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2021 Federal Poverty Annual Guidelines											
# Persons	100%	100% / Month	125%	133%	135%	138%	150%	200%	250%	300%	400%
1	\$12,880	\$1,073	\$16,100	\$17,130	\$17,388	\$17,774	\$19,320	\$25,760	\$32,200	\$38,640	\$51,520
2	\$17,420	\$1,452	\$21,775	\$23,169	\$23,517	\$24,040	\$26,130	\$34,840	\$43,550	\$52,260	\$69,680
3	\$21,960	\$1,830	\$27,450	\$29,207	\$29,646	\$30,305	\$32,940	\$43,920	\$54,900	\$65,880	\$87,840
4	\$26,500	\$2,208	\$33,125	\$35,245	\$35,775	\$36,570	\$39,750	\$53,000	\$66,250	\$79,500	\$106,000
5	\$31,040	\$2,587	\$38,800	\$41,283	\$41,904	\$42,835	\$46,560	\$62,080	\$77,600	\$93,120	\$124,160
6	\$35,580	\$2,965	\$44,475	\$47,321	\$48,033	\$49,100	\$53,370	\$71,160	\$88,950	\$106,740	\$142,320
7	\$40,120	\$3,343	\$50,150	\$53,360	\$54,162	\$55,366	\$60,180	\$80,240	\$100,300	\$120,360	\$160,480
8	\$44,600	\$3,722	\$55,825	\$59,398	\$60,291	\$61,631	\$66,990	\$89,320	\$111,650	\$133,980	\$178,640
*For families/households with more than 8 persons add \$4,540 for each additional person.											

Part D Benchmark = The maximum monthly premium that will be paid by CMS for persons qualifying for "Extra Help". If a person receiving the low-income subsidy (LIS) enrolls in a Medicare Part D plan that has a premium higher than the subsidy amount listed for their state, the beneficiary is responsible for paying the difference in premium.

2021 Benchmark for Part D	\$33.06	2021 Coverage Gap	= \$4,130
		2021 Out-of-Pocket Threshold	= \$6,550

2021 FULL Extra Help Program (LIS)						
Category	Income	Resources	Benefit	Deductible	Copay up to threshold	Copay above threshold
1	S: \$1,093 M: \$1,472 Full Duals with LTSS or Institutional	Per RI Medicaid *Automatically enrolled in LIS	No Monthly Premium Up to Benchmark No Deductibles No Copayments on Part D Covered Rx	\$0	\$0	\$0
2	S: \$1,093 M: \$1,472 Full Duals < 100%FPL	Per RI Medicaid *Automatically enrolled in LIS	No Monthly Premium Up to Benchmark No Deductible	\$0	\$1.30 Generic \$4.00 Brand	\$0
3 & 4	S: \$1,469 M: \$1,980 Duals >100%FPL OR MSP eligible OR <135% FPL	*Per SSA - Full LIS *Only automatically enrolled if receiving SSI	No Monthly Premium Up to Benchmark	\$0	\$3.70 Generic \$9.20 Brand	\$0
2021 PARTIAL Extra Help Program (LIS)						
5	S: \$1,469 M: \$1,980 Non-duals <135% FPL AND resources up to "other" resource limits	*Per SSA - Other *Must apply through SSA	No Monthly Premium Up to Benchmark	\$0	15%	\$3.70 Generic \$9.20 Brand
6	S: \$1,630 M: \$2,198 No MA or MSP; income between 135% and 150% FPL;	*Per SSA - Other *Must apply through SSA	Up to 75% of Monthly Premium Benchmark	\$92	15%	\$3.70 Generic \$9.20 Brand
*All the income amounts reflect threshold with the \$20 monthly income disregard (annually = \$240); income is rounded to the nearest whole dollar.						

2021 Medicare Premium Payment Program:				
2021 QMB Monthly Income Limits (up to 100% FPL+ \$20)*				*Includes a \$20 income disregard; the first \$20 of an individual's income is not counted
Single	\$1,093	Resources	\$7,970	
Married	\$1,472	Resources	\$11,960	
2021 SLMB Monthly Income Limits (less than 120% FPL+ \$20)*				
Single	\$1,308	Resources	\$7,970	
Married	\$1,762	Resources	\$11,960	
2021 QI Monthly Income Limits (less than 135% FPL+ \$20)*				
Single	\$1,469	Resources	\$7,970	
Married	\$1,980	Resources	\$11,960	
2021 QDWI Monthly Income Limits (up to 250% FPL+ \$20)*				*QDWI figures also include additional earned income disregards
Single	\$2,683	Resources	\$10,000	
Married	\$3,629	Resources	\$20,000	
QMB = Qualified Medicare Beneficiary: Medicaid pays parts A & B, deductibles, coinsurance and copayments; LIS eligible; Part A buy-in per RI Medicaid SLMB = Specified Low-Income Beneficiary: Medicaid pays part B; LIS eligible Q1 = Qualified Individual: Medicaid pays part B; LIS eligible QDWI = Qualified Disabled Working Individual: Medicaid pays part A; income limits also include earned income disregards				

2021 SSA Extra Help Resource Limits		
	Single	Married
Full LIS	\$7,970	\$11,960
Partial LIS	\$13,290	\$26,520
*With \$1,500 Burial Expense Deduction		
*Full LIS	\$9,470	\$14,960
*Partial LIS	\$14,790	\$29,520

Part A Buy-In Cost	
2019	up to \$437/ month
2020	up to \$458 / month
2021	up to \$471 / month
Part B Premium Cost	
2019	\$135.50 / month
2020	\$144.60 / month
2021	\$148.50/ month
2021 Part B Deductible	\$203

*If you have any suggestions or corrections please contact christine.smith@oha.ri.gov

2021 Annual Income Levels for RIPAE members 65 and older				
Level	Single	Married	State Pays	Member Pays
1 (8018)	\$0 to \$31,158	\$0 to \$38,951	60%	40%
2 (8019)	\$31,158 to \$39,116	\$38,951 to \$48,912	30%	70%
3 (8020)	\$39,116 to \$68,582	\$48,912 to \$78,232	15%	85%
2021 Annual Income Levels for RIPAE disabled member age 55 to 64				
Level	Single	Married	State Pays	Member Pays
4 (8021) Age 55-64	\$0 to \$68,582	\$0 to \$78,232	15%	85%

MEDICARE



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2020-2021 Heating Assistance / LIHEAP		
House Size	Annual Income	Monthly Income
1	\$32,265	\$2,689
2	\$42,193	\$3,516
3	\$52,120	\$4,343
4	\$62,048	\$5,171
5	\$71,976	\$5,998
6	\$81,903	\$6,825
7	\$83,765	\$6,980
8	\$85,626	\$7,136
9	\$87,488	\$7,291
10	\$89,349	\$7,446
11	\$91,211	\$7,601
12	\$93,072	\$7,756
*Add \$1,861 per additional person/Resources are not counted		
*Eligibility: Annual household income (before taxes) that is below 60% of the State Median Income.		

Supplemental Nutrition Assistance Program / SNAP			
Ocotober 1, 2020 thru September 30, 2021			
Family Size	100% FPL Net Income	Categorically Eligible 185% FPL Gross Income	Elderly and Disabled Households 200% FPL Gross Income
1	\$1,064	\$1,968	\$2,128
2	\$1,437	\$2,658	\$2,874
3	\$1,810	\$3,349	\$3,620
4	\$2,184	\$4,040	\$4,368
5	\$2,557	\$4,730	\$5,114
6	\$2,930	\$5,421	\$5,860
7	\$3,304	\$6,112	\$6,608
8	\$3,677	\$6,802	\$7,354
Each Additional	\$374	\$692	\$748

2021 OHA Co-Pay Program		
Level 1 (125% FPL)		
Annual Income		Client Cost Share
Single	\$16,100	Home Care: \$4.50/hr
Married	\$21,775	Adult Day: \$7.00/day
Level 2 (200% FPL)		
Annual Income		Client Cost Share
Single	\$25,760	Home Care: \$7.50/hr
Married	\$34,840	Adult Day: \$15.00/day
*65 and older; level of care; No resource limit		

2021 Medicaid for Elders and Adults with Disabilities (EAD)		
Type	Income	Resources
Pathway 1 <i>Categorically Needy</i>	\$1,073	< \$4,000 (S)
	≤ 100%FPL	< \$6,000 (M)
Pathway 2 <i>SSI</i>	Receiving SSI Benefits	\$2,000 (S) < \$3,000 (M)
Pathway 3 <i>Medically Needy</i>	>100% FPL with flex test with 6-month look-back*	<\$4,000
2021 Medicaid LTSS		
	Income Limit	Resource Income
SSI		<\$2,000
Low Income	\$0 to \$1,093	< \$4,000
Special Income / HCBS	\$1,093 to \$2,382	< \$4,000
Medically Needy*	>\$2,382	< \$4,000
*Income can not exceed average cost of care in the service setting of choice		
2021 Assisted Living Income Standard = \$1,126		

Spend down to:
Medically Needy Income Limit (MNIL) = \$945 (S) / \$1,278 (M)
(RI MNIL = 88% of FPL)

Income CAP Limit = 300% SSI
Federal Standard = 794 x 3 = 2,382

\$794 (SSI) + \$332 = \$1,126

2021 SSI Federal Payment Standard		2021 SSI Resource Limits	
Single	\$794	Single	\$2,000
Married	\$1,191	Married	\$3,000
*SSI payment standard = 73% of FPL			

2021 Medicaid (MAGI)		
MAGI Medicaid (Modified Adjusted Gross Income) + 5% disregard		
1. Pregnant women with income up to 253% FPL 2. Children up to age 19 with income up to 261% FPL 3. Parents/Caretakers with children under age 18 with income up to 136% of the FPL 4. Newly eligible adults not on Medicare and who are not otherwise eligible for Medicaid with income up to 133% FPL:		
Household Size	Annual Income (133% FPL)	MAGI Medicaid is for adults age 19 to 64 <i>There are No Resource Limits for MAGI</i>
1	\$17,130	
2	\$23,169	
3	\$29,207	
4	\$35,245	
5	\$41,283	
6	\$47,321	
7	\$53,360	
8	\$59,398	

CONTACT NUMBERS	
OHA Main Number	462-3000
DHS Call Center	1-855-697-4347
DHS Regional Offices / Information Line	415-8455
Health Source RI	1-855-840-4774
LINET / Help Desk	1-800-783-1307
SSA	1-800-772-1213
SSA - Newport	1-866-253-5607
SSA - Pawtucket	1-866-931-7079
SSA - Providence	1-877-402-0808
SSA - Warwick	1-866-964-2038
SSA - Woonsocket	1-877-229-3542
Transportation - MTM	1-855-330-9191
VA Customer Service Line	1-800-827-1000
RI Medicaid Recipient Resolution Unit	462-2354
OHA SHIP Toll-Free Line	1-888-884-8721

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