State of Kansas
Dept of Social and Rehabilitation Services
Economic & Employment Support

**DETERMINATION OF NEED
(MEDICAL ASSISTANCE)**

ES-3104.5
Rev. 05-11

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. Gross Income	___	___	___	___	___	___	___	1
2. IRWE/BWE Dependent Care Exp	- ___	- ___	- ___	- ___	- ___	- ___	- ___	2
3. Adjusted Gross Earned Income	= ___	= ___	= ___	= ___	= ___	= ___	= ___	3

B. MONTHLY UNEARNED INCOME

4. OASDI-RR	___	___	___	___	___	___	___	4
5. Other_____	+ ___	+ ___	+ ___	+ ___	+ ___	+ ___	+ ___	5
6. Other_____	+ ___	+ ___	+ ___	+ ___	+ ___	+ ___	+ ___	6
7. Gross Unearned Income	= ___	= ___	= ___	= ___	= ___	= ___	= ___	7

C. FINAL COMPUTATION

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 and Documentation
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
No. Persons in Independent of Living	1	$2723	$1815	$1362	$1207	$908	$1089	$1226	$1679
Mos. 1 2 3 4	2	$3678	$2452	$1839	$1631	$1226	$1471	$1655	$2268
1 $475 $475 $480 $497	3	$4633	$3089	$2317	$2054	$1545	$1853	$2085	$2857
2 $950 $950 $960 $994	4	$5588	$3725	$2794	$2478	$1863	$2235	$2515	$3446
3 $1426 $1426 $1440 $1491									
4 $1990 $1990 $1920 $1988		For each additional person, add:							
5 $2375 $2375 $2400 $2485		$955	$637	$478	$424	$319	$382	$430	$589
6 $2850 $2850 $2880 $2982									

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

This form supersedes Form ES-3104.5, Rev. 05-09, and should be reproduced locally.