

NEVADA STATE DIVISION OF WELFARE

AND

SUPPORTIVE SERVICES

MEDICAL ASSISTANCE

PROGRAM MANUAL

APPENDIX A

INCOME/RESOURCE CHARTS

VERIFICATION PLAN

AID CODE CHARTS

MAGI INCOME CHART
Effective 4/1/2024

Household Size	AM limit	AM Limit w/Medicare	100% FPL	122% FPL	138% FPL	165%	190%	205%
1	\$319	\$382	\$1,255	\$1,532	\$1,732	\$2,071	\$2,385	\$2,573
2	\$407	\$492	\$1,704	\$2,079	\$2,351	\$2,811	\$3,237	\$3,492
3	\$495	\$603	\$2,152	\$2,626	\$2,970	\$3,551	\$4,089	\$4,411
4	\$582	\$712	\$2,600	\$3,172	\$3,588	\$4,290	\$4,940	\$5,330
5	\$670	\$822	\$3,049	\$3,719	\$4,207	\$5,030	\$5,792	\$6,250
6	\$758	\$933	\$3,497	\$4,266	\$4,826	\$5,770	\$6,644	\$7,169
7	\$846	\$1,043	\$3,945	\$4,813	\$5,445	\$6,510	\$7,496	\$8,088
8	\$934	\$1,154	\$4,394	\$5,360	\$6,063	\$7,249	\$8,348	\$9,007
Each Add	+88	+110	+\$449	\$547	\$618	\$739	\$852	\$919

MAGI CASH GIFT COUNTABILITY

TAX YEAR	IRS ANNUAL EXCLUSION MAXIMUM	EXCLUSIONS ALLOWED PER PERSON
2002-2005	\$11,000	1
2006-2008	\$12,000	1
2009-2012	\$13,000	1
2013-2017	\$14,000	1
2018-2021	\$15,000	1
2022	\$16,000	1
2023	\$17,000	1
2024	\$18,000	1

VERIFICATION MATRIX

Type of Verification	MAGI Household	Specialized Medicaid	MAABD		
			Institutional HCBW	Medicare Beneficiary	SSI
Identification and Citizenship Verification of identity may be required as part of citizenship documentation. Identity documentation is not a separate requirement from citizenship.	Verify	Verify	Verify	Verify	Verify
Social Security Number Verified through the NUMIDENT system.	Verify	Verify	Verify	Verify	Verify
Household Composition	Customer Statement	Customer Statement	Customer Statement	Customer Statement	Customer Statement
Pregnancy & Unborn Count	Customer Statement	Customer Statement	Customer Statement	Customer Statement	Customer Statement
Caretaker Relative	Customer Statement	Customer Statement	N/A	N/A	N/A
Residency	Customer Statement	Customer Statement	Customer Statement	Customer Statement	Verify
Income (Earned/Unearned) Verify current monthly income using electronic data sources including SNAP/TANF case information. Use the most current source of information available.	Verify	Verify	Verify	Verify	Verify
Insurance/TPL	Verify Post-Eligibility	Verify Post-Eligibility	Verify Post-Eligibility	Verify Post-Eligibility	Verify Post-Eligibility
Duplicate Assistance (includes out of state benefits)	Verify	Verify	Verify	Verify	Verify
Resources	N/A; *Verify only if Dual Eligible	N/A	Verify	Verify	N/A

MAGI MEDICAL GROUPS

ACA MAGI Medical Groups	Definition	Income Limits	Exceptions/Rules
AM	Parents & Caretakers	1 - \$319 2 - \$407 3 - \$495 4 - \$582 5 - \$670 6 - \$758 7 - \$846 8 - \$934 \$88 each additional	Parent/Caretaker must have a dependent child in the home;
AM with Medicare Dual Eligible	Parents & Caretakers	1 - \$382 2 - \$492 3 - \$603 4 - \$712 5 - \$822 6 - \$933 7 - \$1,043 8 - \$1,154 \$110 each additional	Parent/Caretaker must have a dependent child in the home; Buy-in Eligible; Dual eligible. Must meet resource limits under a Medicare Beneficiary program for dual eligibility.
AM1	Expanded Parent & Caretakers	AM Limit – 138% FPL	Cannot be Medicare eligible; Children must be enrolled in coverage for parent to be eligible. Cannot be pregnant.
CH	Poverty Level Children & Pregnant Women	Children 6-18: < 122% FPL Children under 6: < 165% FPL Pregnant Women < 190% FPL	Buy-In Eligible; Can be dual eligible.
CH1	Expanded Children’s Group Ages 6 – 18	123% - 138% FPL	Cannot be enrolled in Medicare.
CH5	OBRA baby	N/A	Children born to Medicaid eligible mother deemed eligible for 12 months from month of birth. Only OBRA if not eligible under the child groups.

MAGI MEDICAL GROUPS (CONT'D.)

CA	Non-Parents 19–64 years old	< 138% FPL	Cannot be pregnant; Cannot be Medicare eligible; Cannot be eligible in another Medical group.
NC	Nevada Check-Up – the state CHIP program for children under 19	Children under 6: 166%-205% Children 6-18: 139%-205% FPL	Premium payment required; Cannot have other medical insurance at initial application or annual redetermination; Cannot be Medicaid eligible.
TR	Transitional Medicaid	> 139%	12 months of continuous eligibility for HH losing eligibility due to increase in earned income of a parent/caretaker, if HH parent/caretaker was eligible for and received AM in 3 of the last 6 months.
PM	Post Medical	N/A	4 months continuous eligibility for household that lose AM eligibility due to an increase in Spousal Support.
EM2	Emergency medical expanded adult group	Adults with income >AM limit but less than 138% FPL	Must meet all eligibility criteria of AM1 with exception of citizenship
EM4	Emergency medical coverage for all groups covered prior to ACA	Parents < AM Payment; Children 0-5 < 165% FPL; Children 6-18 < 122% FPL; Pregnant Women < 190%	Must meet all eligibility criteria of AM, CH with the exception of citizenship.
EM8	Emergency medical expanded children’s group	Children 6-18 123%-138%	Must meet all eligibility criteria of CH1 with exception of citizenship

SPECIALIZED MEDICAL GROUPS

ACA Specialized Medical Groups	Definition	Income Limits	Exceptions/Rules
AO	Aged Out of Foster Care	No income or resource determination	Nevada Foster Youth <ul style="list-style-type: none"> • Under 26 years of age; • Not eligible or enrolled under any other mandatory Medicaid coverage groups; • AO youth who are approved for Childless Adult expanded Medicaid must be transitioned to AO; • Were in foster care and enrolled in Medicaid upon attaining 18 years of age. Out-of-State Foster Youth <ul style="list-style-type: none"> • Under 21 years of age if turned 18 years old and aged out prior to January 1, 2023; • Under 26 years of age if turned age 18 years old and aged out from another state on or after January 1, 2023. • Were in foster care upon attaining 18 years of age.
61	Children for Whom a Public Agency has Assumed Financial Responsibility	No income or resource determination	Public agency has assumed responsibility; Child cannot be in DCFS custody
61	Title IV-E eligible foster children at Rite of Passage	No income or resource determination	Children under 18 years of age residing at Rite of Passage receiving IV-E foster care benefits Applications processed at Yerington D.O.
MCB	Breast and Cervical cancer	No income or resource determination by DWSS. CDC screening includes income determination.	Under age 65; Uninsured or under insured; Not eligible under any other medical assistance program; Screened by CDC and in need of treatment. Applications processed by Elko D.O.

MAABD MEDICARE BENEFICIARIES

Medicare Beneficiary Group	Definition	Income Limits	Exceptions/Rules
<p>QM1 QM3 QM9</p>	<p>Qualified Medicare Beneficiary (QMB)</p>	<p>Net income <100% of FPL Resources <\$9,430 for individuals <\$14,130 for couples</p>	<p>Covers only Medicare’s co-pays, premiums, and deductibles</p> <p>Must be enrolled or eligible for Medicare Part A</p> <p>Does not provide full Medicaid benefits</p> <p>Coverage starts the month after approval</p> <p>No prior medical</p> <p>Cannot be pregnant</p>
<p>SL1 SL3 SL9</p>	<p>Special Low-Income Medicare Beneficiary (SLMB)</p>	<p>Net income between 100% - 120% of FPL Resources <\$9,430 for individuals <\$14,130 for couples</p>	<p>Covers only Medicare Part B premiums</p> <p>Must be enrolled or eligible for Medicare Part A</p> <p>Does not pay co-payments or deductibles</p> <p>Medicaid card is not issued for this program</p> <p>Coverage starts application month</p> <p>Prior medical is available</p> <p>Cannot be pregnant</p>

MAABD MEDICARE BENEFICIARIES (Cont'd)

<p>Q11 Q13 Q19</p>	<p>Qualified Individual (QI)</p>	<p>Net income between 120% - 135% of FPL Resources <\$9,430 for individuals <\$14,130 for couples</p>	<p>Covers only Medicare Part B premiums</p> <p>Must be currently enrolled or eligible for Medicare Part A</p> <p>Not eligible for medical assistance under another Medicaid category Medicaid card is not issued for this program</p> <p>Coverage starts application month</p> <p>Prior medical is available</p> <p>Cannot be pregnant</p>
<p>QD3 QD9</p>	<p>Qualified Disabled Working Individual (QDWI)</p>	<p>Net income <200% of FPL Resources <\$4,000 for individuals <\$6000-for couples</p>	<p>Covers only Medicare Part A premiums</p> <p>Must be under age 65</p> <p>Must meet Social Security's disability criteria</p> <p>Not eligible for medical assistance under another Medicaid category Medicaid card is not issued for this program</p> <p>Coverage starts application month</p> <p>Prior medical is available</p> <p>Cannot be pregnant</p>

MAABD MEDICAL GROUPS

ACA Non-MAGI Medical Groups	Definition	Income Limits	Exceptions/Rules
<p>IN1 IN3 IN9</p>	<p>SSI Recipients</p>	<p>Categorically eligible, income and resource determination made by SSI</p>	<p>Receiving SSI as a Nevada resident</p>
<p>AD1 AD3 AD9</p>	<p>Adult Disabled Child-Public Law</p>	<p>Resource Limit \$2,000</p>	<p>Received SSI based on disability which began prior to turning age 22;</p> <p>Lost SSI solely due to receipt of adult disabled child benefits;</p> <p>Would be eligible for SSI if the adult disabled child benefits were excluded.</p> <p>SDX will display “D” in Public Law column.</p>
<p>PK1 PK3 PK9</p>	<p>Pickle Amendment – Public Law</p>	<p>Resource Limit \$2,000</p>	<p>Receiving RSDI;</p> <p>Previously received SSI/RSDI in same month;</p> <p>Became ineligible for SSI;</p> <p>And would be SSI eligible now if the RSDI cost of living increase was excluded from income.</p>
<p>WW3 WW9</p>	<p>Widow/Widowers Public Law</p>	<p>Resource Limit \$2,000</p>	<p>At least 60, but not yet 65 years of age;</p> <p>Eligible for Widow/Widower benefits;</p> <p>Losing SSI due to Widow/Widower benefits;</p> <p>Not entitled to Medicare;</p> <p>Would be SSI eligible if Widow/Widower benefits were excluded.</p>

MAABD MEDICAL GROUPS (Cont'd.)

WS1 WS3 WS9	Widow/Widowers and Surviving Divorced Spouses Public Law	Resource Limit \$2,000	Were receiving SSI benefits; Lost SSI due to receipt of Title II spousal benefits; Not entitled to Medicare Part A. SDX will display "S" in Public Law column.
SU1 SU3 SU9	Suspension of SSI due to Income Public Law	Resource Limit \$2,000	Social Security determines this status. SDX will display "I" in the Public Law column.
SS1 SS3 SS9	SSI Institutional	\$30 SSI Institutional payment rate	Categorically eligible, income and resource determination made by SSA. Residing in long term care.
SI1 SI3 SI9	State Institutional special income group	Income between SSI payment level and 142% of SSI payment; Resource limit \$2,000	Over 65 years of age, blind or disabled; In-patient stay greater than 30 days; Requires spousal resource assessment; Patient liability determination post eligibility.
WB1 WB3 WB9	Would be receiving SSI or State Supplement if not in LTC	Income > 30 but < SSI; Resource limit \$2,000	Over 65 years of age, blind or disabled.
CM1 CM3 CM9	County Match Institutional	Income \$1,339.40 300% SSI payment level; Resource limit \$2,000	Over 65 years of age, blind or disabled; In-patient stay greater than 30 days; Requires spousal resource assessment; Patient liability determination post eligibility.

MAABD MEDICAL GROUPS (Cont'd.)

GC1 GC3 GC9	Group Care	Income < SSI payment level; Resource limit \$2,000	Individuals receiving SSI and residing in group care; Facility retains a portion of the SSI payment for room and board.
HC1	Home and Community based waiver for the Elderly (Frail Elderly Waiver)	Income < 300% SSI payment level; Resource limit \$2,000	Over 65 years of age; Meets the level of care assessment; Requires spousal resource assessment.
AL1	Assisted Living Waiver	Income < 300% SSI payment level; Resource limit \$2,000	Over 65 years of age; Residing in approved assisted living facility; Requires spousal resource assessment.
HD1 HD3 HD9	Home and Community based waiver for the aged, blind or disabled	Income < 300% SSI payment level; Resource limit \$2,000	Over 65 years of age, blind or disabled; Meets the level of care assessment; Requires spousal resource assessment.
HG1 HG3 HG9	Group Care Waiver for the aged or blind	Income < 300% SSI payment level; Resource limit \$2,000	Over 65 years of age or blind; Meets the level of care assessment; Requires spousal resource assessment.
HR1 HR3 HR9	Home and Community based waiver for individuals with intellectual or developmental disabilities.	Income < 300% SSI payment level; Resource limit \$2,000	Intellectual or developmental disabilities; Living in a community setting; Requires spousal resource assessment.

MAABD MEDICAL GROUPS (Cont'd.)

<p>KB3 KB9</p>	<p>Katie Beckett Waiver for disabled children not eligible for SSI</p>	<p>Income < 300% SSI payment level; Resource limit \$2,000</p>	<p>Child under 19 years of age; Residing at home with parents; Denied SSI for excess income of parents; Meets level of care assessment and can be cared for at home for less cost than institutionalization; Only child income/resources used in eligibility determination.</p>
<p>PR1 PR3 PR9</p>	<p>Prior medical for the aged, blind or disabled</p>	<p>Income < SSI payment level; Resource limit \$2,000</p>	<p>Disability determination made by DHCFP</p>
<p>WY5 WY9</p>	<p>Health Insurance for working disabled</p>	<p>Gross earned 450% FPL; Unearned \$699; Net earned + unearned < 250%</p>	<p>Not eligible for Medicaid under any other category; Between 16-64 years of age; Employment related disregards allowed; Must be disabled or blind.</p>
<p>EM1 EM3 EM9</p>	<p>Emergency medical assistance</p>	<p>Income < SSI payment level; Resource limit \$2,000</p>	<p>Must meet all eligibility criteria except for citizenship requirements. Residency requirements must be met. Must be aged, blind, or disabled and would qualify for Medicaid as a state institutional case, or would be eligible for SSI, except for the fact they are ineligible non-citizens.</p>