

DETERMINATION OF NEED (Medical Assistance)

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

A. MONTHLY EARNED INCOME

1.	Gross Income						
2.	Pre-Tax Deduction*	-	-	-	-	-	-
3.	IRWE/BWE Dependent Care exp.	-	-	-	-	-	-
4.	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 (4+8)						
9.	SSI Disregard	-	-	-	-	-	-
10.	Allocated Income/Child Support	-	-	-	-	-	-
11.	IRS Income Tax Deduction*	-	-	-	-	-	-
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	=	=	=	=	=	=

*** Does not apply to LTC or WH**

Approved-Suspended	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Denied	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eligible No Spenddown or Spenddown Met, Including LTC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Initial Date	Initial Date	Initial Date	Initial Date	Initial Date	Initial Date	Initial Date

PROTECTED INCOME TABLE					POVERTY LEVEL STANDARDS					Computation and Documentation	
Institutional	\$62	No of Persons Income Counted	Mo 100% level	Mo 120% Level	Mo 135% Level	Mo 200% Level	Mo 300% Level				
HCBS	\$2382										
PACE HCBS	\$2382										
PACE Institutional ...	\$62										
No. Mos	Persons in independent Living										
	1	2	3	4							
1	\$475	\$475	\$480	\$497	1	\$1074	\$1288	\$1449	\$2147	\$3220	
2	\$950	\$950	\$960	\$994	2	\$1452	\$1742	\$1960	\$2904	\$4355	
3	\$1425	\$1425	\$1440	\$1491	3	\$1830	\$2196	\$2471	\$3660	\$5490	
4	\$1900	\$1900	\$1920	\$1988	4	\$2209	\$2650	\$2982	\$4417	\$6625	
5	\$2375	\$2375	\$2400	\$2485							
6	\$2850	\$2850	\$2880	\$2982							
For each additional person, add \$61					For each additional person, add:						
						\$379	\$454	\$511	\$757	\$1135	