



**DETERMINATION OF NEED
(Medical Assistance)**

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

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:							

A. 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. <u>Countable Income</u>	=	=	=	=	=	=	=
12. Number of months	X	X	X	X	X	X	X
13. Income for Period	=	=	=	=	=	=	=
14. Irregular Income in Period	+	+	+	+	+	+	+
15. <u>Total Countable Income</u>	=	=	=	=	=	=	=
16. Protected Income (or Poverty Level Standard)	-	-	-	-	-	-	-
17. <u>Total Spenddown</u>	=	=	=	=	=	=	=
18. Medical Insurance and Other	-	-	-	-	-	-	-
19. Client Obligation or Adjusted Spenddown	=	=	=	=	=	=	=

Approved-Suspended							
Denied							
Eligible No Spenddown or Spenddown Met, Including LTC							
	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>	<u>Initial Date</u>

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		
					1	\$1012	\$1214	\$1366	\$2024	\$3036			
No. Mos	Persons in independent Living				2	\$1372	\$1646	\$1852	\$2744	\$4116			
	1	2	3	4	3	\$1732	\$2078	\$2338	\$3464	\$5196			
1	\$475	\$475	\$480	\$497	4	\$2092	\$2510	\$2824	\$4184	\$6276			
2	\$950	\$950	\$960	\$994	For each additional person, add: \$360 \$432 \$486								
3	\$1425	\$1425	\$1440	\$1491									
4	\$1900	\$1900	\$1920	\$1988									
5	\$2375	\$2375	\$2400	\$2485									
6	\$2850	\$2850	\$2880	\$2982									
For each additional person, add \$61													