State of Kansas
Department for Children and Families
Economic & Employment Servicest

DETERMINATION OF NEED
(MEDICAL ASSISTANCE)

ES-3104.5
Rev. 05-12

Case Name _____

Case Number _____

	From	Through
Prior Medical Period	From_____	Through_____
Redetermination Period	From_____	Through_____
Eligibility Base Period	From_____	Through_____
	From_____	Through_____

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
From:							
Through:							

A. MONTHLY EARNED INCOME

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
1. Gross Income								1
2. IRWE/BWE Dependent Care Exp	-	-	-	-	-	-	-	2
3. Adjusted Gross Earned Income	=	=	=	=	=	=	=	3

B. MONTHLY UNEARNED INCOME

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
4. OASDI-RR								4
5. Other_____	+	+	+	+	+	+	+	5
6. Other_____	+	+	+	+	+	+	+	6
7. Gross Unearned Income	=	=	=	=	=	=	=	7

C. FINAL COMPUTATION

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	
8. Total Income (3 + 7)								8
9. MS Disregard	-	-	-	-	-	-	-	9
10. Allocated Income/Child Support	-	-	-	-	-	-	-	10
11. Countable Income	=	=	=	=	=	=	=	11
12. Number of Months	x	x	x	x	x	x	x	12
13. Income for Period	=	=	=	=	=	=	=	13
14. Irregular Income in Period	+	+	+	+	+	+	+	14
15. Total Countable Income	=	=	=	=	=	=	=	15
16. Protected Income (or Poverty Level Standard)	-	-	-	-	-	-	-	16
17. Total Spenddown	=	=	=	=	=	=	=	17
18. Medical Insurance and Other	-	-	-	-	-	-	-	18
19. Client Obligation or Adjusted Spenddown	=	=	=	=	=	=	=	19

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								Computation

Persons in LTC, except HCBS, have $62 monthly protected needs allowance. Persons in HCBS have a $727 monthly income standard.

No. of Persons Income Counted	Mo. 300% Level	Mo. 200% Level	Mo. 150% Level	Mo. 133% Level	Mo. 100% Level	Mo. 120% Level	Mo. 135% Level	Mo. 185% Level
1	$2793	$1862	$1397	$1239	$931	$1117	$1257	$1723
2	$3783	$2522	$1892	$1677	$1261	$1513	$1703	$2333
3	$4773	$3182	$2387	$2116	$1591	$1909	$2148	$2944
4	$5763	$3842	$2882	$2555	$1921	$2305	$2594	$3554

No. Persons in Independent of Living

Mos.	1	2	3	4
1	$475	$475	$480	$497
2	$950	$950	$960	$994
3	$1426	$1426	$1440	$1491
4	$1990	$1990	$1920	$1988
5	$2375	$2375	$2400	$2485
6	$2850	$2850	$2880	$2982

For five or more persons, use the Group V column of Table 1.

For each additional person, add:

	$990	$660	$495	$439	$330	$396	$446	$611

Computation and Documentation

This form supersedes Form ES-3104.5, Rev. 05-11, and should be reproduced locally.