



P.O. Box 3599  
 Topeka, KS 66601-9738  
 Phone: 1-800-792-4884

**DETERMINATION OF NEED  
 (Medical Assistance)**

<b>Case Name</b>	Prior Medical Period	From		Through		
	Redetermination Period	From	_____	Through	_____	
<b>Case Number</b>	Eligibility Base Period	From	_____	Through	_____	
		From	_____	Through	_____	
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
From:	_____	_____	_____	_____	_____	_____
Through:	_____	_____	_____	_____	_____	_____

**A. MONTHLY EARNED INCOME**

1. Gross Income						
2. IRWE/BWE Dependent Care expense	-	-	-	-	-	-
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
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	=	=	=	=	=	=

<b>Approved-Suspended</b>	<input type="checkbox"/>					
<b>Denied</b>	<input type="checkbox"/>					
<b>Eligible No Spenddown or Spenddown Met, Including LTC</b>	<input type="checkbox"/>					
	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 \$727 monthly income standard.					No of Persons Income Counted	Mo. 100% Level	Mo. 120% Level	Mo. 135% Level	Mo 200% Level	Mo. 300% Level	Computation and Documentation
No. Mo's	Persons in independent Living										
	1	2	\$1372	4							
1	\$475	\$475	\$1732	\$497	1	\$1012	\$1214	\$1366	\$2024	\$3036	
2	\$950	\$950	\$960	\$994	2	\$1372	\$1646	\$1852	\$2744	\$4116	
3	\$1425	\$1425	\$1440	\$1491	3	\$1732	\$2078	\$2338	\$3464	\$5196	
4	\$1900	\$1900	\$1920	\$1988	For each additional person, add						

5	\$2375	\$2375	\$2400	\$2485		\$360	\$432	\$486	
6	\$2850	\$2850	\$2880	\$2982					
For each additional person, add \$61									