

**DETERMINATION OF NEED
 (MEDICAL ASSISTANCE)**

Case Name	Prior Medical Period	From _____	Through _____
Case Number	Redetermination Period	From _____	Through _____
	Eligibility Base Period	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. <u>Countable Income</u>	= _____	= _____	= _____	= _____	= _____	= _____	= _____	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. <u>Total Countable Income</u>	= _____	= _____	= _____	= _____	= _____	= _____	= _____	15
16. Protected Income (or Poverty Level Standard)	- _____	- _____	- _____	- _____	- _____	- _____	- _____	16
17. <u>Total Spenddown</u>	= _____	= _____	= _____	= _____	= _____	= _____	= _____	17
18. Medical Insurance and Other	- _____	- _____	- _____	- _____	- _____	- _____	- _____	18
19. Client Obligation or Adjusted Spenddown	= _____	= _____	= _____	= _____	= _____	= _____	= _____	19

Approved-Suspended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Denied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligible: No spenddown or Spenddown Met, Including LTC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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.	No. of Persons	Mo.	Mo.	Mo.	Mo.	Mo.	Mo.	Mo.	Mo.	Mo.	
Persons in HCBS have a \$716 monthly income standard.	Counted	300% Level	200% Level	150% Level	133% Level	100% Level	120% Level	135% Level	185% Level		
No. Persons in Independent of Living Mos.	1	\$2553	\$1702	\$1227	\$1132	\$851	\$1021	\$1149	\$1575		
1	2	\$3423	\$2282	\$1712	\$1518	\$1141	\$1369	\$1541	\$2111		
2	3	\$4293	\$2862	\$2147	\$1904	\$1721	\$1717	\$1932	\$2648		
3	4		\$3442	\$2582	\$2289	\$2011			\$3184		
4											
5											
6											
For five or more persons, use the Group V column of Table 1.				For each additional person, add:							
				\$580	\$435	\$386	\$290	\$348	\$392	\$537	