



AGED, BLIND, AND DISABLED MEDICAID 13

Table of Standards: Nursing Home Residents-Income

Supersedes: ABD 013 (07/01/19)

Reference: ARM 37.82.101, .1313, .1320, .1330, .1331, .1336-.1338

Overview: Use the following standards to determine eligibility and category of coverage (categorically versus medically needy) for residential medical institution Medicaid benefits.

Otherwise eligible institutionalized individuals and spouses are income- eligible for nursing home coverage so long as their monthly nursing home costs equal or exceed their monthly income.

After a nursing home resident has been determined eligible for nursing home coverage as either categorically or medically needy, the amount the client is responsible to apply toward the cost of care must be calculated in STEP II of the eligibility process.

CATEGORICALLY NEEDY INCOME STANDARD:

The monthly categorically needy income standard for an institutionalized individual is \$30.

MEDICALLY NEEDY INCOME LEVEL:

The monthly medically needy income level (MNIL) is \$525.

COMMUNITY SPOUSE INCOME MAINTENANCE ALLOWANCE:

When computing the amount of monthly income the nursing home spouse must apply toward the cost of care (STEP II), the community spouse's income maintenance allowance is the **lesser** of:

1. \$3,217 (effective 01-01-2020) less the community spouse's own gross monthly income; or
2. A combination of:
 - a. Shelter expenses for the community spouse's principal residence which exceed the basic shelter allowance of \$647 (effective 07-01-2020); **plus**
 - b. The basic needs standard of \$2155 (effective 07-01-2020); **less**
 - c. The community spouse's own gross income.

Effective Date: July 01, 2020