

**SENATE, No. 3482**

**STATE OF NEW JERSEY**

**221st LEGISLATURE**

INTRODUCED JUNE 24, 2024

**Sponsored by:**

**Senator CARMEN F. AMATO, JR.**

**District 9 (Ocean)**

**SYNOPSIS**

Increases resource threshold for certain Medicaid eligibility groups.

**CURRENT VERSION OF TEXT**

As introduced.



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2

1 AN ACT concerning resource eligibility under Medicaid and  
2 amending P.L.1968, c.412 and supplementing Title 30 of the  
3 Revised Statutes.

4

5 **BE IT ENACTED** by the Senate and General Assembly of the State  
6 of New Jersey:

7

8 1. Section 3 of P.L.1968, c.413 (C.30:4D-3) is amended to read  
9 as follows:

10 3. Definitions. As used in P.L.1968, c.413 (C.30:4D-1 et seq.),  
11 and unless the context otherwise requires:

12 a. "Applicant" means any person who has made application for  
13 purposes of becoming a "qualified applicant."

14 b. "Commissioner" means the Commissioner of Human  
15 Services.

16 c. "Department" means the Department of Human Services,  
17 which is herein designated as the single State agency to administer  
18 the provisions of this act.

19 d. "Director" means the Director of the Division of Medical  
20 Assistance and Health Services.

21 e. "Division" means the Division of Medical Assistance and  
22 Health Services.

23 f. "Medicaid" means the New Jersey Medical Assistance and  
24 Health Services Program.

25 g. "Medical assistance" means payments on behalf of recipients  
26 to providers for medical care and services authorized under  
27 P.L.1968, c.413.

28 h. "Provider" means any person, public or private institution,  
29 agency, or business concern approved by the division lawfully  
30 providing medical care, services, goods, and supplies authorized  
31 under P.L.1968, c.413, holding, where applicable, a current valid  
32 license to provide such services or to dispense such goods or  
33 supplies.

34 i. "Qualified applicant" means a person who is a resident of  
35 this State, and either a citizen of the United States or an eligible  
36 alien, and is determined to need medical care and services as  
37 provided under P.L.1968, c.413, with respect to whom the period  
38 for which eligibility to be a recipient is determined shall be the  
39 maximum period permitted under federal law, and who:

40 (1) Is a dependent child or parent or caretaker relative of a  
41 dependent child who would be, except for resources, eligible for the  
42 aid to families with dependent children program under the State  
43 Plan for Title IV-A of the federal Social Security Act as of July 16,  
44 1996;

**EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.**

**Matter underlined thus is new matter.**

- 1 (2) Is a recipient of Supplemental Security Income for the Aged,  
2 Blind and Disabled under Title XVI of the Social Security Act;
- 3 (3) Is an "ineligible spouse" of a recipient of Supplemental  
4 Security Income for the Aged, Blind and Disabled under Title XVI  
5 of the Social Security Act, as defined by the federal Social Security  
6 Administration;
- 7 (4) Would be eligible to receive Supplemental Security Income  
8 under Title XVI of the federal Social Security Act or, without  
9 regard to resources, would be eligible for the aid to families with  
10 dependent children program under the State Plan for Title IV-A of  
11 the federal Social Security Act as of July 16, 1996, except for  
12 failure to meet an eligibility condition or requirement imposed  
13 under such State program which is prohibited under Title XIX of  
14 the federal Social Security Act such as a durational residency  
15 requirement, relative responsibility, consent to imposition of a lien;
- 16 (5) (Deleted by amendment, P.L.2000, c.71).
- 17 (6) Is an individual under 21 years of age who, without regard to  
18 resources, would be, except for dependent child requirements,  
19 eligible for the aid to families with dependent children program  
20 under the State Plan for Title IV-A of the federal Social Security  
21 Act as of July 16, 1996, or groups of such individuals, including but  
22 not limited to, children in resource family placement under  
23 supervision of the Division of Child Protection and Permanency in  
24 the Department of Children and Families whose maintenance is  
25 being paid in whole or in part from public funds, children placed in  
26 a resource family home or institution by a private adoption agency  
27 in New Jersey or children in intermediate care facilities, including  
28 developmental centers for the developmentally disabled, or in  
29 psychiatric hospitals;
- 30 (7) Would be eligible for the Supplemental Security Income  
31 program, but is not receiving such assistance and applies for  
32 medical assistance only;
- 33 (8) Is determined to be medically needy and meets all the  
34 eligibility requirements described below:
  - 35 (a) The following individuals are eligible for services, if they  
36 are determined to be medically needy:
    - 37 (i) Pregnant women;
    - 38 (ii) Dependent children under the age of 21;
    - 39 (iii) Individuals who are 65 years of age and older; and
    - 40 (iv) Individuals who are blind or disabled pursuant to either 42  
41 C.F.R.435.530 et seq. or 42 C.F.R.435.540 et seq., respectively.
  - 42 (b) The following income standard shall be used to determine  
43 medically needy eligibility:
    - 44 (i) For one person and two person households, the income  
45 standard shall be the maximum allowable under federal law, but  
46 shall not exceed 133 1/3% of the State's payment level to two  
47 person households under the aid to families with dependent children

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1 program under the State Plan for Title IV-A of the federal Social  
2 Security Act in effect as of July 16, 1996; and

3 (ii) For households of three or more persons, the income  
4 standard shall be set at 133 1/3% of the State's payment level to  
5 similar size households under the aid to families with dependent  
6 children program under the State Plan for Title IV-A of the federal  
7 Social Security Act in effect as of July 16, 1996.

8 (c) The following resource standard shall be used to determine  
9 medically needy eligibility:

10 (i) For one person households, the resource standard shall be  
11 **【200% of the resource standard for recipients of Supplemental**  
12 **Security Income pursuant to 42 U.S.C. s.1382(1)(B)】** \$40,000;

13 (ii) For two person households, the resource standard shall be  
14 **【200% of the resource standard for recipients of Supplemental**  
15 **Security Income pursuant to 42 U.S.C. s.1382(2)(B)】** \$60,000;

16 (iii) For households of three or more persons, the resource  
17 standard in subparagraph (c)(ii) above shall be increased by  
18 **【\$100.00】** \$20,000 for each additional person; and

19 (iv) The resource standards established in (i), (ii), and (iii) are  
20 subject to federal approval **【and the resource standard may be lower**  
21 **if required by the federal Department of Health and Human**  
22 **Services】**.

23 (d) Individuals whose income exceeds those established in  
24 subparagraph (b) of paragraph (8) of this subsection may become  
25 medically needy by incurring medical expenses as defined in 42  
26 C.F.R.435.831(c) which will reduce their income to the applicable  
27 medically needy income established in subparagraph (b) of  
28 paragraph (8) of this subsection.

29 (e) A six-month period shall be used to determine whether an  
30 individual is medically needy.

31 (f) Eligibility determinations for the medically needy program  
32 shall be administered as follows:

33 (i) County welfare agencies and other entities designated by the  
34 commissioner are responsible for determining and certifying the  
35 eligibility of pregnant women and dependent children. The division  
36 shall reimburse county welfare agencies for 100% of the reasonable  
37 costs of administration which are not reimbursed by the federal  
38 government for the first 12 months of this program's operation.  
39 Thereafter, 75% of the administrative costs incurred by county  
40 welfare agencies which are not reimbursed by the federal  
41 government shall be reimbursed by the division;

42 (ii) The division is responsible for certifying the eligibility of  
43 individuals who are 65 years of age and older and individuals who  
44 are blind or disabled. The division may enter into contracts with  
45 county welfare agencies to determine certain aspects of eligibility.  
46 In such instances the division shall provide county welfare agencies

1 with all information the division may have available on the  
2 individual.

3 The division shall notify all eligible recipients of the  
4 Pharmaceutical Assistance to the Aged and Disabled program,  
5 P.L.1975, c.194 (C.30:4D-20 et seq.) on an annual basis of the  
6 medically needy program and the program's general requirements.  
7 The division shall take all reasonable administrative actions to  
8 ensure that Pharmaceutical Assistance to the Aged and Disabled  
9 recipients, who notify the division that they may be eligible for the  
10 program, have their applications processed expeditiously, at times  
11 and locations convenient to the recipients; and

12 (iii) The division is responsible for certifying incurred medical  
13 expenses for all eligible persons who attempt to qualify for the  
14 program pursuant to subparagraph (d) of paragraph (8) of this  
15 subsection;

16 (9) (a) Is a child who is at least one year of age and under 19  
17 years of age and, if older than six years of age but under 19 years of  
18 age, is uninsured; and

19 (b) Is a member of a family whose income does not exceed  
20 133% of the poverty level and who meets the federal Medicaid  
21 eligibility requirements set forth in section 9401 of Pub.L.99-509  
22 (42 U.S.C. s.1396a);

23 (10) Is a pregnant woman who is determined by a provider to be  
24 presumptively eligible for medical assistance based on criteria  
25 established by the commissioner, pursuant to section 9407 of  
26 Pub.L.99-509 (42 U.S.C. s.1396a(a));

27 (11) Is an individual 65 years of age and older, or an individual  
28 who is blind or disabled pursuant to section 301 of Pub.L.92-603  
29 (42 U.S.C. s.1382c), whose income does not exceed 100% of the  
30 poverty level, adjusted for family size, and whose resources do not  
31 exceed 100% of the resource standard used to determine medically  
32 needy eligibility pursuant to paragraph (8) of this subsection;

33 (12) Is a qualified disabled and working individual pursuant to  
34 section 6408 of Pub.L.101-239 (42 U.S.C. s.1396d) whose income  
35 does not exceed 200% of the poverty level and whose resources do  
36 not exceed 200% of the resource standard used to determine  
37 eligibility under the Supplemental Security Income Program,  
38 P.L.1973, c.256 (C.44:7-85 et seq.);

39 (13) Is a pregnant woman or is a child who is under one year of  
40 age and is a member of a family whose income does not exceed  
41 185% of the poverty level and who meets the federal Medicaid  
42 eligibility requirements set forth in section 9401 of Pub.L.99-509  
43 (42 U.S.C. s.1396a), except that a pregnant woman who is  
44 determined to be a qualified applicant shall, notwithstanding any  
45 change in the income of the family of which she is a member,  
46 continue to be deemed a qualified applicant until the end of the 60-  
47 day period beginning on the last day of her pregnancy;

48 (14) (Deleted by amendment, P.L.1997, c.272).

1 (15) (a) Is a specified low-income Medicare beneficiary pursuant  
2 to 42 U.S.C. s.1396a(a)10(E)iii whose resources **【beginning**  
3 **January 1, 1993】** do not exceed **【200% of】** the resource standard  
4 used to determine medically needy eligibility **【under the**  
5 **Supplemental Security Income program, P.L.1973, c.256 (C.44:7-**  
6 **85 et seq.)】 pursuant to paragraph (8) of this subsection** and whose  
7 income beginning January 1, 1993 does not exceed 110% of the  
8 poverty level, and beginning January 1, 1995 does not exceed 120%  
9 of the poverty level.

10 (b) An individual who has, within 36 months, or within 60  
11 months in the case of funds transferred into a trust, of applying to  
12 be a qualified applicant for Medicaid services in a nursing facility  
13 or a medical institution, or for home or community-based services  
14 under section 1915(c) of the federal Social Security Act (42 U.S.C.  
15 s.1396n(c)), disposed of resources or income for less than fair  
16 market value shall be ineligible for assistance for nursing facility  
17 services, an equivalent level of services in a medical institution, or  
18 home or community-based services under section 1915(c) of the  
19 federal Social Security Act (42 U.S.C. s.1396n(c)). The period of  
20 the ineligibility shall be the number of months resulting from  
21 dividing the uncompensated value of the transferred resources or  
22 income by the average monthly private payment rate for nursing  
23 facility services in the State as determined annually by the  
24 commissioner. In the case of multiple resource or income transfers,  
25 the resulting penalty periods shall be imposed sequentially.  
26 Application of this requirement shall be governed by 42 U.S.C.  
27 s.1396p(c). In accordance with federal law, this provision is  
28 effective for all transfers of resources or income made on or after  
29 August 11, 1993. Notwithstanding the provisions of this subsection  
30 to the contrary, the State eligibility requirements concerning  
31 resource or income transfers shall not be more restrictive than those  
32 enacted pursuant to 42 U.S.C. s.1396p(c).

33 (c) An individual seeking nursing facility services or home or  
34 community-based services and who has a community spouse shall  
35 be required to expend those resources which are not protected for  
36 the needs of the community spouse in accordance with section  
37 1924(c) of the federal Social Security Act (42 U.S.C. s.1396r-5(c))  
38 on the costs of long-term care, burial arrangements, and any other  
39 expense deemed appropriate and authorized by the commissioner.  
40 An individual shall be ineligible for Medicaid services in a nursing  
41 facility or for home or community-based services under section  
42 1915(c) of the federal Social Security Act (42 U.S.C. s.1396n(c)) if  
43 the individual expends funds in violation of this subparagraph. The  
44 period of ineligibility shall be the number of months resulting from  
45 dividing the uncompensated value of transferred resources and  
46 income by the average monthly private payment rate for nursing  
47 facility services in the State as determined by the commissioner.  
48 The period of ineligibility shall begin with the month that the

1 individual would otherwise be eligible for Medicaid coverage for  
2 nursing facility services or home or community-based services.

3 This subparagraph shall be operative only if all necessary  
4 approvals are received from the federal government including, but  
5 not limited to, approval of necessary State plan amendments and  
6 approval of any waivers;

7 (16) Subject to federal approval under Title XIX of the federal  
8 Social Security Act, is a dependent child, parent or specified  
9 caretaker relative of a child who is a qualified applicant, who would  
10 be eligible, without regard to resources, for the aid to families with  
11 dependent children program under the State Plan for Title IV-A of  
12 the federal Social Security Act as of July 16, 1996, except for the  
13 income eligibility requirements of that program, and whose family  
14 earned income,

15 (a) if a dependent child, does not exceed 133% of the poverty  
16 level; and

17 (b) if a parent or specified caretaker relative, beginning  
18 September 1, 2005 does not exceed 100% of the poverty level,  
19 beginning September 1, 2006 does not exceed 115% of the poverty  
20 level and beginning September 1, 2007 does not exceed 133% of  
21 the poverty level, plus such earned income disregards as shall be  
22 determined according to a methodology to be established by  
23 regulation of the commissioner;

24 The commissioner may increase the income eligibility limits for  
25 children and parents and specified caretaker relatives, as funding  
26 permits;

27 (17) Is an individual from 18 through 20 years of age who is not  
28 a dependent child and would be eligible for medical assistance  
29 pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), without regard to  
30 income or resources, who, on the individual's 18th birthday was in  
31 resource family care under the care and custody of the Division of  
32 Child Protection and Permanency in the Department of Children  
33 and Families and whose maintenance was being paid in whole or in  
34 part from public funds;

35 (18) Is a person 16 years of age or older and who is permanently  
36 disabled and working, and who pays the premium contribution and  
37 other cost sharing as established by the commissioner based solely  
38 on the applicant's earned and unearned income, subject to the limits  
39 and conditions of federal law.

40 A qualified applicant pursuant to this paragraph shall: (a) not be  
41 subject to any eligibility requirements regarding the earned or  
42 unearned income of the applicant or the applicant's spouse; and (b)  
43 remain eligible for medical care and services as provided under  
44 P.L.1968, c.413 for up to a period of one year if, through no fault of  
45 the applicant, a job loss occurs;

46 (19) Is an uninsured individual under 65 years of age who:

1 (a) has been screened for breast or cervical cancer under the  
2 federal Centers for Disease Control and Prevention breast and  
3 cervical cancer early detection program;

4 (b) requires treatment for breast or cervical cancer based upon  
5 criteria established by the commissioner;

6 (c) has an income that does not exceed the income standard  
7 established by the commissioner pursuant to federal guidelines;

8 (d) meets all other Medicaid eligibility requirements; and

9 (e) in accordance with Pub.L.106-354, is determined by a  
10 qualified entity to be presumptively eligible for medical assistance  
11 pursuant to 42 U.S.C. s.1396a(aa), based upon criteria established  
12 by the commissioner pursuant to section 1920B of the federal Social  
13 Security Act (42 U.S.C. s.1396r-1b);

14 (20) Subject to federal approval under Title XIX of the federal  
15 Social Security Act, is a single adult or couple, without dependent  
16 children, whose income in 2006 does not exceed 50% of the poverty  
17 level, in 2007 does not exceed 75% of the poverty level and in 2008  
18 and each year thereafter does not exceed 100% of the poverty level;  
19 except that a person who is a recipient of Work First New Jersey  
20 general public assistance, pursuant to P.L.1947, c.156 (C.44:8-107  
21 et seq.), shall not be a qualified applicant; or

22 (21) is an individual who:

23 (a) has an income that does not exceed the highest income  
24 eligibility level for pregnant women established under the State  
25 plan under Title XIX or Title XXI of the federal Social Security  
26 Act;

27 (b) is not pregnant; and

28 (c) is eligible to receive family planning services provided  
29 under the Medicaid program pursuant to subsection k. of section 6  
30 of P.L.1968, c.413 (C.30:4D-6) and in accordance with 42 U.S.C.  
31 s.1396a(ii).

32 j. "Recipient" means any qualified applicant receiving benefits  
33 under this act.

34 k. "Resident" means a person who is living in the State  
35 voluntarily with the intention of making his home here and not for a  
36 temporary purpose. Temporary absences from the State, with  
37 subsequent returns to the State or intent to return when the purposes  
38 of the absences have been accomplished, do not interrupt continuity  
39 of residence.

40 l. "State Medicaid Commission" means the Governor, the  
41 Commissioner of Human Services, the President of the Senate and  
42 the Speaker of the General Assembly, hereby constituted a  
43 commission to approve and direct the means and method for the  
44 payment of claims pursuant to P.L.1968, c.413.

45 m. "Third party" means any person, institution, corporation,  
46 insurance company, group health plan as defined in section 607(1)  
47 of the federal "Employee Retirement and Income Security Act of  
48 1974," 29 U.S.C. s.1167(1), service benefit plan, health



1 maintenance organization, or other prepaid health plan, or public,  
2 private or governmental entity who is or may be liable in contract,  
3 tort, or otherwise by law or equity to pay all or part of the medical  
4 cost of injury, disease or disability of an applicant for or recipient  
5 of medical assistance payable under P.L.1968, c.413.

6 n. "Governmental peer grouping system" means a separate  
7 class of skilled nursing and intermediate care facilities administered  
8 by the State or county governments, established for the purpose of  
9 screening their reported costs and setting reimbursement rates under  
10 the Medicaid program that are reasonable and adequate to meet the  
11 costs that must be incurred by efficiently and economically operated  
12 State or county skilled nursing and intermediate care facilities.

13 o. "Comprehensive maternity or pediatric care provider" means  
14 any person or public or private health care facility that is a provider  
15 and that is approved by the commissioner to provide comprehensive  
16 maternity care or comprehensive pediatric care as defined in  
17 subsection b. (18) and (19) of section 6 of P.L.1968, c.413  
18 (C.30:4D-6).

19 p. "Poverty level" means the official poverty level based on  
20 family size established and adjusted under Section 673(2) of  
21 Subtitle B, the "Community Services Block Grant Act," of  
22 Pub.L.97-35 (42 U.S.C. s.9902(2)).

23 q. "Eligible alien" means one of the following:

24 (1) an alien present in the United States prior to August 22,  
25 1996, who is:

26 (a) a lawful permanent resident;

27 (b) a refugee pursuant to section 207 of the federal "Immigration  
28 and Nationality Act" (8 U.S.C. s.1157);

29 (c) an asylee pursuant to section 208 of the federal  
30 "Immigration and Nationality Act" (8 U.S.C. s.1158);

31 (d) an alien who has had deportation withheld pursuant to  
32 section 243(h) of the federal "Immigration and Nationality Act" (8  
33 U.S.C. s.1253 (h));

34 (e) an alien who has been granted parole for less than one year  
35 by the U.S. Citizenship and Immigration Services pursuant to  
36 section 212(d)(5) of the federal "Immigration and Nationality Act"  
37 (8 U.S.C. s.1182(d)(5));

38 (f) an alien granted conditional entry pursuant to section  
39 203(a)(7) of the federal "Immigration and Nationality Act" (8  
40 U.S.C. s.1153(a)(7)) in effect prior to April 1, 1980; or

41 (g) an alien who is honorably discharged from or on active duty  
42 in the United States armed forces and the alien's spouse and  
43 unmarried dependent child.

44 (2) An alien who entered the United States on or after August  
45 22, 1996, who is:

46 (a) an alien as described in paragraph (1)(b), (c), (d) or (g) of  
47 this subsection; or

1 (b) an alien as described in paragraph (1)(a), (e) or (f) of this  
2 subsection who entered the United States at least five years ago.

3 (3) A legal alien who is a victim of domestic violence in  
4 accordance with criteria specified for eligibility for public benefits  
5 as provided in Title V of the federal "Illegal Immigration Reform  
6 and Immigrant Responsibility Act of 1996" (8 U.S.C. s.1641).  
7 (cf: P.L.2021, c.344, c.1)

8  
9 2. (New Section) a. Notwithstanding the provisions of any other  
10 law to the contrary, the following resource standards shall be used to  
11 determine eligibility for a qualified applicant or beneficiary for  
12 medical care and services as provided under P.L.1968, c.413 whose  
13 eligibility is not determined using the modified adjusted gross income-  
14 based financial methods, as specified in 42 U.S.C. s.1396a(e)(14), or  
15 who is seeking coverage under the NJ Workability Program, pursuant  
16 to paragraph (18) of subsection i. of section 3 of P.L.1968, c.413  
17 (C.30:4D-3):

18 (1) For one person households, the resource standard shall be  
19 \$40,000;

20 (2) For two person households, the resource standard shall be  
21 \$60,000; and

22 (3) For households of three or more persons, the resource  
23 standard in subsection b. of this section shall be increased by  
24 \$20,000 for each additional person.

25 b. The provisions of this section shall not be construed to alter  
26 the absence of a resource requirement for the NJ Workability  
27 Program, as provided in paragraph (18) of subsection i. of section 3  
28 of P.L.1968, c.413 (C.30:4D-3).

29  
30 3. (New section) Notwithstanding the provisions of any other law  
31 to the contrary, and pursuant to the federal flexibilities provided under  
32 section 1902(r)(2) of the Social Security Act (42 U.S.C. 1396a(r)(2) )  
33 regarding asset eligibility for Medicare Savings Programs, the  
34 following resource standards shall be used to determine eligibility for a  
35 qualified applicant for the Qualified Medicare Beneficiary Program,  
36 the Specified Low-Income Medicare Beneficiary Program, and the  
37 Qualifying Individual Program:

38 a. For one person households, the resource standard shall be  
39 \$40,000;

40 b. For two person households, the resource standard shall be  
41 \$60,000; and

42 c. For households of three or more persons, the resource  
43 standard in subsection b. of this section shall be increased by  
44 \$20,000 for each additional person.

45  
46 4. The Commissioner of Human Services shall apply for such  
47 State plan amendments or waivers as may be necessary to implement

1 the provisions of this act and to secure federal financial participation  
2 for State Medicaid expenditures under the federal Medicaid program.

3

4 5. The Commissioner of Human Services, pursuant to the  
5 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.),  
6 shall adopt rules and regulations necessary to implement the  
7 provisions of this act.

8

9 6. This act shall take effect immediately.

10

11

12

STATEMENT

13

14 This bill increases the resource threshold for certain non-  
15 Modified Adjusted Gross Income (MAGI) Medicaid eligibility  
16 groups, or those applicants who are over 65 years of age or  
17 disabled, such as individuals eligible for nursing homes services;  
18 Medicare Shared Savings Programs; the Medically Needy pathway;  
19 and home and community-based services. This bill does alter any  
20 eligibility requirements regarding the NJ Workability Program, a  
21 non-MAGI eligibilty pathway which offers full Medicaid coverage  
22 to working disabled individuals whose income or assets would  
23 otherwise make them ineligible. Currently, NJ Workability does  
24 not limit eligibility based on resources.

25 Generally, in increasing the resource standard under these  
26 programs, this bill more closely aligns resource requirements under  
27 Medicaid for these populations with individuals under 65 years of  
28 age without disabilities, also known as the MAGI eligibility group,  
29 who currently do not have a resource test to determine eligibility  
30 pursuant to the federal "Affordable Care Act."

31 The current resource standards for the affected eligibility groups  
32 varies. For example, an individual applying for the Medicaid  
33 Managed Long-Term Services and Supports is required to have  
34 resources of less than \$2,000, while an individual applying for a  
35 Medicare Savings Program can have resources up to \$9,090.