



Supplemental Security Income Payment Standards

Individual in own home	\$967.00
Couple in own home	\$1,450.00
Individual in medical institution	\$30.00
Individual in household of another	\$644.67
Couple in household of another	\$966.67
Essential person increment	\$484.00

Medical Institution Limits

Medicaid income cap for nursing care, hospital, MHI, ICF/MR, PMIC	\$2,901.00
Minimum monthly maintenance needs allowance (MMMNA)	\$3,948.00
Maximum community spouse resource allowance	\$157,920.00
Minimum community spouse resource allowance	\$31,584.00

State Supplementary Assistance Standards

Family-Life Home		Blind Allowance (Maximum payment \$22.00)	
Payment to family	\$1,003.00	Individual	\$989.00
Personal needs allowance	+ \$126.00	Couple, one is blind	\$1,472.00
Payment standard	\$1,129.00	Couple, both are blind	\$1,494.00

Dependent Person (Maximum payment \$503.00)	
Aged or disabled client and dependent relative	\$1,470.00
Aged or disabled client, eligible spouse, and dependent relative	\$1,953.00
Blind client and dependent relative	\$1,492.00
Blind client, aged or disabled spouse, and dependent relative	\$1,975.00
Blind client, blind spouse, and dependent relative	\$1,997.00

In-Home Health-Related Care (Maximum payment \$480.55)		
Income limits after \$65 + 1/2, unmet medical needs, and home maintenance allowance for dependents:		
Individual in own home	(\$480.55 + \$967.00 home maintenance)	\$1,447.55
Couple, one member needs care	(\$480.55 + \$1,450.00 home maintenance)	\$1,930.55
Couple, both need care	(\$480.55 + \$480.55 + \$1,450.00 home maintenance)	\$2,411.10

Home maintenance allowance:	
Individual in own home	\$967.00
Couple in own home	\$1,450.00
Each additional family member	\$483.00

Residential Care

Flat per diem rate = \$17.86. Client's maximum income after \$65 + 1/2, unmet medical needs and diversions for spouse and dependents is \$679.66 (\$17.86 x 31 days + \$126.00 personal needs allowance).

Maximum cost-related per diem rate = \$37.60. Client's maximum income after \$65 + 1/2, unmet medical needs and diversions for spouse and dependents is \$1,291.60 (\$37.60 x 31 days + \$126.00 personal needs allowance).