

Appendix J: Eligibility Standards for Non-MAGI Programs

| Program | Monthly income limit | Effective date | Resource maximum | Effective date |
|--|----------------------|----------------|----------------------------------|----------------|
| Spend Down (includes disabled child) - MHNS, MHSD, MHDC | | | | |
| 1 person – aged or disabled | \$ 1,109 | 04-01-25 | \$ 5,909.25 | 07-01-24 |
| 2 people – aged or disabled | 1,499 | 04-01-25 | 11,818.45 | 07-01-24 |
| 1 person – blind | 1,305 | 04-01-25 | 5,909.25 | 07-01-24 |
| 2 people – blind | 1,763 | 04-01-25 | 11,818.45 | 07-01-24 |
| SGA (Substantial Gainful Activity) – aged or disabled | 1,620 | 01-01-25 | | |
| SGA – blind | 2,700 | 01-01-25 | | |
| SSI (Supplemental Security Income) | | | | |
| 1 person in own household | 967 | 01-01-25 | | |
| 2 people in own household | 1,450 | 01-01-25 | | |
| 1 person in another's household | 645 | 01-01-25 | | |
| 2 people in another's household | 967 | 01-01-25 | | |
| SSI essential person in own household | 484 | 01-01-25 | | |
| SSI 1619 (a) and (b) | 4,198 | 04-01-25 | 2,000 individual 3,000 couple | |
| Qualified Medicare Beneficiary (QMB) | | | | |
| 1 person | 1,305 | 04-01-25 | 9,660 | 01-01-25 |
| 2 people | 1,763 | 04-01-25 | 14,470 | 01-01-25 |
| 3 People | 2,221 | 04-01-25 | 14,470 | 01-01-25 |
| Specified Low-Income Medicare Beneficiary 1 (SLMB or SLMB1) | | | | |
| 1 person | 1,565 | 04-01-25 | 9,660 | 01-01-25 |
| 2 people | 2,115 | 04-01-25 | 14,470 | 01-01-25 |
| 3 people | 2,665 | 04-01-25 | 14,470 | 01-01-25 |
| Specified Low-Income Medicare Beneficiary 2 (SLMB2 or QI-1) | | | | |
| 1 person | 1,761 | 04-01-25 | 9,660 | 01-01-25 |
| 2 people | 2,380 | 04-01-25 | 14,470 | 01-01-25 |
| 3 people | 2,999 | 04-01-25 | 14,470 | 01-01-25 |

Appendix J: Eligibility Standards for MHABD

| Program | Monthly income limit | Effective date | Resource maximum | Effective date |
|--|------------------------------|----------------|--|----------------|
| Blind Pension (BP) | \$ 8,813 (sighted spouse) | 04-01-25 | \$ 29,999 | 2018 |
| Supplemental Aid to the Blind (SAB) consolidated standard | | | | |
| | \$ 1,044 | 01-01-25 | \$ 5,909.25 indiv. 11,818.45 couple | 07-01-24 |
| Qualified Disabled and Working Individuals (QDWI) | | | | |
| 1 person | \$ 2,609 | 04-01-25 | \$ 4,000 | |
| 2 people | 3,525 | 04-01-25 | 6,000 | |
| Ticket to Work Health Assurance (TWHA) | | | | |
| 1 person | \$ 3,913 | 04-01-25 | \$ 5,909.25 | 07-01-24 |
| 2 people | 5,288 | 04-01-25 | 11,818.45 | 07-01-24 |

| TWHA – Income and premiums effective 04-01-2025 | | | |
|--|------------------|---------------------|-----------------|
| Percent of FPL | Single or couple | Monthly income | Monthly premium |
| Less than 100% | Single | \$ 1,305.00 or less | \$ 0 |
| | Couple | 1,763.00 or less | 0 |
| 100% up to but not including 150% | Single | 1,305.01 – 1,956.99 | 52 |
| | Couple | 1,763.01 – 2,643.99 | 71 |
| 150% up to but not including 200% | Single | 1,957.00– 2,608.99 | 78 |
| | Couple | 2,644.00 – 3,524.99 | 106 |
| 200% up to but not including 250% | Single | 2,609.00 – 3,260.99 | 130 |
| | Couple | 3,525.00– 4,406.99 | 176 |
| 250% up to and including 300% | Single | 3,261.00 – 3,913.00 | 196 |
| | Couple | 4,407.00 – 5,288.00 | 264 |

| Other expenses | Amount | Effective Date |
|--|-----------|----------------|
| Supplementary Medical Insurance (SMI) Medicare Part B monthly premium | \$ 185.00 | 01-01-25 |
| State mileage rate (per mile) | \$ 0.655 | 04-01-23 |

Appendix J: Eligibility Standards for MHABD

| Vendor Care - in a nursing facility, institution for the intellectually disabled, or mental or psychiatric hospital | | | |
|--|-------------------------------------|-------------------------------------|----------------|
| Vendor Surplus Calculation | Resource Maximum | Effective Date | |
| All income paid to the facility as surplus minus \$50 personal needs allowance and allowable deductions: medical insurance premiums, allotments, child support | \$5,909.25 after Division of Assets | 07-01-24 | |
| Home and Community Based Services (HCB) – nursing facility care in your own home | | | |
| Monthly income limit for eligible individual (not including spouse) | Effective date | Resource Maximum | Effective Date |
| \$1,690 | 01-01-25 | \$5,909.25 after Division of Assets | 07-01-24 |
| Other numbers used for Vendor and HCB calculations | | | |
| Spousal share – used to determine Division of Assets | | Available assets | Effective Date |
| • Minimum | | \$ 31,584 | 01-01-25 |
| • Maximum | | 157,920 | 01-01-25 |
| Allotment of income – used to determine allotments to a community spouse or dependents | | Monthly amount | Effective Date |
| • Minimum monthly maintenance needs allowance (MMMNA) | | \$ 2,555 | 07-01-24 |
| • Maximum MMMNA | | 3,948 | 01-01-25 |
| • Maximum allocation to a child | | 483 | 01-01-25 |
| Shelter Expenses – used to determine allotments to a community spouse | | | |
| Allowable Expense | Monthly limit | Effective Date | |
| • Shelter standard | \$ 767 | 07-01-24 | |
| • Utility standard | 495 | 10-01-24 | |
| • Telephone standard | 79 | 10-01-24 | |
| Maximum home equity – For Vendor, HCB, or PACE | | Asset Maximum | Effective Date |
| | | \$ 730,000 | 01-01-25 |
| Transfer of property penalty | | | |
| • Average monthly private pay nursing rate | | \$ 7,909 | 04-01-25 |

Appendix J: Eligibility Standards for MHABD

| Supplemental Nursing Care (SNC) – cash grant to participants living in supported living facilities | | |
|---|--|----------------|
| SNC income eligibility determination | Resource Maximum | Effective Date |
| SNC grant is available if the facility’s monthly residential care expense exceeds the participant’s countable income. The grant amount is the deficit up to the maximum monthly grant amount. | \$5,909.25 indiv \$11,818.45 couple | 07-01-24 |
| Grant type | Maximum monthly grant amount | Effective Date |
| <ul style="list-style-type: none"> Residential care facility I | \$ 156 | 07-01-00 |
| <ul style="list-style-type: none"> Residential care facility II Assisted living facility Intermediate or skilled without a level of care determination | 292 | 07-01-00 |
| <ul style="list-style-type: none"> Intermediate or skilled with a level of care determination | 390 | 07-01-00 |
| | | |
| <ul style="list-style-type: none"> Personal needs allowance paid to all SNC participants | 50 | 01-01-15 |