

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

Applicant Ma Kettle 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)	\$ <u>420.00</u>		Computations
no. 18 (prop) + no. 19 (stok)	+ _____	Cash:	\$50.00
no. 20 (tran)	+ _____	Savings:	\$370.00
Deemed	+ _____		
Total	\$ <u>420.00</u>	Social Security:	\$1269.00
Resource maximum	- <u>2000.00</u>	Applies 8/1 and wants ACCS coverage effective 8/1	
Excess resources	\$ <u>N/A</u>	Residential Care Home (RCH) is outside Chittenden County	

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

Member name income for month of	/	/	/	/	/	/
A. Unearned income (M242.1)						
1. Gross	\$	1,269.00	\$	\$	\$	\$
2. Deemed income	+	--	+	+	+	+
3. Total unearned income	\$	1,269.00	\$	\$	\$	\$
B. Unearned income exclusions						
1. Disregard	\$	20.00	\$	20.00	\$	20.00
2. Allocation to dep. children	+	--	+	+	+	+
3. Support payments	+	--	+	+	+	+
4. Total exclusions	\$	20.00	\$	\$	\$	\$
C. Net unearned income						
	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.					
	\$	1,249.00	\$	\$	\$	\$
D. Earned income						
	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
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)	+	1,249.00	+	+	+	+
12. Subtotals	\$	1,249.00	\$	\$	\$	\$
13. PASS disregard	-	--	-	-	-	-

TOTAL						
E. 1. Net income*	\$	1,249.00	\$	\$	\$	\$
2. Highest applicable income test	-	975.00	-	-	-	-
Excess Income						\$

* 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	\$ 1,249.00	\$ 7,494.00
PIL	- 975.00	- 5,850.00
Spend down	\$ 274.00	\$ 1,644.00

IV. Spend Down Computation (M423)

A. Health insurance expenses **STEP ONE** Excess income from III, E: \$ 1,644.00

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

B. Non-covered medical expenses **Balance** ~~Total:~~ \$ 1,014.60

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
	ACCS \$42.00 per day =	\$1260/month		\$7560.00
	\$1,014.60 ÷ \$42.00 = 24.15 days			
	Drop fraction of days			
	therefore must private pay			
	24 days.			

Total: \$ _____
Total of A, B, C, and D: \$ _____

Authorization Information

Because:

- Grant effective 8/1 for Ma Kettle for * _____
- Deny * _____
- Close effective _____ for * _____
- Continue as is for* _____
- Review _____

Medicaid begins 8/1
Coverage of ACCS begins 8/24

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