

MEDICAID STANDARDS HELP SHEET

Med HH Size	Ribicoff Kids	MAGI Adult (Aid Code)	Parents/ Caretaker Relatives	QMB FPL	MAGI Child (Aid Code)	SLMB	MAGI Adult	QI-1	MAGI Child	MBIWD Premium Calc. & SRS	Children w/Ins.	TMA 2nd Six Months	Pregnant Women and QDWI 200%	Children w/o Insurance	5% of FPL for Family Size*
	44%	66%	90%	100%	107%	120%	133%	135%	141%	150%	156%	185%		206%	
1	\$436	\$654	\$891	\$990	\$1,060	\$1,188	\$1,317	\$1,337	\$1,396	\$1,485	\$1,545	\$1,832	\$1,980	\$2,040	\$50
2	\$588	\$882	\$1,202	\$1,335	\$1,429	\$1,602	\$1,776	\$1,803	\$1,883	\$2,003	\$2,083	\$2,470	\$2,670	\$2,751	\$67
3	\$740	\$1,109	\$1,512	\$1,680	\$1,798	\$2,016	\$2,235	\$2,268	\$2,369	\$2,520	\$2,621	\$3,108	\$3,360	\$3,461	\$84
4	\$891	\$1,337	\$1,823	\$2,025	\$2,167	\$2,430	\$2,694	\$2,734	\$2,856	\$3,038	\$3,159	\$3,747	\$4,050	\$4,172	\$102
5	\$1,043	\$1,565	\$2,133	\$2,370	\$2,536	\$2,844	\$3,153	\$3,200	\$3,342	\$3,555	\$3,698	\$4,385	\$4,740	\$4,883	\$119
6	\$1,195	\$1,792	\$2,444	\$2,715	\$2,906	\$3,258	\$3,611	\$3,666	\$3,829	\$4,073	\$4,236	\$5,023	\$5,430	\$5,593	\$136
7	\$1,347	\$2,021	\$2,755	\$3,061	\$3,276	\$3,673	\$4,071	\$4,133	\$4,316	\$4,592	\$4,775	\$5,663	\$6,122	\$6,306	\$154
8	\$1,500	\$2,249	\$3,067	\$3,408	\$3,647	\$4,089	\$4,532	\$4,601	\$4,805	\$5,112	\$5,316	\$6,304	\$6,815	\$7,020	\$171
9	\$1,652	\$2,478	\$3,379	\$3,755	\$4,017	\$4,505	\$4,994	\$5,069	\$5,294	\$5,632	\$5,857	\$6,946	\$7,509	\$7,734	\$188
10	\$1,805	\$2,707	\$3,691	\$4,101	\$4,388	\$4,921	\$5,455	\$5,537	\$5,783	\$6,152	\$6,398	\$7,587	\$8,202	\$8,448	\$206
11	\$1,957	\$2,936	\$4,003	\$4,448	\$4,759	\$5,337	\$5,916	\$6,005	\$6,271	\$6,672	\$6,939	\$8,228	\$8,895	\$9,162	\$223
12	\$2,110	\$3,165	\$4,315	\$4,795	\$5,130	\$5,753	\$6,377	\$6,473	\$6,760	\$7,192	\$7,479	\$8,870	\$9,589	\$9,876	\$240

* Use 5% deduction ONLY when
comparing income to highest FPL
for family size

MEDICAID NEED STD. 1/1/2017

Single	\$735
Couple	\$1,103

DEEMING

Parent to Child	\$368
1 Parent	\$735
2 Parents	\$1,103

SSI PMT (FBR) 1/1/2017

Single	\$735
Couple	\$1,103

MEDICARE DEDUCTIBLE 1/1/2017

Part A	\$1,316
Part B	\$183

MEDICAID RESOURCE LIMIT

Single	\$2,000
Couple	\$3,000

MPAP RESOURCE LIMIT

Single	\$7,390
Couple	\$11,090

MEDICARE PREMIUM

1/1/17*	\$109.00
*current enrollee premium amount	
1/1/17**	\$134.00
**new enrollee premium amount	

NURSING HOMES (TMEP & TMNA)

SIL and 300% FBR (SRS Max)	\$2,205
PNA NF, ICF/IID (Eff. 1/1/16)	\$50 (to \$115)
SIMNA HCBS Waiver (Eff. 1/1/17)	\$1,434
ALMNA Assisted Living Maintenance Needs	\$735
PRA Protected Resource Amount Min (Eff. 1/1/17)	\$24,180
PRA Protected Resource Amount Max (Eff. 1/1/17)	\$120,900
MMMNA Maximum (Eff. 1/1/17)	\$3,023
MMMNA (Eff. 7/1/16)	\$2,003
ESA Standard (Eff. 7/1/16)	\$601
Avg. Monthly Private Pay Rate (Eff. 9/1/16)	\$6,570
Home Equity Limit (Eff. 1/1/17)	\$560,000
SUA Standard Utility Allowance (Eff. 10/1/15)	\$513
MBIWD Individual Resource Limit (Eff. 1/1/17)	\$11,645
MBIWD 250% FPL (Eff. 3/1/16)	\$2,475