

Indiana Health Coverage Program Policy Manual Chapter 3000 ELIGIBILITY STANDARDS Sections 3000.00.00 – 3047.00.00
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### **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)
- Minimum Earnings for MEDWorks 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.<sup>1</sup>

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 single or whose spouse qualifies as a "community spouse". For those in an institution or on an HCBS waiver, MCCA rules apply.<sup>2</sup>

#### **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.

- \$3000 for an applicant/member and their spouse (whether or not the spouse is an applicant/member) if the couple is living together or separated only for medical reasons and the spousal impoverishment provisions do not apply.

**Example 2:**

Leo and Ann have both applied for Medicaid. Leo is in a nursing facility and Ann has an approved HCBS waiver. They both are applying for Med 1. Both Leo and Ann would have a combined \$3000 resource limit.

Spousal Impoverishment rules apply in the below scenarios:

- Spouse 1 is in a nursing home, spouse 2 is in the home and not on an HCBS waiver
- Spouse 1 is on an HCBS waiver, spouse 2 is in the home and not on an HCBS waiver

Spousal Impoverishment rules do not apply in the below scenarios:

- Both spouses are in a nursing home
- Both spouses are on an HCBS waiver
- Spouse 1 is in a nursing home and spouse 2 is on an HCBS waiver

For the applicant/member who is under age 18 and living with their parents and not on an HCBS waiver, the resource limit for their parents is as follows:

- \$2000 for a biological or adoptive parent who is unmarried or separated from their spouse [prior to June 1, 2014, the limit is \$1,500];
- \$3000 for biological or adoptive parents living together, or who are separated only for medical reasons [prior to June 1, 2014, the limit is \$2,250].

\*For children under 18, approved for Medicaid disability and on an HCBS waiver, parent's income and resources are exempt in the budget. See IHCPPM 3315.00.00.

The resource limits for MEDWorks (MADW, MADI) are:

\$2000 for an applicant/member, who is single or whose spouse qualifies as a "community spouse".<sup>3</sup>

\$3,000 for an applicant/member and their spouse (whether or not the spouse is an applicant/member if the couple is living together or separated only for medical reasons and the spousal impoverishment provisions do not apply). Parental resources are exempt for applicant/member children.

When an institutionalized individual has a community spouse, the community spouse resource limit is the greatest of the following amounts effective January 1, 2024:

- The state standard of \$30,828 effective 1/1/24; (\$29,724 effective 1/1/23; \$27,480 effective 01/1/22; \$26,076 effective 01/1/21; \$25,728 effective 1/1/20; \$25,284 effective 1/1/19; \$24,720 effective 1/1/18; \$24,180 effective 1/1/17; \$23,844 effective 1/1/15; \$23,448 effective 1/1/14; \$23,184 effective 1/1/13; \$22,728.00 effective 1/1-12; \$22,728 effective 1-1-12; \$21,912 effective 1/1/09 through 12/31/11; \$20,880 effective 1/1/08 through 12/31/08).
- The spousal share, up to a maximum of \$154,140 effective 1/1/24; (\$148,620 effective 01/1/23; \$137,400 effective 01/1/22; \$130,380 effective 1/1/21; \$128,640 effective 1/1/20; \$126,420 effective 1/1/19; \$123,600 effective 1/1/18; \$120,900 effective 1/1/17; \$119,220 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 number 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;
- 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 \$713,000 effective 1/1/2024. Please refer to IHCPM-2640.10.15.06 regarding home equity restriction and how the limit set by the Federal Government affects the member/applicant resource limit for Medicaid.

- From 1/1/2023 to 12/31/2023 the limit was \$688,000
- From 1/1/2022 to 12/31/2022 the limit was \$636,000
- From 1/1/2021 to 12/31/2021 the limit was \$603,000
- From 1/1/2020 to 12/31/2020 the limit was \$595,000
- 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 number 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:<sup>4</sup>

- \$9,430 effective 1/01/24 for an applicant/member who is unmarried or not living with their spouse.
- \$ 14,130 effective 1/01/24 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 \$7496. This amount is in effect for applications filed on and after July 1, 2023.

For applications filed on or after:

- 7-1-22 through 6-30-23 \$7167
- 7-1-21 through 6-30-22 \$6873
- 7-1-20 through 6-30-21 \$6681
- 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	VANDEBURGH	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.

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**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, 2024.

- \$1255 - unmarried applicant/member of any age; or applicant/member not living with a spouse
- \$1704 - 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, 2024.

- \$472: 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.
- \$472: An essential person.
- \$943: One parent of the child applicant/member.
- \$1415: Two parents of the child applicant/member; and
- \$472: 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:

- \$52<sup>5</sup>

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 allocation<sup>6</sup> based on:

- Spousal Income Standard -- \$2465 effective 7-1-23 ( \$2289 effective 7-1-22; \$2178 effective 7-1-21; \$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 - \$740 effective 7-1-23 (\$687 effective 7-1-22; \$653 effective 7-1-21; \$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 – \$3,854 \$ effective 1-1-24 (\$3,716 effective 1-1-23; \$3,435 effective 1-1-22; \$3,260 effective 1-1-21; \$3,216 effective 11-20; \$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 \$2465 effective 7-1-23 (\$2289 effective 7-1-22; \$2178 effective 7-1-21; \$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 1-1-24, the SIL is \$2829 (effective 1-1-23, the SIL is \$2,742; effective 1-1-22, the SIL is \$2,523; effective 1-1-21, the SIL is \$2,382; 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 \$3,765 effective 3-1-24.

### 3010.20.20 INCOME STANDARD/PREMIUMS FOR MEDWorks

The income standard for MADW and MADI is 350% of the Federal Poverty Level. Only the income of the MEDWorks member is counted in the budget. Children/parent's income is not included, nor is income of a \*spouse included when determining MEDWorks eligibility.

Example 1:

Kyle and Erica are married, Kyle is disabled and has earned income; Erica is also employed but is not disabled.

Kyles gross monthly income (after allowable deductions) = \$3500

- Kyle is eligible for MEDWorks using only his income of \$3500

Ericas gross monthly income = \$5000

- She is not applying for Medicaid

Kyle is income eligible for MEDWorks, the next step is to determine his premium using their combined income:

- The combined income = \$8500
- Based on the chart below, Kyles premium payment is \$187

If both spouses are on MEDWorks, then each members income counts in their individual eligibility determination only, but their combined income counts in the premium calculation.

Example 2:

Steve and Kathy are married, they are both disabled, and have earned income.

Steves gross monthly income (after allowable deductions) = \$1900

- Steve is eligible for MEDWorks using only his income of \$1900

Kathys gross monthly income (after allowable deductions) = \$2500

- Kathy is eligible for MEDWorks using only her income of \$2500

Both are income eligible for MEDWorks, the next step is to determine their premium using their combined income:

- The combined income = \$4400
- Based on the chart below, their combined premium payment is \$182

Effective March 1, 2024, the standard is \$4,393. Premiums are listed in the following table.

PREMIUMS						
Family Size	Monthly Gross Income Premium Amount					
1	\$1883 to \$2197	\$2198 to \$2510	\$2511 to \$3138	\$3139 to \$3765	\$3766 to \$4393	\$4394 and over*
	\$48	\$69	\$107	\$134	\$161	\$187
2	\$2555 to \$2981	\$2982 to \$3407	\$3408 to \$4259	\$4260 to \$5110	\$5111 to \$5962	\$5963 and over*
	\$65	\$93	\$145	\$182	\$218	\$254

\* While spousal income of a MEDWorks member is not included in the initial budget calculation, the gross income is used to calculate the amount, if any, of the premium. An amount paid for private health insurance that covers the MEDWorks member is deducted from the premium amount<sup>7</sup>.

### 3010.25.00 INCOME STANDARDS (MED 2)

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

The following chart lists the monthly income standards to be used for the MA Q category of assistance.<sup>8</sup>

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, add \$58.50

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

Each Additional Member, add \$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 childcare expenses) must be equal to or less than 185% of the Federal Poverty Level for TMA eligibility to continue.<sup>9</sup> The income standards effective March 1, 2024, are shown below:

<b>TMA STANDARDS</b>			
<b>AG SIZE</b>	<b>EARNINGS</b>	<b>AG SIZE</b>	<b>EARNINGS</b>
1	\$2322.00	5	\$5640.00
2	\$3152.00	6	\$6469.00
3	\$3981.00	7	\$7299.00
4	\$4810.00	8	\$8128.00

For each additional member, add \$830.

**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 SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$152.00	6	\$498.00
2	\$247.00	7	\$561.00
3	\$310.00	8	\$624.00
4	\$373.00	9	\$687.00
5	\$435.00	10	\$750.00
For each additional member, add \$63.00			

### 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, 2024.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$1670.00	5	\$4055.00
2	\$2266.00	6	\$4651.00
3	\$2862.00	7	\$5247.00
4	\$3458.00	8	\$5844.00
For each additional member, add \$596.00			

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, 2024.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$1255.00	5	\$3049.00
2	\$1704.00	6	\$3497.00
3	\$2152.00	7	\$3945.00
4	\$2600.00	8	\$4394.00
For each additional member, add \$448.00			

**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	\$152.00	5	\$435.00
2	\$247.00	6	\$498.00
3	\$310.00	7	\$561.00
4	\$373.00	8	\$624.00
For each additional member, add \$63.00			

**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, 2024. Financial eligibility exists if net income is less than or equal to the standards per AG size.<sup>10</sup> The income standard is based on 106% of the Federal Poverty Level.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$1331.00	5	\$3232.00
2	\$1806.00	6	\$3707.00
3	\$2281.00	7	\$4182.00
4	\$2756.00	8	\$4657.00
For each additional member, add \$476.00			

**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, 2024.<sup>11</sup> The income standard is based on 141% of Federal Poverty Level.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$1770.00	5	\$4299.00
2	\$2402.00	6	\$4931.00
3	\$3034.00	7	\$5563.00
4	\$3666.00	8	\$6195.00
For each additional member, add \$632.00			

### 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, 2024<sup>12</sup> (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
1	\$1983.00	5	\$4817.00
2	\$2692.00	6	\$5525.00
3	\$3400.00	7	\$6234.00
4	\$4108.00	8	\$6942.00
For each additional member, add \$708.00			

### 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, 2024.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$ 2611.00	5	\$ 6341.00
2	\$ 3543.00	6	\$ 7274.00
3	\$ 4476.00	7	\$ 8206.00
4	\$ 5408.00	8	\$ 9139.00
For each additional member, add \$933.00			

### 3010.30.35 FOSTER CARE INDEPENDENCE (MED 3)



**Note:** Effective 1/1/23, Former foster care children enrolled in Medicaid (any state) on their 18<sup>th</sup> birthday will transition to MA 15 (Refer to 1620.74.00 and 2035.30.25).

**3010.30.40 CERTAIN CHILDREN / PREMIUMS, AND (MED 3)**

This chart lists the income standards for children from birth through 18 years of age (MA 10), which is Package C, Children's Health Plan. The standard is based on 250% of the Federal Poverty Level (FPL) and effective March 1, 2024. 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)	MONTHLY LIMIT TIER 2 (200% FPL)
1	\$2197.00	\$2510.00
2	\$2981.00	\$3407.00
3	\$3766.00	\$4304.00
4	\$4550.00	\$5200.00
5	\$5335.00	\$6097.00
6	\$6120.00	\$6994.00

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

AG SIZE	MONTHLY LIMIT TIER 3 (225% FPL)	MONTHLY LIMIT TIER 4 (250% FPL)
1	\$2824.00	\$3138.00
2	\$3833.00	\$4259.00
3	\$4842.00	\$5380.00
4	\$5850.00	\$6500.00
5	\$6859.00	\$7621.00
6	\$7868.00	\$8742.00

NUMBER OF CHILDREN	MONTHLY PREMIUMS 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.<sup>13</sup>

**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, 2024. This standard is based on 150% of the Federal Poverty Income Guidelines.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$1883.00	5	\$4573.00
2	\$2555.00	6	\$5245.00
3	\$3228.00	7	\$5918.00
4	\$3900.00	8	\$6590.00
For each additional member, add \$673.00			

**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, 2024. This standard is based on 170% of the Federal Poverty Income Guidelines.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$2134.00	5	\$5183.00
2	\$2896.00	6	\$5945.00
3	\$3658.00	7	\$6707.00
4	\$4420.00	8	\$7469.00
For each additional member, add \$762.00			

**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, 2024. This standard is based on 200% of the Federal Poverty Income Guidelines.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$2510.00	5	\$6097.00
2	\$3407.00	6	\$6994.00
3	\$4304.00	7	\$7890.00
4	\$5200.00	8	\$8787.00
For each additional member, add \$897.00			

### **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, 2024. This standard is based on 185% of the Federal Poverty Levels.

AG SIZE	NET INCOME STANDARD	AG SIZE	NET INCOME STANDARD
1	\$2322.00	5	\$5640.00
2	\$3152.00	6	\$6469.00
3	\$3981.00	7	\$7299.00
4	\$4810.00	8	\$8128.00
For each additional member, add \$830.00			

### **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 01-01-24 is \$42.34 (01-01-2023 was \$28.11).

Medicare members with income of less than 135% of the FPL receive a full subsidy of \$42.34 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 who 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 \$42.34. 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 \$42.34 should be deducted for all months after Medicaid is approved. This means \$28.11 (or current benchmark amount) must not be entered as an expense paid by the member; only any amount over \$42.34 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  $\$65.00 - \$42.34$  (benchmark) = \$22.66 as a monthly expense on the medical expense screen.

After in the LIS (Low-Income Subsidy) 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 application was approved in July. The Medical Expenses screen should budget the Part D premiums as:

- April: \$75.00
- May: \$75.00
- June: \$75.00
- July: \$75.00
- August: \$32.66 (\$75.00 – 42.34 benchmark)

**3045.00.00 GENERAL EARNED INCOME DISREGARD (MED 1 MED 4)**

In the eligibility determination, \$20 per month of income is disregarded. The income disregard is applied once to the AG's combined total income.<sup>14</sup>

**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 \$1,550 effective January 1, 2024 (effective 1-1-23, \$1,470 ; effective 1-1-22, \$1,350, effective 1-1-21, \$1,310; effective 1-1-20, \$1,260; 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 MEDWorks IMPROVED CATEGORY (MED 1)**

The monthly minimum earnings amount for MAD1 is \$290. This is calculated by multiplying the federal minimum wage, currently as of July 24, 2009, \$7.25 times 40.<sup>15</sup>

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<sup>1</sup> SSA 1905(p)(1)(C)

<sup>2</sup> 42 U.S.C. 1396R-5

<sup>3</sup> 42 U.S.C. 1396R-5

<sup>4</sup> Sec. 1860D-14 [42 U.S.C. 1395w-114] (a) (3)(D)(i)(ii)

<sup>5</sup> IC 12-15-7-2; 405 IAC 2-3-17

<sup>6</sup> 405 IAC 2-3-17; SSA 1924(d)

<sup>7</sup> Indiana State Plan Attachment 2.6-A

<sup>8</sup> 45 CFR 233.20(a)(2)

<sup>9</sup> SSA 1925

<sup>10</sup> IC 12-15-2-1; IC 12-15-2-11

<sup>11</sup> IC 12-15-2-12; 42 U.S.C. 1396d(n)(2)

<sup>12</sup> IC 12-15-2-14

<sup>13</sup> IC 12-15-2-26

<sup>14</sup> 405 IAC 2-9-2(d)

<sup>15</sup> 405 IAC 2-9-5(b)