



**MEDICAL ASSISTANCE FOR THE AGED, BLIND, AND
DISABLED BUDGETING WORKSHEET**

State Form 45885 (R / 2-01) / FI 0028

**Sample-off Line Budget for
Single Individual with
Social Security Income**

Name Client Name	Case number XXXXXXXXXX/MA A/01	Date Effective Date
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TABLE 1		ELIGIBILITY STEP	
1. Individual unearned income	\$1500	12. Net self-employment income	\$
2. Spouse unearned income	+	13. Individual earned income	+
3. Parental deemed income	+	14. Spouse earned income	+
4. TOTAL UNEARNED INCOME	=	15. TOTAL EARNED INCOME	=
5. General disregard	20.00	16. Remaining deduction on line 11	-
6. Ineligible child allocation	+	17. Remaining earned income	=
7. Eligible child allocation	+		- 65
8. Essential person allocation	+		÷ 2
9. TOTAL DEDUCTION	-	18. COUNTABLE EARNED INCOME	=
10. COUNTABLE UNEARNED INCOME (Subtract line 9 from line 4)	=1480	Social Security Income as of 1/1/2020 \$1500	
11. Remaining deduction (If line 9 is greater than line 4)		\$1500-\$20.00 (General Income Disregard)=\$1480 \$1480.00-\$1064 (Current Income Standard)=\$416.00	
		ESRD Spenddown/Liability will be \$416 per month	
TOTAL COUNTABLE INCOME (Add line 10 and line 18)	\$	The amount after income standard deduction is \$416. This will be entered on AEWFT and the Manual Notice.	
P.A.S.S. EXCLUSION	-		
INCOME STANDARD	-1064		
SURPLUS INCOME / DEFICIT	=416.00		
MEDICAL EXPENSES	\$		

**Current income standard for 2020 @ 100% FPL \$1064 Single/\$1354 Couple \$1437
(Completing off line determination utilize the income standard for that specific timeframe)**

TABLE 2		POST-ELIGIBILITY STEP	
1. Unearned income	\$	TABLE 2A Determination of Sheltered Workshop / Habilitation Plan Earnings	
2. Countable earned income	+		
3. Total income	=	1. Gross earnings	\$
4. Basic personal needs		2. Employment incentive	\$
5. Guardianship fees	+	3. Payroll taxes	+
6. Income taxes	+	4. Transportation	+
7. Total personal needs allowance	-	5. Other	+
8. Spousal allocation	-	6. Total expenses	-
			= 2
10. Health insurance premium	-	8. COUNTABLE EARNED INCOME	=
11. Non-covered medical expenses	-		
12. Patient liability	=		



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TABLE 3		PARENT TO CHILD DEEMING			
		A	B	A	B
1. Name(s)				10. Net self-employment	\$
2. Unearned income	\$	\$		11. Earned income	\$
3. Total unearned income (2A + 2B)		\$		12. Total earned income	\$
4. Step-parent allocation	\$			13. Remaining deduction on line 9	-
5. Ineligible child allocation	+			14. Remaining earned income	=
6. General disregard	+				-
7. Total deduction		-			+ 65
8. COUNTABLE UNEARNED INCOME (Subtract line 7 from line 3)		=		15. COUNTABLE EARNED INCOME	= 2
9. Remaining deduction (If line 7 is greater than line 3)					
TOTAL COUNTABLE INCOME (Add line 8 and line 15)	\$				
Parental income standard		-			
Total deemed income		=			
Number of children		=			
Deemed income per child		=			

TABLE 4		QMB / QDW BUDGET		TABLE 5		SPOUSAL ALLOCATION	
1. Unearned income (line 4, table 1)	\$			1. Income standard	\$		
2. Dependent child / Essential person income	+			2. Rent / Mortgage	\$		
3. Total unearned income	=			3. Fees	=		
4. General disregard	-			4. Utilities	=		
5. Countable unearned income	=			5. Total shelter	=		
6. Total earned income (line 15, table 1)	\$			6. Shelter standard	-		
7. Remaining general income disregard	-			7. Excess shelter allowance	=		
	+			8. Maintenance standard (Add line 1 and line 7)	=		
8. COUNTABLE EARNED INCOME	=			9. TOTAL INCOME	-		
				10. Allocation (Enter on line 8, table 2)	=		
TOTAL COUNTABLE INCOME (Add line 5 and line 8)	\$						
P.A.S.S. exclusion	-						
Income standard (AG size)	-						
Zero or deficit - Eligible	=						
Surplus - Ineligible	=						

TABLE 6		FAMILY MEMBER ALLOCATION	

	A	B
Name(s)		
1. Income standard		
2. Total income	-	-
	+	+
3. Allocation	=	=
4. TOTAL ALLOCATION FOR ALL FAMILYMEMBERS		\$
—(Enter on line 9, table 2)		

SAMPLE