## PROGRAM STANDARDS

### GROUP I COUNTIES

<table>
<thead>
<tr>
<th># in unit</th>
<th>SNAP (Effective 01/16)</th>
<th>TANF Payment Levels (11/08)</th>
<th>FAMILY HEALTH PLANS</th>
<th>AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/16)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MAX Allot.</td>
<td>MAX Gross 165% FPL</td>
<td>MAX Gross 200% FPL</td>
<td>*MAX Net</td>
</tr>
<tr>
<td>3</td>
<td>511</td>
<td>2763</td>
<td>3348</td>
<td>1675</td>
</tr>
<tr>
<td>4</td>
<td>649</td>
<td>3335</td>
<td>4042</td>
<td>2021</td>
</tr>
<tr>
<td>5</td>
<td>771</td>
<td>3907</td>
<td>4735</td>
<td>2368</td>
</tr>
<tr>
<td>6</td>
<td>925</td>
<td>4479</td>
<td>5428</td>
<td>2715</td>
</tr>
<tr>
<td>7</td>
<td>1022</td>
<td>5051</td>
<td>6122</td>
<td>3061</td>
</tr>
<tr>
<td>8</td>
<td>1169</td>
<td>5623</td>
<td>6815</td>
<td>3408</td>
</tr>
<tr>
<td>10</td>
<td>1461</td>
<td>6767</td>
<td>8201</td>
<td>4102</td>
</tr>
<tr>
<td>Each add’l</td>
<td>146</td>
<td>572</td>
<td>693</td>
<td>347</td>
</tr>
</tbody>
</table>

### SNAP

- Only use Net Income test if QM unit’s gross income exceeds 200% or IPV and work sanction units.

#### STANDARD DEDUCTION (10/15)

- $148 - 1-3 people (10/15)
- $161 - 4 people (10/15)
- $190 - 5 people (10/15)
- $219 - 6 or more people (10/15)

#### UTILITY STDs (10/15)

- A/C Heat - $364 (10/15)
- Limited Utility - $258 (10/15)
- Single Utility - $58 (10/15)
- Telephone - $27 (10/15)
- No Standard

- Std Med Ded (QM only) - $245 or $485 Group Home/SLF

### MAX. SHELTER DEDUCTION $504 (10/15)

#### DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs

#### MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL

- Child under age 2 - $200 monthly
- Person age 2 and over - $175 monthly

#### MINIMUM WAGE

- Federal: $7.25 hr. (effective 07/24/09)
- State: $8.25 hr. (effective 07/01/10)

### MSP

- 2014: $7,160
- 2015: $7,280

### Asset Limits PM 07-02

- Group Home
- SLF
- SSI
- Medicaid

### (02/08/16) (WAG 25-03-02) (1)
### Group II Counties

#### SNAP (Effective 01/16)

| 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 Spending | Family Assist Child only (MAGI 4/16) | Share (MAGI 4/16) | FamilyCare and ACA Adults (MAGI 4/16) | Mom & Babies (MAGI 4/16) | AABD CASH/MED (1 person) | AABD/QMB 100% FPL | SLIB less than 120% FPL | QI-1 less than 135% FPL |
|------------|---------------------------------|-----------------------------|---------|------------|---------------|---------------|-----------------------|-------------------------------------|-----------------|--------------------------------------|----------------------------|----------------------|----------------|----------------|----------------
| 1          | 194                             | 1619                        | 1962    | 981        | 111           | 233           | 283                   | 1455                                | 1456 – 1554    | 1366                                 | -                          | 667                  | 990            | 991 – 1187       | 1188 – 1336         |
| 3          | 511                             | 2763                        | 3348    | 1675       | 277           | 417           | 508                   | 2470                                | 2471 – 2638    | 2318                                 | 3578                       | 1184                 | 1680           | 1681 – 2015      | 2016 – 2267         |
| 4          | 649                             | 3335                        | 4042    | 2021       | 356           | 461           | 558                   | 2977                                | 2978 – 3179    | 2795                                 | 4313                       | 1301                 | 2025           | 2026 – 2429      | 2430 – 2733         |
| 5          | 771                             | 3907                        | 4735    | 2368       | 422           | 540           | 650                   | 3484                                | 3485 – 3721    | 3271                                 | 5048                       | 1522                 | 2370           | 2371 – 2843      | 2844 – 3199         |
| 6          | 925                             | 4479                        | 5428    | 2715       | 455           | 605           | 605                   | 3991                                | 3992 – 4263    | 3747                                 | 5783                       | 1711                 | 2715           | 2716 – 3257      | 3258 – 3664         |
| 7          | 1022                            | 5051                        | 6122    | 3061       | 488           | 638           | 638                   | 4499                                | 4500 – 4806    | 4224                                 | 6520                       | 1803                 | 3061           | 3062 – 3672      | 3673 – 4131         |
| 8          | 1169                            | 5623                        | 6815    | 3408       | 525           | 673           | 808                   | 5009                                | 5010 – 5350    | 4702                                 | 7258                       | 1896                 | 3408           | 3409 – 4088      | 4089 – 4599         |
| 9          | 1315                            | 6195                        | 7508    | 3755       | 562           | 709           | 850                   | 5519                                | 5520 – 5894    | 5180                                 | 796                        | 1995                 | 3755           | 3756 – 4504      | 4505 – 5067         |
| 10         | 1461                            | 6767                        | 8201    | 4102       | 601           | 746           | 900                   | 6029                                | 6030 – 6438    | 5658                                 | 8734                       | 2100                 | 4102           | 4103 – 4920      | 4921 – 5535         |
| Each add'l | +146                            | +572                        | +693    | +347       | +67           | +510          | +544                  | +478                                | +738            | Not over 138% FPL |                     |                        | +347            | +416           | +468           |

**SNAP**
- Only use Net Income test if QM unit’s gross income exceeds 200% or IPV and work sanction units.

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### Program Standards

#### Standard Deduction (10/15)

- **$148** 1-3 people (10/15)
- **$161** 4 people (10/15)
- **$190** 5 people (10/15)
- **$219** 6 or more people (10/15)

#### Utility Stds (10/15)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$364 (10/15)</td>
<td>$258 (10/15)</td>
<td>$58 (10/15)</td>
<td>$27 (10/15)</td>
<td>2/6</td>
</tr>
</tbody>
</table>

#### Max. SHELTER DEDUCTION $504 (10/15)

#### Dependent Care Deduction – SNAP 10/08

- Use actual monthly costs

#### Max. Dependent Care Deduction for Medical

- Child under age 2 - $200 monthly
- Person age 2 and over - $175 monthly

#### Minimum Wage

- Federal: $7.25 hr. (effective 07/24/09)
- State: $8.25 hr. (effective 07/01/10)

#### Medicare Deduction

- 2014: $104.90
- 2015: $104.90

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(02/08/16)
## PROGRAM STANDARDS

### GROUP III COUNTIES

<table>
<thead>
<tr>
<th># in unit</th>
<th>SNAP (Effective 01/16)</th>
<th>TANF Payment Levels (11/08)</th>
<th>FAMILY HEALTH PLANS (see page 5 for All Kids Premium Level 1 &amp; 2 Standards)</th>
<th>AABD MEDICAL/QUALIFIED MEDICARE BENEFICIARY (4/16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAX Allot.</td>
<td>MAX Gross 156% FPL Non-QM Units</td>
<td>MAX Gross 200% FPL QM Units</td>
<td>*MAX Net</td>
<td>Child only</td>
</tr>
<tr>
<td>3</td>
<td>511</td>
<td>2763</td>
<td>3348</td>
<td>1675</td>
</tr>
<tr>
<td>5</td>
<td>771</td>
<td>3907</td>
<td>4735</td>
<td>2368</td>
</tr>
<tr>
<td>6</td>
<td>925</td>
<td>4479</td>
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</tr>
<tr>
<td>10</td>
<td>1461</td>
<td>6767</td>
<td>8201</td>
<td>4102</td>
</tr>
</tbody>
</table>

| Each add'l | +146 | +572 | +693 | +347 | WAG 25-03-05 | +67 | +510 | +544 | +478 | +738 | +347 | +416 | +468 |

**SNAP**
*Only use Net Income test if QM unit’s gross income exceeds 200% or IPV and work sanction units.

**STANDARD DEDUCTION (10/15)**
- $148 - 1-3 people (10/15)
- $161 - 4 people (10/15)
- $190 - 5 people (10/15)
- $219 - 6 or more people (10/15)

**UTILITY STDS (10/15)**
- A/C Heat - $364 (10/15)
- Limited Utility - $258 (10/15)
- Single Utility - $228 (10/15)
- Telephone - $27 (10/15)
- No Standard

**MAX. SHELTER DEDUCTION $504 (10/15)**

**DEPENDENT CARE DEDUCTION – SNAP 10/08 Use actual monthly costs**

**MAX. DEPENDENT CARE DEDUCTION FOR MEDICAL**
- Child under age 2 - $200 monthly
- Person age 2 and over - $175 monthly

**MINIMUM WAGE**
- Federal: $7.25 hr. (effective 07/24/09)
- State: $8.25 hr. (effective 07/01/10)

**WAG 25-03-05**
# PROGRAM STANDARDS

## Form 552 Coding Charts for Family Health Plans

### ITEM 78 CODES FOR PERSONS AGE 19 & OVER IN A FHP CASE

<table>
<thead>
<tr>
<th>Program</th>
<th>Definition</th>
<th>Item 78</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Assist</td>
<td>Family income = or less than Family Assist standard</td>
<td>- (dash)</td>
</tr>
<tr>
<td>Family Care Assist</td>
<td>Income greater than FA standard but less than or = Family Health Spenddown standard</td>
<td>- (dash)</td>
</tr>
<tr>
<td>Family Care Assist</td>
<td>Income greater than Family Health Spenddown standard but = or less than this standard – State insurance not available</td>
<td>A</td>
</tr>
<tr>
<td>Family Care Assist</td>
<td>Income greater than Family Health Spenddown standard but = or less than this standard – State insurance available</td>
<td>F</td>
</tr>
</tbody>
</table>

Note: Family Health Spenddown program ended for non-pregnant parents & caretaker relatives effective 01/14

### ITEM 78 CODES FOR PERSONS UNDER AGE 19 & PREGNANT WOMEN IN A FHP CASE

<table>
<thead>
<tr>
<th>Program</th>
<th>Definition</th>
<th>Item 78</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Assist N/A (-), 3</td>
<td>All Kids Assist</td>
<td></td>
</tr>
<tr>
<td>Moms &amp; Babies, FamilyCare P</td>
<td>Pregnant or Newborn born to Medicaid eligible mother</td>
<td>P</td>
</tr>
<tr>
<td>Family Health Spenddown N/A</td>
<td>Newborn born to Medicaid eligible mother who doesn’t meet the immigration requirement</td>
<td>N</td>
</tr>
<tr>
<td>Extended medical N/A</td>
<td>- (dash)</td>
<td></td>
</tr>
</tbody>
</table>

### ITEM 73 FOR ALL KIDS SHARE AND PREMIUM

<table>
<thead>
<tr>
<th>Program</th>
<th>Item 73</th>
<th>Item 80</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share</td>
<td>Y</td>
<td>177</td>
</tr>
<tr>
<td>Premium</td>
<td>Z</td>
<td>177</td>
</tr>
</tbody>
</table>

Note: Rebate program ended effective 01/14

### ITEM 68 CODES FOR ALL KIDS SHARE AND PREMIUM

<table>
<thead>
<tr>
<th>Definition</th>
<th>Item 68</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured person – so state insurance available</td>
<td>- (dash)</td>
</tr>
<tr>
<td>Insured person – no state insurance available</td>
<td>1</td>
</tr>
<tr>
<td>Uninsured person – state insurance available</td>
<td>2</td>
</tr>
<tr>
<td>Insured person – state insurance available</td>
<td>3</td>
</tr>
</tbody>
</table>

### QMB Case Coding

<table>
<thead>
<tr>
<th>Program</th>
<th>Item 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMB/Medicaid</td>
<td>1</td>
</tr>
<tr>
<td>QI-1 Spenddown</td>
<td>3</td>
</tr>
<tr>
<td>SLIB Only</td>
<td>8</td>
</tr>
</tbody>
</table>

### ITEM 60 FOR QMB Case Coding

<table>
<thead>
<tr>
<th>Program</th>
<th>Item 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>QMB/Medicaid</td>
<td>2</td>
</tr>
<tr>
<td>QI-1 Only</td>
<td>7</td>
</tr>
<tr>
<td>QMB Only</td>
<td>9</td>
</tr>
</tbody>
</table>

(02/08/16)

(WAG 25-03-02) (4)
## PROGRAM STANDARDS

<table>
<thead>
<tr>
<th># in unit</th>
<th>AK Premium Level 1 (MAGI 4/16)</th>
<th>AK Premium Level 2 (MAGI 4/16)</th>
<th>HBWD (office #250 4/16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,555 - 2,069</td>
<td>$2,070 – 3,148</td>
<td>$3,465</td>
</tr>
<tr>
<td>2</td>
<td>2,097 - 2,790</td>
<td>2,791 – 4,245</td>
<td>4,673</td>
</tr>
<tr>
<td>3</td>
<td>2,639 - 3,511</td>
<td>3,512 – 5,342</td>
<td>5,880</td>
</tr>
<tr>
<td>4</td>
<td>3,180 - 4,232</td>
<td>4,233 – 6,440</td>
<td>7,088</td>
</tr>
<tr>
<td>5</td>
<td>3,722 - 4,953</td>
<td>4,954 – 7,537</td>
<td>8,295</td>
</tr>
<tr>
<td>6</td>
<td>4,264 - 5,674</td>
<td>5,675 – 8,634</td>
<td>9,503</td>
</tr>
<tr>
<td>7</td>
<td>4,807 - 6,397</td>
<td>6,398 – 9,733</td>
<td>10,713</td>
</tr>
<tr>
<td>8</td>
<td>5,351 -7,122</td>
<td>7,123 – 10,836</td>
<td>11,926</td>
</tr>
<tr>
<td>9</td>
<td>5,895 -7,847</td>
<td>7,848 – 11,938</td>
<td>13,139</td>
</tr>
<tr>
<td>10</td>
<td>6,439 -8,572</td>
<td>8,573 – 13,040</td>
<td>14,352</td>
</tr>
</tbody>
</table>

Each add’l +725

Over 157%, not over 209% FPL $3.90

Over 209%, not over 318% FPL +1,102

Up to 350% FPL +1,213

** These programs provide limited benefits only and should not be considered active coverage.

## FAMILY HEALTH PLANS PREMIUMS AND PHYSICIAN CO-PAYS

<table>
<thead>
<tr>
<th>All Kids/FamilyCare Assist</th>
<th>All Kids Share</th>
<th>All Kids Premium Level 1</th>
<th>All Kids Premium Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Pay for Physician Office Visit</td>
<td>$0 for children; $3.90 for adults</td>
<td>$3.90</td>
<td>$5 for children</td>
</tr>
<tr>
<td>Monthly Premium</td>
<td>None</td>
<td>None</td>
<td>$15 – 1 child</td>
</tr>
<tr>
<td>Max Monthly Premium</td>
<td>N/A</td>
<td>N/A</td>
<td>$40 for 5 or more children</td>
</tr>
<tr>
<td>Max Co-Payments per Year</td>
<td>N/A</td>
<td>N/A</td>
<td>$500 per child</td>
</tr>
</tbody>
</table>

(02/08/16) (WAG 25-03-02) (5)