</u>	<u>5</u>	<u>4040</u>
<u>2</u>	<u>2270</u>	<u>6</u>	<u>4630</u>
<u>3</u>	<u>2860</u>	<u>7</u>	<u>5220</u>
<u>4</u>	<u>3450</u>	<u>8</u>	<u>5810</u>

For each additional member, add \$590

3010.30.30 Pregnant Women, Infants Under Age One (MED 3)

This chart lists the monthly income standards for pregnant women (MAGP) and infants under age one (MA Y). These standards are based on 208% of the Federal Poverty Level

and are effective March 1, 2020.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	2212	5	5318
2	2989	6	6095
3	3765	7	6871
4	4542	8	7648

For each additional member, add \$777

3010.30.35 Foster Care Independence (MED 3)

This chart lists the monthly income standards for children who were in foster care on the 18th birthday in a state other than Indiana and are less than 21 years old (MA 14). These standards are based on 210% of the Federal Poverty Level and are effective March 1, 2020.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	2233	5	5369
2	3017	6	6153
3	3801	7	6937
4	4585	8	7721

For each additional member, add \$784

3010.30.40 Certain Children / Premiums, and (MED 3)

This chart lists the income standards for children from birth through 18 years of age (MA10), which is Package C, Children's Health Plan. The standard is based on 250% of the Federal Poverty Level (FPL) and effective March 1, 2020. For children with income above 158% FPL standard and below the 250% FPL standard, there are tiers to determine the premium amount, which will also take into account the number of children covered.

AG SIZE	MONTHLY LIMIT	
	TIER 1 (175% FPL)	TIER 2 (200% FPL)
1	\$ 1861	\$ 2127
2	\$ 2515	\$ 2874
3	\$ 3168	\$ 3620

AG SIZE	MONTHLY LIMIT	MONTHLY LIMIT
	TIER 1 (175% FPL)	TIER 2 (200% FPL)
4	\$ 3821	\$ 4367
5	\$ 4475	\$ 5114
6	\$ 5128	\$ 5860

MONTHLY PREMIUMS		
NUMBER OF CHILDREN	TIER 1	TIER 2
1	\$ 22.00	\$ 33.00
2 or More	\$ 33.00	\$ 50.00

AG SIZE	MONTHLY LIMIT	MONTHLY LIMIT
	TIER 3 (225% FPL)	TIER 4 (250% FPL)
1	\$ 2393	\$ 2659
2	\$ 3233	\$ 3592
3	\$ 4073	\$ 4525
4	\$ 4913	\$ 5459
5	\$ 5753	\$ 6392
6	\$ 6593	\$ 7325

MONTHLY PREMIUMS		
NUMBER OF CHILDREN	TIER 3	TIER 4
1	\$ 42.00	\$ 53.00
2 or More	\$ 53.00	\$ 70.00

3010.35.00 INCOME STANDARDS (MED 4)

Income standards for Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Disabled Worker (QDW), and Qualified Individual (QI) are based on the Federal Poverty Income Guidelines. The size of the AG determines the income standard to be used. If countable income exceeds the standard, the applicant/ member is not financially eligible.⁹

3010.35.05 QMB Income Standards (MED 4)

This chart lists the monthly income standards to be used for the QMB (MA L) category of assistance effective March 1, 2020. This standard is based on 150% of the Federal Poverty Income Guidelines.

AG SIZE	INCOME STANDARD	AG SIZE	INCOME STANDARD
1	1595	5	3835
2	2155	6	4395
3	2715	7	4955
4	3275	8	5515

Family Member Standard: \$560

3010.35.10 SLMB Income Standards (MED 4)

This chart lists the monthly income standards to be used for the SLMB category of assistance effective March 1, 2020. This standard is based on 170% of the Federal Poverty Income Guidelines.

FAMILY SIZE	INCOME STANDARD	FAMILY SIZE	INCOME STANDARD
1	1808	5	4347
2	2443	6	4981
3	3077	7	5616
4	3712	8	6251

Family Member Standard: \$635

3010.35.15 QDW Income Standards (MED 4)

This chart lists the monthly income standards to be used for the QDW (MA G) category of assistance effective March 1, 2020. This standard is based on 200% of the Federal Poverty Income Guidelines.

FAMILY SIZE	INCOME STANDARD	FAMILY SIZE	INCOME STANDARD
1	2127	5	5114
2	2874	6	5860
3	3620	7	6607
4	4367	8	7354

Each Additional Member: \$747

3010.35.20 QI Income Standards (MED 4)

This chart lists the monthly income standards to be used for the QI (MA I) effective March 1, 2020. This standard is based on 185% of the Federal Poverty Levels.

FAMILY SIZE	MA I INCOME STANDARD	FAMILY SIZE	INCOME STANDARD
1	1968	5	4730
2	2658	6	5421
3	3349	7	6112
4	4040	8	6802

Each Additional Member: \$691

3040.00.00 GENERAL INCOME DISREGARD (MED 1, 4)

Prior to 6/1/2014, the general income disregards for MA A, MA B, MA D, MADW and MADI AGs was \$15.50.

Effective 6/1/2014, the general income disregard for these categories increased to \$20.00.

For MA L (QMB), MA J (SLMB), MA G (QDW), MA I (QI-1) and AGs it is \$20.00.

3041.00.00 MEDICARE PART D BENCHMARK (MED 1)

The Medicare Part D Benchmark effective 01-01-20 is \$29.52 (01-01-19 was \$31.75).

Medicare members with income of less than 135% of the FPL receive a full subsidy of \$29.52 for purchasing Part D prescription coverage, regardless of Medicaid status. The amount of the subsidy is what is referred to as the “benchmark”; this amount may periodically change.

The member may choose a more expensive policy and pay the difference. This additional expense is all that should be credited in their budget.

Medicare members whom are over 150% of the FPL will only qualify for the subsidy if they are approved for full coverage Medicaid and in an institution or on a HCBS approved waiver. People with Medicare and full coverage Medicaid benefits and who reside in an institution pay no premiums, no deductibles, no coinsurance, and no copayments, if they chose a Medicare part D plan under \$29.52. If they choose a Part D plan over the benchmark, they would be responsible to pay the difference and can be entered on the medical expense screen after it is verified with documentation.

Therefore, months before Medicaid eligibility is established may be credited with the entire amount the applicant is paying for Part D coverage, if acceptably verified. The Part D Benchmark of \$29.52 should be deducted for all months after Medicaid is approved. This means \$29.52 (or current benchmark amount) must not be entered as an expense paid by the member; only any amount over \$29.52 should be credited as an ongoing medical expense on the Medical Expense screen.

Example 1:

Logan is an applicant and is a Medicare member applying for full coverage Medicaid with income under 100% FPL. Logan chooses a Medicare Part D plan that costs \$65.00 per month. Due to Logan choosing a plan that is over the benchmark amount, he would only get credit for the difference on the medical expense screen. Logan would get credit for $\$65.00 - \$29.52(\text{benchmark}) = \35.48 as a monthly expense on the medical expense screen.

After buy in has started, if the member receives bills from the Medicare part D plan they chose with their health insurance company, the full amount should be entered on the medical expense screen, as this is what the member is responsible for.

Example 2:

Eric is over 100% FPL and is applying for Medicaid; he is a Medicare member and has Part D coverage. The Medicare Part D plan that Eric chose costs \$75.00 per month.

For retroactive and application months, enter the full amount of the Medicare Part D premium as a medical expense. If Medicaid passes for all months, before authorizing eligibility, the worker should return to the medical expense screen and update the most recent month reflect the deduction of the current benchmark amount.

Eric's passing application was submitted in August. The Medical Expenses screen should budget the Part D premiums as:

May: \$75.00

June:	\$75.00
July:	\$75.00
August:	\$45.48 (\$75.00 – 29.52 benchmark)

3045.00.00 GENERAL EARNED INCOME DISREGARD (MED 1 MED 4)

In the eligibility determination, \$20 per month of all earned income, plus 1/2 of the remaining earned income, is disregarded. The earned income disregard is applied once to the AG's combined total earned income.¹⁰

3046.00.00 SUBSTANTIAL GAINFUL ACTIVITY AMOUNT (MED 1)

Substantial Gainful Activity (SGA) is the limitation on gross earnings that is used to determine categorical eligibility. The amount is \$1,260 effective January 1, 2020 (effective 1-1-19, \$1,220; effective 1-1-18, \$1,180; effective 1-1-17, \$1,170; effective 1-1-16, \$1,130; 1-1-15, \$1,090; 1-1-14, \$1,070; \$1,040 effective 1-1-13, \$1,040; 1-1-12, \$1,010; 1-1-10 through 12-31-11 was \$1,000; effective 1-1-09, \$980; effective 1-1-08, \$940).

3047.00.00 MINIMUM EARNINGS FOR M.E.D. WORKS IMPROVED CATEGORY (MED 1)

The monthly minimum earnings amount for MADI is \$290. This is calculated by multiplying the federal minimum wage, currently as of July 24, 2009, \$7.25 times 40.¹¹

3050.00.00 FOOTNOTES

¹ SSA 1905(p)(1)(C)

² IC 12-15-7-2; 405 IAC 2-3-17

³ 405 IAC 2-3-17; SSA 1924(d)

⁴ 45 CFR 233.20(a)(2)

⁵ SSA 1925

⁶ SSA 1902(l)(2)

⁷ SSA 1902(l)(2)

⁸ IC 12-15-2-14

⁹ SSA 1905(p)(2)

¹⁰ 405 IAC 2-9-2

¹¹ 405 IAC 2-9-5(b)