

## Medicaid Program LTC Worksheet for Income Above Cap

Recipient _____	ID No. _____	SSN _____
Facility _____	Level of Care _____	Date of Action _____

### SECTION I - SPEND-DOWN DETERMINATION

1. Unearned Income	
SSA	\$ _____
VA (Excluding A & A)	+ \$ _____
Other	+ \$ _____
<b>Total Unearned Income</b>	<b>= \$ _____</b>
2. Subtract SSI Standard	- \$ 20.00
3. Countable Unearned Income	= \$ _____
4. Gross Earned Income	\$ _____
5. Subtract balance of SSI Standard Deduction (if any)	- \$ _____
6. Subtotal	= \$ _____
7. Subtract EIE	- \$ 65.00
8. Subtotal	= \$ _____
9. Subtract 1/2 of Remainder	- \$ _____
10. Countable Earned Income	= /+ \$ _____
11. Total Income	= \$ _____
12. Subtract Monthly MNIES for _____ persons	- \$ _____
13. Excess Income	= \$ _____
14. Subtract allowable medical expenses (Section VI Total)	- \$ _____
15. Remaining Monthly Income	= \$ _____
<input type="checkbox"/> <b>\$0 Remaining Income</b> (Continue with Section II or IV)	
<input type="checkbox"/> <b>Remaining Income Exceeds \$0</b> (Ineligible)	

### SECTION II - PROTECTED INCOME CALCULATION

**A. Spouse**

1. Maintenance Needs	\$ _____
2. Spouse's Income	- \$ _____
3. Spousal Protected Amount	= \$ _____

**B. Dependent**

1. Maintenance Needs	\$ _____
2. Dependent(s)' Income:	\$ _____
_____	\$ _____
_____	+ \$ _____
<b>Total Dependent Income</b>	<b>= /- \$ _____</b>
3. Dependent Protected Amount	= /+ \$ _____
4. <b>Max. Allowable Protected Income</b> (items A.3 + B.3)	<b>= \$ _____</b>

### SECTION III - CONTRIBUTION CALCULATION

1. Total Unearned Income (Section I, item 1 Total)	\$ _____
VA A & A	+ \$ _____
Countable Unearned Income	= \$ _____
2. Gross Earned Income	\$ _____
Subtract EIE	- \$ 65.00
Subtotal	= \$ _____
Subtract 1/2 of Remainder	- \$ _____
Countable Earned Income	= /+ \$ _____
3. Total Income	= \$ _____
4. Less Mandatory Deductions:	
Personal Care Needs	\$ _____
Insurance Premiums:	\$ _____
_____	\$ _____
_____	+ \$ _____
Premium(s) Total	= /+ \$ _____
Total Mandatory Deductions	= /- \$ _____
5. <b>Max. Allowable Contribution</b>	<b>= \$ _____</b>

### SECTION IV - SPEND-DOWN PLI DETERMINATION

1. Total Unearned Income (Section I, item 1 Total)	\$ _____
VA A & A	+ \$ _____
Countable Unearned Income	= \$ _____
2. Gross Earned Income	\$ _____
Subtract EIE	- \$ 65.00
Subtotal	= \$ _____
Subtract 1/2 of Remainder	- \$ _____
Countable Earned Income	= /+ \$ _____
3. Total Income	= \$ _____
4. Less Deductions:	
Personal Care Needs	\$ _____
Insurance Premiums:	\$ _____
_____	\$ _____
_____	+ \$ _____
Premium(s) Total	= /+ \$ _____
Total Mandatory Deductions	= \$ _____
Protected Income (Lesser of Section II, item 4; Section III, item 5; OR Actual Contribution)	+ \$ _____
Total Deductions	= /- \$ _____
5. <b>PLI</b>	<b>= \$ _____</b>

### SECTION V - MONTH OF ENTRY PLI

1. Spend-down PLI (Section IV, item 5)	\$ _____
2. Item 1 multiplied by 12 months	X 12
3. Annual PLI	= _____
4. Item 3 divided by 365 days	÷ 365
5. <b>Daily Spend-Down PLI for MOE</b>	<b>= \$ _____</b>
6. Number of eligible days in MOE	_____

