

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

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

Sample-off Line Budget for Single Individual with Social Security & verified Health Insurance premiums

Name	Case number	Date
Client Name	Xxxxxxxxx/MA A/01	Effective Date

TABLE				
1			ELIGIBILITY STEP	
Individual unearned income		\$2250	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	=
<ol> <li>COUNTABLE UNEARNED INCO (Subtract line 9 from line 4)</li> </ol>	ME	=\$2230	Social Security Income as of 1/1/202	.0=\$2 <mark>2</mark> 50
11. Remaining deduction ( <i>If line 9 is a</i> TOTAL COUNTABLE INCOME ( <i>Add</i> 18)		*	\$2250-\$20.00 (General Income Disres \$2230-\$1064 (Current Income Standindividual)=\$1166  Any verified health insurance premiums spouse/dependent allocation should be and deducted from spenddown/liability after deduction will be entered on AEWF reflected in the budget (IHCPPM 3375.3)  Applicant has a verified monthly heap remium through Anthem of \$100 mm is reflected in the manual budget belief \$1166.00-100.00 (HI premium)=\$10  The amount after deduction of \$1066 entered on AEWFT	or calculated offline amount. Amount T and should be 50.00)  Ith insurance onthly. Amount ow
P.A.S.S. EXCLUSION	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		
INCOME STANDARD		-1064		
SURPLUS INCOME / DEFICIT		=1166		
MEDICAL EXPENSES		\$		

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

TABLE 2	POST-ELIGIBILITY STEP					
1. Unearne	ed income		\$	TABLE 2A		
2. Countable earned income + Determination		Determination of Sheltered Wor	Determination of Sheltered Workshop / Habilitation Plan Earnings			
3. Total inc	come		=	1. Gross earnings \$		\$
4. Basic po	ersonal 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		-
10. Health insurance premium		-\$100.00			÷ 2
11. Non-covered medical expenses		-	8. COUNTABLE EARNED INCOME		=
12. Patient liability		=			
		•	•		



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\*DFRAAA01AAAAAAAA0\* TABLE 3 PARENT TO CHILD DEEMING \$ \$ 1. Name(s) 10. Net self-employment \$ \$ \$ 2. Uncarned income 11. Earned income \$ \$ 3. Total unearned income (2A + 2B) 12. Total earned income 4. Step-parent allocation 13. Remaining deduction on line 9 14. Remaining earned income = 5. Ineligible child allocation 7. Total deduction 15. COUNTABLE EARNED INCOME 8. COUNTABLE UNEARNED INCOME (Subtract line 7 from line 3) 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  1. Unearned income (line 1, table 1)  2. Dependent child / Essential person income  3. Total unearned income  4. General disregard  5. Countable unearned income  6. Total earned income (line 15, table 1)  7. Remaining general income disregard  -  8. COUNTABLE EARNED INCOME  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  Name(s)  1. Income standard	В	TABLE 5  1. Income standard  2. Rent / Mortgage  3. Fees  4. Utilities  5. Total shelter  6. Shelter standard  7. Excess shelter allowance  8. Maintenance standard (Add line 1 ar  9. TOTAL INCOME  10. Allocation (Enter on line 8, table 2)		\$ = = = = = = = = = = = = = = = = = = =
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Surplus Ineligible =   TABLE 6 FAMILY MEMBER ALLOCATION  Name(s)	B			
TABLE 6 FAMILY MEMBER ALLOCATION  A  Name(s)	B			
Name(s)	R			
2. Total income				