

STATE OF VERMONT
AGENCY OF HUMAN SERVICES

DCF

Department for Children and Families

Richard Giddings
FROM: Richard Giddings, Deputy Commissioner
Economic Services Division

BULLETIN NO.: 11-32

DATE: December 21, 2011

SUBJECT: 1/1/12 Standards Changes for Health Care
and Essential Person Programs

CHANGES ADOPTED EFFECTIVE 1/1/12

INSTRUCTIONS

MANUAL REFERENCE(S):

P-2420
P-2740

- Maintain Manual - See instructions below.**
 **Proposed Regulation - Retain bulletin
and attachments until you receive
Manual Maintenance Bulletin: _____**
 Information or Instructions - Retain until _____

This bulletin revises income standards for Medicaid, other health care and Essential Person programs based on the consumer price index (CPI) and federal poverty level (FPL). Because the FPL is not published until March, DCF uses a forecast in January to update the DCF income standards based on the FPL. When the FPL is published, if it is higher than DCF's forecast, DCF will revise these income standards in April. This bulletin also revises other standards based on the federal cost-of-living adjustment (COLA).

The following **health care standards** change on January 1, 2012:

Protected income levels (PILs) for individuals in the community
 Income standards for health care programs based on the federal poverty level
 Medicare Part A and B premium changes
 QMB, SLMB, QI, and QDWI income maximums
 SSI/AABD payment levels and federal SSI payment maximums
 SSI related Medicaid maximum allocation for ineligible child
 Substantial Gainful Activity (SGA) limit
 Pickle deduction percentage chart
 Assistive Community Care Services (ACCS) standard deductions

The following **Long-Term Care (LTC) standards** change on January 1, 2012:

Institutional income standard
 Community spouse resource allocation maximum
 Substantial Home Equity limit
 Home upkeep deduction

Allocations to community spouse- maximum and standard income allocations and shelter standard
 Allocation to each family member living with a community spouse
 Community maintenance allowance in the home-and-community-based waiver programs
 Medicare copayments for nursing home care

AABD-Essential Person payment maximums change on January 1, 2012.

Vertical lines in the left margin indicate significant changes.

Manual Maintenance

Medicaid Procedures

Remove

Insert

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P-2420 B3	(10-28)	P-2420 B3	(11-32)
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P -2420 B5	(10-28)	P -2420 B5	(11-32)
P -2420 B6	(10-28)	Nothing	
P -2420 B7	(10-28)	Nothing	
P -2420 B8	(10-28)	Nothing	
P -2420 B9	(10-28)	P -2420 B6	(11-32)
P-2420 C	(11-06)	P-2420 C	(11-32)
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AABD Procedures

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P-2740 B	(08-50)	P-2740 B	(11-32)

P-2420 Eligibility Determination for Medicaid

A. General Introduction

Use the following standards to determine eligibility and premiums for health care programs. Income standards for most programs are based on a forecast derived from the federal poverty levels (FPLs) and updated January 1 each year. If the FPLs, which are not published until February or March, are higher than DCF's forecast, DCF will revise these income standards April 1.

B. Monthly Income Standards

1. Eligibility maximums for Medicaid and waiver programs, effective 1/1/12

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
PIL outside Chittenden County	4281 4380	N/A	\$958	\$958	\$1,150	\$1,300	\$1,466	\$1,575	\$1,758	\$1,916
PIL inside Chittenden County	4281 4380	N/A	\$1,033	\$1,033	\$1,225	\$1,375	\$1,550	\$1,650	\$1,841	\$2,000
Children age 7 – 18	4380	100%	931	1,261	1,591	1,921	2,251	2,581	2,911	3,241
VHAP (individual)	5324	150%	\$1,397	\$1,892	\$2,387	\$2,882	\$3,377	\$3,872	\$4,367	\$4,862
VHAP-ESIA	5911									
VHAP – Pharmacy	5524									
VPharm 1	5441									
VScript	5650	175%	\$1,629	\$2,207	\$2,784	\$3,362	\$3,939	\$4,517	\$5,094	\$5,672
VPharm 2	5441									
Transitional Medicaid	4312.1	185%	\$1,723	\$2,333	\$2,944	\$3,554	\$4,165	\$4,775	\$5,386	\$5,996
VHAP	5324									
VHAP-ESIA (parents, caretaker relative)	5911									
Dr. Dynasaur (pregnant women)	4312.7	200%	\$1,862	\$2,522	\$3,182	\$3,842	\$4,502	\$5,162	\$5,822	\$6,482
VScript-Expanded	5634	225%	\$2,095	\$2,837	\$3,580	\$4,322	\$5,065	\$5,807	\$6,550	\$7,292
VPharm 3	5441									
Working people with disabilities (WPWD)	4202.4	250%	\$2,328	\$3,153	\$3,978	\$4,803	\$5,628	\$6,453	\$7,278	\$8,103
Dr. Dynasaur (children under 18)	4312.6	300%	\$2,793	\$3,783	\$4,773	\$5,763	\$6,753	\$7,743	\$8,733	\$9,723
ESIA										
CHAP										
Healthy Vermonters (any age)	5724	350%	\$3,258	\$4,413	\$5,568	\$6,723	\$7,878	\$9,033	\$10,188	\$11,343
Healthy Vermonters (aged, disabled)	5724	400%	\$3,724	\$5,044	\$6,364	\$7,684	\$9,004	\$10,324	\$11,644	\$12,964

2. Eligibility maximums for Medicare cost-sharing programs, effective 1/1/12

Coverage Groups	Rule	% FPL	Household Size	
			1	2
Qualified Medicare Beneficiaries (QMB)	4204.1	100%	\$931	\$1,261
Specified Low-Income Medicare Beneficiaries (SLMB)	4204.3	120%	\$1,117	\$1,513
Qualified Individuals - 1 (QI-1)	4204.4	135%	\$1,257	\$1,703
Qualified Disabled and Working Individuals (QDWI)	4204.2	200%	\$1,862	\$2,522

P-2420 Eligibility Determination for Medicaid

B. Monthly Income Standards (Continued)

3. Ranges for premiums, effective 1/1/12

Coverage Groups	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP - UA, UI, UB, U2 No fee	5331	> 0 ≤ 50%	466	631	796	961	1,126	1,291	1,456	1,621
VHAP - UC, U3 \$7/person/month	5331	> 50 ≤ 75%	699	946	1,194	1,441	1,689	1,936	2,184	2,431
VHAP - UC, U3 \$25/person/month	5331	> 75 ≤ 100%	931	1,261	1,591	1,921	2,251	2,581	2,911	3,241
VHAP - UD, U4, UE, U5 \$33/person/month	5331	> 100 ≤ 150%	1,397	1,892	2,387	2,882	3,377	3,872	4,367	4,862
VHAP - UF, U6 \$49/person/month	5331	> 150 ≤ 185%	1,723	2,333	2,944	3,554	4,165	4,775	5,386	5,996
VHAP-Pharmacy - V1,V2,V3 VPharm 1 - VD, VG, VJ, VM \$17/person/month	5550 5441	> 0 ≤ 150%	1,397	1,892	2,387	2,882	3,377	3,872	4,367	4,862
VScript - VA, VS VPharm 2 - VE, VH, VK, VN \$23/person/month	5650 5441	> 150 ≤ 175%	1,629	2,207	2,784	3,362	3,939	4,517	5,094	5,672
VScript Expanded - VB, VC, VT, VU VPharm 3 - VF, VI, VL, VO \$50/person/month	5650 5441	> 175 ≤ 225%	2,095	2,837	3,580	4,322	5,065	5,807	6,550	7,292
Dr. Dynasaur - C0, C4 No fee	4312.6 4312.7	> 0 ≤ 185%	1,723	2,333	2,944	3,554	4,165	4,775	5,386	5,996
Dr. Dynasaur (pregnant) - P1, P2 \$15/family/month	4312.7	> 185 ≤ 200%	1,862	2,522	3,182	3,842	4,502	5,162	5,822	6,482
Dr. Dynasaur (under 18) - C0, C4 \$15/family/month	4312.6 4312.7	> 185 ≤ 225%	2,095	2,837	3,580	4,322	5,065	5,807	6,550	7,292
Dr. Dynasaur (under 18) w/ins. C3, C9 \$20/family/month										
Dr. Dynasaur (under 18) w/o ins. C2, C6 \$60/family/month	4312.6	> 225 ≤ 300%	2,793	3,783	4,773	5,763	6,753	7,743	8,733	9,723

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)**VHAP-ESIA and ESIA****Client's share of cost (premium balance)**

VHAP-ESIA and ESIA provide premium assistance to the employee through a monthly benefit amount paid to the household. Below reflects the premium balance amount (the amount the client is responsible for). This amount is taken out of the benefit amount.

VHAP-ESIA premium balances, effective 1/1/12

VHAP-ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
VHAP-ESIA - ZA \$0	5331	> 0 ≤ 50%	466	631	796	961	1,126	1,291	1,456	1,621
VHAP-ESIA - ZA \$7/person/month	5331	> 50 ≤ 75%	699	946	1,194	1,441	1,689	1,936	2,184	2,431
VHAP-ESIA - ZA \$25/person/month	5331	> 75 ≤ 100%	931	1,261	1,591	1,921	2,251	2,581	2,911	3,241
VHAP-ESIA - ZA \$33/person/month	5331	> 100 ≤ 150%	1,397	1,892	2,387	2,882	3,377	3,872	4,367	4,862
VHAP-ESIA - ZA \$49/person/month	5331	> 150 ≤ 185%	1,723	2,333	2,944	3,554	4,165	4,775	5,386	5,996

ESIA premium balances, effective 1/1/12

ESIA	Rule	% FPL	Household Size							
			1	2	3	4	5	6	7	8
ESIA - ZB \$60/person	5961 5963	> 0 ≤ 200%	1,862	2,522	3,182	3,842	4,502	5,162	5,822	6,482
ESIA - ZB \$122/person	5961 5963	> 200 ≤ 225%	2,095	2,837	3,580	4,322	5,065	5,807	6,550	7,292
ESIA - ZB \$149/person	5961 5963	> 225 ≤ 250%	2,328	3,153	3,978	4,803	5,628	6,453	7,278	8,103
ESIA - ZB \$177/person	5961 5963	> 250 ≤ 275%	2,560	3,468	4,375	5,283	6,190	7,098	8,005	8,913
ESIA - ZB \$205/person	5961 5963	> 275 ≤ 300%	2,793	3,783	4,773	5,763	6,753	7,743	8,733	9,723

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P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards

CHAP: CHAP provides premium assistance to an individual's Catamount Health plan. The individual pays the premium balance (the amount the client is responsible for) to the state and the full premium is then sent to the carrier. Below reflects the premium balance amount.

CHAP	Rule	FPL	Household Size							
			1	2	3	4	5	6	7	8
CHAP – ZC \$60/person	5961	> 0	1,862	2,522	3,182	3,842	4,502	5,162	5,822	6,482
	5963	≤ 200%								
CHAP – ZC \$124/person	5961	> 200	2,095	2,837	3,580	4,322	5,065	5,807	6,550	7,292
	5963	< 225%								
CHAP – ZC \$152/person	5961	> 225	2,328	3,153	3,978	4,803	5,628	6,453	7,278	8,103
	5963	< 250%								
CHAP – ZC \$180/person	5961	> 250	2,560	3,468	4,375	5,283	6,190	7,098	8,005	8,913
	5963	< 275%								
CHAP – ZC \$208/person	5961	> 275	2,793	3,783	4,773	5,763	6,753	7,743	8,733	9,723
	5963	< 300%								

Surcharges

In addition to the premium amount owed on the above table, an individual may also be responsible to pay a surcharge. BC/BS and MVP decide how much they will charge for their Catamount Health policies. If individuals choose a carrier that charges more for their policies than the other carrier, the client will be responsible for paying the additional amount. Effective 7/1/11, the surcharge amount is \$59.00.

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P-2420 B6

P-2420 Eligibility Determination for MedicaidB. Monthly Income Standards (Continued)4. **SSI/AABD payment levels (2700)**

<u>Living Arrangement</u>		<u>Effective 1/1/12</u>	<u>Effective 1/1/10 – 12/31/11</u>
Independent Living	Individual	\$ 750.04	\$ 726.04
	Couple	1,146.88	1,109.88
Another's Household	Individual	504.63	488.63
	Couple	746.98	722.31
Residential Care Home w/ Assistive Community Care Level III	Individual	746.38	722.38
	Couple	1,144.77	1,107.77
Res. Care Home w/ Limited Nursing Care Level III	Individual	965.13	941.13
	Couple	1,651.69	1,614.69
Residential Care Home Level IV	Individual	921.94	897.94
	Couple	1,610.06	1,573.06
Custodial Care Family Home	Individual	796.69	772.69
	Couple	1,380.82	1,343.82
Long-term Care	Individual	47.66	47.66
	Couple	95.33	95.33

5. **Institutional income standard for long-term care (4281.5)**

<u>Effective 1/1/12</u>		<u>Effective 1/1/09 – 12/31/11</u>	
Individual	\$2,094.00	Individual	\$2,022.00
Couple	\$4,188.00	Couple	\$4,044.00

6. **Personal needs allowance for long-term care (4462.1)**

Individual	\$47.66
Couple	\$95.33

7. **Substantial Gainful Activity (SGA) income limit (4213.1)**

<u>Effective 1/1/12</u>		<u>Effective 1/1/10 – 12/31/11</u>	
Blind	\$1,690	Blind	\$1,640
Disabled	\$1,010	Disabled	\$1,000

P-2420 Eligibility Determination for Medicaid

- C. Resource Maximums 4230 (SSI-related)
 4370 (ANFC-related)

- 1. Household Maximums

Group Size

	1	\$2000	5	3450
	2	3000	6	3600
b	3	3150	7	3750
	4	3300	8	3900

NOTE: There is no resource test for pregnant women or children under age 18 if income is below the applicable poverty line income test. (See P-2420 A). If income is above, the resource test applies.

- 2. Home-Based Long Term Care Disregard (4249.9)

NOTE: See rule 4249.9 for criteria that must be met in order to allow the home-based LTC disregard.

Effective 10/7/05
\$5,000

- 3. Community Spouse Resource Allocation Maximum, Long-Term Care (4462.4)

<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
\$113,640	\$109,560

- 4. Substantial Home Equity Limit, Long-Term Care (4252.6, 4241.1)

<u>1/1/12</u>	<u>1/1/11 – 12/31/11</u>
\$525,000	\$506,000

- 5. Resource Limit for Qualified Disabled Working Individual (4204.2)

Effective 7/1/90

Individual	\$4000
Couple	\$6000

- 6. Resource Limit for Working People With Disabilities (4204.2)

Effective 10/7/05

Individual	\$5000
Couple	\$6000

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P-2420 D1

P-2420 Eligibility Determination for Medicaid

D. Other Standards

1. **SSI Federal Benefit Payment Rate (4222, 4281.1, 4281.2)**

These are used when determining the eligibility of SSI-related adults, allocations to ineligible children and parents, and the amount of income deemed to SSI-related child applicants.

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
Individual	\$ 698 per month	\$ 674 per month
Couple	\$1048 per month	\$1,011 per month
Maximum allocation for	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
Ineligible child	\$350 per month	\$337 per month

2. **Business Expenses - Providing Room and/or Board**

Use either A or B below, whichever is the higher amount, for the business expense deduction:

A. Standard monthly deduction, as follows:

- Room - Scaled according to the size of the group.
- Board - Equal to the thrifty food plan allowance for the group size.

		<u>Effective 10/1/10</u>					
ACCESS		Group Size					
Code	Type	1	2	3	4	5	6+
1	Room Only	145	266	381	484	575	690
2	2/3 Board	133	245	351	445	529	635
3	Board Only	200	367	526	668	793	952
4	Room and 2/3 Board	278	511	732	929	1104	1325
5	Room and Board	345	632	907	1152	1368	1642

B. The actual documented amount of business expenses for room and/or board providing the amount does not exceed the income received from the roomers and boarders.

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P-2420 D3

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

5. Employment Expense Deduction, ANFC-related Medicaid only (4382.3)

Effective 10/1/89
\$90 per earner per month

6. Pickle Deduction Percentage Chart

See procedures at P-2421 B #1b for determining entitlement to the Pickle deductions.

Effective 1/1/12 to 12/31/12

4/77-6/77	0.7424	1/86-12/86	0.5187	1/95-12/95	0.3431	1/04-12/04	0.1925
7/77-6/78	0.7272	1/87-12/87	0.5124	1/96-12/96	0.326	1/05-12/05	0.1707
7/78-6/79	0.7095	1/88-12/88	0.4919	1/97-12/97	0.3065	1/06-12/06	0.1367
7/79-6/80	0.6807	1/89-12/89	0.4716	1/98-12/98	0.2919	1/07-12/07	0.1082
7/80-6/81	0.6351	1/90-12/90	0.4468	1/99-12/99	0.2827	1/08-12/08	0.0877
7/81-6/82	0.5942	1/91-12/91	0.4169	1/00-12/00	0.2655	1/09-12/09	0.0347
7/82-12/83	0.5642	1/92-12/92	0.3953	1/01-12/01	0.2398	1/10-12/10	0.0347
1/84-12/84	0.5489	1/93-12/93	0.3772	1/02-12/02	0.22	1/11-12/11	0.0347
1/85-12/85	0.5331	1/94-12/94	0.361	1/03-12/03	0.2091		

7. Home Upkeep Deduction, Long-Term Care (4462.2 and P-2430 E)

<u>Effective 1/1/12</u>	<u>1/1/09 – 12/31/11</u>
\$562.53	\$544.53

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P-2420 D4

P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)8. **Allocation to Community Spouse - Long-Term Care (4462.4 and P-2430 E)**

- a. Maximum income allocation. If actual verified housing costs excluding fuel and utilities are greater than the base housing cost, allow up to the maximum allocation.

Effective 1/1/12
\$2,841

Effective 1/1/11 – 12/31/11
\$2,739

- b. Standard income allocation. (Maintenance income standard) This is 150 percent of the current poverty level for 2 people.

Effective 1/1/12
\$1,892

Effective 1/1/11 – 12/31/11
\$1,857

- c. Shelter standard This is 30 percent of the maintenance income standard in paragraph b, above.

Effective 1/1/12
\$568

Effective 1/1/11 – 12/31/11
\$558

1. Fuel and utility standard. See P-2590 A1 for current 3SqVt fuel and utility standard.

Effective 10/1/11
\$757

Effective 4/1/11 – 9/30/11
\$739

2. Base housing cost

Effective 1/1/06
\$ 0.00

(10/1/05 – 12/31/05)
\$ 9.00

9. **Allocation to Each Family Member Living with a Community Spouse - Long-Term Care (4462.3)** This is the maximum allocation if family member has no income.

Effective 1/1/12
\$630.67

Effective 1/1/11 – 12/31/11
\$619.00

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P-2420 D5

P-2420 Eligibility Determination for Medicaid

D. Other Standards (Continued)

Allocation if family member has income:

- Maintenance income standard (P-2420 D#8b)
- Gross income of family member
- Remainder
- Remainder ÷ by 3 = Allocation

10. Community Maintenance Allowance in the Home-and-Community-Based Waiver Program (4462.1, P-2430 H)

<u>Effective 1/1/12</u>	<u>Effective 1/1/11 - 12/31/11</u>
\$1033	\$1000

11. Medicare Copayments for Nursing Home Care (P-2430 E)

For the 21st through 100th day that a Medicare eligible person is in a nursing home, Medicare will pay the daily costs in excess of the following patient co-payment:

<u>Effective 1/1/12</u>	<u>Effective 1/1/11 – 12/31/11</u>
\$144.50	\$141.50

12. Standard Deductions for Assistive Community Care Services (ACCS) (4452.4) and Personal Care Services (PCS) (4452.3) (P-2421 D)

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
ACCS	\$ 42 per day \$ 1,260 per month	\$ 37 per day \$ 1,110 per month
PCS	<u>Effective 1/1/03</u> \$ 17.83 per day \$ 535.00 per month	

13. Average Cost to a Private Patient of Nursing Facility Services (4474.2)

This amount is used to calculate a penalty period for an individual in a nursing home or in the home-and-community-based waiver program.

<u>Effective 10/1/11</u>	<u>10/1/10 – 9/30/11</u>
\$ 7699.77 per month \$ 256.66 per day	\$7477.20 per month \$ 249.24 per day

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P-2740 A

P-2740 Payment MaximumsA. SSI/AABD Payment Maximums (2700)

Living Arrangement	<u>Effective 1/1/12</u>			<u>Effective 1/1/09 – 12/31/11</u>			
		<i>SSI Share</i>	<i>AABD Share</i>	<i>Total</i>	<i>SSI Share</i>	<i>AABD Share</i>	<i>Total</i>
Independent Living	Individual	\$ 698.00	\$ 52.04	\$ 750.04	\$ 674.00	\$52.04	\$ 726.04
	Couple	\$ 1,048.00	\$ 98.88	\$1,146.88	\$ 1,011.00	\$98.88	\$1,109.88
Another's Household	Individual	\$ 465.33	\$39.30	\$ 504.63	\$ 449.33	\$39.30	\$ 488.63
	Couple	\$ 698.67	\$48.31	\$ 746.98	\$ 674.00	\$48.31	\$ 722.31
Residential Care Home w/ Assistive Community Care Level III	Individual	\$ 698.00	\$48.38	\$ 746.38	\$ 674.00	\$48.38	\$ 722.38
	Couple	\$ 1,048.00	\$96.77	\$1,144.77	\$ 1,011.00	\$96.77	\$1,107.77
Residential Care Home w/ Limited Nursing Care Level III	Individual	\$ 698.00	\$267.13	\$ 965.13	\$ 674.00	\$267.13	\$ 941.13
	Couple	\$1,048.00	\$603.69	\$1,651.69	\$1,011.00	\$603.69	\$1,614.69
Residential Care Home Level IV	Individual	\$ 698.00	\$223.94	\$ 921.94	\$ 674.00	\$223.94	\$ 897.94
	Couple	\$1,048.00	\$562.06	\$ 1,610.06	\$1,011.00	\$562.06	\$1,573.06
Custodial Care Family Home	Individual	\$ 698.00	\$ 98.69	\$ 796.69	\$ 674.00	\$ 98.69	\$ 772.69
	Couple	\$1,048.00	\$332.82	\$1,380.82	\$1,011.00	\$332.82	\$1,343.82
Long-term Care	Individual	\$ 30.00	\$ 17.66	\$ 47.66	\$ 30.00	\$ 17.66	\$ 47.66
	Couple	\$ 60.00	\$ 35.33	\$ 95.33	\$ 60.00	\$ 35.33	\$ 95.33

1/1/12

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P-2740 B

P-2740 Payment Maximums (Continued)B. AABD-EP Payment Maximums (2754)100 Percent Payment Maximum

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
Independent living with essential person		
Individual	\$1,146.88	\$1,109.88
Couple	\$1,318.69	\$1,281.69
Living in another's household with ineligible spouse	\$ 750.04	\$ 726.04

67 Percent Payment Maximum

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
Independent living with essential person		
Individual	\$1,015.92	\$ 983.21
Couple	\$1,261.99	\$1,224.99
Living in another's household with ineligible spouse	\$ 669.06	\$ 647.70

34 Percent Payment Maximum

	<u>Effective 1/1/12</u>	<u>Effective 1/1/09 – 12/31/11</u>
Independent living with essential person		
Individual	\$ 884.97	\$ 856.55
Couple	\$1,205.30	\$1,168.30
Living in another's household with ineligible spouse	\$ 588.07	\$ 569.35