## NEVADA STATE DIVISION OF WELFARE AND SUPPORTIVE SERVICES

## MEDICAL ASSISTANCE PROGRAM MANUAL

**APPENDIX C** 

MAABD INCOME STANDARD CHART

2017 MAABD INCOME STANDARD CHART									
SSI BUDGETING  Child Allocation Amount Parent Allocation Amount - One Parent - Two Parents Deeming Indicator Amount		\$368.00 \$735.00 \$1,103.00 \$368.00							
HIWA BUDGETING Gross Unearned Income Gross Earned Income Combined Net Income		\$699.00 \$4,455.00 \$2,474.00							
PATIENT LIABILITY  Home and Community Based Wain  - DMH – MR Waiver Allo  - Aged – Independent Li  - Aged – Group Care  - Disabled Waiver  HBW Spouse Allowance  Institutional Spouse Allowance  - Dependent Need Stand  - Each Additional Child  SPOUSAL IMPOVERISHMENT  State Medicaid Maximum Reso Federal Maximum Spousal Res Federal Maximum Maintenance Federal Minimum Maintenance Federal Excess Shelter Deduct	owance iving dard urce Share source Share e Need Standard Need Standard	\$2,205.00 \$2,205.00 \$2,205.00 \$2,205.00 \$551.50 \$735.00 \$743.00 \$260.00 \$24,180.00 \$120,900.00 \$3,022.50 \$2,002.50 \$600.75							
LONG TERM CARE/HOME BASED WAI' Gross Income Limit Average Cost Private Nursing C		\$2,205.00 \$7,335.01							
MEDICARE BENEFICIARY INCOME LIM QMB SLMB QI1 QDWI	\$990.00 \$990.01 - \$1,188. \$1,188.01 - \$1,337.								
MEDICARE MONTHLY PREMIUMS  Part A Hospital  Part B Medical		\$413.00 \$134.00							

NEVADA: January 1, 2017 to December 31, 2017										
	INDEPENDENT LIVING			LIVING IN HOUSEHOLD OF ANOTHER			DOMICILIARY CARE			
	TOTAL	SSP	SSI	TOTAL	SSP	SSI	TOTAL	SSP	SSI	
INDIVIDUAL										
AGED	\$771.40	\$36.40	\$735.00	\$514.27	\$24.27	\$490.00	\$1,126.00	\$391.00	\$735.00	
BLIND	\$844.30	\$109.30	\$735.00	\$703.96	\$213.96	\$490.00	\$1,126.00	\$391.00	\$735.00	
DISABLED	\$735.00	\$0.00	\$735.00	\$490.00	\$0.00	\$490.00	\$735.00	\$0.00	\$735.00	
COUPLES		<b>4</b>	•	•	•	•			• • • • • • •	
	\$1,177.46		\$1,103.00		\$49.64	-	\$1,984.00	•	\$1,103.00	
	\$1,477.60	•		\$1,267.28	\$531.94		\$1,984.00	•	\$1,103.00	
DISABLED	\$1,103.00	\$0.00	\$1,103.00	\$735.34	\$0.00	\$735.34	\$1,103.00	\$0.00	\$1,103.00	
MEM OF CO	UPLE									
AGED	\$588.73	\$37.23		•	\$24.82	\$367.67	•	\$440.50		
BLIND	\$738.80	\$187.30	\$551.50	\$633.64	\$265.97	\$367.67	\$992.00	\$440.50	\$551.50	
DISABLED	\$551.50	\$0.00	\$551.50	\$367.67	\$0.00	\$367.67	\$551.50	\$0.00	\$551.50	