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2010 INCOME AND RESOURCE GUIDELINES FOR MEDICAID ELIGIBILITY IN GEORGIA

	INCOME	RESOURCES
SINGLE	**$2,022.00**	**$2,000.00**
MARRIED	**$2,022.00**	**$109,560**

Maximum Monthly Maintenance Needs Allowance For the Community Spouse: $2,739.00

Resource Exemptions/allowances: Principal residence, income producing property, notes, automobiles, personal effects and household items, pre-need funeral contracts and burial plots, funeral accounts or life insurance designated as a burial allowance up to $10,000.

Transfers of Assets for less than Fair Market Value Within 5 Years of Application for Medical Assistance

Value of Asset Transferred=	Number of Months of Ineligibility from Medicaid
$4,916.55	

Patient Liability/cost Share Paid to the Nursing Home

Gross Income - $50.00 (Personal Needs Allowance) - Spousal Needs Allowance (not to exceed $2,739.00 without court order or administrative hearing) - Dependent Family Member Needs Standard $1,770.00 - Medical Insurance Premiums and/or Medicare Part B premium of $96.40 (2010) = patient liability New Enrollee Premium = $110.50.

Estate Recovery = Medicaid Reimbursement Rate - Patient Liability

Medicare Skilled Nursing Facility Coinsurance = $133.50 per day for days 21 through 100 each benefit period.

Inpatient Hospital Deductible: $1,100.00

Inpatient Hospital Co-payment: $275.00 per day for days 61 through 90.

Inpatient Hospital Co-payment for days in excess of 90 through 150 (lifetime reserve days): $534.00 per day. Beyond the maximum benefit period, patient is responsible for all costs beyond 150 days.