DETERMINATION OF NEED (Medical Assistance)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Case Name** |  | Prior Medical Period | From |  | Through |  |
|  |  | Redetermination Period | From |  | Through |  |  |
| **Case Number** |  | Eligibility Base Period | From |  | Through |  |  |
|  |  |  | From |  | Through |  |  |
|  |  | **1 2** | **3** | **4** | **5** | **6** | **7** |
|  | From: |   |   |   |   |   |   |
|  | Through: |   |   |   |   |   |   |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **MONTHLY EARNED INCOME**
	1. Gross Income
	2. IRWE/BWE Dependent Care exp.
	3. Adjusted Gross Earned Income
 |  **-**  |  |  **-**  |  |  **-**  |  |  **-**  |  |  **-**  |  |  **-**  |  |  **-**  |
| **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |
| **B. MONTHLY UNEARNED INCOME** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. OASDI-RR |   |  |   |  |   |  |   |  |   |  |   |  |   |
| 5. Other | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |
| 6. Other | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |
| 7. Gross Unearned Income | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |
| **C. FINAL COMPUTATION** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. Total Income (3+7) |   |  |   |  |   |  |   |  |   |  |   |  |   |
| 9. MS Disregard | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |
| 10. Allocated Income/Child Support | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |
| 11. Countable Income | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |
| 12. Number of months | **X**  |  | **X**  |  | **X**  |  | **X**  |  | **X**  |  | **X**  |  | **X**  |
| 13. Income for Period | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |
| 14. Irregular Income in Period | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |  | **+**  |
| 15. Total Countable Income | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |
| 16. Protected Income (or Poverty Level Standard | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |
| 17. Total Spenddown | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |
| 18. Medical Insurance and Other | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |  | **-**  |
| 19. Client Obligation or Adjusted Spenddown | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |  | **=**  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Approved-Suspended** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Denied** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Eligible No Spenddown or Spenddown Met, Including LTC** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Initial Date** |  | **Initial Date** |  | **Initial Date** |  | **Initial Date** |  | **Initial Date** |  | **Initial Date** |  | **Initial Date** |

|  |  |
| --- | --- |
| **PROTECTED INCOME TABLE** | **POVERTY LEVEL STANDARDS** |
| Persons in LTC, except for HCBS, have $62 monthly protected needs allowance. Persons in HCBS have a$1157 monthly income standard. | No of Persons IncomeCounted | Mo. 100%Level | Mo. 120%Level | Mo. 135%Level | Mo. 200% Level | Mo. 300%Level | Computation andDocumentation |
| No. Mos | Persons in independent Living | 1 | $1041 | $1249 | $1406 | $ 2082 | $3123 |  |
|  | 1 | 2 | 3 | 4 | 2 | $1410 | $1691 | $1930 | $2819 | $4228 |
| 1 | $475 | $475 | $480 | $497 | 3 | $1778 | $2133 | $2400 |  | $5333 |
| 2 | $950 | $950 | $960 | $994 | 4 | $2147 | $2575 | $2897 |  |  |
| 3 | $1425 | $1425 | $1440 | $1491 |  |  |  |  |
| 4 | $1900 | $1900 | $1920 | $1988 |  | For each additional person, add: |  |  |
| 5 | $2375 | $2375 | $2400 | $2485 |  | $369 | $442 | $498 |  |  |
| 6 | $2850 | $2850 | $2880 | $2982 |  |  |  |  |  |  |
| For each additional person, add $61 |  |  |  |  |  |  |

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