

For each additional person, add \$61

DETERMINATION OF NEED (Medical Assistance)

Case Name Prior Medical Period			From		Through				
Redetermination Period			From		Through				
Case Number Eligibility Base Period			riod	From		Through			
					From		Through		
From: Through:	1	I	2	3		4	5	6	7
 A. MONTHLY EARNED INCOME 1. Gross Income 2. IRWE/BWE Dependent Care exp. 3. Adjusted Gross Earned Income B. MONTHLY UNEARNED INCOME 		<u>-</u>		- <u>-</u>				_ <u>-</u>	- <u></u>
 OASDI-RR Other Other Gross Unearned Income 	+ + =	+ + =		+ + =		k k =	+ + = =	+ + = =	+ + =
 C. FINAL COMPUTATION 8. Total Income (3+7) 9. MS Disregard 10. Allocated Income/Child Support 11. Countable Income 12. Number of months 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	 = + - = = = [al Date	 =X = + = - = = = [nitial Date			 =X = + = - = = = = [Initial Date
PROTECTED INCOME TABLE Persons in LTC, except for HCBS have \$62 monthly protected need allowance. Persons in HCBS have a \$1157 monthly income standard. No. Persons in independent Line	S	No of Persons Income Counted	Mo 100% level	POVE Mo 120% Level	RTY L Mo 135% Leve		DARDS Mo 300% Level	Computation and Documentation	3
Mos 1 2 3 1 \$475 \$475 \$480 2 \$950 \$950 \$960 3 \$1425 \$1425 \$1440 4 \$1900 \$1900 \$1920 5 \$2375 \$2375 \$2400 6 \$2850 \$2850 \$2880	4 \$497 \$994 \$1491 \$1988 \$2485 \$2982	1 2 3 4 Fc	\$1074 \$1452 \$1830 \$2209 or each ad	\$1288 \$1742 \$2196 \$2650 ditional pers	\$1449 \$1960 \$247 ⁷ \$2982 on, add	0 \$2904 1 \$3660 2 \$4417	\$3220 \$4355 \$5490 \$6625		

\$379 \$454

\$511

\$757

\$1135