

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 110		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
Appendix A	10	1/98	Appendix A	10	4/98
24 a	17	7/97	24 a	17	8/98
DATE: May, 1998			TO: All Income Maintenance Manual Holders		

Effective July 1, 1998, for Long Term Care cases, the minimum Spousal Maintenance Standard (SMS) is \$1,357 and the maximum Family Maintenance Allowance (FMA) is \$453. Appropriate changes to an example in Chapter 17 were made to reflect the new amounts.

Appendix A of Chapter 10 was updated with the new amounts.

RAPIDS plans to run a mass change for MLTI and MLTN AG's on June 9, 1998, effective July 1, 1998. A reference table change, effective July, will apply to all determinations made for July and thereafter. Mass Change Summaries and the Mass Change Exception Listing will be available in MOBIUS on June 10, 1998. Cases which appear on the Mass Change Exception Listing must be reviewed by the Worker and updates completed when appropriate. All updates must be completed effective July.

The maximum SMS, as well as the minimum and maximum Asset Assessment limits are updated effective January.

Chapter 10, Appendix A, the new LIEAP amounts have been changed. These are effective January 1, 1999.

Questions should be directed to the OFS Policy Unit.

NURSING CARE SERVICES

Post-Eligibility

Community Spouse	\$ 421	Shelter
Deduction:	+ 216	SUA
	<u>\$ 637</u>	Total Shelter/Utilities
	- 408	30% Min. SMS
	\$ 229	Excess Shelter/Utilities
	<u>+1,357</u>	Min. SMS
	\$1,586	
	- 640	Total gross monthly non-
		excluded income of
		Community Spouse
	\$ 946	CSMA

Family Maintenance	\$1,357	Min. SMS
Deduction:	- 275	Income
	<u>\$1,082</u>	Remainder ÷ 3 = \$361 FMA

\$1,705	Income
- 30	Personal Needs
<u>\$1,675</u>	Remainder
- 946	CSMA
\$ 729	Remainder
- 361	FMA
\$ 368	Remainder
- 142	Medicare premium and doctor bill
<u>\$ 226</u>	Resource and total contribution
	toward his care

The client has a \$226 resource to contribute to his care. Because there is a community spouse, the spenddown amount determined in the eligibility process is not subtracted as a non-reimbursable medical expense and is not added to the resource to determine his total contribution.

APPENDIX A - INCOME LIMITS

NUMBER OF PERSONS	100% FPL	120% FPL	133% FPL	150% FPL	185% FPL	200% FPL	300% FPL	C/U PAY-MENT	C/U 100% SON	C/U 185% SON	TRIP
1	671	805	893	1,007	1,242	1,342	2,013	149	581	1,075	514
2	905	1,085	1,203	1,357	1,673			201	786	1,454	766
3	1,138		1,513	1,707	2,105			253	991	1,833	841
4	1,371		1,824	2,057	2,537			312	1,196	2,212	916
5	1,605		2,134	2,407	2,968			360	1,401	2,592	991
6	1,838		2,444	2,757	3,400			413	1,606	2,971	1,066
7	2,071		2,755	3,107	3,832			462	1,811	3,350	1,141
8	2,305		3,065	3,457	4,263			477	2,016	3,729	1,216
9	2,538		3,375	3,807	4,695			477	2,221	4,108	1,291
10	2,771		3,686	4,157	5,127			477	2,426	4,487	1,366

NUMBER OF PERSONS	MAXIMUM COUPON ALLOTMENT	FOOD STAMP GROSS/NET TEST			MONTH		QMB	SLIMB	SSI MAX	EMER. ASST.	LIEAP
		GROSS	NET	E & D	1 Mo.	6 Mos.					
1	122	855	658	1,085	200	1,200	671	672-805	494	355	739
2	224	1,150	885	1,459	275	1,650	905	906-1,085	741	533	995
3	321	1,445	1,111	1,833	290	1,740				566	1,252
4	408	1,739	1,338	2,207	312	1,872				711	1,508
5	485	2,034	1,565	2,581	360	2,160				819	1,765
6	582	2,329	1,791	2,955	413	2,478				939	2,022
7	643	2,623	2,018	3,329	461	2,766				1,046	2,278
8	735	2,918	2,245	3,703	477	2,862				1,165	2,535
9	827	3,213	2,471	4,077	527	3,162				1,273	2,792
10	919	3,508	2,698	4,451	547	3,462				1,394	3,048

NURSING HOMES
 Min. SMS - \$1,357
 Max. SMS - \$2,019
 MAX. FWA/each - \$453
 OLE - \$175