# **Appendix A1 ABD Financial Limits 2024**

OFGE	Georgia Division of Family and Children Services Medicaid Policy Manual				
CONTITUTION OF	Policy Title:	ABD Financial Limits			
LS	Effective Date:	July 2024			
Chapter: Appendix A1			Policy Number:	Appendix A1	
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#### CHART A1.1 - ABD MEDICAID RESOURCE LIMITS

Type Limit	Individual Limit	Couple Limit	LA-D Individual with a Community Spouse	Effective Date
SSI/LA-D	\$2000	\$3000	N/A	7-88
AMN	\$2000	\$4000	N/A	4-90
QMB/SLMB/QI-1	\$9,430	\$14,130	N/A	1-24
QDWI	\$4000	\$6000	N/A	1-89
Spousal Impoverishment	N/A	N/A	\$154,140 + 2000 = \$156,140	1-24

# CHART A1.2 - ABD MEDICAID NET INCOME LIMITS (GROSS - \$20)

Type Limit	LA	Individual Limit	Couple Limit	Effective Date
AMN	All	\$317	\$375	10-90
FBR	A	\$943	\$1415	1-24
(SSI Limit)	В	\$629	\$943	
(GGI ZIIIIIC)	С	\$943	N/A	
	D	\$30	N/A	
Medicaid CAP	D	\$2829	\$5658	1-24
QDWI	A	\$5,105	\$6,899	3-24
	С	\$5,105	N/A	Effective 3-98, ISM no longer applies to this
	D	\$5,105	N/A	COA eliminating LA-B.
QMB	A	\$1,255	\$1,704	4-24
SLMB	A	\$1,506	\$2,044	4-24
QI-1	A	\$1,695	\$2,300	3-24

#### CHART A1.3 - TRANSFER OF RESOURCE PENALTY DETERMINATION

Averaging Nursing Home Private Pay Billing Rate	\$10,025.00	4-24	

CHART A1.4 - PRESUMED MAXIMUM VALUE (PMV) OF ISM AND LIVING ALLOWANCE TO EACH INELIGI-BLE CHILD

Income Limit	PMV for an Individ- ual	PMV for a Couple	Living Allowance	Effective Date
AMN	\$334.33	\$491.66	\$471.66	1-24
FBR	\$334.33	\$491.66	\$471.66	1-24
QMB	N/A	N/A	\$574.66	4-24
SLMB	N/A	N/A	\$688.00	4-24
QI-1	N/A	N/A	\$773.00	3-24

# CHART A1.5 - SUBSTANTIAL GAINFUL ACTIVITY

Category	Income Limit	Effective Date
Non-Blind individuals	\$1550	1-24
Blind individuals	\$2590	

#### CHART A1.6 – BREAK-EVEN POINTS

Living Arrange- Earned		Income Unearned		d Income	Effective Date
ment	Individual	Couple	Individual	Couple	
A	\$1971	\$2915	\$963	\$1435	1-24
В	\$1342.34	\$1971.68	\$648.67	\$963.34	
D	\$145	\$205	\$50	\$80	7-88

#### CHART A1.7 – MONTHLY AVERAGED MEDICAID RATES FOR KATIE BECKETT

Level of Care	Monthly Amount	Effective Date
Skilled Nursing Facility	\$6,659.73 (31 days)	04-24
ICF/ID	\$32,736.00 (31 days)	

#### A1.8 – MEDICARE EXPENSES

Medicare Part B Premium rate:	\$104.90 (effective 1-14)	
	\$121.80 (effective 1-16)	
	\$134.00 (effective 2017 and 2018)	
	\$135.50 (effective 2019)	
	\$144.60 (effective 2020)	
	\$148.50 (effective 2021)	
	\$170.10 (effective 2022)	
	\$164.90* (or higher depending on income) (effective 2023)	
	\$174.70* (or higher depending on income) (effective 2024)	

Effective 01/2016 Medicare Part B Premium rates may vary. Check BENDEX for applicable rate. \*Most SSA recipients will pay less that this amount.

# CHART A1.9 - PERSONAL NEEDS ALLOWANCES (PNA) FOR AN LA-D RECIPIENT

IF the LA-D Recipient is	THEN use the following as the PNA in the Patient Liability/Cost Share Budget:	
an individual in a nursing home or Institutionalized Hospice	\$70	Effective 7-19
a VA pensioner or his/her surviving spouse in a nursing home who has dependents	\$70	Effective 7-19

spous	pensioner or his/her surviving to in a nursing home who has no idents  The VA check for these individuals is reduced to the amount of the PNA, regardless of other income.		Effective 1-92 (Effective 1-93 for the Surviving Spouse)
an inc	dividual in EDWP/CCSP	the current amount of the Individual FB	R for LA-A
an individual in ICWP		the current amount of the Community Spouse Maintenance Need Standard	
an individual in NOW/COMP		the current Medicaid Cap	

# CHART A1.10 - NEED STANDARDS FOR DIVERSION OF INCOME TO A COMMUNITY SPOUSE OR DEPEN-DENT FAMILY MEMBER IN A PATIENT LIABILITY/COST SHARE BUDGET

Diversion Standard	Amount	Effective Date
Community Spouse Maintenance Need Standard	\$3,853.50	4-24
Dependent Family Member Need Stan- dard	\$2,555	4-24

# CHART A1.11-TANF Standard of Need (SON)

HOUSEHOLD SIZE	SON	HOUSEHOLD SIZE	SON	EFF. DATE
1	\$235.00	7	\$672.00	2022
2	\$356.00	8	\$713.00	
3	\$424.00	9	\$751.00	
4	\$500.00	10	\$804.00	
5	\$573.00	11	\$860.00	
6	\$621.00	12	\$884.00	

# CHART A1.12 - FEDERAL POVERTY LIMITS

HOUSEHOLD SIZE	100%	135%	150%	EFF. DATE
1	\$15,060.00	\$20,331.00	\$22,590.00	2024
2	\$20,440.00	\$27,594.00	\$30,660.00	
3	\$25,820.00	\$34,857.00	\$38,730.00	
4	\$31,200.00	\$42,120.00	\$46,800.00	
5	\$36,580.00	\$49,383.00	\$54,870.00	

The FPL (100% level) is increased by \$5,380 for each additional person in the household.

CHART A1.13 – COSTS AND GUIDELINES FOR RECEIPT OF MEDICARE PART D - LOW INCOME SUBSIDY

	Group 1	Group 2	Eff. Date
Resource Limit	None	Individual - \$17,200 Couple - \$34,360	2024
Income Limit	Full Medicaid	Less than 150% of FPL	
Monthly Premium	\$0	Sliding Scale	
Deductible Per Year	\$0	\$0	
Coinsurance up to \$7400	\$1.55 - \$4.60 Copay	15% Coinsurance	
Out of Pocket			
Catastrophic 5% or Copay	\$0	\$4.50 - \$11.20 Copay	

# CHART A1.14 - Low-Income Part D Premium Subsidy Amount

2010 – 29.62
2011 – 32.83
2012 – 31.18
2013 – 34.22
2014 – 29.32
2015 – 26.47
2016 – 25.78
2017 – 26.43
2018 – 24.53
2019 - 25.68
2020 - 25.34
2021 - 29.80
2022 - 32.38
2023 - 37.30
2024 - 44.23

# A1.15 – Medically Needy Mileage Reimbursement Rate

48.5 cents per mile – 09/10/05 – 12/31/05
44.5 cents per mile – 01/01/06 – 01/31/07
48.5 cents per mile – 02/01/07 – 03/31/08
50.5 cents per mile – 04/01/08 – 07/31/08
58.5 cents per mile – 08/01/08 – 12/31/08
55.0 cents per mile – 01/01/09 – 12/31/09
50.0 cents per mile – 01/01/10 – 12/31/10
51.0 cents per mile – 01/01/11 – 04/16/12
55.5 cents per mile – 04/17/12 – 12/31/12
56.5 cents per mile – 01/01/13 – 12/31/13

56.0 cents per mile - 01/01/14 – 12/31/14
57.5 cents per mile – 01/01/15 – 12/31/15
54.0 cents per mile – 01/01/16 – 12/31/16
53.5 cents per mile – 01/01/17 - 12/31/17
54.5 cents per mile – 01/01/18 – 12/31/18
58.0 cents per mile – 01/01/19 - 12/31/19
57.5 cents per mile - 01/01/20 - 12/31/20
56.0 cents per mile - 01/01/21 - 12/31/21
58.5 cents per mile - 01/01/22 - 06/30/22
62.5 cents per mile - 07/01/22- 12/31/22
65.5 cents per mile - 01/01/23 - 12/31/23
67.0 cents per mile - 01/01/24 - present