

ASSISTANCE PAYMENT CHART – January 2010 – Medicaid Changes

OWF Information				Covered Families & Children Medicaid				Child Care		Food Assistance			
AG Size	Initial Eligibility Test Standard	CFC/OWF Allocation Allowance Standard	Cash Payment Standard LIF Limit	HF 90% FPL Need Standard	150% FPL Healthy Start Standard	200% FPL Healthy Start Standard	185% FPL Transitional Standard for 2 nd 6 mos	150% FPL Initial Applications	200% FPL Redeterminations	AG Size	Gross Test 130% of FPL	Net Test 100% of FPL	Issuance Maximum (Thrifty Food Plan)
	07/09	10/97	01/09	1/09	1/09	1/09	1/10	7/09	7/09		10/09	10/09	04/09
1	452	583	259	813	1354	1805		N/A	N/A	1	1174	903	200
2	608	802	355	1093	1822	2429	Effective	1822	2429	2	1579	1215	367
3	763	980	434	1374	2289	3052	1/1/10,	2289	3052	3	1984	1526	526
4	919	1210	536	1654	2757	3675	MAY has a	2757	3675	4	2389	1838	668
5	1075	1417	627	1935	3224	4299	12-month	3224	4299	5	2794	2150	793
6	1231	1578	698	2215	3692	4922	continuous	3692	4922	6	3200	2461	952
7	1387	1761	780	2496	4159	5545	eligibility	4159	5545	7	3605	2773	1052
8	1543	1954	864	2776	4627	6169	period; no	4627	6169	8	4010	3085	1202
9	1698	2149	951	3057	5094	6792	income	5094	6792	9	4416	3397	1352
10	1854	2345	1037	3337	5562	7415	limit.	5562	7415	10	4822	3709	1502
Earned Income Deduction is \$250 & ½ Remainder (7/96) Dependent Care Maximum for each dependent = NO LIMIT The 100% Need Standard is also referred to as the Allocation Allowance Standard.				150% Healthy Start Standard is for pregnant women AND children from birth through age 18. 200% Healthy Start Standard is for pregnant women AND children from birth through age 18. (SCHIP) Dependent Care Maximum \$200 full time per child under 2 years \$175 full time per child 2 & over or incapacitated adult \$120 part time per child or incapacitate adult				Child Care (07/08) AG Size 200% FPL 2 2334 3 2934 4 3534 5 4134 6 4734 7 5334 8 5934 9 6534 10 7134		Earned Income Deduction = 20% Standard Deduction: \$141 for an AG size of 1-3 persons \$153 for an AG size of 4 persons \$179 for an AG size of 5 persons \$205 for an AG size of 6 or more Dependent Care Maximum for each dependent = NO LIMIT Standard Utility Allowance = \$588 Limited Utility Allowance = \$352 Single Utility Allowance = \$79 Single Telephone Allowance = \$36 Maximum Excess Shelter Deduction for non elderly or non disabled = \$459 Homeless Shelter Deduction = \$143			



Disability Assistance Information				PRC Program February 2009		Medicaid Information						
AG Size	DA Payment	Parental Responsibility		Other DA Information	HH Size	Monthly Income 165%FPL	Income Disregard = \$20 Earned Income Disregard = \$65 & ½ of the remainder			Table: TMEP		
1	115	Table 1	Table 2	Pregnancy Allowance eliminated 7/1/98.	1	1490	Need Standards	Individual	Couple	Deeming Amounts		
2	159	755	1226	Dependent Care Maximum - same as OWF.	2	2004	Own HH (1/10)	589	1011	Ineligible Spouse	163	
3	193	1038	1604		3	2518	HH of Another (1/10)	393	674	Ineligible Parent	325	
4	225	1267	1981	Parental Responsibility = 50% reduction in need for 18-22 year olds if parent's income is between Table 1 and 2.	4	3032	QMB (3/09)	903	1215	Ineligible Parents	488	
5	251	1567	2359		5	3547	SLMB (3/09)	1083	1457	Ineligible Child	163	
6	281	1830	2735	6	4061	QI-1 (3/09)	1219	1640	Work Expense Deduction for Ineligible Spouse		65	
7	312	2039	3114	7	4575	QWDI (3/09)	1805	2429	SSI Payment (1/10)		674 1011	
8	361	2281	3184	8	5089	MBIWD1 (1/09)	1354	NA	Single Couple			
9	394	2531	3255	9	5604	MBIWD2 (1/09)	2257	NA				
10	426	2782	3326	10	6118	Medicare Premium 2010 Amount	96.40					
							2010 Amt –	110.50 *				
							* enrolling 12/1/09 or later or on Buy-in					