

## Medicaid Eligibility Worksheet SSI/AABD-Related (non-LTC)

Applicant Jolly Roger SSN: \_\_\_\_\_ ES \_\_\_\_\_

Case name \_\_\_\_\_ Date \_\_\_\_\_ ES no. \_\_\_\_\_

Categorical relationship (check one)      Check documentation source if blind or disabled  
 Applicant:  65/older  disabled  blind  SSI/AABD  SS disability  DDS re-exam date \_\_\_\_\_  
 Spouse:  65/older  disabled  blind  SSI/AABD  SS disability  DDS re-exam date \_\_\_\_\_

**II. Resource eligibility – Documents use of excess on a PATH 203S (Medicaid Spend-Down Worksheet).**

no. 15 (cash) + no. 16 (bank)	\$ _____		Computations
no. 18 (prop) + no. 19 (stok)	+ _____		<b>No resources</b>
no. 20 (tran)	+ _____		
Deemed	+ _____		
Total	\$ _____		<b>Social Security: \$1,199.00</b>
Resource maximum	- _____		
Excess resources	\$ _____		<b>Applies 8/1 and wants ACCS coverage effective 8/1 Residential Care Home (RCH) is outside Chittenden County</b>

**III. Income eligibility – Document use of excess on reverse or on a PATH 203S.**

Member name income for month of	/	/	/	/	/	/
<b>A. Unearned income (M242.1)</b>						
1. Gross	\$ 1,199.00	\$	\$	\$	\$	\$
2. Deemed income	+ --	+	+	+	+	+
3. Total unearned income	\$ 1,199.00	\$	\$	\$	\$	\$
<b>B. Unearned income exclusions</b>						
1. Disregard	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00	\$ 20.00
2. Allocation to dep. children	+ --	+	+	+	+	+
3. Support payments	+ --	+	+	+	+	+
4. Total exclusions	\$ 20.00	\$	\$	\$	\$	\$
<b>C. Net unearned income</b>						
	Instructions: - If B4 is greater than A3, subtract A3 from B4 and enter at D2 & enter 0 here. - If A3 is greater than B4, subtract B4 from A3 and enter here.					
	\$ 1,179.00	\$	\$	\$	\$	\$
<b>D. Earned income</b>						
	Note: If earned income is from self-employment, room & board or providing daycare, enter gross AFTER allowable deductions for cost of doing business.					
1. Gross	\$	\$	\$	\$	\$	\$
2. Balance of unearned income exclusions	-	-	-	-	-	-
3. Remainder	\$	\$	\$	\$	\$	\$
4. Disregard	- 65.00	- 65.00	- 65.00	- 65.00	- 65.00	- 65.00
5. Remainder	\$	\$	\$	\$	\$	\$
6. Work expense for disabled	-	-	-	-	-	-
7. Remainder	\$	\$	\$	\$	\$	\$
8. Divide line D7 by 2	\$	\$	\$	\$	\$	\$
9. Work expense for the blind	-	-	-	-	-	-
10. Remainder	\$	\$	\$	\$	\$	\$
11. Net unearned income (line C)	+ 1179.00	+	+	+	+	+
12. Subtotals	\$ 1179.00	\$	\$	\$	\$	\$
13. PASS disregard	- --	-	-	-	-	-

							TOTAL
E. 1. Net income*	\$ 1,179.00	\$	\$	\$	\$	\$	\$
2. Highest applicable income test	- 975.00	-	-	-	-	-	-
							<b>Excess Income</b>
							\$

\* Initial applications (not retroactive) use 1 month column and multiply by 6 to get 6 month total excess income.

For retroactive application and recomputation of excess income, add Net Income and PIL across worksheet to get 6 month spend down

	1 month	6 month
Net income	\$ 1,179.00	\$ 7,074.00
PIL	- 975.00	- 5,850.00
Spend down	\$ 204.00	\$ 1,224.00

**IV. Spend Down Computation (M423)**

A. Health insurance expenses **STEP ONE** Excess income from III, E: \$ 1,224.00

Type of insurance	Cost per (month, quarter, etc.)	Total cost in accounting period
<b>Medicare Part B Premiums</b>	<b>\$104.90 x 6 months</b>	<b>\$629.40</b>

B. Non-covered medical expenses **Balance** ~~Total:~~ \$ 594.60

Date	Type of service	Cost	Less insurance (if any)	Client liability

C. Covered medical expenses that exceed limitations. **Total:** \$ \_\_\_\_\_  
**Total of A and B:** \$ \_\_\_\_\_

Date	Type of service	Cost	Less insurance (if any)	Client liability

**STEP TWO**

D. Covered expenses that do not exceed limitations **Total:** \$ \_\_\_\_\_  
**Total of A,B, and C:** \$ \_\_\_\_\_

Date	Type of service	Cost	Less insurance (if any)	Client Liability
	<b>ACCS \$42.00 per day =</b>	<b>\$1,260/month</b>		<b>\$7,560.00</b>
	<b>\$594.60 ÷ \$37.00 = 16.07 days</b>			
	<b>Drop fraction of days</b>			
	<b>therefore must private pay</b>			
	<b>16 days.</b>			

**Total:** \$ \_\_\_\_\_  
**Total of A, B, C, and D:** \$ \_\_\_\_\_

Authorization Information

Because:

- Grant effective 8/1 - 1/31 for Jolly Roger for \* \_\_\_\_\_
- Deny \* \_\_\_\_\_
- Close effective \_\_\_\_\_ for \* \_\_\_\_\_
- Continue as is for\* \_\_\_\_\_
- Review \_\_\_\_\_

**Medicaid begins 8/1**  
**Coverage of ACCS begins on the**  
**17th day.**

\* Enter "All," "All Children," "Parents," "All except \_\_\_\_\_." or list names.

**ACCS coverage begins 8/17**