

**DETERMINATION OF NEED
 (MEDICAL ASSISTANCE)**

Case Name	Prior Medical Period	From _____	Through _____				
Case Number	Redetermination Period	From _____	Through _____				
	Eligibility Base Period	From _____	Through _____				
		From _____	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	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	and Documentation
No. Persons in Independent of Living	Mo. 300% Level	Mo. 200% Level
Mos. 1 2 3 4	Mo. 150% Level	Mo. 133% Level
1 \$ 475 \$ 475 \$ 480 \$ 497	Mo. 100% Level	Mo. 120% Level
2 \$ 950 \$ 950 \$ 960 \$ 994	Mo. 120% Level	Mo. 135% Level
3 \$1426 \$1426 \$1440 \$1491	Mo. 135% Level	Mo. 185% Level
4 \$1990 \$1990 \$1920 \$1988	Mo. 185% Level	Mo. 185% Level
5 \$2375 \$2375 \$2400 \$2485	For each additional person, add:	
6 \$2850 \$2850 \$2880 \$2982	\$1015	\$677
For five or more persons, use the Group V column of Table 1.	\$508	\$450
	\$339	\$406
	\$406	\$457
	\$626	\$626