

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510-05 Non-ACA Medicaid Eligibility Factors. This manual letter incorporates changes made with the following IM's, if the information in the IM continues to be valid.

- IM 5326 2018 Federal Poverty Level Changes
 - IM 5326 2018 Health Care Coverage Income Eligibility Level Chart
- IM 5328 Basic Care Remedial Rates
 - IM 5328 Attachment Remedial Rates
- IM 5330 Medicaid Coverage for Children in Foster Care and Those Aging out of Foster Care
- IM 5332 Basic Care Remedial Rates
 - IM 5332 Attachment Remedial Rates
- IM 5334 2018 Change in ABLE Account Contributions
- IM 5335 Payments to Relatives for Services Received
- IM 5342 Average Cost of Nursing Facility Care
- IM 5343 Community Spouse Income and Asset Limits and Home Equity Limits for 2019
- IM 5344 Appeals
- IM 5345 2019 Health Care Coverage Poverty Levels
 - IM 5345 2019 Health Care Coverage Income Eligibility Level Chart
- IM 5346 Asset Limits for the Medicare Savings Program
- IM 5347 Basic Care Remedial Rates
 - IM 5347 Attachment Remedial Rates
- IM 5351 Children with Disabilities
- IM 5352 Basic Care Remedial Rates
 - IM 5352 Attachment Remedial Rates
- IM 5354 Annuities
- IM 5355 Excluded Assets (Burial Provision) as amended
- IM 5359 Medicare Premium Assistance Program

Par. 2. **Effective Date** – Policy changes included in this manual letter are effective December 1, 2019. Policy that was incorporated with the IM's is effective based on the date listed in the IM. Items that include a change in policy are indicated in **red**.

Definitions 510-05-05

For the purpose of this chapter:

10. Individuals who are not eligible as an ACA Individual defined in #'s 1 thru 7 above, who were in North Dakota foster care (Title IV-E, state-funded non-IV-E), ~~or~~ tribal **or Unaccompanied Refugee Minor** **and on ND Medicaid** in the month they turned age 18 must be covered through the month in which they turn age 26 with no budget test.

(Exception: Those eligible under Children, Pregnant Women, or Parent Caretaker Group must be covered under those categories.)

Appeals 510-05-25-30

1. Applicants or recipients of Medicaid who are dissatisfied with a decision made by the county agency or the North Dakota Department of Human Services, or who have not had their application acted on with reasonable promptness, may appeal to the North Dakota Department of Human Services.
2. A request to appeal **must** **may** be in writing, **over the telephone, internet, mail, in person or through other commonly available means**. The appeal must be filed no later than 30 days from the **mail** date **on** the notice of action **is-mailed**. When an applicant or recipient requests a hearing without completing the SFN 162, Request for Hearing, the county must complete an SFN 162, Request for Hearing, based on the information available. When the county is completing the SFN 162, the form is not signed by the county.

Coverage Groups 510-05-30**Groups Covered Under Medicaid 510-05-30-05**

2. Optional Categorically Needy Group:

- c. Children with Disabilities under age 19 (including the month attaining age 19) who meet medically needy nonfinancial criteria, have income at or below ~~200~~ 250% of the poverty level, and are not eligible for full Medicaid benefits under any other provision. Effective April 2008.

Foster Care and Related Groups 510-05-55**Foster Care 510-05-55-05**

For Medicaid purposes, a child is not considered to be in foster care unless the child is an Unaccompanied Refugee Minor (URM) in the custody of Lutheran Social Services OR for non-URM youth and all the following requirements are met:

**~~Medicare Savings Programs Medicare Premium Assistance Program~~
510-05-60****~~General Information 510-05-60-05 (Medicare Savings Medicare Premium Assistance Program)~~**

There are two ways an individual can receive assistance with their Medicare premiums and Medicare costs.

1. The SSI Buy-In program is the primary coverage for SSI individuals who may qualify for assistance with their Medicare premiums.
2. The Medicare Savings Programs are available to assist with Medicare premiums and costs for people with limited income and assets. These programs include coverage of Qualified Medicare Beneficiaries (QMB), Specified Low-income Medicare Beneficiaries (SLMB), and Qualifying Individuals (QI).

~~All medically needy technical and financial eligibility factors apply to the Medicare Savings Programs except as identified in sections 05-60-10 through 05-60-35.~~

Individuals Covered and Benefits 510-05-60-10

(N.D.A.C. Sections 75-02-02.1-22(1) and 75-02-02.1-10)

Individuals who are ~~in receipt of SSI income and have Medicare will be determined~~ eligible under the SSI Buy-In program. ~~Individuals covered under SSI Buy-In are not eligible to be covered for coverage~~ under the Medicare Savings Programs for the same time period. The SSI Buy-In program is the primary coverage for individuals who could qualify under both programs.

There are two exceptions:

1. ~~Exception:~~ For individuals whose fluctuating income causes them to 'bounce' off and on SSI, the preferred coverage is under the Medicare Savings Program during the period of fluctuating income.
2. ~~Individuals that want Medicare Part A coverage, but do not have free Medicare Part A coverage, and are requesting that ND pay the Medicare Part A premium. If the individual comes from another state and the other state has been or is paying the Medicare Part A premium and they are eligible for QMB coverage ND would continue to cover the Medicare Part A.~~

~~Individuals not eligible for SSI buyin, coverage will be determined under the Medicare Savings Program. The individual must have Medicare Part A to be eligible under the following coverage types.~~

1. ~~Qualified Medicare Beneficiaries (QMB) are entitled only to Medicare cost sharing benefits beginning in the month following the month in which the eligibility determination is made (i.e. the application is received on March 29, eligibility is determined in April, the first month of QMB eligibility is May).~~

2. Specified Low-Income Medicare Beneficiaries (SLMB) are entitled only to payment of their Medicare Part B premium. Eligibility may be established for as many as three calendar months prior to the month in which the application was received or the date the Social Security Administration received the Low-Income Subsidy application.
3. Qualifying Individuals (QI1) are entitled only to payment of their Medicare Part B premium. Eligibility may be established for as many as three calendar months prior to the month in which the application was received or the date the Social Security Administration received the Low-Income Subsidy application. A review of eligibility is required in December of each year to establish continued eligibility for the coming year.

Qualifying Individuals cannot be in receipt of any other Medicaid benefits for the same time period. A Qualifying Individual can request coverage for other Medicaid benefits, and eligibility can be established, only if the Qualifying Individual repays the Medicare cost sharing benefits received for the month(s) the other Medicaid benefits are needed. Medicaid benefits can only be authorized after the Medicare cost sharing benefits have been repaid.

When a recipient needs to repay Medicare cost sharing benefits, a check or money order can be made payable to the "North Dakota Department of Human Services" and collected by the county agency. The county agency must forward the check or money order to the Finance Division of the North Dakota Department of Human Services with a completed Medicaid credit form, SFN 828. A copy of the form can be found at 05-100-55.

Each year the federal government allocates a set amount of funds that can be used to provide coverage for Qualifying Individuals. In the event that the allocation for this state is exhausted in any given year, current recipients remain eligible, but additional persons cannot be added.

4. Qualified Disabled Working Individuals (QDWI) are entitled to payment of their Medicare Part A premium only. To be eligible the individual needs to be under 65 years old, working, has lost their premium-free Medicare Part A due to returning to work, are receiving medical assistance and

meet the income and resource limits. (The eligibility determination for this group will temporarily be done by the Medicaid Eligibility Division of the North Dakota Department of Human Services.) Coverage for this group began July 1, 1990.

Asset Considerations for the Medicare Premium Assistance Savings Programs 510-05-60-15

(N.D.A.C. Section 75-02-02.1-22(4))

Medically needy asset considerations, valuation of assets, and forms of asset ownership apply to SSI Buy-In and Medicare Savings Programs. The Medicare Savings Programs eligibility determinations has three exceptions:

1. Half of a liquid asset held in common with another QMB, SLMB, or QI is presumed available;
2. Assets owned by a child, under age twenty-one, in the unit are not considered available in determining eligibility for the child's parent, except that all liquid assets held in common by the child and the parent are considered available to the parent; and
3. Assets owned by a parent or spouse who is not residing with an applicant or recipient for a part of a month are not considered available for that month unless the assets are liquid assets held in common. This provision does not apply to situations where either the parent, spouse, or child is away from the home for a full calendar month for the purposes of work or school.

Asset Limits for the Medicare Premium Assistance Savings Program 510-05-60-20

(N.D.A.C. Section 75-02-02.1-26 and N.D.A.C. Section 75-02-02.1-22(5))

No person may be found eligible for the SSI Buy-In unless the total value of all non-excluded assets does not exceed the limit at Section 05-70-15.

No person may be found eligible for the Medicare Savings Programs unless the total value of all non-excluded assets does not exceed the limit established for

the Medicare Part D Low Income Subsidy. This amount changes annually. Effective with the benefit month of January ~~2018~~ 2019, the limits are:

1. ~~\$7,560~~ 7730 for a one-person unit (~~\$7,390~~ 7560 in ~~2017~~ 2018); or
2. ~~\$11,340~~ 11,600 for a two-person unit (~~\$11,090~~ 11,340 in ~~2017~~ 2018).

Assets Which are Excluded for the Medicare ~~Premium Assistance Savings~~ Programs 510-05-60-25

(N.D.A.C. Section 75-02-02.1-28.1)

~~Medically needy excluded assets are excluded for SSI~~ Buy-In ~~based on the policy at Section 05-70-30~~. Medically needy excluded assets are ~~also~~ excluded for the Medicare Savings Programs with the following exceptions:

1. Instead of the home, a residence occupied by the person, the person's spouse, or the person's dependent relative is excluded.

The residence includes all contiguous lands, including mineral interests, upon which it is located. The residence may include a mobile home suitable for use, and being used, as a principle place of residence. The residence remains excluded during temporary absence of the individual from the residence, so long as the individual intends to return. Renting or leasing part of the residence to a third party does not affect this definition. Terms used in this subsection have the following meaning:

- a. "Relative" means a child, stepchild, grandchild, parent, stepparent, grandparent, aunt, uncle, niece, nephew, brother, sister, stepbrother, stepsister, half-brother, half-sister, first cousin, or in-law.
- b. "Dependent" means an individual who relies on another for financial, medical, and other forms of support, provided that an individual is financially dependent only when another individual may lawfully claim the financially dependent individual as a dependent for federal income tax purposes.

2. **Before August 1, 2019** - The applicant or recipient may choose either the North Dakota Medicaid **irrevocable itemized burial provision** or the SSI burial provision. **After August 1, 2019** - The applicant or recipient may choose either the North Dakota Medicaid irrevocable itemized burial contract provision or the SSI burial provision.

Income Considerations for the Medicare **Premium Assistance Savings Program 510-05-60-30**

(N.D.A.C. Section 75-02-02.1-22(7))

Income calculations must consider income in the manner provided for in the medically needy income considerations; unearned income; earned income; disregarded income; and income deductions; **with the following exceptions for the Medicare Savings Program:**

1. Married individuals living separate and apart from a spouse (for the full calendar month) are treated as single individuals;
2. The income disregards in 05-85-30 are allowed regardless of the individuals living arrangement;
3. The earned income of any blind or disabled student under age 22 is disregarded;
4. The \$20 income deduction (described in 05-85-35 (9) and the \$65 plus one-half income deduction (described in 05-85-35(11)(e)) are allowed regardless of the individual's living arrangement; and
5. The following income deductions are not allowed:
 - a. The cost of premiums for health insurance;
 - b. Medical expenses for necessary medical or remedial care incurred by a member of a Medicaid unit;
 - c. The cost of premiums for long term care insurance;

- d. Transportation expenses necessary to secure medical care;
- e. The cost of remedial care for an individual residing in a specialized facility; or
- f. The mandatory payroll deductions withheld from earned income for aged, blind, or disabled applicants or recipients.

Income Levels for the Medicare Premium Assistance Savings Programs 510-05-60-35

Refer to Section 05-85-40 for the SSI Buy-In under the Categorically Needy income level and the Medicare Savings Programs income levels.

Note: Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for Medicare Savings Programs for January, February, and March. This disregard prevents applicants and recipients from becoming ineligible pending issuance of the new poverty levels which are effective April 1 of each year.

Community Spouse Asset Allowance 510-05-65-20

1. The community spouse asset allowance is determined by first establishing a spousal share. The spousal share is an amount equal to one half of the total value of all countable assets owned (individually or jointly) by the institutionalized, HCBS, or community spouse.

Example:

If the couple's countable assets are:	The community spouse share is:
\$25,000	\$12,500
\$90,000	\$45,000
\$250,000	\$125,000

From the spousal share, the community spouse asset allowance is established, and is an amount that is equal to the community spouse share, but not less than ~~\$24,720~~ 25,284, and not more than ~~\$123,600~~ 126,420, effective January ~~2018~~ 2019 (~~\$24,180~~ 24,720 and ~~\$120,900~~ 123,600 effective January ~~2017~~ 2018).

Example:

If the Spousal share is:	The community spouse asset allowance is:
\$12,500	\$24,720 25,284 (at least the minimum)
\$45,000	\$45,000
\$125,000 130,000	\$123,600 126,420 (one-half is more than the maximum allowed, so the community spouse gets the maximum)

Assets Which are Excluded for Spousal Impoverishment 510-05-65-25

The medically needy excluded assets are excluded with the following exceptions:

2. ~~Before August 1, 2019~~-The institutionalized or HCBS spouse may choose either the North Dakota Medicaid burial provision or the SSI burial provision. The community spouse is only allowed the SSI burial provision. ~~After August 1, 2019-The institutionalized or HCBS spouse may choose either the North Dakota Medicaid irrevocable itemized burial contract provision or the SSI burial provision.~~

Home Equity Limit 510-05-70-27

(N.D.A.C. Section 75-02-02.1-27)

The Deficit Reduction Act of 2005 established limits on the home equity an individual may have and still qualify for coverage of nursing care services through Medicaid.

Applicants or recipients who apply for Medicaid coverage on or after January 1, ~~2006~~ 2019 are not eligible for coverage of nursing care services (which include HCBS) if the individual's equity interest in the individual's home exceeds ~~\$572,000~~ 585,000 ~~effective January 1, 2018~~. The applicant or recipient may, however, be eligible for other Medicaid benefits.

This provision does not apply if one of the following individuals lives in the home:

1. A spouse;
2. A son or daughter who is under age twenty-one; or
3. A son or daughter of any age who is blind or disabled.

Excluded Assets 510-05-70-30

8. ~~Before August 1, 2019~~ - Any ~~pre-need irrevocable funeral funds service contracts, prepayments or deposits, regardless of ownership, which total \$6000 or less, which are~~ designated by an applicant or recipient for the applicant's or recipient's burial. ~~When an individual moves to North Dakota from another state, North Dakota Medicaid will honor the burial plan set up in the other state based on the other state's burial provision. An applicant or recipient designates a prepayment or deposit for his or her burial by providing funds that are used for that purpose. Only those prepayments paid by members of the Medicaid unit are considered as burial prepayments.~~

Earnings accrued on the total amount of the irrevocable designated burial fund are excluded.

A burial plot for each family member (eligible or ineligible) will also be excluded. A burial plot is defined to include a grave site, crypt, or mausoleum. (Effective July 1, 1996.)

- a) Individuals with burial funds set up prior to August 1, 2019 can change their revocable burial to an irrevocable burial. Once the burial is changed to an irrevocable burial fund it will be excluded in its entirety.

~~Markers, monuments, and vaults that have been pre-purchased separately from a pre-need funeral service contract are not considered part of a burial plot and are not considered as prepayments or deposits for burial. These items are countable assets for Medicaid, based on their current market value. A marker or monument that has already been engraved with some of the individual's information will likely have a reduced value. It may still have a market value, however, the value will be reduced by the cost to resurface the marker or monument. When a double marker has been purchased and one spouse has already passed away, it can be determined that there is no resale value for the marker.~~

~~a. A purchaser of a pre-need funeral service may make a certain amount of the pre-need funds irrevocable. The irrevocable amount may not exceed the amount of the burial asset exclusion at the time the contract is entered, plus the portion of the \$3,000 asset limitation the purchaser designates for funeral expenses. The value of an irrevocable burial arrangement must be considered towards the burial exclusion. Amounts that may be designated as irrevocable vary from state to state. When an individual moves to North Dakota from another state, North Dakota Medicaid will honor the other state's limits on these burials. The value of an irrevocable burial arrangement must be considered applied towards the burial exclusion first. Amounts that may be designated as irrevocable vary from state to state and another State's law may allow more than North Dakota. When an individual moves to North Dakota from another state, North Dakota Medicaid will honor the other state's limits on these burials irrevocable burial following the irrevocable burial laws in that state.~~

Example: ~~In 2013, the burial asset exclusion is \$6,000 and, while it is not wise to do so, the individual may put the remaining \$3,000 of their asset limit into burial funds. If the individual puts \$9,000 into an irrevocable burial fund, the \$9,000 is applied to the \$6,000 burial exclusion and the \$3000 that exceeds the burial exclusion is a countable asset. This individual may not have one cent in additional assets and be eligible for Medicaid.~~

~~**Note #1:** This individual may not have one cent in additional assets and be eligible for Medicaid.~~

~~**Note #2:** If the individual in the above example put \$15,000 in an irrevocable burial fund, and requires Medicaid coverage for nursing care services within the 5 years look back period, amounts exceeding the \$9,000 maximum would be a disqualifying transfer because the individual is taking available assets and making them unavailable.~~

~~**Example:** John Smith purchased a prepaid burial in the amount of \$7500 with his local funeral home. The funeral home is the owner of the burial fund, and it is irrevocable. John has also designated \$2500 in a CD for his burial. Because irrevocable burial funds must first be applied to the \$6000 burial exclusion, \$6000 is not a countable asset, but the excess \$1,500 is. The \$2500 CD designated for burial is also a countable asset which makes John exceed the asset test by \$1000 and be ineligible for Medicaid.~~

~~**Example:** Jim Smith has an irrevocable burial account in the amount of \$4,000. He also wishes to designate his savings account of \$5,500. Because the irrevocable burial MUST be applied towards the \$6000 burial exclusion, only \$2,000 of the savings account may be excluded. The remaining \$3,500 in the savings, can still be designated for burial, but is a countable asset. If this individual is single or has other assets, he will fail the asset test.~~

b) Any funds, insurance or other property given to another person or entity in contemplation that its value will be used to meet the burial needs of the applicant or recipient must be in an **irrevocable itemized burial fund**. ~~considered towards the burial exclusion. This includes any funds set aside in a separate account or used to purchase insurance or any other burial product. Any amount in excess of the \$6000 burial exclusion is a countable asset if the fund, insurance, or other property has a cash value, fair market value, or surrender value.~~

~~**Example:** A Medicaid recipient with an insurance policy that is designated for burial previously transferred ownership of the policy to his daughter. The policy has a current cost basis of \$6400 and cash surrender value (CSV) of \$7500. The insurance policy is considered to be transferred in trust to meet the burial needs of the recipient. \$6000 is excluded under the burial exclusion and the additional \$400 in cost basis is a countable asset to the recipient ($\$6400 - \$6000 = \$400$). The extra~~

~~\$1100 in cash surrender value is earnings and is excluded (\$7500 CSV – \$6400 cost basis = \$1100 earnings).~~

- c) Normally a life insurance policy is a countable asset valued at its cash surrender value, however, when a whole life insurance policy or an annuity is placed in an irrevocable designated for burial fund, the whole life insurance or annuity is exempt. ~~the amount considered designated for burial is the lesser of the cost basis or the face value of the insurance policy. The prepayments on the life insurance policy or annuity are the total premiums that have been paid less amounts paid for any riders and less any withdrawals of premiums paid. They are identified as the "remaining cost basis." Only those prepayments (remaining cost basis) paid by members of the Medicaid unit are considered as burial prepayments. Premium payments made by insurance dividends or disability insurance plans do not increase the remaining cost basis. Loans on life insurance affect the net cash surrender value only and do not affect remaining cost basis.~~

~~If the life insurance policy or annuity has a cash surrender value that exceeds the remaining cost basis, the excess cash surrender value is considered accrued earnings and are excluded. The following are two examples showing how remaining cost basis and cash surrender value are applied to the burial provision:~~

~~**Example 1:** An applicant has a life insurance policy with a face value of \$5000. The policy remaining cost basis is \$2400 and the cash surrender value is \$2900. The \$2400 remaining cost basis is considered to be the designated burial. The excess cash surrender value of \$500 is considered accrued earnings and is excluded.~~

~~**Example 2:** An applicant has an annuity with a face value of \$7000. The annuity remaining cost basis is \$6200 and the surrender value is \$6500. Only \$6000 of the remaining cost basis is excluded for burial. The remaining \$200 is counted toward the asset limit. The excess surrender value of \$300 is considered accrued earnings and is excluded.~~

~~**Example 3:** An applicant has a life insurance policy with a face value of \$6,000. The cost basis of the policy is \$7,000 and the cash surrender value is \$7,500. Because the \$6,000 face value is less~~

~~than the cost basis, if designated for burial, the prepaid burial would be \$6,000. The difference between the cash surrender value and the face value is considered accrued earnings and is excluded.~~

~~In these three examples, if the cash surrender value had been less than the remaining cost basis, there would be no earnings exclusion.~~

~~Withdrawals from life insurance policies that reduce the face value of the life insurance also reduce the remaining cost basis and cash surrender value of the policy. Some applicants may make withdrawals to reduce the value of the insurance policy in order to qualify for Medicaid. Such withdrawals do not affect the designation of the insurance for burial.~~

~~**Example:** An applicant has a life insurance policy with a remaining cost basis of \$7500 and a cash surrender value of \$9000. The applicant intended the policy for his burial expenses. When the applicant applied for Medicaid, he withdrew (not borrowed) \$3000 from the policy, and spent it down, so he could be asset eligible. By withdrawing \$3000, the policy's face value was reduced, the remaining cost basis was reduced to \$4500, and the cash surrender value was reduced to \$6000. The applicant's current designated burial is \$4500 with \$1500 in earnings.~~

- d. A fund is considered to be designated for burial when it is in an irrevocable fund. ~~identified as such on the account or by the applicant's or recipient's statement. A designated account can have more than one owner as long as the account is designated for only one person's burial and, a burial account does not have to be in the applicant's or recipient's name. Life insurance that is designated for burial, however, must cover the life of the person for whom it is designated.~~
- e. The **irrevocable** burial fund must be identifiable and cannot be commingled with other funds. ~~Checking accounts are considered to be commingled.~~
- f. ~~An applicant or recipient may designate all or a portion of the \$3000 asset limitation for funeral purposes. These additional assets designated for burials are not excluded for purposes of this provision,~~

~~but any earnings accrued to these additional funds are excluded.~~

- f. An **irrevocable** burial fund, which is established at the time of application, can apply retroactively to the three month prior period and the period in which the application is pending, if the value of all assets is within the Medicaid limits for each of the prior months.
~~Future earnings on the newly established burial fund will be excluded.~~
- g. ~~Prepayments or deposits~~ Irrevocable burial funds cannot be ~~designated established~~ for an individual's burial after the individual's death.
- h. At the time of application, the value of a designated burial fund is determined by ~~funds set aside in an irrevocable fund. identifying the value of the prepayments which are subject to the burial exclusion and asset limit amounts.~~

~~Designated burial funds, other than life insurance, which have been decreased prior to application for Medicaid will be considered redesignated as of the date of last withdrawal. The balance at that point will be considered the prepayment amount and earnings from that date forward will be disregarded.~~

~~**For example:** A savings account of \$5000 designated for burial has grown to \$8000. The owner withdraws \$1000 before application for Medicaid. All \$7000 is now considered to be the principal amount designated. \$6000 would be excluded for burial and the remaining \$1000 would be applied to the \$3000 asset limit.~~

~~Reductions made in a designated burial fund, other than life insurance, after application for Medicaid will first reduce the amount of earnings.~~

~~**For example:** A savings account of \$3000 designated for burial has grown to \$5000. The owner withdraws \$1000 after application for Medicaid. Of the remaining \$4000, the designated burial remains at \$3000, with \$1000 considered as excluded interest.~~

~~j. Burial funds can be moved to different accounts or financial institutions without being considered redesignated if the applicant or recipient can demonstrate the amount that was principal from that which was earnings, and these amounts are consistent in the new account or financial institution.~~

- i. Information regarding the burial fund of a deceased recipient must be released to funeral home personnel upon request.

9. After August 1, 2019 - Any pre-need funeral service contracts, prepayments or deposits to a fund which are placed in an irrevocable itemized funeral contract designated by an applicant or recipient for the applicant's or recipient's burial. An applicant or recipient designates a prepayment of deposit for his or her burial by providing funds that must be used for that purpose. Only those prepayments paid by members of the Medicaid unit are considered as burial prepayments.
- a. When an individual moves to North Dakota from another state, North Dakota Medicaid will honor the burial plan set up in the other state based on the other state's burial provision.
 - b. Earnings accrued on the total amount of the irrevocable itemized burial contract are excluded.
 - c. A burial plot for each family member (eligible or ineligible) will also be excluded. A burial plot is defined to include a grave site, crypt, or mausoleum. (Effective July 1, 1996)
 - d. Markers, monuments, and vaults that have been pre-purchased separately from an irrevocable itemized funeral contract are not considered part of a burial plot and are not exempt. These items are countable assets for Medicaid, based on their current market value. A marker or monument that has already been engraved with some of the individual's information will likely have a reduced value. It may still have a market value; however, the value will be reduced by the cost to resurface the marker or monument. When a double marker has been purchased and one spouse has already passed away, it can be determined that there is no resale value for the marker.

- e. Individuals with burial funds set up prior to August 1, 2019 can change their revocable burial to an irrevocable itemized burial. Once the burial is changed to an irrevocable itemized burial contract it will be excluded in its entirety.
- f. Normally a life insurance policy is countable asset valued at its cash surrender value, however, when a whole life insurance policy or an annuity is used to pay for an irrevocable itemized burial contract, the whole life insurance policy or annuity is exempt. Life insurance that is designated for burial must cover the life of the person for whom it is designated.
- g. Information regarding the burial fund of a deceased recipient must be released to the funeral home personnel upon request.

24. Achieving a Better Life Experience (ABLE) Accounts

An individual with significant disabilities that meets established criteria is eligible for one ABLE account. The account may be opened at any age, but the disability must have an age of onset before the age of 26 and the disability must still exist at the time the ABLE account is opened.

- If the individual is receiving SSI and/or SSDI and meets the age criteria, that individual qualifies.
- If not receiving SSI and/or SSDI, the individual must meet Social Security's definition and criteria regarding significant functional limitations and may be asked to provide certification from a licensed physician.

The total annual contributions for a single tax year, regardless of the number of contributors, are is ~~\$14,000~~ 15,000, effective January 2018 (\$14,000 effective January 2017). For individuals with disabilities who are recipients of SSI, the ABLE Act sets some further limitations. When the total account balance meets a Plan's maximum balance limit, additional contributions into an ABLE account will not be accepted. Each state sets its own maximum balance limit.

Valuation of Annuities 510-05-70-45-15

1. The value of a countable annuity is:

- a. If the annuity may be surrendered to its issuing entity for a refund or payment of a specified amount or provides an available lump-sum settlement option, an amount equal to the total available proceeds from that refund, surrender, or settlement; and
- b. For any other annuity, an amount equal to either:
 - i. Its value as a contractual right to receive money payments (value of outstanding payments due); or
 - ii. Following a good faith effort to sell the annuity, an amount equal to the highest amount offered by a buyer ready and able to complete the purchase of the annuity or the right to receive a stream of income consisting of the payments yet to come due under the terms of the annuity. ~~(An annuity in which a payment option was selected before August 1, 2005, may indicate that it is non-assignable and irrevocable, however, the income stream from the annuity may still be sold. An annuity in which a payment option is selected on or after August 1, 2005, is considered assignable by state law unless the annuity meets all of the requirements of (05-70-45-25(2)(c), or 05-70-45-30(3)(c). This state law provision applies even if the annuity indicates that it is non-assignable.)~~

Annuities Purchased Before ~~August 1, 2005~~ February 8, 2006 510-05-70-45-20

1. Any payment received from the annuity is income, ~~regardless whether the annuity itself is countable as an asset or is considered a disqualifying transfer.~~

2. Annuities are not considered disqualifying transfers. ~~An annuity in which a payment option was selected **before August 1, 2005** is counted as an available asset in the asset test unless:~~
- ~~a. The annuity must be considered a disqualifying transfer and the penalty period is not finished (if the penalty period is finished and the applicant or recipient still owns the annuity, the annuity may be considered an available asset);~~
 - ~~b. The annuity has been annuitized and constitutes an employee benefit annuity that cannot be surrendered; or~~
 - ~~c. The annuity meets all of the following conditions:~~
 - ~~i. The annuity is irrevocable and cannot be assigned to another person;~~
 - ~~ii. The issuing entity is an insurance company or other commercial company that sells annuities as part of the normal course of business;~~
 - ~~iii. The annuity provides substantially equal monthly payments, no less frequently than annually, such that the total annual payment in any year varies by five percent or less from the total annual payment of the previous year and does not provide for a balloon or deferred payment of principal or interest;~~
 - ~~iv. The annuity will return the full purchase price and interest within the purchaser's life expectancy; and~~
3. Annuities are not a countable asset unless the individual is able to liquidate the annuity, or the annuity is revocable. ~~An annuity **purchased before August 1, 2005**, but for which the **payment option** is **selected** from **August 1 2005, through February 7, 2006**, is counted as an available asset unless the annuity is considered a disqualifying transfer and the penalty period is not finished, or the annuity is a qualified employee benefit that cannot be surrendered. State law considers any annuity in which a payment option is selected on or after August 1, 2005, as assignable unless it meets the~~

~~requirements in 05-70-45-25(2)(c). To meet those requirements, the annuity would have to have been purchased on or after August 1, 2005.~~

~~4. The annuity is considered a disqualifying transfer unless:~~

- ~~a. The payment option was selected prior to the individual's, or the individual's spouse's look-back date;~~
- ~~b. The annuity is a qualified employee benefit annuity;~~
- ~~c. The annuity meets all of the requirements in (2)(c) above; or~~
- ~~d. The annuity is a third party annuity.~~

~~5. The uncompensated value of an annuity that is considered a disqualifying transfer is an amount equal to the remaining payments due from the annuity (or the applicant or recipient can show the outstanding principal amounts due, if that information can be attained).~~

~~6. The date of the disqualifying transfer is the date the payment option was selected on the annuity, or if later, the date the annuity was changed so the annuity could no longer be surrendered.~~

~~Annuities Purchased from August 1, 2005 Through February 7, 2006 510-05-70-45-25~~

~~REPEAL~~

- ~~1. Any payment received from an annuity is income, regardless whether the annuity itself is countable as an asset or is considered a disqualifying transfer.~~
- ~~2. The annuity is counted as an available asset in the asset test unless:
 - ~~a. The annuity must be considered a disqualifying transfer and the penalty period is not finished (if the penalty period is finished~~~~

- ~~and the applicant or recipient still owns the annuity, the annuity may be considered an available asset);~~
- ~~b. The annuity has been annuitized and constitutes an employee benefit annuity that cannot be surrendered; or~~
- ~~c. The annuity meets all of the following conditions:~~
- ~~i. The annuity is irrevocable and cannot be assigned to another person;~~
 - ~~ii. The issuing entity is an insurance company or other commercial company that sells annuities as part of the normal course of business;~~
 - ~~iii. The annuity provides substantially equal payments, no less frequently than annually, such that the total annual payment in any year varies by five percent or less from the total annual payment of the previous year and does not provide for a balloon or deferred payment of principal or interest;~~
- ~~i. The annuity will return the full principal and has a guaranteed period that is equal to at least 85% of the annuitant's life expectancy;~~
- ~~ii. If the applicant for Medicaid is age 55 or older, the Department of Human Services is irrevocably named as the primary beneficiary of the annuity following the death of the applicant and the applicant's spouse, not to exceed the amount of benefits paid by Medicaid. If a minor child who resided and was supported financially by the applicant or spouse, or disabled child, survives the applicant and spouse, any payments from the annuity will be provided to those individuals.~~

~~**Note:** A copy of the completed and signed Annuity Beneficiary Designation document must be received from the company verifying the Department has been named as the beneficiary before the application can be approved.~~

~~3. The annuity is considered a disqualifying transfer unless:~~

- ~~a. The payment option was selected prior to the individual's, or the individual's spouse's look back date;~~

- ~~b. The annuity is a qualified employee benefit annuity;~~
 - ~~c. The annuity meets all of the requirements in (2)(c) above; or~~
 - ~~d. The annuity is a third party annuity.~~
- ~~4. The uncompensated value of an annuity that is considered a disqualifying transfer is an amount equal to the remaining payments due from the annuity (or the applicant or recipient can show the outstanding principal amounts due, if that information can be attained).~~
- ~~5. The date of the disqualifying transfer is the date the payment option was selected on the annuity, or if later, the date the annuity was changed so the annuity could no longer be surrendered.~~

Annuities Purchased or Changed on or After February 8, 2006 510-05-70-45-30

1. Any payment received from the annuity is income, regardless whether the annuity itself is countable as an asset or is considered a disqualifying transfer.
2. An annuity is considered changed on or after February 8, 2006 if any action is taken on or after that date that changes the course of payments or the treatment of the income or principal of the annuity. These actions include additions of principal to the annuity, elective withdrawals, requests to change the distribution of the annuity, elections to annuitize the contract, or similar actions.
- ~~3. The annuity is counted as an available asset in the asset test if the individual has the power to liquidate the annuity, the annuity is revocable, or able to be assigned to another person. unless:~~
 - ~~a. The annuity must be considered a disqualifying transfer and the penalty period is not finished (if the penalty period is finished and the applicant or recipient still owns the annuity, the annuity may be considered an available asset);~~
 - ~~b. The annuity has been annuitized and constitutes an employee benefit annuity that cannot be surrendered; or~~

~~c. The annuity meets all of the following conditions:~~

- ~~i. The annuity is irrevocable and cannot be assigned to another person;~~
- ~~ii. The issuing entity is an insurance company or other commercial company that sells annuities as part of the normal course of business;~~
- ~~iii. The annuity provides substantially equal payments, no less frequently than annually, such that the total annual payment in any year varies by five percent or less from the total annual payment of the previous year and does not provide for a balloon or deferred payment of principal or interest;~~
- ~~iv. The annuity will return the full principal and interest within the annuitant's life expectancy and has a guaranteed period that is equal to at least 85% of the annuitant's life expectancy;~~
- ~~v. The Department of Human Services is irrevocably named as the primary beneficiary of the annuity following the death of the applicant and the applicant's community spouse, not to exceed the amount of benefits paid by Medicaid. If a minor child who resided and was supported financially by the applicant or spouse, or disabled child, survives the applicant and spouse, any payments from the annuity will be provided to those individuals.~~

~~**Note:** A copy of the completed and signed Annuity Beneficiary Designation document must be received from the company verifying the Department has been named as the beneficiary before the application can be approved. If assistance is needed with the Tax ID number or having a state representative sign the document, please forward to Medicaid Policy Division to have this completed.~~

~~**Example:** Mr. White, who is in LTC, has an annuity that meets the criteria above and names Mrs. White, the community spouse, as the primary beneficiary and the Department as the secondary beneficiary. The annuity is~~

~~excluded as an asset and is not considered a disqualifying transfer because Mrs. White is a community spouse. Mrs. White also has an annuity that meets the criteria above and names Mr. White as the primary beneficiary and the Department as the secondary beneficiary. The annuity is not excluded as an asset. It may be considered a disqualifying transfer because Mr. White is not a community spouse. It is necessary to determine whether Mrs. White's annuity was purchased or changed within Mr. or Mrs. White's look back period. If it was, then her annuity is a disqualifying transfer equal to the annuity value. If the annuity was last changed prior to their look back periods, then it is not a disqualifying transfer.~~

4. The annuity is considered a disqualifying transfer unless:

- a. The payment option was selected, or the latest change to the annuity was made, prior to the individual's, or the individual's spouse's look back date;
- b. The annuity is a qualified employee benefit annuity, **and** the Department is named as the remainder beneficiary in the first position for at least the total amount of Medicaid paid on behalf of the annuitant or the annuitant's spouse. The Department may be named as the remainder beneficiary in the second position after the community spouse or minor or disabled child and is named in the first position if such spouse or child disposes of any such remainder for less than fair market value;
- c. The annuity:
 - i. ~~The annuity meets all of the requirements in (3)(c)(i) through (3)(c)(iii) above;~~ Provides substantially equal payments, no less frequently than annually, such that the total annual payment is any year varies by five percent or less from the total annual payment of the previous year and does not provide for a balloon or deferred payment of principal or interest;

Disqualifying Transfers 510-05-80

Definitions 510-05-80-05

The average cost of nursing facility care is:

Year	Daily Rate	Monthly Rate
2019	280.4	8530.05
2018	270.7	8234.1
July - Dec 2017	265.4	8071.06
Jan-17	257.9	7844.46
2016	258.8	7871.23
2015	249.8	7595.04
2014	238.9	7268
July-Dec 2013	231.4	7038
Jan-13	223.3	6792
2012	213.8	6504
2011	205.1	6238
2010	195.6	5948
2009	179.3	5453
2008	165.6	5037
2007	160	4865
2006	152.3	4633
2005	144.5	4395
2004	137.6	4185
2003	129.7	3945
2002	127.1	3864
July-Dec2001	120.1	3652

Jan-June 2001	110	3345
2000	104.9	3192
1999	97.68	2971
1998	94.31	2869
1997	89	2713
1996	85	2562
1995	80	2419
1994	74	2339

Hardship Provision 510-05-80-20

- e. The individual's remaining available assets, and the remaining assets of the individual's spouse, if any, are less than the asset limit applicable to a Medicaid eligible unit that would include the individual, the individual's spouse, if any, and the individual's minor children, if any, counting the value of all assets except:
- The home, but not if the individual, or the individual's spouse, if any, have equity in the home in excess of \$125,000;
 - ~~E~~xcluded personal effects, wearing apparel, household goods, and furniture;
 - One motor vehicle, if the primary use of the vehicle is to serve the needs of members of the Medicaid unit; and
 - Before August 1, 2019** - Funds for burial of \$6,000 or less for the individual and the individual's spouse. **After August 1, 2019** – Funds are irrevocable itemized burial contract for the individual and the individual's spouse.

Exceptions to Disqualifying Transfer Provision 510-05-80-25

5. A transfer is not disqualifying to the extent that the asset was used to acquire an annuity if the annuity meets the requirements in annuity sections 05-70-45-20, ~~05-70-45-25~~, or 05-70-45-30.

Transfers to Relatives for Services Received 510-05-80-35

Where any income or asset is transferred to a relative for services or assistance furnished by the relative, the services or assistance furnished may not be treated as consideration for the transferred income or asset unless:

1. The transfer is made pursuant to a valid written contract entered into prior to rendering the services **or in the absence of a valid written contract, evidence is provided the services were required and provided;**

Income Levels 510-05-85-40

(N.D.A.C. Sections 75-02-02.1-40, 75-02-02.1-22(7), 75-02-02.1-24.2(8), and 75-02-02.1-24(5))

Levels of income for maintenance must be used as a basis for establishing financial eligibility for Medicaid. The Medicaid income levels represent the amount of income reserved to meet the maintenance needs of an individual or family. The income levels applicable to individuals and units are:

1. Categorically needy income levels.
 - a. Categorically needy aged, blind, and disabled recipients. Except for individuals subject to the nursing care income level, the income level which establishes SSI eligibility.
2. Medically needy income levels.
 - a. Medically needy income levels are applied when a Medicaid individual or unit resides in their own home or in a specialized facility, and when a Medicaid individual has been screened as requiring nursing care, but elects to receive HCBS. The income

level is equal to eighty-three percent of the poverty level applicable to a Medicaid Unit of the size involved. The Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	\$835 864
2	1123 \$1,170
3	1412 \$1,476
4	1701 \$1,782
5	1990 \$2,087
6	2279 \$2,393
7	2568 \$2,699
8	2857 \$3,004
9	3147 \$3,310
10	3436 \$3,616
Effective April 1, 2017 -2019	

For each person in the medically needy unit above ten, add ~~\$289~~ 306 to the monthly amount.

- b. Nursing care income level. The nursing care income level is sixty-five dollars per month and must be applied to residents receiving psychiatric or nursing care services in nursing facilities, the state hospital, the Prairie at Saint John's, Red River Behavioral Health System, a Psychiatric Residential Treatment Facility (PRTF), or receiving swing bed care in a hospital.
- c. ICF-ID income level. The income level for a resident of an Intermediate Care Facility for the intellectually disabled (ICF-ID), is \$100 effective October 1, 2010.

- d. Community spouse income level. The income level for a community spouse who is eligible for Medicaid is subject to the categorically needy, medically needy, or poverty level income levels. The level for an ineligible community spouse is \$2550, or a higher amount if ordered by a court or hearing officer.
- e. Family member income level. The income level for each ineligible family member in a spousal impoverishment case is \$677 effective July 2017 (\$668 effective July 2016).

3. Poverty income levels.

- a. Qualified Medicare Beneficiaries and Children age six to nineteen. Effective with new applicants and reviews for benefits starting January 1, 2014, children will not be covered under this income level. Those approved whose benefits started prior to January 2014 are subject to this income level until their next review. The income level is equal to one hundred percent of the poverty level applicable to a Medicaid Unit of the size involved.

For Qualified Medicare Beneficiaries these levels apply regardless of living arrangements (i.e., in home or in a nursing facility...).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for QMBs for January, February, and March. This disregard prevents QMBs from becoming ineligible pending issuance of the new poverty levels which are effective April 1 of each year.

For individuals and families with children age six to nineteen, the Medicaid Unit size is increased for each unborn when determining the appropriate Medicaid Unit size.

Number of Persons	Monthly Income Level
1	\$1005 -\$1,041
2	1353 -\$1,410

3	1701 -\$1,778
4	2050 \$2,146
5	2398 -\$2,515
6	2746 -\$2,883
7	3095 -\$3,251
8	3443 -\$3,620
9	3791 \$3,988
10	4140 \$4,356
Effective April 1, 2017 2019	

For each person in the Medicaid unit above ten, add \$~~348~~ 369 to the monthly amount.

- b. Specified Low-Income Medicare Beneficiaries. The income level is equal to one hundred twenty percent of the poverty level applicable to a Medicaid Unit of the size involved. This is the maximum income level for SLMBs. Applicants or recipients who have income at or below one hundred percent of the poverty level are not eligible as a SLMB, but must be a QMB. These income levels apply regardless of living arrangements (i.e., in home or in a nursing facility. . .).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for SLMBs for January, February, and March. This disregard prevents SLMBs from becoming ineligible pending issuance of the new poverty levels which are effective April 1 of each year.

Number of Persons	Monthly Income Level
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1	1206 \$1,249
2	1624 \$1,691
3	2042 \$2,133
4	2460 \$2,575
5	2878 \$3,017
6	3296 \$3,459
7	3714 \$3,901
8	4132 \$4,343
9	4550 \$4,785
10	4968 \$5,227
Effective April 1, 2017 2019	

For each person in the Medicaid unit above ten, add \$~~418~~ 442 to the monthly amount.

- c. Qualifying Individuals. The income level is equal to 135% of the poverty level applicable to a Medicaid Unit of the size involved. This is the maximum income level for QIs. Applicants or recipients who have income at or below 120% of the poverty level are not eligible as a QI but may be eligible as a SLMB or QMB. These income levels apply regardless of living arrangements (i.e., in home or in a nursing facility...).

Annual Title II cost of living allowances effective in January shall be disregarded when determining eligibility for QIs for January, February, and March. This disregard prevents QIs from becoming

ineligible pending issuance of the new poverty levels, which are effective April 1 of each year.

Number of Persons	Monthly Income Level
1	\$1356 \$1,406
2	1827 \$1,903
3	2297 \$2,400
4	2767 \$2,897
5	3237 \$3,395
6	3708 \$3,892
7	4178 \$4,389
8	4648 \$4,886
9	5118 \$5,384
10	5589 \$5,881
Effective April 1, 2017 2019	

For each person in the Medicaid unit above ten, add \$~~470~~ 498 to the monthly amount.

- d. Workers with Disabilities. The income level is equal to two hundred and twenty-five percent of the poverty level applicable to a Medicaid Unit of the size involved.

Number of Persons	Monthly Income Level
1	\$2261 \$2,342

2	3045 \$3,171
3	3828 \$4,000
4	4612 \$4,829
5	5396 \$5,657
6	6180 \$6,486
7	6963 \$7,315
8	7747 \$8,144
9	8531 \$8,972
10	9315 \$9,801
Effective April 1, 2017 2019	

For each person in the Medicaid unit above ten, add \$~~783~~ 829 to the monthly amount.

- e. Children with Disabilities. The income level is equal to two hundred fifty percent of the poverty level applicable to the Medicaid Unit size involved.

Number of Persons	Monthly Income Level
1	\$2010 2603
2	\$2706 3523
3	\$3403 4444
4	\$4100 5365
5	\$4796 6286
6	\$5493 7207
7	\$6190 8128

8	\$6886 9048
9	\$7583 9969
10	\$8280 10,890
Effective April 1, 2017 July 1, 2019	

For each person in the Medicaid unit above ten, add \$696 921 to the monthly amount.

Budgeting Procedures for Children with Disabilities 510-05-90-70

All income of the applicant or recipient and other members of the Medicaid unit must be considered.

The same budgeting applies regardless of whether the individual lives in the individual's own home, a specialized facility, or a nursing facility.

Recipients with family income at or below ~~200~~ 250% of the poverty level can be eligible under the Children with Disabilities coverage.

If the family passes the ~~200~~ 250% eligibility test, the premium required to obtain the coverage is equal to 5% of the family's gross countable income. The Children with Disabilities premium is offset by any premium amount the family pays toward a family health insurance policy in which the disabled child is covered.

Life Expectancy Table 510-05-100-75

- ~~1. The following life expectancy table is effective prior to February 8, 2006.~~

Age	Life Expectancy— Male	Life Expectancy— Female
55	22.21	27

56	21.43	26.15
57	20.66	25.31
58	19.9	24.48
59	19.15	23.67
60	18.42	22.86
61	17.7	22.06
62	16.99	21.27
63	16.3	20.49
64	15.62	19.72
65	14.96	18.96
66	14.32	18.32
67	13.7	17.48
68	13.09	16.76
69	12.5	16.04
70	11.92	15.35
71	11.35	14.66
72	10.8	13.99
73	10.27	13.33
74	9.27	12.68
75	9.24	12.05
76	8.76	11.43
77	8.29	10.83
78	7.83	10.24
79	7.4	9.67
80	6.98	9.11
81	6.59	8.58
82	6.21	8.06
83	5.85	7.56
84	5.51	7.08
85	5.19	6.63
86	4.89	6.2
87	4.61	5.79

88	4.34	5.41
89	4.09	5.05
90	3.86	4.71
91	3.64	4.4
92	3.43	4.11
93	3.24	3.84
94	3.06	3.59
95	2.9	3.36
96	2.74	3.16
97	2.6	2.97
98	2.47	2.8
99	2.34	2.64
100	2.22	2.48

2. The following life expectancy table is effective February 8, 2006.

Period Life Table, 2005		
-	Male	Female
-	Life	Life
Age	Expectancy	Expectancy
0	74.81	79.95
1	74.38	79.45
2	73.42	78.48
3	72.45	77.5
4	71.47	76.52
5	70.48	75.53
6	69.49	74.54
7	68.51	73.55
8	67.52	72.56
9	66.53	71.57

10	65.53	70.58
11	64.54	69.58
12	63.55	68.59
13	62.56	67.6
14	61.57	66.61
15	60.6	65.62
16	59.64	64.64
17	58.68	63.67
18	57.74	62.69
19	56.8	61.72
20	55.87	60.74
21	54.94	59.77
22	54.02	58.8
23	53.1	57.83
24	52.18	56.86
25	51.25	55.88
26	50.33	54.91
27	49.4	53.94
28	48.47	52.97
29	47.53	52
30	46.6	51.03
31	45.66	50.06
32	44.73	49.1
33	43.79	48.13
34	42.86	47.17
35	41.93	46.21
36	40.99	45.25
37	40.06	44.29
38	39.14	43.34
39	38.22	42.39
40	37.3	41.45
41	36.39	40.51

42	35.49	39.57
43	34.59	38.64
44	33.7	37.71
45	32.81	36.79
46	31.93	35.87
47	31.06	34.96
48	30.2	34.05
49	29.34	33.14
50	28.49	32.24
51	27.65	31.35
52	26.83	30.46
53	26	29.57
54	25.19	28.69
55	24.37	27.82
56	23.57	26.94
57	22.77	26.08
58	21.97	25.22
59	21.19	24.37
60	20.42	23.53
61	19.66	22.7
62	18.91	21.88
63	18.17	21.08
64	17.44	20.28
65	16.73	19.49
66	16.02	18.7
67	15.32	17.93
68	14.63	17.17
69	13.96	16.42
70	13.3	15.69
71	12.66	14.97
72	12.04	14.27
73	11.43	13.58

74	10.84	12.9
75	10.26	12.24
76	9.7	11.59
77	9.15	10.96
78	8.63	10.34
79	8.11	9.74
80	7.62	9.16
81	7.14	8.59
82	6.68	8.04
83	6.24	7.52
84	5.82	7.02
85	5.41	6.54
86	5.03	6.08
87	4.67	5.65
88	4.34	5.25
89	4.02	4.87
90	3.72	4.52
91	3.45	4.19
92	3.2	3.89
93	2.97	3.61
94	2.77	3.36
95	2.59	3.13
96	2.43	2.93
97	2.29	2.75
98	2.16	2.58
99	2.05	2.43
100	1.94	2.29
101	1.83	2.15
102	1.73	2.02
103	1.63	1.89
104	1.54	1.77
105	1.45	1.66

106	1.37	1.55
107	1.28	1.44
108	1.21	1.34
109	1.13	1.25
110	1.06	1.16
111	0.99	1.07
112	0.92	0.99
113	0.86	0.91
114	0.8	0.84
115	0.74	0.76
116	0.68	0.7
117	0.63	0.63
118	0.58	0.58
119	0.53	0.53

The following link is used to determine life expectancy.

<https://www.ssa.gov/OACT/population/longevity.html>