State of Kansas
Department of Health and Environment
Division of Health Care Finance

DETERMINATION OF NEED
(MEDICAL ASSISTANCE)

ES-3104.5
Rev. 05-13

Case Name

_____

Case Number

_____

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

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
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

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

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.

POVERTY LEVEL STANDARDS

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	$2873	$1915	$1437	$1274	$958	$1149	$1293	$1772
2	$3878	$2585	$1939	$1720	$1293	$1551	$1745	$2392
3	$4883	$3255	$2442	$2165	$1638	$1953	$2198	$3011
4	$5888	$3925	$2944	$2611	$1963	$2355	$2650	$3631
For each additional person, add:	$1005	$670	$503	$446	$335	$402	$453	$620

Computation and Documentation