

MEDICAID INSTITUTIONAL BUDGET COMPUTATION WORKSHEET

ASSISTANCE GROUP NAME	ASSISTANCE GROUP NUMBER
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FINANCIAL ELIGIBILITY COMPUTATION

1. Gross Unearned Income	\$
2. Gross Earned Income	+
3. Total Gross Income	\$
	vs.
4. Special Income Level	\$

If the total gross income is equal to or less than the special income level and the individual is not entitled to Medicare Part A, proceed to Patient Liability computation. Otherwise, proceed to Step 5.

5. Gross Unearned Income (from step 1.)	\$
6. Exempt Income	-
7. Subtotal	\$
8. Standard Income Disregard	- 20.00
9. Countable Unearned Income	\$
10. Gross Earned Income (from step 2)	\$
11. Remainder of Standard Income Disregard (from step 8)	-
12. Subtotal	\$
13. Work Expense Allowance	- 65.00
14. Subtotal	\$
15. One-half of remainder	-
16. Subtotal	\$
17. Work Expenses of the Blind	-
18. Countable Earned Income	\$
19. Countable Unearned Income (from step 9)	\$
20. Total Countable Income	\$
	vs.
21. QMB Need Standard	\$

If QMB eligible, appropriately code the assistance group and proceed to the patient liability computation. Otherwise, proceed to step 22.

Signature of IM Worker	County
Date of Signature	
Signature of Approval (Supervisor)	
Date of Signature	

FINANCIAL ELIGIBILITY COMPUTATION (continued)

22. Countable Income (from step 20)	\$
23. Medical Insurance Premiums	-
Subtotal	\$
24. Remedial/Recurring Medical Expenses	-
Subtotal	\$
25. Past Medical Expenses	-
Subtotal	\$
26. Subtract Medicaid Cost of Care	-
27. Total Countable Income	\$
	vs.
28. Medicaid Need Standard	\$

If countable income is equal to or less than the Medicaid Need Standard, complete the Monthly Income Allowance/Family Allowance Computations, if applicable, and proceed to the Patient Liability Computation.

If the countable income exceeds the Medicaid Need Standard, no patient liability can be calculated. Complete the JFS 07316 to determine spend-down eligibility.

PATIENT LIABILITY COMPUTATION

1. Total Gross Income (from step 3)	\$
2. Personal Needs Allowance	-
3. Subtotal	\$
4. MIA (if applicable)	-
5. Subtotal	\$
6. FA (if applicable)	-
7. Subtotal	\$
8. Medical Insurance Premiums	-
9. Subtotal	\$
10. Remedial/Recurring Medical Expenses	-
11. Subtotal	\$
12. Past Medical Expenses	-
13. Patient Liability	\$

RESOURCE COMPUTATION WORK SHEET

Assistance Group Name	Assistance Group Number
Name of Individual with Resources	IM Worker

I INDIVIDUAL/COUPLE RESOURCE COMPUTATION

1. Cash on hand		\$
2. Cash in bank accounts		\$
3. Cash value of life insurance, when countable		\$
4. Value of other liquid assets <i>(stocks, bonds, etc.)</i>		\$
5. Countable Automobiles: NADA average trade-in	\$	
Subtract \$4,500 <i>(if applicable)</i>	- 4,500	
Remainder		\$
6. Value of additional countable motor vehicles		\$
7. Value of other countable real property		\$
8. Value of other countable resources <i>(by type and amount)</i>		\$
.....		\$
.....		\$
9. Total countable resources <i>(if in excess of \$1,500/\$2,250, there is no current eligibility)</i>		\$

II PARENT'S RESOURCE COMPUTATION

1. Cash on hand		\$
2. Cash in bank accounts		\$
3. Cash value of life insurance, when countable		\$
4. Value of other liquid assets <i>(stocks, bonds, etc.)</i>		\$
5. Countable Automobiles: NADA average trade-in	\$	
Subtract \$4,500 <i>(if applicable)</i>	- 4,500	
Remainder		\$
6. Value of additional countable motor vehicles		\$
7. Value of other countable real property		\$
8. Value of other countable resources <i>(by type and amount)</i>		\$
.....		\$
9. Total countable resources		\$
10. Less \$1,500 or \$2,250		-
11. Remainder to be deemed		\$

Summary

A Individual/couples countable resources <i>(Enter amount computed from Section I)</i>		\$
B Amount deemed to child <i>(Enter amount computed from Section II)</i>		\$
C Total resources		\$