

**DETERMINATION OF NEED
 (MEDICAL ASSISTANCE)**

Case Name _____	Prior Medical Period	From _____	Through _____	Through _____
Case Number _____	Redetermination Period	From _____	Through _____	Through _____
	Eligibility Base Period	From _____	Through _____	Through _____
		From _____	Through _____	Through _____

From:	(1)	(2)	(3)	(4)	(5)	(6)	(7)
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 _____	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	Initial Date
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PROTECTED INCOME TABLE	POVERTY LEVEL STANDARDS										Computation and Documentation							
Persons in LTC, except HCBS, have \$50 monthly protected needs allowance. Persons in HCBS have a \$716 monthly income standard.	No. of Persons 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	\$2600	\$1734	\$1300	\$1153	\$ 867	\$1040	\$1170	\$1604									
Mos. 1 2 3 4	2	\$3500	\$2334	\$1750	\$1552	\$1167	\$1400	\$1575	\$2159									
1 \$ 475 \$ 475 \$ 480 \$ 497	3	\$4400	\$2934	\$2200	\$1951	\$1467	\$1760	\$1980	\$2714									
2 \$ 950 \$ 950 \$ 960 \$ 994	4	\$5300	\$3534	\$2650	\$2350	\$1767	\$2120	\$2385	\$3269									
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.																		