

TRANSMITTAL LETTER FOR MANUAL RELEASES

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF ELIGIBILITY SERVICES
DIVISION OF ELIGIBILITY POLICY/MCHP
201 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
410-767-1463 or 1-800-492-5231 option 2 and request extension 1463**

MANUAL: Medical Assistance

EFFECTIVE DATE: July 1, 2011

RELEASE NO: MR-155

ISSUED: August 2011

APPLICABILITY: Long-Term Care Eligibility

<u>Item</u>	<u>Remove Pages</u>	<u>Insert Pages</u>
<u>Chapter 3 – Coverage Groups</u> QMB/SLMB Income Standards	Appendix A After page 39 of Policy Alert 03-1	Appendix A After page 39 of Policy Alert 03-1
QMB/SLMB Resource Standards	Appendix B (After Appendix A)	Appendix B (After Appendix A)
<u>Chapter 8- Resources</u> Institutionalized Persons	800-17 – 800-18f	800-17 – 800-18f
<u>Chapter 10 – Eligibility for Institutionalized Persons</u> Appendix B – Forms and Notices	1000-95 – 1000-96	1000-95 – 1000-96
DES/LTC 812 Revised 8/11 Home Equity Value Worksheet	DES/LTC 812	After DES/LTC 811
DES/LTC 813 Revised 8/11 Manual Instructions for Screen 4/Sscreen 8	DES/LTC 813	After DES/LTC 812
<u>Medical Assistance Schedules</u> Table of Contents – Medical Assistance Schedules	Table of Contents	Table of Contents
Spousal Impoverishment Standards	Schedule MA-8	Schedule MA-8
Period Life Table	Schedule MA-9A	Schedule MA-9A
Excess Home Equity Limit	N/A	Schedule MA-10

COMMENTS

OMB/SLMB Standards

Manual Release, MR-155 contains the current QMB/SLMB Income and Resources Standards. Please make sure these standards are applied to applications filed, or redeterminations that were started, on or after January 1, 2011.

Excess Home Equity Limit

Beginning in 2011, the Deficit Reduction Act provides for the excess home equity limit to increase annually by 1.1 %, rounded to the nearest \$1000. For 2011, the home equity limit can not exceed \$506,000.

Medical Assistance Schedules

Schedule MA-8, in the Medical Assistance Schedules section of the Manual, is updated with new Spousal Impoverishment Standards **effective July 1, 2011**. The community spouse's Basic Maintenance and Shelter Allowance and the Excess Shelter Standard are increased each year, effective July 1.

Schedule MA-9A, in the Medical Assistance Schedules section of the Manual, is updated with actuarial values for life expectancy, issued by the Social Security Administration.

Schedule MA-10 is added to the Medical Assistance Schedules section of the Manual, to accommodate the annual changes to the Excess Home Equity Limit.

Please Note: Social Security Benefits were not increased by the Federal Government to reflect changes in the Cost of Living (COLA) in 2011. Therefore, there will be no changes in the Personal Needs Allowance. The current rates for the personal needs allowance for Medical Assistance recipients in long-term care is \$71 per month for individuals, and \$142 per month for couples. Please continue to apply these allowances to all applications and redeterminations.

If you have any questions about these policies or procedures, contact the DHMH Division of Eligibility Policy at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463). Questions regarding CARES processing should be directed to Debbie Simon at 410-238-1363.

APPENDIX A

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 1

QMB INCOME STANDARDS

Effective 1/1/11	Individual	Couple
Annual	\$10,890.00	\$14,710.00
Monthly	\$908.00	\$1,226.00

*Gross income after applying the \$20 disregard

Table 2

SSI PAYMENT RATE

Effective 1/1/09**	Individual	Couple
Monthly	\$674.00	\$1011.00

**There was no COLA increase in 2011, therefore SSI payment rates have remained the same.

APPENDIX A

MARYLAND MEDICAL ASSISTANCE PROGRAM

Table 3

SLMB INCOME STANDARDS

EFFECTIVE 1/1/11	Individual	Couple
Monthly	\$909 - \$1,089	\$1,227 - \$1,471

*Gross income after applying the \$20 disregard

Table 4

SLMB II INCOME STANDARDS

Effective 1/1/11	Individual	Couple
Monthly	\$1,090 - \$1,226	\$1,472 - \$1,655

*Gross income after applying the \$20 disregard

If the individual (and spouse if any) moves out of his or her "home" without the intent to return, the "home" becomes a countable resource because it is no longer the individual's "principal place of residence." If the individual moves into an assisted living facility, the facility becomes the "principal place of residence", unless it is documented that the individual is there for a short-term stay such as for respite care. The individual's equity in a former "home" becomes a countable resource effective the first day of the month following the month it is no longer his or her "principal place of residence."

When a recipient sells an excluded home property or has another type of cash settlement on it (e.g., insurance claims), the recipient has 90 days from the date of settlement to commit the money for another excluded home property, in order for the money to be excluded as a resource.

Substantial Home Equity and Exclusion of Long-Term Care Coverage

The Deficit Reduction Act established a limit on permissible home equity for MA-LTC recipients. Under the Act, an applicant or recipient has "substantial home equity" if his or her interest in home property, after subtracting mortgages and other legal encumbrances, that exceeds a dollar value selected by the State; someone who has substantial home equity is not eligible for MA-LTC. Maryland defined substantial home equity in 2007. Beginning in 2011, the federal government annually adjusts this home equity cap for inflation. (See Schedule MA-10 in the Appendix for current value of substantial home equity.

For applications received on or after April 1, 2007 for coverage of nursing facility or home and community based (HCB) waiver services, the eligibility case worker must evaluate the institutionalized individual's equity interest in the individual's home property if the individual is determined eligible based on:

- An initial determination of nursing facility or (HCB) waiver eligibility; or
- A reapplication for nursing facility or waiver eligibility after a termination of nursing facility or waiver coverage.

For these recipients the home equity must then be evaluated at each subsequent redetermination of the nursing facility or waiver eligibility.

If the institutionalized individual's equity interest in the home property (reduced by any bona fide, legally binding, documented encumbrances secured by the home) exceeds the current home equity limit shown in Schedule MA-10 by any amount, the individual has substantial home equity, and Medicaid will not pay for long-term care services received by the individual in a:

- Nursing facility,
- Medical institution with a level of care equivalent to nursing facility, or
- HCBS waiver.

The individual may still be determined Medicaid eligible in an H, L, or T track coverage group or as Medicaid community eligible (e.g., as a medically needy recipient or a Supplemental Security Income beneficiary), so that Medicaid will pay for other State Plan services received by the individual. However, so long as the individual's equity interest in home property exceeds the applicable home equity limit by any amount, the individual may not be covered by Medicaid for nursing facility or equivalent institutional services or for HCBS waiver services.

Under five circumstances, the home equity evaluation is not performed or the penalty is not imposed for an institutionalized individual:

1. If the individual applied for nursing facility or HCBS waiver eligibility before April 1, 2007, was determined eligible, and has not had a break in nursing facility or waiver eligibility since then; or
2. For any non-home property owned by the institutionalized individual; or
3. For any property owned solely by the community spouse; or
4. If at least one of the following individuals lawfully resides in the home:

The institutionalized individuals

- Spouse,
- Son or daughter younger than 21 years old, or
- Son or daughter of any age, who is disabled or blind as determined by the Social Security Administration or the State; or

5. If the excess home equity may not be accessed by the institutionalized individual for legal or financial reasons, and the Department of Health and Mental Hygiene (DHMH) determines, according to the following policies and procedures, that the exclusion of long-term care coverage would cause undue hardship for the institutionalized individual:

- Any hardship that would be caused to the A/R's spouse or to any other individual or entity (e.g., loss in revenues for the nursing facility) is not relevant for the Department's determination of whether undue hardship exists.
- The procedures and documentation are similar to what is required in this Chapter for an undue hardship waiver of a penalty period for asset disposals.
 - The institutionalized individual, the representative, or the individual's nursing facility provider (if authorized by the individual or representative to act on their behalf in this matter) must apply to the eligibility case worker for a hardship waiver.
 - The eligibility case worker provides the submitted information to the Division of Eligibility Policy at the Department of Health and Mental Hygiene.
 - Within 15 days of receiving all of the submitted information, the Division informs the eligibility case worker whether a hardship waiver is approved and, if not, the reason for denial.
 - The eligibility case worker sends the appropriate notice(s) of the decision to all involved parties.
- The hardship waiver is granted if the Division of Eligibility Policy is convinced by the documentation provided that the exclusion of long-term care coverage would:
 - Put the institutionalized individual at risk of serious deprivation, rather than merely causing inconvenience to the individual or possibly restricting the individual's lifestyle; and
 - Cause the institutionalized individual to be deprived of food, clothing, shelter, or other necessities of life, or medical care such that the individual's health or life would be endangered.

Equity interest means the current fair market value or current assessed or professionally appraised value (whichever is less) of the individual's ownership interest in a property, after subtracting any bona fide, legally binding, documented encumbrances secured by the home property. If the home's equity interest is shared by co-owners, the individual's share is calculated by dividing the total equity interest by the number of shared owners in proportion to their interest in the property. If the institutionalized individual co-owns the home property with the community spouse, the institutionalized individual is considered to own both of their shares in the property. (See pages 800-4c - 800-5, 800-27 -800-29, and 800-47 - 800-57 in this Chapter about how to determine ownership interest.)

If the institutionalized individual or the individual's spouse incurred an encumbrance or debt that is secured by the home property, the amount still encumbered or owed is subtracted when calculating the institutionalized individual's equity interest in the property—e.g., if the individual owes a mortgage or received money from a reverse mortgage, home equity loan, or other loan; or the property has a lien. The amount subtracted is the documented amount of the principal still owed for the mortgage or the documented amount still owed for a lien or for a loan secured by the home. If the costs for obtaining the encumbrance (e.g., inspections, monthly servicing fees) are paid out of the loan proceeds and become part of the outstanding debt, these costs reduce the home equity. If the individual paid for those costs separately, the costs do not reduce the calculated home equity.

To determine whether a loan is a legitimate transaction, the eligibility case worker at the eligibility determination and at each subsequent redetermination must request and review documentation of:

- The property's current equity value (e.g., most recent property tax assessment); and
- The written and signed loan agreement and its terms, payment schedule, money received, payments, and current balance.

If the individual cannot prove to the case worker's satisfaction that the loan is bona fide, the loan may not be used to reduce the home's calculated equity value.

If there is a legal impediment to the individual's transferring or selling the property, such as if there is a lien or if a co-owner (e.g., spouse, family member) refuses to sell, the home equity is still evaluated. However, this may be considered as a reason to approve a hardship waiver.

The DES/LTC 812, **Home Equity Value Worksheet**, located in MA Manual Chapter 10 Appendix B, must be used to manually calculate the home equity value, and must be maintained in the case record. If Medicaid coverage of an institutionalized individual's nursing facility or HCB waiver services is prohibited due to the individual's substantial home equity, the individual's Medicaid long-term care, HCB waiver, or community eligibility is still finalized on CARES. Then, the eligibility case worker must indicate, through a DES/LTC 813 faxed to DHMH, that a span must not be opened on MMIS recipient screen 4 for coverage of nursing facility services or on screen 8 for HCB waiver services.

If substantial home equity is discovered at a redetermination, the case worker must assure, by faxing a DES/LTC 813 to DHMH if necessary, that the individual's span is closed on MMIS recipient screen 4 for coverage of nursing facility services or on MMIS recipient screen 8 for HCB waiver services. The individual's Medicaid eligibility, however, is not affected.

Example 1:

Mr. A, a widower, resides in a nursing facility and applies for Medicaid long-term care eligibility in May 2007. He states that he intends to return home. He owns home property that he purchased three years ago for \$450,000. He stills owes \$25,000 for a mortgage on the property. The most recent property tax assessment values the property at \$600,000. Therefore, the current value of his equity interest is \$575,000 (\$600,000 - \$25,000). Mr. A is approved for Medicaid eligibility, since the home property is excluded as a resource. However, he was denied Medicaid coverage of his nursing facility services because his equity interest in the home property exceeded the dollar amount of the home equity limit allowed at that time. He is

determined eligible on CARES in coverage group L98, and an eligibility span for L98 is opened on MMIS recipient screen 1 through the interface. The eligibility case worker faxes a DES/LTC 813 to DHMH, to void a span on MMIS recipient screen 4 for coverage of nursing facility services.

Example 2:

Miss B applies for enrollment in the Older Adults Waiver in May 2007. She lives at home in a property valued at \$525,000 in a recent property tax assessment. She paid off the mortgage last year by cashing in her stocks and bonds. Last month, she took out a reverse mortgage for \$35,000 and spent the money on remodeling the kitchen. Therefore, the current value of her equity interest is \$490,000 (\$525,000 - \$35,000). Miss B is approved for Medicaid eligibility, since home property is excluded as a resource. She is also approved for Medicaid coverage of her waiver services because her equity interest in home property does not exceed the home equity limit allowed at that time.

Example 3:

Mrs. C applies for Medicaid coverage of nursing facility services in April 2007. She and her husband own a home valued at \$1,250,000 in a recent property tax assessment. Since Mrs. C's husband lives in the home, it is not subject to the home equity assessment. Mrs. C is determined eligible for Medical Assistance and for coverage of nursing facility services.

Home Property of an Institutionalized Individual

For an individual who is absent from the home due to institutionalization in a long-term care facility, the individual's "home" is still the property in which the individual (and spouse, if any) has an ownership interest and considers as the fixed or permanent residence. The home property may be excluded as a resource if the individual intends to return and the property is not held in a life estate with full powers. The excluded home property may be in Maryland or another state. A resident of a Maryland long-term care facility (LTCF) can intend to remain in the LTCF for an indefinite period while still intending to return to home,

in-state or out-of-state, at the end of the institutional stay. Regardless of the individual's intent to return, the home may still be excluded as home property if a spouse or dependent relative (as defined below) of the institutionalized individual continues to live in the home

To determine if an applicant or recipient has substantial home equity:

- First, determine if the property is countable or excludable. If the property is countable, then determine the institutionalized individual's equity interest in the property's current fair market value, after subtracting any bona fide encumbrances.
- Second, determine the individual's resource eligibility and overall Medicaid eligibility.
- Third, if the individual is Medicaid eligible, determine if a lien should be placed on the property. Never place a lien in order to exclude otherwise countable real property.
- Fourth, determine whether long-term care coverage should be excluded because the institutionalized individual's equity interest in the home property exceeds the maximum allowable amount (see Schedule MA-10).

The DHMH Form 4255 (Statement of Intent to Return) must be completed for all LTC applicants, whether or not there is a spouse living in the home. This is because, in addition to the home's excludability and the applicability of lien procedures, the applicant's answer to the Statement of Intent to Return will determine whether to evaluate the applicant's resources under COMAR 10.09.24.08G (does intend to return) or 10.09.24.08H (does not intend to return). The statement of intent may be made and signed by either the institutionalized individual or the representative.

The property of an institutionalized individual is excluded as the home if the institutionalized individual intends to resume living in the home property, documented by the signature on DHMH Form 4255. Whether the expressed intent is reasonable is irrelevant so far as excludability of the home property is concerned.

The home property is excluded as a resource, regardless of the institutionalized individual's intent to return, if it is occupied by the A/R's:

- Spouse; or
- Any one of the following relatives if determined to be medically or financially dependent on the institutionalized individual:
 - Adult or minor child, stepchild, grandchild
 - Adult or minor sibling, including step or half
 - Parents, including step and in-laws, and grandparents
 - Aunt/uncle and niece/nephew.

If the institutionalized individual expresses the intent not to return to home property, and a spouse or "dependent relative" does not reside in the property (or dies), it is a non-excluded, countable resource which must be evaluated in accordance with the appropriate provisions of this section, unless other provisions of this section cause it to be excluded.

If the decision is that the property is a countable resource, its current equity value (after subtracting encumbrances) should be added with other countable resources to determine the individual's resource eligibility. The individual's equity in a former "home" becomes a countable resource effective the first day of the month following the month it is no longer his or her "principal place of residence" or "home property". The individual's "principal place of residence" is verified based on the address used on official documents, such as bank statements, driver's license, and tax forms.

**Appendix B Table
of Contents**
Long-Term Care (LTC) Forms and Notices

1. **DHMH 257** – Long Term Care Activity Report Form
 - This form was revised on 8/1/11 and is completed by long term care providers to initiate or discontinue payment for temporary stays of residents of nursing facilities, chronic hospitals, etc. and sent to case managers at the LDSS, DEWS, Bureau of LTC eligibility, etc. (see Provider Transmittal PT 1-12).

2. **DES 601A (LTC)** – Spousal and Family Allowance Worksheet
 - This worksheet is used in determining the monthly maintenance allowance for a spouse (see pages 1000-27 – 1000-30) or the monthly maintenance allowance for a family (see pages 1000-30 – 1000-31)

3. **DES 601 B (LTC)** – Dependent Allowance Worksheet
 - This worksheet is used in determining the monthly maintenance allowance for a dependent child, when the institutionalized individual does not have a spouse living in the community (see pages 100-32 – 1000-33).

4. **DES 602 (LTC)** – Notice – Consideration of Resources in Continuing Eligibility
 - Notice indicating a couple’s total combined resources and the amounts attributed to the institutionalized individual and to the community spouse. It also advises the community spouse of the 90-day time frame to transfer certain resources of the institutionalized spouse into the community spouse’s name (see pages 1000-11- 1000-16)

5. **DES/LTC 811** – Transfer/Disposal of Assets Worksheet
 - This worksheet is used to determine when a penalty applies for a disposal or transfer of assets. It is also used to calculate the amount of the penalty and the penalty period. If the client has an active penalty period, the case worker must complete and fax the DES/LTC 813 to the Division of Recipient Eligibility Programs (DREP).

6. **DES/LTC 812** – Home Equity Value Worksheet
 - This worksheet is to be completed to evaluate the equity value of the home property. When the equity value exceeds the current home equity limit (found in

Schedule MA-10), by any amount case manager must complete and fax the DES/LTC 813 to the Division of Recipient Eligibility Programs (DREP).

7. **DES/LTC 813** – Manual MMIS Instructions for Screen 4/Screen 8

- This form is sent to the Division of Recipient Eligibility Programs (DREP) when a penalty exists or the home equity value exceeds the current home equity limit (found in Schedule MA-10). DREP voids MMIS screen 4 (LTC) or screen 8 (waivers) to prevent payment to the LTCF, or for waiver services. The individual remains eligible for Medicaid services as indicated on MMIS screen 1.

8. **DES/LTC 814** – Trust/Document Review Request

- This form is used to request a review of a trust or other document from the Division of Eligibility Services.

9. **DES 1000** – Certification of Institutionalization & HealthChoice Disenrollment or Notification of Discharge from Long-Term Care (**SAMPLE**)

- This form is used to disenroll a recipient from HealthChoice when they are in a long-term care facility (LTCF) for more than 30 days. The form is completed by the LTCF and the Administrative Services Organization. The original is sent to the Medical Assistance case manager at the LDSS.

10. **DES 2000 (LTC)** – Physician’s Statement of Incapacitation

- The case worker uses this form when it is necessary for the customer’s physician to verify that an applicant/recipient is not capable of participating in the application process. When this occurs a representative is needed to complete and sign the application and otherwise act in the customer’s behalf in the application process.

11. **DES 2001 (LTC)** – Request for Life Insurance Information

- This form is used to obtain information from a specific life insurance company. The case worker completes part one of the form. The second section is completed and signed by the representative, when the applicant/recipient is unable to sign the form, agreeing to provide information to the LDSS.

12. **DES 2002 (LTC)** – Consent to Release Information to LDSS

- Form signed by the applicant/recipient/representative authorizing release of information to the LDSS.

13. **DES 2003 (LTC)** – Income and Shelter Expense Reporting Form for Community Spouse

**Maryland Medical Assistance
Program**

HOME EQUITY VALUE WORKSHEET

Client's Name: _____ Client ID: _____

Local Department of Social Services/DEWS: _____

Application/Redetermination Date: _____

Date of Evaluation: _____

Owner(s): _____

Encumbrances: _____

Total: _____

Fair Market Value: _____

- (Minus)

Total Encumbrances: _____

= (Equals)

Equity Value: _____

When the equity value exceeds the current excluded home equity limit (see Schedule MA – 10) by any amount, complete and fax the DES/LTC 813 to the Division of Eligibility Programs (DREP) at (410) 333-5087 on the same day that the case is finalized on CARES to void the individual's span on MMIS recipient screen 4 for coverage of nursing facility services or on MMIS screen 8 for HCB Waiver Services.

The individual's Medicaid eligibility (MMIS screen 1) is not affected.

Maryland Medical Assistance Program

MANUAL MMIS INSTRUCTIONS FOR SCREEN 4 / SCREEN 8

When a penalty has been calculated using the DES/LTC 811 form, please complete this document and fax a copy to the Division of Recipient Eligibility Programs (DREP) at (410) 333-5087.

Timely submission of this form will ensure that MMIS recipient screen 4 (LTC) or MMIS recipient screen 8 (Waiver) is closed during the client's penalty period.

Client's Name: _____ Client ID: _____

AU ID: _____

Social Security Number: _____ Date of Birth: _____

Penalty Begin Date: _____ Penalty End Date: _____

[FOR MMIS USE ONLY] Closing/Termination Code: _____

MANUAL HOME EQUITY INSTRUCTIONS FOR SCREEN 4/SCREEN 8

When the total equity value exceeds the current excluded home equity limit (see Schedule MA-10) by any amount, after completing the DES/LTC 812 form, fax this form to DREP at (410) 333-5087 to void Screen 4/Screen 8.

Client's Name: _____ Client ID: _____

AU ID: _____

Social Security Number: _____ Date of Birth: _____

Date of Ineligibility: _____

[FOR MMIS USE ONLY] Closing/Termination Code: _____

Case Manager: _____ District Office: _____

Telephone Number: _____

YOU MUST RETAIN A COPY OF THIS FORM IN THE CLIENT'S CASE RECORD

TABLE OF CONTENTS

Medical Assistance Schedules

Income Standards

Schedule MA-1: Income Standards

Schedule MA-1A: Consideration Periods – Income

Resource Standards

Schedule MA-2: Medically Needy Standards

Schedule MA-2A: Categorically Needy Standards –

ABD Schedule MA-2B: Categorically Needy Standards

– FAC

Schedule MA-6: Average Monthly Amount Payable for Care in a Nursing Facility

Schedule MA-7: Life Estate and Remainder Interest

Table Schedule MA-8: Spousal Impoverishment

Standards Schedule MA-9-A: Period of Life Table

Schedule MA-10: Maximum Allowable Excess Home Equity Limit for Exclusion of Long-Term Care Coverage

Schedule MA-8

Spousal Impoverishment Standards

	Resources	Effective
Maximum Spousal Share	\$109,560	1/1/09*
Minimum Spousal Share	\$ 21,912	1/1/09*

	Income	Effective
Basic Maintenance and Shelter Allowance	\$1,839	7/1/11
Excess Shelter Standard	\$552	7/1/11
Maximum Maintenance and Shelter Allowance (sum of Basic Maintenance and Shelter Allowance and Excess Shelter Allowance)	\$2,739	1/1/09*
Utility Standards: (used to compute the community spouse's excess shelter allowance)		
Heat included in rent (LUA) (Food Stamps limited utility allowance)	\$244	5/1/11
Heat paid separately from housing (SUA) (Food Stamps standard utility allowance)	\$403	5/1/11

*Standard remains same for 2010 & 2011

**MARYLAND MEDICAL ASSISTANCE
PROGRAM Schedule MA 9-A**

**Period Life Table, 2007
Updated August 2011**

Exact Age	Male Life Expectancy	Female Life Expectancy	Exact Age	Male Life Expectancy	Female Life Expectancy
0	75.38	80.43	38	39.68	43.81
1	74.94	79.92	39	38.76	42.86
2	73.95	78.95	40	37.84	41.91
3	73.00	77.97	41	36.93	40.97
4	72.02	76.99	42	36.02	40.03
5	71.03	76.00	43	35.12	39.10
6	70.04	75.01	44	34.22	38.17
7	69.05	74.02	45	33.33	37.24
8	68.06	73.03	46	32.45	36.32
9	67.07	72.04	47	31.57	35.41
10	66.08	71.04	48	30.71	34.50
11	65.09	70.05	49	29.84	33.59
12	64.09	69.06	50	28.99	32.69
13	63.10	68.07	51	28.15	31.80
14	62.12	67.08	52	27.32	30.91
15	61.14	66.09	53	26.49	30.02
16	60.18	65.11	54	25.68	29.14
17	59.22	64.13	55	24.87	28.27
18	58.27	63.15	56	24.06	27.40
19	57.33	62.18	57	23.26	26.53
20	56.40	61.20	58	22.48	25.67
21	55.47	60.23	59	21.69	24.82
22	54.54	59.26	60	20.92	23.97
23	53.63	58.29	61	20.16	23.14
24	52.71	57.32	62	19.40	22.31
25	51.78	56.35	63	18.66	21.49
26	50.86	55.38	64	17.92	20.69
27	49.93	54.40	65	17.19	19.89
28	49.00	53.44	66	16.48	19.10
29	48.07	52.47	67	15.77	18.32
30	47.13	51.50	68	15.08	17.55
31	46.20	50.53	69	14.40	16.79
32	45.27	49.56	70	13.73	16.05
33	44.33	48.60	71	13.08	15.32
34	43.40	47.64	72	12.44	14.61
35	42.47	46.68	73	11.82	13.91
36	41.54	45.72	74	11.21	13.22
37	40.61	44.76	75	10.62	12.55

MARYLAND MEDICAL ASSISTANCE PROGRAM
Schedule MA 9-A
Period Life Table, 2007
Updated August 2011

Exact Age	Male Life Expectancy	Female Life Expectancy	Exact Age	Male Life Expectancy	Female Life Expectancy
76	10.04	11.90	98	2.30	2.70
77	9.48	11.26	99	2.19	2.54
78	8.94	10.63	100	2.07	2.39
79	8.41	10.03	101	1.96	2.25
80	7.90	9.43	102	1.85	2.11
81	7.41	8.86	103	1.75	1.98
82	6.94	8.31	104	1.66	1.86
83	6.49	7.77	105	1.56	1.74
84	6.06	7.26	106	1.47	1.62
85	5.65	6.77	107	1.39	1.52
86	5.26	6.31	108	1.30	1.41
87	4.89	5.87	109	1.22	1.31
88	4.55	5.45	110	1.15	1.22
89	4.22	5.06	111	1.07	1.13
90	3.92	4.69	112	1.00	1.05
91	3.64	4.36	113	0.94	0.97
92	3.38	4.04	114	0.87	0.89
93	3.15	3.76	115	0.81	0.82
94	2.93	3.50	116	0.75	0.75
95	2.75	3.26	117	0.70	0.70
96	2.58	3.05	118	0.64	0.64
97	2.44	2.87	119	0.59	0.59

Notes:

The period life expectancy at a given age for 2007 represents the average number of years of life remaining if a group of persons at that age were to experience the mortality rates for 2007 over the course of their remaining life.

For updates, see: <http://www.ssa.gov/OACT/STATS/table4c6.html>

Schedule MA-10

**Excess Home Equity Limit
For Exclusion of Long-Term Care Coverage**

Excess Home Equity Limit	Effective Date
\$506,000	2011