

MAO WORKSHEET—INCOME CHANGES

COMPLETE **INCOMPLETE** **NON-REVIEW**

Client Name		App./Client No.	Category	Type Prog.
Name of Spouse		App./Client No.	Category	Type Prog.
Type Case <input type="checkbox"/> Individual <input type="checkbox"/> Companion <input type="checkbox"/> Couple		Source of Information		Date of Information

TITLE XIX BUDGET

FEDERAL MAXIMUM TEST—TYPE PROGRAM 14						
Deemed Income	Other Unearned Income	Earned Income	Total Income	Exclusions (VA - A&A/HB)	Balance	Federal Maximum
\$	+\$	+\$	=\$	-\$	=\$	\$

ELIGIBILITY TEST—ALL TYPE PROGRAMS							
Deemed Income	Other Unearned Income	Earned Income	Total Income	RSDI COLA Exclusions (TP03, 18, 22)	Other Exclusions	Balance	Income Limit
\$	+\$	+\$	=\$	-\$	-\$	=\$	\$

APPLIED INCOME—TYPE PROGRAMS 02, 13, 14		
A. Client's Net Income		\$
B. Eligible Spouse's Net Income		\$
C. Total Income (A + B = C)		\$
D. Personal Needs Allowance (including protected earned income allowance)		\$
E. Remainder (C - D = E)		\$
F. Community Spouse's Net Income		\$
G. Subtotal (E + F = G)		\$
H. Spousal Needs Allowance		\$
I. Deduction for Dependents		
Federal Dependent Allow.	\$	
Dependent's Income	- \$	
Remainder	= \$	
(divide remainder by 3); Deduction for Dependents	= \$	
J. SMIB Deduction (if not MQMB)		\$
K. Health Insurance Premium Deduction		\$
L. Other Incurred Medical Expenses		\$
M. Applied Income (G - H - I - J - K - L = M)	Client	\$
	Spouse	\$

COMMENTS/VERIFICATION

Budget Change **No Budget Change**

Date Form H4808 Sent	Date Form H1259 Sent
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STEP 1 MONTH	INCOME		INCURRED MEDICAL EXPENSE (IME)	
	Actual	Projected	Projected	Actual
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$
AVERAGES —Divide Totals by the number of months. (See 2463.1 & 2464.1 for options)	\$	\$	\$	\$

STEP 2—INCOME ADJUSTMENT

Total Actual \$	(subtract) Total Projected - \$	(equals) Income Adjustment (circle + or -) + or - \$
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STEP 3—IME ADJUSTMENT

Total Projected \$	(subtract) Total Actual - \$	(equals) IME Adjustment (circle + or -) + or - \$
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STEP 4—OVERALL ADJUSTMENT (If IME Adjustment is a positive number, add it to the Income Adjustment; if IME Adjustment is a negative number, subtract it from the Income Adjustment.)

Income Adjustment (from Step 2)(circle + or -) + or - \$	(add or subtract) IME Adjustment (from Step 3) + or - \$	(equals) Overall Adjustment (circle + or -) + or - \$
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STEP 5—Complete only if Overall Adjustment is a positive number. If Overall Adjustment is a negative number, proceed to Step 6.

Overall Adjustment (from Step 4) \$	(divided by) Number Months in Reconciliation	(equals) Average Monthly Adjustment + \$
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If the Average Monthly Adjustment is + \$4.99 or less, **STOP**. Do not reconcile.
If the Average Monthly Adjustment is + \$5.00 or more, proceed to Step 6.

STEP 6—RECONCILIATION OF APPLIED INCOME for Most Recent Month

A. Applied Income (from SAS):	Specify Most Recent Month	\$
B. Overall Adjustment (from Step 4)	(circle + or -) + or -	\$
C. Reconciled Applied Income	=	\$
D. If C is less than \$0, enter the negative amount. (This is the Excess Adjustment .)		Excess Adjustment \$ ()

If there is an **Excess Adjustment** in D., proceed to Step 7.

STEP 7—RECONCILIATION OF APPLIED INCOME for Next Most Recent Month (if Excess Adjustment in Step 6.D.)

A. Applied Income (from SAS):	Specify Most Recent Month	\$
B. Overall Adjustment (from Step 6, Item D)	-	\$
C. Reconciled Applied Income	=	\$