

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 150		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
APPENDIX A	10	4/99	APPENDIX A	10	7/99
24a	17	1/99	24a	17	7/99
DATE: JULY, 1999 TO: ALL INCOME MAINTENANCE MANUAL HOLDERS					

The following changes are being made:

WV WORKS PAYMENT STANDARD INCREASE

This change is being made to increase the WV WORKS Payment Standard for each AG size by \$25. The increase is effective July, 1999. The AFDC Medicaid limits will not change.

Appendix A, Chapter 10, is being updated to reflect the increased payment amounts. The example and all other Manual material with check amounts will be updated to reflect the increase as other changes are made to these items in the future.

RAPIDS will run Mass Change on 6/4/99 to update all WV WORKS cases effective July, 1999. The new payment amounts will show in RAPIDS on 6/7/99. The report, AG's Affected by Mass Change, and the Mass Change Exception Listing will be available on MOBIUS in 6/7/99. Notices will be generated by RAPIDS for the Mass Change. All cases which cannot be updated during the Mass Change process must be updated by the Worker, with the increased WV WORKS benefit effective for July, 1999.

Workers must recalculate all JOIN and CWEP hours, based on the new check amounts and corresponding changes in Food Stamps, effective July, 1999. Support service payments, such as transportation, may also require an update, based on any increased hours of participation.

In addition to the RAPIDS notice of the check increase, a letter from the Governor is being sent to each WV WORKS case to announce the Payment Standard increase.

Please note also that the 185% Standard of Need amounts for AG's of 3,4,7,8,9 and 10 were increased by \$1. A consistent method for calculating the 185% SON for all AG sizes is now being used which results in the increase for some AG's. Chapter 10 examples will be updated at a later date. RAPIDS will implement these changes in the system effective for 7/99.

APPENDIX A

CHAPTER 10 - INCOME

MAINTENANCE MANUAL

APPENDIX A - INCOME LIMITS

NUMBER OF PERSONS	100% FPL	120% FPL	133% FPL	150% FPL	185% FPL	200% FPL	300% FPL	AFDC MEDICAID LIMIT	WWW PAYMENT	100% SON	185% SON	TRIP
1	687	824	914	1,030	1,271	1,374	2,060	149	199	581	1,075	520
2	922	1,106	1,226	1,383	1,706			201	251	786	1,454	771
3	1,157		1,539	1,735	2,140			253	303	991	1,834	846
4	1,392		1,851	2,088	2,575			312	362	1,196	2,213	921
5	1,627		2,164	2,440	3,010			360	410	1,401	2,592	996
6	1,862		2,477	2,793	3,445			413	463	1,606	2,971	1,071
7	2,097		2,789	3,145	3,879			462	512	1,811	3,351	1,146
8	2,332		3,102	3,498	4,314			477	527	2,016	3,730	1,221
9	2,567		3,414	3,850	4,749			477	527	2,221	4,109	1,296
10	2,802		3,727	4,203	5,184			477	527	2,426	4,488	1,371

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	687	688-824	825-921	922-1202	500	355	739
2	230	1,176	905	1,492	275	1,650	922	923-1106	1107-1236	1237-1613	751	533	995
3	328	1,478	1,138	1,877	290	1,740						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 - \$1,383
 Max. SMS - \$2,049
 MAX. FMA/each - \$461
 OLE - \$175

NURSING FACILITY SERVICES

		<u>Post-Eligibility</u>	
Community Spouse	\$ 421	Shelter	
Deduction:	+ 243	SUA	
	\$ 664	Total Shelter/Utilities	
	- 415	30% Min. SMS	
	\$ 249	Excess Shelter/Utilities	
	+1,383	Min. SMS	
	\$1,632		
	- 640	Total gross monthly non-	
		excluded income of	
		Community Spouse	
	\$ 992	CSMA	
Family Maintenance	\$1,383	Min. SMS	
Deduction:	- 275	Income	
	\$1,108	Remainder ÷ 3 = \$370 FMA	
	\$1,705	Income	
	-30	Personal Needs	
	\$1,675	Remainder	
	-992	CSMA	
	\$ 683	Remainder	
	-370	FMA	
	\$ 313	Remainder	
	-142	Medicare premium and doctor bill	
	\$ 171	Resource and total contribution	
		toward his care	

The client has a \$171 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.