TABLE OF CONTENTS

MEDICAL ASSISTANCE PROGRAM MANUAL

PART A – GENERAL PROVISIONS AND DEFINITIONS

A-100 MEDICAL ASSISTANCE OVERVIEW 100 Purpose and Applicability 105 Medical Assistance Overview 110 Cooperation 115 Prior Medical 115.1 Applying For Prior Medical Coverage 115.2 Verification of Prior Medical Assistance 120 Authorized Representative 120.1 Spousal Authorization 125 Medicaid Card 125.1 Issuance of Verification of Medicaid Eligibility Status or Form 2636, Pending Welfare Assistance Notice 130 Managed Care Enrollment 135 Services Provided by Nevada Medicaid 140 Medicaid Estate Recovery Program 140.1 Legal Authority 140.2 Program Overview 140.3 Affected Individuals 140.4 Notification to Affected Individual 145 Referral of Cases to MER Unit 145.1 Initiation of MER Activities 150 Forms Used for Medical Programs **DEFINITIONS AND ACRONYMS** A-200 200 Definitions and Use of Terms 210 Acronyms PART B – MEDICAID CATEGORIES **B-100** MAGI MEDICAL CATEGORIES 100 Overview 105 Family Medical Coverage Groups 110 Parents and Other Caretaker Relatives (435.110, 435.911) 110.1 Shared Custody 115 Pregnant Women (435.116, 435.911) 120 Infants and Children Under Age 19 (435.118, 435.911) 120.1 Newborn Children (435.117) 120.2 Nevada Check Up (NCU)-Children with Income Above Medical Limits and Below 205% FPL (42CFR 457) 125 Childless Adults/Individuals Age 19 Thru 64 (435.119, 435.911)

- 130 Transitional Medicaid Coverage (1925, 435.112)
- 135 Post medical (435.115)
- 140 Emergency Medicaid MAGI (435.139, 435.406)

B-200

SPECIALIZED MEDICAL CATEGORIES

- 200 Overview
- 205 Specialized Medicaid Eligibility Groups
- 210 Medicaid For Children For Whom A Public Agency Has Assumed Financial Responsibility
- 215 Medicaid Eligibility for Title IV-E Eligible Foster Children at Rite of Passage
- 220 Aged Out of Foster Care (435.150, 435.226)
- 225 Breast/Cervical Cancer Medicaid (Public Law 106-354) 225.1 Presumptive Eligibility for MCB

B-300

MAABD MEDICAL CATEGORIES

- 300 Overview
- 305 Aged, Blind and Disabled
- 310 Medicare Beneficiaries
 - 310.1 Low Income Subsidy (LIS) Referrals
 - 310.2 Qualified Medicare Beneficiaries (QMB)
 - 310.3 Special Low Income Medicare Beneficiaries (SLMB)
 - 310.4 Qualified Individuals (QI)
 - 310.5 Qualified Disabled Working Individuals (QDWI)
- 315 Supplemental Security Income (SSI)
 - 315.1 Eligibility Exceptions
 - 315.2 SSI Resources
- 320 Public Law Cases
 - 320.1 Pickle Amendment-Public Law 94-566 Section 503
 - 320.2 Adult Disabled Child-Public Law 99-643
 - 320.3 Widow/Widowers-Public Law 100-203
 - 320.4 Widows, Widowers and Surviving Divorced Spouses Public Law 101-508
 - 320.5 Suspension of SSI Due to Income-Public Law 96-265
 - 320.6 Eligibility for Children Who Lose SSI but Remain on Medicaid
 - 320.7 Persons Ineligible for SSI Due to Alien Sponsor Deeming (CFR 416.1160)
- 325 Institutionalized Individuals

325.1 Institutionalized Less than 30 Consecutive Days

- 325.2 Institutionalized at Least 30 Consecutive Days
- 330 Home and Community Based Waiver Services
- 335 Katie Beckett
 - 335.1 Division of Health Care Finance and Policy (DHCFP) Determination
- 340 Prior Medical
- 345 Health Insurance for Work Advancement (HIWA)
- 350 Aged, Blind and Disabled Specialized Medical Groups
 - 350.1 Continuation of 'Pregnancy Related' Medical Coverage
 - 350.2 Emergency medical for Ineligible Non-Citizens (Public Law 99-509 Section 9406)

PART C – GENERAL ELIGIBILITY REQUIREMENTS

C-100

- **RESIDENCE REQUIREMENTS**
- 100 Residence Requirements (435.403)
 - 100.1 SSI Recipients Receiving a State Supplementary Payment (SSP) from Another State
 - 100.2 Verification
- 105 Exception to Residency Rules
 - 105.1 Individuals Placed in an Out-of-State Institution

		105.2 Individuals Under the Age of 21 105.3 Individuals Age 21 and Over
	115	Disputed Residency Temporary Absence CAP Program (NRS 217)
C-200	200	FURNISHING SOCIAL SECURITY NUMBERS Social Security Numbers (435.910) 200.1 Verification 200.2 Worker Action at Application 200.3 Failure to Comply
C-300	300 305	CHILD SUPPORT ENFORCEMENT Child Support Enforcement (Proposed Rule 433.138, 433.145, 433.148, 433.152 and 435.610) Child Support Non-Cooperation
C-400	400	CITIZENSHIP REQUIREMENTS Citizenship and Identification Requirements (435.406, 435.407,
	405	 435.940, 435.956) Eligibility Requirements 405.1 Verification and Documentation (435.956(a)(1)) 405.2 Reasonable Opportunity (435.956(g)) 405.3 Stand-Alone Evidence of U.S. Citizenship or Nationality 405.4 Evidence of U.S. Citizenship or Nationality
		Acceptable Verification of Identity Verification of Collective Naturalization 415.1 Puerto Rico 415.2 U.S. Virgin Islands 415.3 Northern Mariana Islands (NMI)
	420	 Non-Citizen Medical Assistance Eligibility Chart 420.1 Verification of Non-Citizen Status 420.2 Verifying Non-Citizen Status Using the Systematic Alien Verification to Entitlements (SAVE) System
	425 430	Non-Citizen Status Re-Verification of Immigration Status Due to an INS Document's Expiration Date
	435	Documentation of Veteran Status 435.1 Verification of Veteran Status 435.1.1 Discharged Members 435.1.2 Active Duty Members 435.1.3 Reserve Members (Not On Active Duty for Training)
	440 445 450	Definition of Battered Non-Citizen Iraqi and Afghani Special Immigrants Victims of Trafficking
C-500	500 505	APPLYING FOR AVAILABLE BENEFITS Applying for Available Benefits (435.608, 435.610) SSI Application and Determination 505.1 Required

- 505.1.1 Aged, Blind and Disabled Persons Not in an Institution with Total Countable Income Less than SSI Payment Levels
- 505.1.2 Persons In an Institution with Total Countable Income Less Than \$30
- 505.2 Not Required

C-600

THIRD PARTY LIABILITY

- 600 Third Party Liability (TPL) (435.610)
- 605 Medicare As TPL
- 605.1 Persons Eligible for Medicare
- 610 Notification of Third Party Liability (TPL) to the Fiscal Agent 610.1 Verification
- 615 TPL and Accidents

BUY-IN

620 Mandatory Premium Payments for Cost Effective Employer Group Health Insurance

C-700

- 700 Buy-In Process (1843 of the Act)
- 705 Effective Dates for Buy-In
- 715 How the Buy-In Process Works
- 720 Case Manager Responsibilities in the Buy-In Process

C-800 INCARCERATION

800 Incarceration

PART D – APPLICATION PROCESSING

D-100

MAGI APPLICATION PROCESSING (435.906, 435.907)

- 100 Overview
- 105 Requests for an Application
- 110 Application Assistance (435.908)
- 115 Filing the Application
- 120 Withdrawal of Application
- 125 Registration of the Application
- 130 Duplicate Assistance Screening
- 135 Time Frames (435.912)
- 140 Pre-Eligibility Verification
 - 140.1 Non-Financial 140.2 Financial
- 145 Post Eligibility Verification
- 150 Verification Sources 150.1 Reasonable Compatibility (435.952)
 - 150.2 MAGI Discrepancy with Exchange (435.603(f)(3)(i))
- 155 Pending Information 155.1 Future Actions
- 160 Certification Period
 - 160.1 Nevada Check Up
- 165 Nevada Check Up Premiums
- 170 Case Documentation (435.913) 170.1 Case records (NRS 239.080, NRS 230.125)
- 175 Prior Medical Coverage
- 180 Reinstatements
- "Prudent Person" Principle 185

Division of Welfare and Supportive Services Medical Assistance Manual

D-200

SPECIALIZED GROUPS-APPLICATION PROCESSING

- 200 Overview
 - 200.1 Income
 - 200.2 Resources
- 205 Aged Out of Foster Care
 - 205.1 Aged Out of Foster Care in Another State
 - 205.2 Reporting Requirements
 - 205.3 Denial/Termination
- 210 Breast/Cervical Cancer Medicaid
 - 210.1 Verification
 - 210.2 Presumptive Eligibility
 - 210.3 Eligibility Requirements
 - 210.4 Do Not Apply the Following Eligibility Requirements
 - 210.5 Termination
- 215 Children for Whom a Public Agency has Assumed Financial Responsibility
 - 215.1 Application
 - 215.2 Verifications
 - 215.3 Denial/Termination
 - 215.4 Reporting Requirements
- 220 Medicaid Eligibility for Title IV-E Eligible Foster Children at Rite of Passage
 - 220.1 Application
 - 220.2 Verifications
 - 220.3 Denial/Termination
 - 220.4 Reporting Requirements
 - 220.5 Case Management
- 225 Request for Information
- 230 Withdrawal of Application
- 235 Duplicate Assistance Screening
- 240 "Prudent Person" Principle
- Prior Medical Coverage
 245.1 How To Apply for Prior Coverage
 245.2 Eligibility for Prior Coverage
 245.3 Prior Medical Determinations

D-300

MAABD APPLICATION PROCESSING

- 300 Overview
- 305 Requests for an Application 305.1 Forms Given to the Client with Application
- 310 Application Assistance (435.908)
- 315 Filing the Application
- 320 Withdrawal of the Application
- 325 Registration of the Application
- 325.1 Application From a Facility
- 330 Duplicate Assistance Screening
- 335 Time Frames (435.912)
- 340 Pre-Eligibility Verification
 - 340.1 Non-Financial Verification
 - 340.2 Division of Health Care Finance and Policy (DHCFP) Disability Determination

- 340.3 Pending SSI Determination
- 340.4 Financial Verification
 - 340.4.1 Income
 - 340.4.2 Resources
- 340.5 Post Eligibility Verification
- 340.6 Verification Sources
- 345 Pending Information 345.1 Future Actions
- 350 Disposition of Application 350.1 Certification Period
- 355 Medicaid, SLMB & Qualified Individuals 355.1 QMB Only
- 360 Case Documentation (435.913) 360.1 Case Records (NRS 293.080, NRS 230.125)
- 365 Prior Medical Coverage
 365.1 How To Apply for Prior Coverage
 365.2 Eligibility for Prior Coverage
 365.3 Prior Medical Income Computation
- 370 Reinstatements
- 375 "Prudent Person" Principle
- 380 Katie Beckett
 - 380.1 Division of Health Care Finance and Policy (DHCFP) Determination
 - 380.2 Notice of Approval
- 385 Parental Financial Responsibility for Services Provided to Disabled Children
 - 385.1 Definitions
 - 385.2 Calculating Monthly Parental Reimbursements
 - 385.3 Redetermination of Eligibility
 - 385.4 Undue Hardship
 - 385.5 Responsibilities of Eligibility Staff
 - 385.6 Investigations and Recovery Staff Responsibilities

D-400

REDETERMINATIONS

- 400 MAGI Redeterminations (435.916) 400.1 Initial MAGI Redeterminations 400.2 Verification At Redetermination
- 410 MAABD Redeterminations 410.1 Verification At Redetermination 410.2 Public Laws
- 420 Title IV-E Eligible Foster Children at Rite of Passage 420.1 Verification At Redetermination
 - 420.2 Termination of Foster Children at Rite of Passage
- 425 Aged Out of Foster Care
 425.1 Verification At Redetermination
 425.2 Termination of Aged Out of Foster Care
- 430 Treatment for Breast and Cervical Cancer
- 430.1 Termination of Breast and Cervical
- 435 Transitional Medicaid
- 440 Redetermination Based On Changes
- 445 Other Insurance Affordability Programs
- 450 Terminations

D-500 CHANGES

Division of Welfare and Supportive Services Medical Assistance Manual 15 Sep 01 MTL 02/15

- 500 Overview
- 505 Reporting Requirements
- 510 When To Report
- 515 How To Report
- 520 Questionable Information and/or Circumstances
- 525 Processing Requirements
 - 525.1 Returned Mail
 - 525.2 Actions On Changes
 - 525.3 Mass Changes
 - 525.4 Additions To the Household
 - 525.4.1 Exceptions for Adding Newborns To NCU Cases
 - 525.4.2 NCU Enrollment
- 530 Terminations for Medicaid
 - 530.1 Non-Payment of Nevada Check Up Premiums
 - 530.2 Adverse Action
 - 530.3 Adverse Action NOT Required
 - 530.4 Cut-Off
- 535 Re-Evaluations Nevada Check Up
- 540 Conversions
 - 540.1 Converting To Institutional Eligibility
 - 540.2 Converting To Home Based Waiver Eligibility
 - 540.3 Other MAGI Groups To SSI Case
 - 540.4 SSI Eligibility Terminating
 - 540.5 QMB/SLMB/QI1 Only To Medicaid With QMB/SLMB
 - 540.6 Medicaid Only To Medicaid-QMB/SLMB
 - 540.7 Medicaid-QMB/SLMB to QMB/SLMB/QI1 Only
 - 540.8 Medicaid-QMB/SLMB To Medicaid Only
 - 540.9 Katie Beckett To SSI
 - 540.10 QMB and < 30 Day Hospital Stay
 - 540.11 Forms Used for Conversion

PART E – INCOME AND BUDGETING

E-100

MAGI BUDGETING

- 105 Assistance Unit Determination (435.603(f))
 - 105.1 Tax Filing Status
 - 105.2 Tax-Filer Not Claimed As a Tax Dependent
 - 105.3 Individuals Claimed As Tax Dependents
 - 105.4 Married Couples
 - 105.4.1 Divorced Couples (IRS 501)
 - 105.5 Non-Filer Rules
- 110 Assistance Unit Budgeting
 - 110.1 Annual Income Guidelines
- 115 Budget Period
- 120 Earned Income
 - 120.1 Self-Employment
 - 120.2 Verification of Self-Employment
- 125 Unearned Income
- 130 Best Estimate of Income
 - 130.1 Converting Income to Monthly Amounts
 - 130.2 Unpredictable Income
 - 130.3 Irregular Income
 - 130.4 Converting New Income

- 135 Application of Modified Adjusted Gross Income 135.1 Allowable Deductions
- Step-By-Step Assistance Unit and Income Determination
 140.1 Construct a Medicaid/NCU Assistance Unit for Each Applicant
 140.2 Determine the Medicaid/NCU Income for Each Assistance Unit
- 145 MAGI Exemptions

E-200

MAABD INCOME AND BUDGETING

- 200 Application of Social Security Income (SSI) Budget Methodology
- 205 Household Determination 205.1 Definition Related to Household Determination 205.2 Income Consideration
- 210 SSI MAABD Income Budgeting
 - 210.1 Ownership/Availability
 - 210.2 Income Deeming
 - 210.3 Dividing Income
 - 210.4 Court Order/Trust Income
- 220 Budgeting Procedures for SSI Financial Eligibility Spouse To Spouse Deeming (SSI Budget Form 2646-EE)
 - 220.1 SSI Budget Form 2646-EE
 - 220.1.1 Member of Couple With Eligible Spouse
 - 220.1.2 Member of Couple With Ineligible Spouse
 - 220.1.3 Individual
 - 220.1.4 Deeming Computation
 - 220.1.5 SSI Eligibility Determination
- 225 Income Disregards By Public Law
 - 225.1 Pickle Amendment Public Law 94-566
 - 225.2 Adult Disabled Child Public Law 99-643
 - 225.3 Widow/Widowers Public Law 100-203
 - 225.4 Widows, Widowers and Surviving Divorced Spouses Public Law 101-508
- 230 Medicare Beneficiaries (QMBs, SLMBs and QDWIs)
- 235 Medicare Beneficiaries Budget Method
 - 235.1 Medicare Beneficiary Budget Form 2203-EM
 - 235.1.1 Determine Whether the Client is Considered an Individual or a Member of a Couple with a QMB/SLMB/QI/QDWI Eligible Spouse By Applying the
 - Definitions In This Section
 - 235.1.2 Medicare Beneficiaries Budget Form 2203-EM
 - 235.2 Budgeting Specific Instructions
- 240 Health Insurance for Work Advancement (HIWA)
 - 240.1 HIWA Employment Related Work Disregards
 - 240.2 Computing Monthly Employment-Related Work Disregards
 - 240.3 HIWA Income Determination
 - 240.4 HIWA Premiums
- 245 Resources
 - 245.1 Ownership/Availability
 - 245.2 Treatment of Resources
 - 245.2.1 Resource Deeming
 - 245.2.2 Dividing Resources
 - 245.2.3 Court Order
 - 245.3 Transfer of Resources
 - 245.4 Inaccessible Resource
 - 245.5 Resource Limits

E-300 TYPES OF EARNED AND UNEARNED INCOME

E-400 RESOURCES

- 400 Overview
- 405 Resource Limits
- 410 Types of Resources (Not All Inclusive)

PART F – LONG TERM CARE SERVICES

F-100

LONG TERM CARE SERVICES

- 100 Persons Institutionalized At Least 30 Consecutive Days 100.1 Eligibility Exceptions
- 105 Definitions
- 110 Budgeting Procedures for Financial Eligibility-Form 2203-EM
 - 110.1 Gross Countable Income Test (Side 1, Column 1)-Unearned Income, Earned Income and Division of Income
 - 110.2 Net Income Determination (Side 1, Column 1)
- 115 Resources for Persons Institutionalized At Least 30 Consecutive Days 115.1 Ownership/Availability (Non-Spousal Impoverishment)
 - 115.2 Resource Provisions for Spousal Impoverishment Cases
 - 115.2.1 Ownership/Availability
 - 115.2.2 Spousal Impoverishment Resource Determination
 - 115.2.3 Spousal Share of Resources at the Time of Institutionalization (Section I of Form 2797-EM)
 - 115.2.4 Community Spouse Resource Allowance (Section II of Form 2797-EM)
 - 115.2.5 Assignment of Resources at the Time of Application for Medicaid (Section III of Form 2797-EM)
 - 115.2.6 Permitting Transfer of Resources to the Community Spouse
 - 115.2.7 Separate Treatment of resources After Eligibility is Established
 - 115.2.8 Undue Hardship
 - 115.2.9 Additional Resources Following Initial Eligibility
 - 115.3 Resource Exemptions
 - 115.4 Resource Limits
- 120 Patient Liability
 - 120.1 Treatment of Income, Deductions and Expenses
 - 120.2 Partial Month Proration
 - 120.3 Effective Date of Patient Liability
 - 120.4 Notification of Patient Liability/Case Status
 - 120.5 Patient Liability Budgeting Procedures-Form 2220-EM/A

F-200

HOME AND COMMUNITY BASED SERVICES

- 200 Home and Community Based Services 200.1 Eligible Groups
 - 200.2 Identification of Applicants/Recipients Who May Be Eligible
- 205 Definitions
- 210 Eligibility Requirements
- 215 Eligibility Determination Process

- 220 Income
 - 220.1 Ownership/Availability
 - 220.1.1 Sole Ownership
 - 220.1.2 Shared Ownership
 - 220.2 Treatment of Income
 - 220.3 Income Limits
 - 220.4 Budgeting Procedures for Financial Eligibility-Form 2203-EM
- 225 Resources
 - 225.1 Ownership/Availability
 - 225.1.1 Sole Ownership
 - 225.1.2 Shared Ownership
 - 225.1.3 Treatment of Resources
 - 225.2 Resource Provisions for Spousal Impoverishment Cases 225.2.1 Ownership/Availability
 - 225.2.2 Resource Determination
 - 225.3 Resource Exemptions
 - 225.4 Resource Limits
- 230 Patient Liability

F-300

PERSONS INSTITUTIONALIZED LESS THAN 30 CONSECUTIVE DAYS

- 300 Persons Institutionalized Less Than 30 Consecutive Days
- 305 Eligibility Exemptions
- 310 Definitions
- 315 Budgeting Procedures for SSI Financial Eligibility-SSI Budget Form 2646-EE (Spouse-To-Spouse Deeming)
 - 315.1 Income Consideration
 - 315.2 SSI Budget Form 2646-EE General Instructions
 - 315.2.1 Member of a Couple With Eligible Spouse
 - 315.2.2 Member of a Couple With Ineligible Spouse
 - 315.2.3 Individual
 - 315.3 SSI Budget Form 2646-EE Specific Instructions
 - 315.3.1 Deeming Computation
 - 315.3.2 SSI Eligibility Determination
- 320 Budgeting procedures for SSI Financial Eligibility of Children –Parent To Child Deeming Budget – Form 2646-EE/A 320 1 Conoral Dooming Provisions
 - 320.1 General Deeming Provisions
 - 320.2 Parent To Child Deeming Budget General Instructions
 - 320.3 Deeming Computation
 - 320.4 Eligibility Determination
- 325 Patient Liability
 - 325.1 Treatment of Income, Deductions and Expenses
 - 325.2 Partial Month Proration
 - 325.3 Effective Date of Patient Liability
 - 325.4 Notification of Patient Liability/Case Status
 - 325.5 Patient Liability Budgeting Procedures-Form 2220-EM

F-400

TRANSFER OF ASSETS

- 400 Overview
- 405 Definitions
- 410 General Rule
 - 410.1 Look-Back Period

- 415 Treatment of Income As Assets
 - 415.1 Treatment of Jointly Owned Assets
 - 415.2 Treatment of Certain Kinds of Asset Transfers
- 420 Annuities
- 425 Home and Community Based Waiver (HCBW) and Miller Trust (QIT)
- 430 Resources
- 435 Pursuing a Possible Transfer
 - 435.1 Transfer/Disposal of Asset Notification (Form 2601)
 - 435.2 Rebuttal
 - 435.3 Undue Hardship
 - 435.4 Return of Assets
- 440 Penalty Period
 - 440.1 Application of Penalties for Transfers Made Prior to February 8, 2006
 - 440.2 Application of Penalties for Transfers Made On or After February 8, 2006
 - 440.3 Exceptions
 - 440.4 Penalty Period-Spouse Involvement
 - 440.5 Situations Under Which Transfer of Asset Provisions Do Not Apply (Not All Inclusive)
- 445 Decision

F-500

TREATMENT OF TRUSTS

- 500 Definitions
- 505 Effective Date
- 515 Application of Trust Provisions
- 520 Types of Trusts
 - 520.1 Revocable Trust
 - 520.2 Irrevocable Trust-Payment Can Be Made to Individual
 - 520.3 Irrevocable Trust-Payment Cannot Be Made to Individual
 - 520.4 Special Needs Trust
 - 520.5 Pooled Trusts
 - 520.6 Miller Type or Qualified Income Reduction Trusts-QIT
- 525 Resources
- 530 Income
- 535 Patient Liability
- 540 Transfer of Assets
- 545 Central Office Review
- 550 Undue Hardship

PART G - NON-DISCRIMINATION/HEARINGS/CLAIMS

G-100

- 100 Non-Discrimination Overview
- 105 Discrimination Complaints
- 110 Racial and Ethnic Data Collection
- 115 Interpretive Service Requests
 - 115.1 Sign Language Interpreter Requests
 - 115.2 Non-English Speaking Interpretive Requests

G-200 200 Hearings

- G-300
- 300 Medicaid Program Claims 300.1 Definition of a Claim 300.2 Medicaid Claims 300.3 Claim Packet

PART H – PRESUMPTIVE ELIGIBILITY

H-100

Hospital Presumptive Eligibility – Provider Guidance

- 100 Overview
- 105 Eligible Groups
- 110 Factors of Eligibility
- 115 Verification
- 120 HPE Coverage Period
- 125 Notification
- 130 Time Frames
- 135 "Prudent Person" Principle
- 140 Withdrawal of Application
- 145 Case Documentation
- 150 Hospital Presumptive Eligibility Standards
- 155 Hospital Conditions of Participation
- 160 Case Records and Retention
- 165 Authority
- H-200

Hospital Presumptive Eligibility – DWSS Case Manager Guidance

- 200 Overview
- 205 Eligible Groups
- 210 Factors of Eligibility
- 215 Verification
- 220 HPE Coverage Period
- 225 Notification

APPENDICES

- Appendix AMAGI Income Charts, Verification Plan, Aid Code ChartsAppendix BPossible Benefits Available to Division of Welfare and Supportive Services
ClientsAppendix CMAABD Income Standard ChartAppendix DBenefit Level Chart (SSI, VA, QMB, SLMB, QI1, QI2, QDWI, County Match,
Spousal Impoverishment)Appendix EBIC Code ValuesAppendix FMAABD Budgets
- Appendix G PRUCOL Verification