

**MHABD STANDARDS
APPENDIX J**

Program	Inc. Standard	Effective Date	Resource Maximum
Spend Down (includes disabled child)			
1 Person	904.00	04-01-20	5,000.00
2 Persons	1,222.00	04-01-20	10,000.00
1 Person (blind)	1,064.00	04-01-20	5,000.00
2 Persons (blind)	1,437.00	04-01-20	10,000.00
Substantial Gainful Activity (SGA)	1,260.00	01-01-20	
Substantial Gainful Activity (SGA)(blind)	2,110.00	01-01-20	
SSA/SSI			
1 Person SSI / in own household (HH)	783.00	01-01-20	
2 Person SSI / in own HH	1,175.00	01-01-20	
1 Person SSI / in HH of another	522.00	01-01-20	
2 Person SSI / in HH of another	783.00	01-01-20	
SSI Essential Person / in own HH	392.00	01-01-20	
SSI 1619 (A and B) Program	3,165.00	3-02-20	Single 2,000.00/Couple 3,000.00
SMI (Medicare) Premium	144.60	01-01-20	
QMB			
1 Person	1,064.00	04-01-20	7,860.00
2 Persons	1,437.000	04-01-20	11,800.00
3 Persons	1,810.00	04-01-20	11,800.00
SLMB1			
1 Person	1,276.00	04-01-20	7,860.00
2 Persons	1,724.00	04-01-20	11,800.00
3 Persons	2,172.00	04-01-20	11,800.00
SLMB2			
1 Person	1,436.00	04-01-20	7,860.00
2 Persons	1,940.00	04-01-20	11,800.00
3 Persons	2,444.00	04-01-20	11,800.00
HCB Maximum	1,370.00	01-01-20	5,000.00 after Division of Assets
SAB Consolidated Standard	846.00	01-01-20	SAB 5,000.00/10,000.00
BP Sighted Spouse 500% FPL	7,184.00	04-01-20	BP less than 30,000.00
Spousal Share			
Minimum	25,728.00	01-01-20	5,000.00 to institutionalized spouse
Maximum	128,640.00	01-01-20	after Division of Assets

Allotments (Maintenance Needs)			
Minimum Monthly Allowance (MMMNA)	2,155.00	07-01-20	
Maximum Monthly Allowance	3,217.00	01-01-20	
Maximum allocation to Child	392.00	01-01-20	
Shelter Standard	647.00	07-01-20	
Utility Standard	404.00	10-01-20	
Telephone Standard	65.00	10-01-20	

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Transfer of Property Penalty			
Average Private Pay Nursing Rate	6,425.00	04-01-20	
Maximum Home Equity (Vendor, HCB, PACE)	595,000.00	01-01-20	
SNC			Single 5,000.00/Couple 10,000.00
Residential Care Facility (RCF I)	156.00	07-01-00	
Residential Care Facility II / Assisted Living Facility / Intermediate or Skilled no Level of Care determination	292.00	07-01-00	
Intermediate or Skilled with Level of Care	390.00	07-01-00	
Personal Needs	50.00	01-01-15	
QDWI			
1 Person	2,127.00	04-01-20	4,000.00
2 Persons	2,874.00	04-01-20	6,000.00
State Mileage Rate	0.37	09-01-20	
TWHA Income Standard			
1 Person	3,190.00	04-01-20	5,000.00
2 Persons	4,310.00	04-01-20	10,000.00
TWHA PREMIUM AMOUNTS		04-01-20	

Type of Case	Percent of FPL	Monthly Income	Premium amount
Single	≤ 100% FPL	\$1,064.00 or less	Non-premium case
Single	>100% FPL but < 150% FPL	\$1,064.01-\$1,594.99	\$42
Single	≥ 150% FPL but < 200% FPL	\$1,595.00 --\$2,126.99	\$62
Single	≥ 200% FPL but < 250% FPL	\$2,127.00-\$2,658.99	\$104
Single	≥ 250% FPL but ≤ 300% FPL	\$2,659.00-\$3,190.00	\$156
Couple	≤ 100% FPL	\$1,437.00 or less	Non-premium case
Couple	>100% FPL but < 150% FPL	\$1,437.01-\$2,154.99	\$56
Couple	≥ 150% FPL but < 200% FPL	\$2,155.00-\$2,873.99	\$85
Couple	≥ 200% FPL but < 250% FPL	\$2,874.00-\$3,591.99	\$141
Couple	≥ 250% FPL but ≤ 300% FPL	\$3,592.00-\$4,310.00	\$211

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