

PROGRAM STANDARDS

GROUP I COUNTIES

# in unit	SNAP (Effective 10/17)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2018) (see page 4 for All Kids Premium Level 1 & 2 Standards)							AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2018)																																				
	MAX Allot.	MAX Gross 165% FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only	Share Child only	FamilyCare and ACA Adults	Moms & Babies	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL																																		
1	192	1659	2010	1005	117	243	243	283	1487	1488 – 1588	1396	-	667	1012	1013 – 1213	1214 – 1365																																		
2	352	2233	2707	1354	230	318	318	375	2016	2017 – 2154	1893	2922	873	1372	1373 – 1645	1646 – 1851																																		
3	504	2808	3403	1702	284	432	432	508	2546	2547 – 2719	2390	3688	1184	1732	1733 – 2077	2078 – 2337																																		
4	640	3383	4100	2050	365	474	474	558	3075	3076 – 3284	2887	4455	1301	2092	2093 – 2509	2510 – 2823																																		
5	760	3958	4797	2399	434	555	555	650	3604	3605 – 3849	3383	5222	1522	2452	2453 – 2941	2942 – 3309																																		
6	913	4532	5493	2747	465	623	623	733	4133	4134 – 4414	3880	5989	1711	2812	2813 – 3373	3374 – 3795																																		
7	1009	5107	6190	3095	501	657	657	767	4662	4663 – 4980	4377	6756	1803	3172	3173 – 3805	3806 – 4281																																		
8	1153	5682	6887	3444	536	691	691	808	5192	5193 – 5545	4874	7522	1896	3532	3533 – 4237	4238 – 4767																																		
9	1297	6257	7584	3793	576	727	727	850	5721	5722 – 6110	5371	8289	1995	3892	3893 – 4669	4670 – 5253																																		
10	1441	6832	8281	4142	616	765	765	900	6250	6251 – 6675	5868	9056	2100	4252	4253 – 5101	5102 – 5739																																		
Each add'l	+144	+575	+697	+349	WAG 25-03-05			+67	+529	+565	+497	+767		+360	+432	+486																																		
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL		AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50																																				
							Medical Inc Standards PM 15-06-01						MSP 1 person - <u>2017</u> \$7,390 <u>2018*</u> TBD 2 or more- \$11,090 TBD *Use 2017 amounts until 2018 is available Asset Limits PM 07-02																																					
STANDARD DEDUCTION (10/17) \$153 - 1-3 people (10/17) \$163- 4 people (10/17) \$192- 5 people (10/17) \$221- 6 or more people (10/17)						MAX. SHELTER DEDUCTION \$535 (10/17)																																												
UTILITY STDS (10/17) SUP BY: No QM/QM A/C Heat - \$394 (10/17) 1/5 Limited Utility - \$306 (10/17) 3/7 Single Utility - \$70 (10/17) 4/8 Telephone - \$28 (10/17) 0/9 No Standard 2/6						DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs																																												
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						MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10)						<table border="0"> <tr> <td></td> <td align="center">2017</td> <td align="center">2018</td> </tr> <tr> <td>Grant Adjustment</td> <td align="right">556.90</td> <td align="right">571.90 (eff Jan.)</td> </tr> <tr> <td>SPOUSAL IMPOVERISHMENT</td> <td></td> <td></td> </tr> <tr> <td>Resources</td> <td align="right">109,560</td> <td align="right">109,560</td> </tr> <tr> <td>Spousal Income</td> <td align="right">2,739</td> <td align="right">2,739</td> </tr> <tr> <td>Family Maintenance</td> <td align="right">2,030.00</td> <td align="right">2,058.00</td> </tr> <tr> <td>SLP</td> <td align="right">735</td> <td align="right">750</td> </tr> <tr> <td>Shared Room</td> <td align="right">551.50</td> <td align="right">562.50</td> </tr> <tr> <td>SSI – Individual</td> <td align="right">735</td> <td align="right">750</td> </tr> <tr> <td>SSI – Couple</td> <td align="right">1,103</td> <td align="right">1,125</td> </tr> <tr> <td>Medicare Deduction varies based on date of enrollment. Check SOLQ.</td> <td></td> <td></td> </tr> </table>							2017	2018	Grant Adjustment	556.90	571.90 (eff Jan.)	SPOUSAL IMPOVERISHMENT			Resources	109,560	109,560	Spousal Income	2,739	2,739	Family Maintenance	2,030.00	2,058.00	SLP	735	750	Shared Room	551.50	562.50	SSI – Individual	735	750	SSI – Couple	1,103	1,125	Medicare Deduction varies based on date of enrollment. Check SOLQ.		
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(02/16/18)

(WAG 25-03-02) (1)

PROGRAM STANDARDS

GROUP II COUNTIES

# in unit	SNAP (Effective 10/17)				TANF Payment Levels (11/08)		FAMILY HEALTH PLANS-MAGI (Implemented eff. April for 2018) (see page 4 for All Kids Premium Level 1 & 2 Standards)						AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (Implemented eff. April for 2018)						
	MAX Allot.	MAX Gross 165% FPL Non-QM Units	MAX Gross 200% FPL QM Units	*MAX Net	Child only	Adult & child	Family Assist	Family Health Spend-down	Assist Child only	Share Child only	FamilyCare and ACA Adults	Moms & Babies	SON*	AABD/QMB 100% FPL	SLIB less than 120% FPL	QI-1 less than 135% FPL			
1	192	1659	2010	1005	111	233	233	283	1487	1488 – 1588	1396	-	667	1012	1013 – 1213	1214 – 1365			
2	352	2233	2707	1354	222	307	307	375	2016	2017 – 2154	1893	2922	873	1372	1373 – 1645	1646 – 1851			
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4	640	3383	4100	2050	356	461	461	558	3075	3076 – 3284	2887	4455	1301	2092	2093 – 2509	2510 – 2823			
5	760	3958	4797	2399	422	540	540	650	3604	3605 – 3849	3383	5222	1522	2452	2453 – 2941	2942 – 3309			
6	913	4532	5493	2747	455	605	605	733	4133	4134 – 4414	3880	5989	1711	2812	2813 – 3373	3374 – 3795			
7	1009	5107	6190	3095	488	638	638	767	4662	4663 – 4980	4377	6756	1803	3172	3173 – 3805	3806 – 4281			
8	1153	5682	6887	3444	525	673	673	808	5192	5193 – 5545	4874	7522	1896	3532	3533 – 4237	4238 – 4767			
9	1297	6257	7584	3793	562	709	709	850	5721	5722 – 6110	5371	8289	1995	3892	3893 – 4669	4670 – 5253			
10	1441	6832	8281	4142	601	746	746	900	6250	6251 – 6675	5868	9056	2100	4252	4253 – 5101	5102 – 5739			
Each add'l	+144	+575	+697	+349	WAG 25-03-05			+67	+529	+565	+497	+767		+360	+432	+486			
	SNAP *Only use Net Income test if QM unit's gross income exceeds 200% or IPV and work sanction units.								Not over 147% FPL	Over 147% not over 157% FPL	Not over 138% FPL	Not over 213% FPL		AABD CASH/MED 1 person - \$2,000 2 people - \$3,000 Each additional person - -add \$50					
							Medical Inc Standards PM 15-06-01							MSP <u>2017</u> <u>2018*</u> 1 person - \$7,390 TBD 2 or more- \$11,090 TBD *Use 2017 amounts until 2018 is available Asset Limits PM 07-02					
STANDARD DEDUCTION (10/17) \$153 - 1-3 people (10/17) \$163- 4 people (10/17) \$192- 5 people (10/17) \$221- 6 or more people (10/17)							MAX. SHELTER DEDUCTION \$535 (10/17)												
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Strd Med Ded (QM only) - \$245 or \$485 Group Home/SLF							MINIMUM WAGE Federal: \$7.25 hr. (effective 07/24/09) State: \$8.25 hr. (effective 07/01/10)				Grant Adjustment 556.90 571.90 (eff Jan.)			SPOUSAL IMPOVERISHMENT Resources 109,560 109,560 Spousal Income 2,739 2,739 Family Maintenance 2,030.00 2,058.00 SLP 735 750 Shared Room 551.50 562.50 SSI – Individual 735 750 SSI – Couple 1,103 1,125 Medicare Deduction varies based on date of enrollment. Check SOLQ.					

(02/16/18)

(WAG 25-03-02) (2)

PROGRAM STANDARDS

GROUP III COUNTIES

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PROGRAM STANDARDS

# in unit	Implemented eff. April for 2018			
	AK Premium Level 1 (MAGI)	AK Premium Level 2 (MAGI)	HBWD (office #250)	Medical Ext. (MAGI)
1	\$1,589 - 2,114	\$2,115 – 3,217	\$ 3,541	\$1,872
2	2,155 - 2,867	2,868 – 4,362	4,801	2,538
3	2,720 - 3,619	3,620 – 5,507	6,061	3,204
4	3,285 - 4,372	4,373 – 6,652	7,321	3,870
5	3,850 - 5,124	5,125 – 7,796	8,581	4,536
6	4,415 - 5,876	5,877 – 8,941	9,841	5,202
7	4,981 - 6,629	6,630 – 10,086	11,101	5,868
8	5,546 – 7,381	7,382 – 11,231	12,361	6,534
9	6,111 - 8,133	8,134 – 12,376	13,621	7,200
10	6,676 - 8,885	8,886 – 13,521	14,881	7,866
Each add'l	+752 Over 157%, not over 209% FPL	+1,145 Over 209%, not over 318% FPL	+1,260 Up to 350% FPL	+666 Up to 185% FPL

MAGI Deduction Limits and Other Thresholds

For more information on MAGI deductions, see PM 08-03-03. IES edits do not restrict the amounts of these deductions. Use care when entering them in IES. Some limits do not change from year to year.

Threshold at which a child/tax dependent is expected to be required to file a tax return- see PM 15-06-01-h.	Tax year 2017	
		Earned Income
	Unearned Income-excluding SSA income.	\$88/month
Health Savings Account contribution limit	Single person	\$283/month
	Family	\$563/month
Moving expense limit (for employment)	The new workplace must be 50 miles or more further from the person’s old home. See PM 08-03-03 for details.	
Student loan interest limit	\$2,500 in a tax year. Certain rules apply-see PM 08-03-03.	
Tuition and fees limit	\$4,000 per year. Annual MAGI income cannot be more than \$80,000 for single or \$160,000 for a joint return	

Family Health Plans Premiums and Physician Co-Pays

	All Kids/FamilyCare Assist	All Kids Share	All Kids Premium Level 1	All Kids Premium Level 2
Co-Pay for Physician Office Visit	\$0 for children; \$3.90 for adults	\$3.90	\$5 for children	\$10 for children
Monthly Premium	None	None	\$15 – 1 child \$25 – 2 children \$5 each additional	\$40 – per child
Max Monthly Premium	N/A	N/A	\$40 for 5 or more children	\$80 for 2 or more children
Max Co-Payments per Year	N/A	\$100 per family	\$100 per family	\$500 per child