

MEDICAID SPOUSAL PROTECTION

Spousal Protection is a program that increases the likelihood that when one spouse enters a nursing home or needs home and community based services or PACE, the community spouse will be able to retain a basic amount of income and resources to meet ongoing living expenses.

This program is only applicable to married couples in one of the following circumstances:

1. Admission to a Nursing Home. Spousal Protection is appropriate a) when one person lives in (or is planning to move to) a nursing home for at least 30 consecutive days beginning on or after 9-1-89 and the other person lives in the community and b) the institutionalized spouse is receiving assistance from Medicaid or is eligible to receive Medicaid for nursing homes expenses.
or
2. Home and Community Based Services (HCBS). Spousal Protection is appropriate when one person lives in the home after July 1, 1999 who is determined to be eligible for home and community based services (including assisted living and adult day care) and wants to remain at home, instead of moving to a nursing home.
or
3. Program for All Inclusive Care for the Elderly (PACE). Spousal protection is appropriate when one person lives in the home who is determined to be eligible for PACE services and wants to remain at home, with support from an adult day program model of care, instead of moving to a nursing home.

The Spousal Protection Program a) includes the assessment of a couple's resources when one spouse becomes institutionalized, for the purpose of determining at what point the institutionalized spouse will become eligible for Medicaid, and b) provides for the amount of income which may be contributed by the Medicaid-eligible institutionalized spouse toward the monthly expenses of the community spouse and dependent "family members" who reside with the community spouse.

The Medicaid Estate Recovery Act was passed in 1991 which allows the State of Colorado to put a lien on the property of the individual if they have assets and receive Medicaid in the nursing home, home and community based services or PACE (Program for All inclusive Care for the Elderly). However, if a spouse continues to live in the house, a lien will not be filed. See Section on Medicaid Estate Recovery Act.

If a transfer of assets for less than fair market value is made prior to February 8, 2006 within three years (36 months) of applying for Medicaid (or within five years - 60 months - if the transfer is into or out of a trust), a penalty period for receiving Medicaid benefits may be imposed. If a transfer of assets is made after February 8, 2006, the penalty period begins on the date of the application or the date the individual would be eligible for Medicaid, if the transfer had not occurred.

County Departments of Human/Social Services are required to approve individuals who apply for long term care [nursing home care, home and community based services (HCBS), and program of all inclusive care for the elderly (PACE - Total Longterm Care) who have Supplemental Security Income Trusts set up by the Social Security Administration. If a copy of the trust is available, the county Department of Human/Social Services is required to forward a copy to the State of Colorado.

WHAT COUNTS AS INCOME?

The institutionalized spouse must be eligible for and receiving Medicaid support in the nursing home. For 2008, income for the institutionalized spouse may not exceed \$1911 per month.

MEDICAID SPOUSAL PROTECTION

Persons with incomes in excess of \$1911 per month with an approved Medicaid Qualifying Trust may receive Medicaid support under the Spousal Protection program. Income rules for Supplemental Security Income apply. Income includes:

- Wages or earnings from a job
- Social Security
- Supplemental Security Income/Old Age Pension
- Pensions (Private or Government)
- Gifts (generally more than \$25 in value)
- Interest from investment income
- Income from annuities, regardless of purchase date
- Income from the exempt home (if it is rented, less the allowable deductions)
- Stocks and bonds, annuities, and other investments (such as 401-K, IRAs, etc)

Nursing Home Spouse.

The institutionalized spouse retains the first \$50 of his/her income. The balance may be used to supplement the income of the community spouse. The monthly expenses of the community spouse are the "minimum monthly maintenance needs allowance" or MMMNA.

Minimum Monthly Maintenance Needs Allowance for the community spouse is computed as follows:

- Income of \$1711 per month (to be adjusted on July 1, 2008)
- Amount by which shelter costs exceed 30% of the above income figure (\$513 until July 1, 2008)
- The total amount of the two items above may not exceed \$2610
- Additional amounts of money can be granted to the community spouse for exceptional circumstances which cause the community spouse significant financial duress
- For each dependent child, who lives with the community spouse, an additional allowance may be allocated

Home and Community Based Services (HCBS)/PACE Spouse

The "community spouse or the "well spouse" is allowed to keep a portion of the combined income for monthly expenses. The community spouse is allowed to retain \$1711 per month (to be adjusted on July 1, 2008). This can be adjusted by shelter costs that exceed 30% of the above figure (\$513 until July 1, 2008). Any amount of money over the allowed amount must be placed in the Medicaid Qualifying Trust Account of which the State of Colorado is the beneficiary. These funds must be forwarded to the State upon the death of the individual.

An individual in an assisted living is usually allowed to retain \$102/month for personal needs. The balance of income is used to supplement the income of the community spouse or is paid to the assisted living residence.

WHAT DOESN'T COUNT AS INCOME?

- Property Tax/Rent/Heat Rebates
- Any income from the Veterans Administration for aid and attendants and payments for unusual medical expenses (these funds will be counted for determining the patient payment to the nursing home or for home care services)
- Long term care insurance payments (NOTE: they do count in determining the patient payment to the nursing home or for home and community based services)
- Reverse mortgages are not counted as income (NOTE: if the payments are retained beyond the month in which they were received, they are counted as a resource)

WHAT ARE COUNTABLE RESOURCES?

- Real Estate (investment, rental or income property)
- Cash
- Checking or Savings Accounts
- Bonds
- Stocks
- Second Car or Recreational Vehicle
- Personal Belongings (such as jewelry or works of art)
- Whole Life Insurance Policies (Cash Value)
- Burial policy (Whole Life)
- Revocable annuities
- Irrevocable Annuities (under some terms and conditions)
- Unearned income from rental property and/or farm income

Community Spouse Resource Allowance (CSRA). Under spousal protection, the community spouse is allowed to retain a portion of the countable (non-exempt) resources, which are owned by the couple either jointly, or individually at the time institutionalization begins.

The community spouse is allowed to retain a maximum of \$104,400 for the Community Spouse Resource Allocation. The institutionalized spouse (or the sick spouse for HCBS/PACE) is allowed to retain \$2,000. Any amount in excess of \$106,400 (\$104,400 plus \$2,000) is subject to spousal protection rules. Couples who have assets over \$104,400 must spend down those assets to be eligible for Medicaid coverage for the nursing home spouse (or HCBS/PACE). (See Tips for Practitioners on ways to spend down)

WHAT RESOURCES ARE EXEMPT (OR DO NOT COUNT)?

- Home with an equity limit of less than \$500,000 in which the community spouse or a dependent child resides
- Car (there is no limit on the market value of a single vehicle)
- Personal belongings (clothing and furniture)
- Medical equipment required by the recipient's physical condition
- Items of individual education
- Items of personal care (such as wheelchair)
- Term Life Insurance Policy
- Burial Policy (irrevocable, or no cash value)
- A revocable burial fund up to \$1500 for burial expenses (this will be reduced by the amount that may be in a life insurance policy)
- Some annuities (see description in section on Transfers Without Fair Consideration)

WHAT ARE THE ELIGIBILITY REQUIREMENTS?

- For couples who are married, one spouse must live in a nursing home; or one spouse must be determined to be eligible for HCBS/PACE after July 1, 1999
- Individual must be in an institution for at least 30 consecutive days (or eligible for HCBS or PACE services for at least 30 consecutive days)
- Individual must pass the "level of care" screen that certifies that the individual needs nursing home or hospital care (ULTC 100.2) at <http://www.chcpf.state.co.us/HCPF/LTC/sepindex.asp>
- Income of the institutionalized spouse must be less than 300% of the Supplemental Security Income level (for 2008, \$1911 per month)
- The institutionalized spouse's countable resources must be less than \$2,000

MEDICAID SPOUSAL PROTECTION

- The Community Spouse Resource Allowance or countable resources of the community spouse can not be more than \$104,400

HOW TO APPLY FOR BENEFITS?

Call or visit the local County Department of Human/Social Services at <http://www.cdhs.state.co.us/servicebycounty.htm> or (see list in Appendix) to determine financial eligibility and the Single Entry Point, in the County where the nursing home or hospital is located to determine functional eligibility. Submit Part 1 and Part 2 of the Medicaid application to the County Department of Social Services. You can download the Part I of the application at <http://www.cbms.state.co.us/links/cbmsapplication/pdfs/cbmsapppart1.pdf> (the first several pages of the file are in printed in languages other than English) and Part II of the application at <http://www.cbms.state.co.us/links/cbmsapplication/pdfs/cbmsapppart2.pdf>. Regardless of the amount of resources of the couple and if the income of the institutionalized spouse is more than \$1911, the community spouse (or the well spouse) should visit the local County Department of Social Services to request the Community Spouse Resource Allowance be calculated to avoid delays in future eligibility for Medicaid benefits for the institutionalized spouse.

The local County Department of Social Services or Single Entry Point must assess the couple's resources within 45 days at two points in time: a) when the individual enters an institution; and b) when the institutionalized spouse (or HCBS/PACE client) applies for Medicaid. A reasonable fee may be charged by the local County Department of Social Services for the assessment.

WHAT DOCUMENTS ARE REQUIRED TO PROVE ELIGIBILITY?

- Proof of Social Security income
- Proof of income from stocks, bonds, annuities, 401-K, IRAs, or interest
- Copies of recent bank statements (last 6 months)
- Copies of bills or statements for house payments, rent, utilities, property taxes and insurance
- Maintenance fees charged by condominium associations
- Copies of insurance premiums for health, life, car and burial
- Copies of monthly medical bills
- Other regular monthly expenses of the community spouse
- Proof that no transfer of property has occurred within the previous 60 months if the transfer occurred after to February 8, 2006 (or 36 months if the transfer occurred prior to February 8, 2006; 60 months for a trust – NOTE: if a transfer has occurred, see description in this section on how to handle these transfers)
- Copies of burial policies
- Trust documents (if applicable)

HOW TO PROVE IDENTITY, CITIZENSHIP AND LAWFUL PRESENCE IN THE U.S.?

See section on Colorado Old Age Pension in *Sourcebook* for more information.

HOW MUCH WILL BE RECEIVED FROM SPOUSAL PROTECTION?

The community spouse will receive a maximum of \$1711 per month. The community spouse may receive an additional allowance up to \$513 per month up to a maximum of \$2610 (until July 1, 2008). Additional income may be received for dependents and for exceptional circumstances.

TO WHAT OTHER PROGRAMS MIGHT A SPOUSAL PROTECTION RECIPIENT BE ENTITLED?

- Food stamps and other food programs
- Supplemental Security Income/Old Age Pension

- Pensions (especially veterans benefits)
- Property Tax/Rent/Heat Rebates
- Utility Assistance
- Subsidized Housing
- Burial Assistance
- Emergency Assistance Payments
- Weatherization
- Special Low Income Medicare Benefit
- Medicare Prescription Drug Program (as a full dual eligible)
- Property Tax Exemption

The application procedures for these programs are found in other sections of the *Sourcebook*.

WHAT CHANGES NEED TO BE REPORTED TO THE LOCAL COUNTY DEPARTMENT OF SOCIAL SERVICES OR SINGLE ENTRY POINT?

- New mailing address if the community spouse or the institutional spouse moves within 30 calendar days
- The trust must provide an annual accounting of trust income and expenditures and an annual statement of assets to the county Department of Human/Social Services or the Colorado Department of Health Care Policy and Financing upon reasonable request or upon any change of trustee
- Another individual moves in or out of the household
- Individual goes to work
- Income goes up or down
- Divorce or separation of spouses
- Property is bought or sold, including the home or car
- The amount remaining in the trust and an accounting of the trust is due to the Colorado Department of Health Care Policy and Financing with three months of the death of an individual or termination of the trust, whichever is sooner. A two month extension may be requested in writing.

TIPS FOR PRACTITIONERS

1. Asset Transfers to Community Spouse. If the institutionalized spouse is eligible for Medicaid and the community spouse is not already in possession of assets equal to the community spouse resource allocation, the assets may be transferred from the institutionalized spouse to the community spouse within 90 days.
2. Rules prior to 9/30/89. The rules apply for new admissions, as well as those already residing in a nursing home. If a spouse was in a nursing home prior to September 30, 1989, other rules will apply to resources, but the community spouse should still apply for Spousal Protection of income.
3. Veterans Benefits. Couples applying for Spousal Protection may be required to apply for Veterans or other benefits for the institutionalized spouse prior to receiving a determination of eligibility.
4. Treatment of Income Property. Couples who own income property may be eligible for Spousal Protection, if the income from the income property is needed to contribute to the MMMNA (Minimum Monthly Maintenance Needs Allowance).
5. Confidentiality. Be sure to protect the confidentiality of your client if you are only seeking information to determine potential eligibility.

MEDICAID SPOUSAL PROTECTION

6. Purchasing Burial Policies. Couples who own a whole life insurance policy and who cash that policy in to purchase a burial plan, marker or plot, may be subject to private pay to the nursing home (or HCBS/PACE) during the period the whole life insurance policy is being redeemed. It may be better to redeem the whole life policy and purchase an irrevocable burial policy, marker and/or plot, prior to applying for Medicaid at the Options for Long Term Care Agency and the local County Department of Social Services. Unless the institutionalized spouse (or HCBS/PACE client) is receiving Medicare Part A coverage or is hospitalized during this time period, the individual will be charged at the private pay rate in the nursing home as part of the spend down of resources. Medicaid benefits are retroactive to the date of admission to the nursing home. If the individual is going from the private home to the nursing home, it is advisable to make these changes for life insurance and burial policies prior to nursing home placement.
7. Medicaid Qualifying Trust Payouts to Community Spouse. In instances where the institutionalized spouse (or HCBS/PACE client) is the beneficiary of a Medicaid Qualifying Trust and has been approved for Medicaid benefits, the community spouse may receive Spousal Protection payments.
8. Medicaid Lien. Individuals who are eligible for Spousal Protection may be subject to the Medicaid Estate Recovery Act if they own real property. If the community spouse continues to live in the home, a lien will not be placed on the home. (See Section on Medicaid Estate Recovery Act). Another way to protect against a lien is to transfer ownership of the home to the community spouse with a quitclaim deed within 90 days of Medicaid benefits having started for the institutionalized spouse.
9. How Do Individuals Spend Down?

Individuals may spend down resources in any of the following ways:

- Pay for nursing home care, assisted living care, adult day care, or home care
- Purchase a primary residence and household furnishings
- Purchase items for the nursing home or assisted living spouse such as a television, clothing and so forth
- Purchase an irrevocable burial policy
- Make home improvements such as a new roof, insulation, refrigerator and so forth
- Pay off indebtedness
- Purchase an annuity (under some terms and conditions)
- Purchase of medical equipment

The following types of transfers are exempt and qualify as a spend down of resources:

- Transfers to the Medicaid recipient's spouse
- Transfers to a child who is determined to be blind or permanently and totally disabled
- Transfers of a home to a) child who is under twenty-one years of age or b) a sibling who has an equity interest in the home and who has resided in the home for at least one year immediately before the date the individual becomes institutionalized; or c) a son or a daughter of any age who was residing in the home for a period of at least two years immediately before the date the individual becomes institutionalized, and who provided care to the individual to allow him or her to remain in his or her own home, rather than in a nursing home
- Purchase of an annuity with equal monthly payments 60 months prior to a Medicaid application (NOTE: only the income from the annuity is counted toward the Minimum Monthly Maintenance Needs Allowance - MMMNA).

Transfers to trusts which are exempt and qualify for spend down without penalties are:

- Supplemental needs trusts which are drafted to provide for the individual's supplemental care

(i.e. anything that is not covered by public or private benefits, including, for example, the cost differential between a private and semi-private room, television, hair care, etc).

- Disability trusts established by a parent, grandparent, legal guardian or court for a disabled person (as defined under Supplemental Security Income standards) under age sixty-five, and which designate the state as the remainder man. In addition, Colorado (unlike the federal regulations) requires that these funds originate from a personal injury settlement or from *Zebley* settlements (retroactive SSI benefits paid pursuant to a class action lawsuit entitled *Sullivan v Zebley*); To be valid these trusts must be reviewed by the Colorado Department of Health Care Policy and Financing.
- Pooled Trusts, which are supplemental needs trust set up by non-profit associations for disabled persons of any age, provided that, the state must be the remainder man to the extent of medical assistance paid to the Medicaid applicant or recipient, and, as in the prior example, funds must originate from personal injury or *Zebley* settlements.

Effective on or after January 1, 2001, if an institutionalized individual for whom a pooled trust is established is 65 years of age or older, the transfer of assets into the pooled trust creates a rebuttable presumption that the assets have been transferred without fair consideration and shall be analyzed in accordance with the rules on transfers without fair consideration.

- Miller Trusts (or Medicaid Qualifying Trusts), which are trusts for individuals whose income exceeds the state Medicaid income cap, but is less than the average monthly cost of nursing home, care in the geographic region in which the individual lives. These persons are often referred to as being in the "Utah gap".
- Transfer made prior to 60 months before the Medicaid application is submitted.

10. How to Calculate the CSRA/MMMNA Each Month

The Community Spouse Resource Allocation and the Minimum Monthly Maintenance Needs Allowance are determined by the date of entry into the nursing home (or HCBS/PACE). The following information is used to calculate these payments as shown in the following worksheet.

Worksheet for Calculating the Minimum Monthly Maintenance Needs Allowance

	AMOUNT	
Minimum Basic Allowance		A
Compute any Excess Shelter Allowance by calculating the actual shelter costs:		
	+	B
Required Maintenance Fee (i.e., Condo Fee)	+	C
Insurance (For shelter only)	+	D
Taxes (On property only)	+	E

MEDICAID SPOUSAL PROTECTION

Utilities (actual or \$209, whichever is larger)	+	F
Total of Actual Shelter Cost (Lines B through F)	=	G
And Subtracting 30% of the Basic Allowance	-	H
Excess Shelter Allowance (if this result is less than Ø, enter Ø)	=	I
Exceptional circumstances are defined as "beyond the control of" which would result in significant financial duress to the community spouse. The amount of the expense is entered in line J.	+	J
Total Amount of the MMMNA (Add together Lines A + I + J)	=	K
Subtract the Community Spouse's Gross Income (i.e., sources other than public assistance).	-	L
This results in the "Monthly Income Allowance (MIA)", the contribution for the community spouse's monthly income needs from the institutionalized spouse.	=	M

A TRUST MUST BE ESTABLISHED IF APPLICANT'S INCOME EXCEEDS THE 300% LIMIT!

Income of the Institutionalized Person.(unearned and earned with 65 ½ deduction included)		1
Subtract the Personal Needs Allowance	-	2
Subtract Trust Fee, if applicable (cannot exceed \$20)	-	3
Subtract Monthly Income Allowance (MIA) – from line M above	-	4
Balance (Subtract Line 2, Line 3, and Line 4 from Line 1)	=	5
Subtract the Total Family Allowance (FORMULA: # dependents x Minimum Basic Allowance – total dependents' income x .333)	-	6
Subtract PETI Expenditures for Authorized Health Insurance Costs and "Special Medical Services" (for Institutionalized Spouse only), taxes; Home Maintenance Allowance	-	7
Subtract Line 6 and Line 7 from Line 5. The balance is the Patient Payment.	=	8

IM-SP-6 (R-8/1/01)

11. Worksheet for Institutionalized Spouse's Income for HCBS/PACE

WORKSHEET FOR TREATMENT OF INSTITUTIONALIZED SPOUSE'S INCOME HCBS/PACE

Minimum Basic Allowance		A
Compute any Excess Shelter Allowance by calculating the actual shelter costs:		
	+	B
Required Maintenance Fee (i.e., Condo Fee)	+	C
Insurance (For shelter only)	+	D
Taxes (On property only)	+	E
Utilities (actual or \$209, whichever is larger)	+	F
Total of Actual Shelter Cost (Lines B through F)	=	G
and Subtracting 30% of the Basic Allowance	-	H
Excess Shelter Allowance (if this result is less than Ø, enter Ø)	=	I
Exceptional circumstances are defined as "beyond the control of which would result in significant financial duress" to the community spouse. The amount of the expense is entered in line J.	+	J
Total Amount of the MMMNA (Add together Lines A + I + J) (NOTE: The total amount must not exceed the maximum MMMNA.)	=	K
Subtract the Community Spouse's Gross Income (i.e., sources other than public assistance).	-	L
This results in the "Monthly Income Allowance (MIA)", the contribution for the community spouse's monthly income needs from the institutionalized spouse	=	M

A TRUST MUST BE ESTABLISHED IF THE APPLICANT'S INCOME EXCEEDS THE 300% LIMIT!

Income of the Institutionalized Person (unearned and earned with 65 ½		1
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MEDICAID SPOUSAL PROTECTION

deduction included).		
Subtract the Client Maintenance Allowance (300% of the current SSI maximum) from the gross income of the institutionalized person.	–	2
Subtract Trust Fee, if applicable (cannot exceed \$20)	–	3
Balance (Subtract Line 2 and Line 3 from Line 1)		4
Enter Monthly Income Allowance (MIA) – <i>from Line M above</i>	–	5
Balance (Subtract Line 5 from Line 4) – FOR HCBS/ACF CASES IF THIS AMOUNT IS ZERO OR A NEGATIVE NUMBER STOP HERE OTHERWISE CONTINUE (additional allowances will be determined by the case management agency using the LTC-106 form)	=	6
Subtract the Total Family Allowance (FORMULA: # dependents x Minimum Basic Allowance – total dependents' income x .333)	–	7
Subtract Expenditures for Authorized Health Insurance Costs and "Special Medical Services" (for Institutionalized Spouse only). (THIS DEDUCTION WILL BE CALCULATED AND SUBTRACTED for HCBS clients in an ACF by the case management agency using the LTC-106)	–	8
Subtract Lines 7 and 8 from Line 6. This result is the amount that must remain in the trust and is not available to either spouse. (If result is 0, enter 0.)	=	9

IM-SP-7 (R 8/1/01)

12. Resource and Income Limits to determine amounts that spouses can maintain for the Community Resources Allocation, as well as the Minimum Monthly Maintenance Needs Allowance.

RESOURCE LIMITS				INCOME LIMITS	
9/30/89	CSRA	Minimum	\$12,000	9/30/89	
		Maximum	60,000	Basic	\$ 815
				30% shelter allowance	244
				MMMNA	1,500
				Utility Allowance	136
1/1/90	CSRA	Minimum	\$12,516	7/1/90	
		Maximum	62,580	Basic	\$ 856
		MMMNA	1,565	30% shelter allowance	257
		Util Allow	136	MMMNA	1,565
				Utility Allowance	136
1/1/91	CSRA	Minimum	\$13,296	7/1/91	
		Maximum	66,480	Basic	\$ 984
		MMNA	1,662	30% shelter allowance	295
		Util Allow 1/91 & 2/91	\$136	MMMNA	1,662
		3/91	\$167	Utility Allowance	167
1/1/92	CSRA	Minimum	\$13,740	7/1/92	

MEDICAID SPOUSAL PROTECTION

	Maximum	68,700		Basic	\$ 1,149
	MMMNA	1718		30% shelter allowance	345
	Util Allow 1/92 & 2/92	\$167		MMMNA	1,718
		\$174		Utility Allowance	174
1/1/93	CSRA Minimum		\$14,148	7/1/93	
	Maximum	70,740		Basic	\$ 1,179
	MMMNA	1769		30% shelter allowance	354
	Util Allow	174		MMMNA	1,769
				Utility Allowance	174
1/1/94	CSRA Minimum		\$14,532	7/1/94	
	Maximum	72,,660		Basic	\$ 1,230
	MMMNA	1817		30% shelter allowance	369
	Util Allow	174		MMMNA	1,817
				Utility Allowance	174
1/1/95	CSRA Minimum		\$14,964	7/1/95	
	Maximum	74,820		Basic	\$ 1,254
	MMMNA	\$1871		30% shelter allowance	377
	Util Allow	\$174		MMMNA	1,871
				Utility Allowance	174
1/1/96	CSRA Minimum		n/a	7/1/96	
	Maximum	76,740		Basic	\$ 1,295
	MMMNA	\$1919		30% shelter allowance	389
	Util Allow	\$174		MMMNA	1,919
				Utility Allowance	174
1/1/97	CSRA Minimum		n/a	7/1/97	
	Maximum	79,020		Basic	\$ 1,327
	MMMNA	\$1919		30% shelter allowance	398
	Util Allow	\$174		MMMNA	1,919
				Utility Allowance	174
1/1/98	CSRA Minimum		n/a	7/1/98	
	Maximum	\$80,760		Basic	\$1,357
	MMMNA	\$ 119		30% shelter allowance	\$408
	Util Allow	\$ 174		MMMNA	\$2,016
				Utility Allowance	\$ 174
1/1/99	CSRA Minimum		n/a	7/1/99	
	Maximum	\$81,960		Basic	\$1383
	MMMNA	\$2,049		30% shelter allowance	\$ 415
	Util Allow	\$ 174		MMMNA	\$2,049
				Utility Allowance	\$ 174
1/1/00	CSRA Minimum		n/a	7/1/00	
	Maximum	\$84,120		Basic	\$ 1,407
	MMMNA	\$2,103		30% shelter allowance	\$ 469
	Util Allow	\$ 174		MMMNA	\$ 2,103
				Utility Allowance	\$ 174
1/1/00	CSRA Minimum		n/a	7/1/00	
	Maximum	\$84,120		Basic	\$ 1,407
	MMMNA	\$2,103		30% shelter allowance	\$ 469
	Util Allow	\$ 174		MMMNA	\$ 2,103
				Utility Allowance	\$ 174

MEDICAID SPOUSAL PROTECTION

1/1/01	CSRA	Minimum	n/a	7/01/01	
		Maximum	\$87,000	Basic	\$
		MMMNA	\$ 2,175	30%	\$ 469
		Utility Allowance	174	MMMNA	\$2175
				Utility Allowance	\$ 209

RESOURCE LIMITS				INCOME LIMITS	
1/1/02	CSRA	Minimum	n/a	7/01/02	
		Maximum	\$89,280	Basic	\$1493
		MMMNA	\$ 2,232	30%	448
		Utility Allowance	\$ 209	MMMNA	\$2232
				Utility Allowance	209
1/1/03	CSRA	Minimum	n/a	7/1/03	
		Maximum	\$90,660	Basic	\$1515
		MMMNA	\$ 1515	30%	448
		Utility Allowance		MMMNA	1963
				Utility Allowance	
1/1/04	CSRA	Minimum		7/1/04	
		Maximum	\$92,760	Basic	\$1561
		MMMNA	\$ 1561	30%	468
		Utility Allowance		MMMNA	\$2029
				Utility Allowance	
1/1/05	CSRA	Minimum		7/1/05	
		Maximum	\$ 95,100	Basic	\$1656
		MMMNA	\$ 1656	30%	481
		Utility Allowance		MMMNA	\$2037
				Utility Allowance	
1/1/06	CSRA	Minimum		7/1/06	
		Maximum	\$ 99,540	Basic	\$1650
		MMMNA	\$ 1650	30%	495
		Utility Allowance		MMMNA	\$2145
				Utility Allowance	
1/1/07	CSRA	Minimum		7/1/07	
		Maximum	\$ 101,640	Basic	\$ 1711
		MMMNA	\$ 1711	30%	513
		Utility Allowance		MMMNA	\$2224
				Utility Allowance	