| MANUAL MATERIAL TRANSMITTED | | | | | |
|---|---|---|---|---|---|
| MANUAL: INCOME MAINTENANCE | | | CHANGE NUMBER: 121 | | |
| DELETE | | | INSERT OR CHANGE | | |
| PAGES | CHAPTER | DATED | PAGES | CHAPTER | DATED |
| vii - viii | 1 | 9/95 | vii - viii | 1 | 10/98 |
| 13 - 14 | 1 | 9/95 | 13 | 1 | 10/98 |
| 15 - 16a | 1 | 9/98 | 14 | 1 | 11/98 |
| 77 - 80 | 1 | 9/95 | 15 - 16 | 1 | 10/98 |
| 81 | 1 | 8/96 | 16 a | 1 | 11/98 |
| 82 | 1 | 9/95 | 77 - 82 | 1 | 10/98 |
| A - 5 | 1 | | A-5 | 1 | 10/98 |
| A - 6 | 1 | | A-6 | 1 | 4/97 |
| | | | | | |
| 35 - 36 | 2 | 10/96 | 35 - 36 | 2 | 10/98 |
| | | | | | |
| 5 | 4 | 4/96 | 5 - 6 | 4 | 10/98 |
| 6 | 4 | 9/95 | 7 | 4 | 9/98 |
| 7 | 4 | 9/98 | 8 | 4 | 10/98 |
| 8 | 4 | 9/98 | | | |
| | | | | | |
| 23 | 6 | 4/97 | 23 - 24 | 6 | 10/98 |
| 24 | 6 | 10/96 | | | |
| | | | | | |
| iii - iv | 9 | 9/95 | iii | 9 | 10/98 |
| 43 - 44 | 9 | 8/98 | iv | 9 | 9/95 |
| | | | 43 - 44 | 9 | 10/98 |
| | | | | | |
| vii - viii | 10 | 8/95 | vii | 10 | 10/98 |
| 141 | 10 | 8/95 | viii | 10 | 8/95 |
| 142 - 146 | 10 | 8/98 | 141 | 10 | 8/95 |
| Appendix A | 10 | 10/98 | 142 - 146 | 10 | 10/98 |
| | | | Appendix A | 10 | 11/98 |

| | | | | | |
|---|---|---|---|---|---|
| 51 - 52 | 16 | 7/98 | 19 | 16 | 7/98 |
| | 16 | 7/98 | 20 - 21 | 16 | 10/98 |
| | 16 | 7/98 | 22 | 16 | 7/98 |
| | | | 41 | 16 | 7/98 |
| | | | 42 - 48 | 16 | 10/98 |
| | | | 51 - 52 a | 16 | 10/98 |
| | | | 52 b - 52 c | 16 | 7/98 |
| | | | | | |
| 3 | 22 | 9/95 | 3 | 22 | 10/98 |
| 4 | 22 | 9/95 | 4 | 22 | 9/95 |
| | | | | | |
| ES-MCAT-2 | FORM | 11/88 | OFS-MCAT-2 | FORM | 10/98 |
| DATE: October, 1998 | | TO: All Income Maintenance Manual Holders | | | |

**This change is being made to update Chapter 1, 2, 4, 6, 9, 10, 11, 16 and 22 with information about two new mandatory Medicaid Coverage Groups of Low-Income Medicare Beneficiaries called Qualified Individuals or QIs. The section 10.3 chart headings are not being changed at this time. Use policy for QMB/SLIMB to determine sources of income for this new group.**

**QIs are individuals who would be SLIMB, but for the fact that their income exceeds the current income limits. Income limits for the first group, QI-1s are, at least 120% of the limited current FPL, but less than 135% FPL. The medicaid benefit for QI-1s is payment of the Medicare, Part B premium.**

**Income limits for the second group of Qualified Individuals, QI-2s, are at least 135% of the current FPL but less than 175% of the current FPL. The medicaid benefit for the group is payment of a portion of the Medicare, Part B premium. The amount of the benefit in 1998 is $1.07 per month. The benefit will be paid directly to the eligible QI-2 recipient since it is a refund of a portion of the Part B premium. Checks to QI-2 recipients will be issued annually in December. When eligibility is lost during the year, the check will be issued at the end of the period of eligibility.**

**Due to limited funding provided for the QI coverage groups, a program year, which begins in January and ends in December of each calendar year is being used. During the program year, although they may always apply, eligible individuals may not be approved for the remainder of the program year, if funds are already expended. Recipients of QI coverage in one program year must be given priority for coverage in the new program year. For this reason, QI recipients will be redetermined in December of each year to determine eligibility for the next program year. In addition, although eligibility may be backdated up to 3 months prior to the month of application, under no circumstances may it be backdated into the prior program year, i.e., eligibility cannot be backdated prior to January of the calendar year of application.**

## 1.3 APPLICATION FORMS

The forms listed below are used to make an application for the Food Stamp, WV WORKS and Medicaid Programs. Within the Medicaid Program, some coverage groups use special forms. No Program-specific instructions for completion or usage are described here. Refer to application procedures under each Program and coverage group.

A. CAF

The Common Application Form (CAF) is generated by RAPIDS after completion of the interactive interview and is the primary application form. However, when circumstances do not permit completion of the application process in RAPIDS, the ES-2 is used as the application form.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents printing the CAF, Form OFS-5 must be signed by the applicant and filed in the case record with the subsequently printed CAF. He must not be required to return to the office to sign the CAF when an OFS-5 has been signed.

**Note:** Even though Poverty-Level pregnant women and children, QC's, QMB's, SLIMB's, QI-1's and QI-2's have separate application forms, these special forms need not be completed if a CAF is completed for another Program or coverage group. However, when the client is only interested in applying for one of these programs, their special applications are used as found below.

B. ES-2

When circumstances do not permit completion of the application process in RAPIDS, the ES-2 is used to make an application for most IM Programs. Since this form is used for all 3 major Programs, denial of an application for one Program may lead to approval for another.

The ES-2 is client-completed and may be used to determine eligibility for Food Stamps, WV WORKS and all Medicaid coverage groups which require completion of an application form.

**NOTE:** Even though Poverty-Level pregnant women and children, QC's, QMB's, SLIMB's, QI-1's and QI-2's have separate application forms, these special forms need not be completed if an ES-2 is completed for another Program or coverage group. However, when the client is only interested in applying for one of these programs, their special applications are used as found below.

- West Virginia TPL Health Insurance Plan

**NOTE:** This applies to Medicaid only.

The last page of the ES-2 is used to notify the TPL Unit of the client's insurance status. The page is completed during the intake interview, but not sent to the TPL Unit unless the application is approved and after terminal transmission.

The page is perforated for easy removal.

Each CSM must establish a process to ensure prompt mailing to the TPL Unit.

C. OFS-MCAT-2

The OFS-MCAT-2 is used for QMB, SLIMB, QI-1 and QI-2 applications only. The form is self-explanatory.

D. ES-PW-4

The ES-PW-4 is used for Poverty-Level pregnant women, Poverty-Level children and QC's. If a child who is eligible for CHIP is listed on the ES-PW-4, he may be approved for CHIP without having to complete a CHIP-1

E. CHIP-1

If an eligible Poverty-Level Pregnant Women, Poverty-Level Child or QC are listed on CHIP-1, he may be approved without having to complete an ES-PW-4.

F. REAPPLICATIONS NOT REQUIRING A NEW FORM

**NOTE:** When an application has been made for WV WORKS and/or Medicaid and the application is denied, withdrawn or approved for DCA, the AG must not be required to make an additional application for Food Stamps. Food Stamp eligibility must be determined based on the information provided for the other programs.

**NOTE:** Cases reopened without completion of an application form must remain in the same redetermination cycle in effect when the case was last closed. The only exception is for Medicaid cases for which the last case action was a denial due solely to failure to meet spenddown within the application processing time limit. In this case, the POC and/or POE is backdated, if appropriate, based on the date the client requests reconsideration of his application.

- The latest application or redetermination for the existing Program or coverage group was completed using a CAF or ES-2.

- Sufficient information about eligibility requirements for the new Program or coverage group is on the latest CAF or ES-2.

- Verification required for the new Program or coverage group is in or recorded in RAPIDS or the case record.

- The CAF or ES-2 contains the signatures required for the new Program or coverage group, and the appropriate

## 1.15 QUALIFIED MEDICARE BENEFICIARIES (QMB) SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLIMB) AND QUALIFIED INDIVIDUALS (QI -1 AND QI-2)

A. APPLICATION FORMS

The OFS-MCAT-2 is used when application is made only for QMB, SLIMB, QI-1 or QI-2. The CAF or ES-2 is used when application is also made for another Program.

The OFS-MCAT-2 may be mailed to the county office.

When the QMB, SLIMB, QI-1 or QI-2 client requests an application by mail, the Worker must explain:

- The date of application for QMB, SLIMB, QI-1 or QI-2 coverage is the day the signed application form which contains a name and address is received in the DHHR office.
- The processing time frame is 30 days, beginning with the date of application.
- In addition to QMB or SLIMB,the client may qualify for other coverage groups, but a face-to-face interview is required.

A reapplication is treated as any other application, except in some situations when a new form is not required. See Section 1.3.

B. COMPLETE APPLICATION

The application is complete when the client signs an OFS-MCAT-2, CAF or ES-2 which contains, at a minimum, his name and address.

C. DATE OF APPLICATION

The date of application is the date a completed OFS-MCAT-2, CAF or ES-2 containing, at a minimum, the client's name and address is received in the county office.

**NOTE:** When the applicant has completed the interactive interview, and there is a technical failure that prevents the printing of the CAF, Form OFS-5 must be signed by the applicant. He must not be required to return to the office to sign the CAF.

- QMB recipients are eligible for payment of co-insurance and deductibles for nursing facility costs without a contribution. See Chapter 17.

- QI-2 clients will receive a lump sum check in December of each year.

H. DUE DATE OF ADDITIONAL INFORMATION

When the client visits the office and an interview is conducted, the Worker and client decide on a reasonable time for the client to return the information. When the client mails the OFS-MCAT-2, the Worker the uses the RAPIDS verification checklist or form ES-6 to inform the client of additional information needed. The client must be given at least 10 days after the date the Verification checklist or ES-6 is mailed to return the information.

I. AGENCY TIME LIMITS

Data system action to approve, deny or withdraw the application must be taken within 30 days of the date of application.

J. AGENCY DELAYS

When the Department fails to request necessary verification, the Worker must immediately send the RAPIDS verification checklist or form ES-6 to request it. He must inform the client that the application is being held pending. When the verification is received and the client is eligible, medical coverage is retroactive to the date eligibility would have been established for QMB, SLIMB, QI-1 or QI-2.

When the QMB, SLIMB, QI-1 or QI-2 application is not processed within agency time limits, the application must be processed immediately upon discovery of the delay. QMB, SLIMB, QI-1 and QI-2 cases must have the eligibility period backdated.

The QMB client is eligible to receive direct reimbursement for out-of-pocket medical expenses if the Department has not acted on the application within a reasonable period of time. See Chapter 2.

K. PAYEE

The QMB, SLIMB, QI-1 or QI-2 recipient is the payee. When there is an eligible couple, the couple chooses the payee.

L. REPAYMENT AND PENALTIES

This does not apply to QMB, SLIMB, QI-1 or QI-2.

See the RAPIDS User Guide

2. The Date Of The Redetermination

The State Office mails a redetermination packet to each case. The packet contains a cover letter, and form OFS-MCAT-2.

3. Scheduling The Redetermination

See item 2 above. The client may telephone the Worker or come into the office if he requires assistance completing the redetermination form.

When the client is in the office to complete a redetermination for another Program, the QMB, SLIMB, QI-1 or QI-2 redetermination must be completed at the same time.

4. Completion Of The Redetermination

a. QMB and SLIMB

When the redetermination is completed and the individual(s) remains eligible, the new POE begins the month immediately following the month of the redetermination.

b. QI-1 and QI-2

The new POE begins in January with the new program year.

R. THE BENEFIT

1. QMB

The QMB recipient is the only individual who appears on the medical card.

Individuals eligible for only QMB coverage receive a Medicaid card.

a. Retroactive Benefits

There are no retroactive benefits for QMB. See item J., Agency Delays, for corrective procedures.

b. Ongoing Benefits

Each month's eligibility is reflected on a new medical card.

| | |
|---|---|
| QA | Quality Assurance |
| QC | Qualified Child |
| QDWI | Qualified Disabled Working Individual |
| QI-1 | Qualified Individual-1 |
| QI-2 | Qualified Individual-2 |
| QMB | Qualified Medicare Beneficiary |
| QR | Quarterly Reporting |
| PRC | Personal Responsibility Contract (PRC) |
| RAPIDS | Recipient Automated Payment and Information Data System |
| RD | Regional Director |
| RESA | Report on Economic Services Activity |
| RRB | Railroad Retirement Board |
| RSDI | Retirement, Survivors and Disability Insurance |
| SAVE | Systematic Alien Verification for Entitlement Program |
| SCA | School Clothing Allowance |
| SDX | State Data Exchange |
| SFU | Standard Filing Unit |
| SGA | Substantial Gainful Activity |
| SLIMB | Specified Low-Income Medicare Beneficiary |
| SSA | Social Security Administration |
| SSI | Supplemental Security Income |
| SSN | Social Security Account Number |
| SUA | FS Standard Utility Allowance |
| TANF | Temporary Assistance for Needy Families |
| TEFAP | Temporary Emergency Food Assistance Program |
| Title XIX | Section of the Act dealing with Medicaid |

its birth. If the family is also receiving Food Stamps, the child must be added to the Food Stamp benefit group at the same time.

B. REPORTING REQUIREMENTS

All changes in the client's circumstances such as, but not limited to, income, assets, household composition and change of address must be reported.

Changes are reported as soon as possible after the client becomes aware of them. This allows the agency to make a change and allows for advance notice, if the reported information results in an adverse action.

C. AGENCY TIME LIMITS

The Worker must take action on reported changes as soon as possible. When the Worker is aware of anticipated changes which may effect eligibility, a control is set to take action at the appropriate time.

D. TYPES OF CHANGES

1. Change In Case Name

The case name may be changed from one individual to another at the request of the individuals involved or when a change in circumstances requires it.

A new application must be completed and signed by the new payee unless his signature is on the most recent application.

If the client's name changes, no new application is necessary.

For QMB, SLIMB, QI-1 or QI-2 a new application must be signed by the spouse, if he becomes eligible, even though he will be added to the existing case.

2. Change Of Address

A change of address is made in the data system as soon as the client reports it. Any other changes which the client reports, in addition to the address change, are also acted on at the same time when notice requirements permit. A change made prior to the deadline date is effective the following month.

| ITEM | PROGRAMS | WHEN TO VERIFY | POSSIBLE SOURCES OF VERIFICATION |
|---|---|---|---|
| 5. Good-Faith Effort To Sell Real Property | FS, TANF | Prior to exemption of real property | Newspaper ads, statement of realtor, other media notices. TANF Only: Client must sign form ES-22, Agreement to Sell Property |
| 6. Savings Bond Bought From Client's Own Funds.<br><br>Verify date of purchase and cash-in value. | SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2 | When bond is at least 6 months old: Prior to approval, when client reports additional bonds. If bond is not 6 months old: Verify 6 months from date of issue. | Bond, financial institution |
| 7. Bona Fide Loan | TANF | When client says he has a loan. | Written agreement, ES-AP-75 |
| 8. Uniform Gifts To Minors Act Funds | SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2 | When client reports having such funds, prior to exclusion | Written agreement must specifically state that such funds are part of the Uniform Gifts To Minors Act. |
| 9. PASS Account<br><br>For FS: Verify that PASS was developed through SSA. | FS, SSI-Related, PAC, CDCS, QDWI, QMB, SLIMB, QI-1 and QI-2 | Prior to exclusion | Copy of plan |

B. INCOME

| ITEM | PROGRAMS | WHEN TO VERIFY | POSSIBLE SOURCES OF VERIFICATION |
|---|---|---|---|
| 1. Earned Income.<br><br>Verify source and amount. | All Programs and coverage groups with an income test | Prior to approval, at redetermination.<br><br>Medicaid: When a change in the amount is reported.<br><br>FS and WV WORKS cases: When a change is reported, verify rate of pay, source, job status | Pay stubs, written statement from employer, self-employment records, Work Record Sheet ES-17 |
| 2. Unearned Income<br><br>Verify source and amount. | All Programs and coverage groups with an income test | Prior to approval, at redetermination, when a change in the source or amount is reported.<br>FS Only: The change in the amount must be more than $25 for verification to be required. | Award letter, computer matches, written statement from source, BCSE information, written statement from contributor, RAPIDS data exchanges |

There are three forms used to calculate the amount of income deemed to an SSI-Related Medicaid client, as follows:

- IM-SSIR-1A Deeming to Spouse
- IM-SSIR-1B Deeming to Child
- IM-SSIR-1C Deeming to Spouse and Child

E. IM-WVW-1, WV WORKS COMPUTATION SHEET

This form must be sent with each ES-NL-A sent to the client for approval of WV WORKS benefits and to each applicant denied for income reasons.

In addition, it must be sent with each ES-NL-C sent for notification of ineligibility due to income reasons.

F. IM-NL-AC-1, ASSET COMPUTATIONS

Asset computations must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

The Worker must designate the program(s) for which the form is being completed and the appropriate asset limit. If two or more programs' assets are being shown on the same form, and an asset is excluded for one program but not others, the Worker must show for which program(s) the asset was counted under "Additional Information." This same section is also used for any special considerations given to an asset, such as "jointly-owned but fully available", or "cash-in value only counted".

In the column headed, "Value (How Obtained)," the Worker must indicate the source of information used to determine the value, such as NADA Book, Client's Statement, Bank Statement of (DATE), Vehicle Estimate.

G. ES-NL-C/U-2, AFDC/U AND WV WORKS REPAYMENT AMOUNT COMPUTATIONS

Computation of the AFDC/U, or WV WORKS overpayment amount must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of the receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

## 9.12 QUALIFIED MEDICARE BENEFICIARIES (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB), and QUALIFIED INDIVIDUALS (QI-1 AND QI-2)

A. THE ASSISTANCE GROUP

1. Who Must Be Included

   The individual or couple, eligible for QMB, SLIMB, QI-1 or QI-2 must be included in the AG

2. Who Cannot Be Included

   Only the individual or couple who is eligible for QMB, SLIMB, QI-1 or QI-2 is included in the AG

B. THE INCOME GROUP

1. Eligible Individual With No Spouse

   Count only the individual's income.

2. Eligible Couple

   Count the couple's income.

3. Eligible Individual With Ineligible Spouse
   Consider the income of the ineligible spouse to determine if it must be deemed. See Chapter 10 for how to determine if the spouse's income is deemed.

4. Applies only to QMB and SLIMB.

C. THE NEEDS GROUP

1. Individual With No Spouse

   The income limit for a single individual is used.

2. Eligible Couple

   The income limit for a couple is used.

3. Eligible Individual With Ineligible Spouse, No Income Deemed

   The income limit for a single individual is used.

4. Eligible Individual With Ineligible Spouse, Income Deemed

7. Lump Sum Payments

Lump sum payments are counted as unearned income in the month received.

8. Withheld Income

Withheld income is treated the same way it is for SSI-Related Medicaid. See Section 10.22,D.

9. Funds Diverted To A PASS

Funds diverted to a PASS account are excluded.

10. Unstated Income

There is no provision that allows for counting unstated income.

11. Spenddown

This is no spenddown provision.

12. Unavailable Income

Income intended for the client, but received by another person with whom he does not live, when the individual receiving this income refuses to make it available, is excluded.

13. Income Received For A Non-Assistance Group Member

Income received by a member of the AG, which is intended and used for the care and maintenance of an individual whose income is not used in determining the eligibility or benefit level of the payee's AG, is excluded as income.

- Death Benefits: The portion of a lump sum payment, received as a result of the death of an individual, which is used to pay the expenses of the last illness and burial of that individual, is deducted.

B. DETERMINING ELIGIBILITY

Countable income is determined by subtracting any allowable disregards and deductions from the total non-excluded gross income. Deemed income is addressed in item C below.

Countable income is determined as follows:

Step 1: Determine the total non-excluded gross unearned income and subtract the $20 Disregard.

Step 2: Determine the total non-excluded gross earned income. Subtract the following, in order:

- Remainder of SSI $20 Disregard
- SSI $65 + 1/2 Earned Income Disregard
- SSI Work-Related Expense Deduction. (Blind persons only)

Step 3: Add unearned income from Step 1 above.

Step 4: Subtract the amount of income diverted to a PASS account and the Death Benefit deduction.

The result is the total monthly countable income.

Step 5: Compare the amount in Step 4 to the QMB, SLIMB, QI-1 or QI-2 income levels for the appropriate number of persons. See item C,4 below. If the amount is less than or equal to the QMB, SLIMB, QI-1 or QI-2 income levels, the client(s) is eligible.

QMB eligibility is determined at 100% FPL.

SLIMB eligibility is determined at 101-120% FPL.

QI-1 is determined at 121-135% OF FPL

QI-2 is determined at 136-175% OF FPL

- Payments from the U.S. Department of Veterans Affairs programs, when such payments are based on need. VA pensions are based on need, but not payments made for service-connected disabilities.

When the ineligible spouse's non-excluded income, as shown above and in Section 10.3, minus only the needs of dependent children in the home, is greater than the Allocation Standard, the ineligible spouse's income is added to the eligible spouse's income. These are the SSI deeming provisions, which also require use of the couple income limit when income is deemed.

The deeming calculations are as follows:

Step 1: Determine the ineligible spouse's total non-excluded unearned income.

Step 2: Subtract the needs of all ineligible dependent children.

The needs of each ineligible child are determined separately, by subtracting the child's own income from the Allocation Standard. The difference, if any, represents the child's needs.

**EXAMPLE:** SSI payment level for 1 and 2 persons is $494 and $741. The Allocation Standard is $247. Child #1's income is $248. Because the child's income exceeds $247, there is no deduction for Child #1's needs. Child #2's income is $40. The allocation for this child's needs is $207

After a separate determination is made for each child, the allocations are added together and then subtracted from income.

Step 3: Determine the ineligible spouse's total gross non-excluded earned income.

Step 4: Subtract the remainder of the needs of all ineligible dependent children which could not be subtracted in Step 2.

# 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 | | | MNIL | | QMB | SLIMB | QI-1 | QI-2 | SSI MAX | EMER. ASST. | LIEAP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | GROSS | NET | E & D | 1 Mo. | 6 Mos. | | | | | | | |
| 1 | 125 | 873 | 671 | 1,107 | 200 | 1,200 | 671 | 672-805 | 806 - 906 | 907 - 1,175 | 494 | 355 | 739 |
| 2 | 230 | 1,176 | 905 | 1,492 | 275 | 1,650 | 905 | 906-1,085 | | | 741 | 533 | 995 |
| 3 | 329 | 1,479 | 1,138 | 1,877 | 290 | 1,740 | | | 1,086 - 1,221 | 1,222 - 1,584 | | 566 | 1,252 |
| 4 | 419 | 1,783 | 1,371 | 2,262 | 312 | 1,872 | | | | | | 711 | 1,508 |
| 5 | 497 | 2,086 | 1,605 | 2,647 | 360 | 2,160 | | | | | | 819 | 1,765 |
| 6 | 597 | 2,389 | 1,838 | 3,032 | 413 | 2,478 | | | | | | 939 | 2,022 |
| 7 | 659 | 2,693 | 2,071 | 3,417 | 461 | 2,766 | | | | | | 1,046 | 2,278 |
| 8 | 754 | 2,996 | 2,305 | 3,802 | 477 | 2,862 | | | | | | 1,165 | 2,535 |
| 9 | 848 | 3,300 | 2,539 | 4,187 | 527 | 3,162 | | | | | | 1,273 | 2,792 |
| 10 | 942 | 3,604 | 2,773 | 4,572 | 547 | 3,462 | | | | | | 1,394 | 3,048 |

**NURSING HOMES**

Min. SMS - $1,357

Max. SMS - $2,019

MAX. FMA/each - $453

OLE - $175