

DMA CHANGE NOTICE FOR MANUAL

DATE: 06/24/09

Manual: Aged, Blind, and Disabled Medicaid

Change No: 10-09

To: County Directors of Social Services

Effective: 07/01/09

Make the following change(s)

I. BACKGROUND

The minimum community spousal income allowance, the shelter standard, and the allowance for dependent children are based on the federal poverty level and are adjusted effective July 1 of each year.

II. CONTENT OF CHANGE

MA-2270, Long term Care Need and Budgeting, has been revised to adjust the amounts for calculating community spouse income allowance and the dependent family member allowance based on the increase in the federal poverty level.

A. The basic spousal allowance is increased from \$1,750 to \$1,822.

B. The shelter standard is increased from \$525 to \$547.

C. The maximum dependent allowance is increased from \$584 to \$608.

There is no change in the maximum community spouse income allowance. It increased to \$2,739 effective January 1, 2009.

We have revised the Medicaid Eligibility Chart and Financial Eligibility Fact Sheet to reflect the new changes. The Chart and Fact Sheet are intended to be used as aids and do not constitute policy.

IV. EFFECTIVE DATE AND IMPLEMENTATION

These changes are effective July 1, 2009.

A. Spousal Income Protection

1. Applications

Apply the new amounts in determining spousal income allowances and dependent family member allowances effective on or after July 1, 2009. For the months prior to July 1, 2009, use the old amounts.

2. Ongoing Cases

Apply the new amounts in re-determining spousal income allowances and dependent family member allowances at the first re-determination/review or change in situation effective July 1, 2009 or later.

- a. For reviews or changes in situation in process or begun on or after receipt of this change notice, use these amounts to determine the patient monthly liability effective July 1, 2009 or later.
- b. For all other cases, apply these amounts at the next review or change in situation.

V. MAINTENANCE OF MANUAL

Remove: **MA-2270, Long Term Care Need and Budgeting, pages 11-12, 15-20 and Figure 6.**

Insert: **[MA-2270](#), Long Term Care Need and budgeting, pages 11-12, 15-20 and [figure 6](#).**

If you have any questions regarding this information, please contact your Medicaid Program Representative. For any issues that are not able to be handled through that venue, Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

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Director

CLG:wja

(This material was researched and written by William Appel, Policy Consultant, Medicaid Eligibility Unit)