

# EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF FAMILY & CHILDREN SERVICES



## Aged, Blind, Disabled Medicaid Phase III

For New Family Independence  
Workers

### Participant Guide

May 15, 2009



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**DETERMINING AGED, BLIND, DISABLED CRITERIA**  
**Current as of 10/5/2007**

- Step 1. Is AR 65 or older?  
YES - ABD criteria met. NO – proceed to Step 2.
- Step 2. Does AR have prima facie evidence of disability?  
• RSDI Disability (Note, between 62 and 65, early retirement is possible, be sure the benefit is for disability rather than early retirement)  
• Railroad Disability  
• Receipt of Medicare (except numbers ending in "T")  
• SDX for SSI Approval  
YES - ABD criteria met. NO - proceed to Step 3.
- Step 3. Contact applicant: is s/he claiming a disability? YES - proceed to Step 4. NO - explain ABD criteria to applicant and deny the application.
- Step 4. Is the applicant financially eligible for SSI?  
YES - proceed to Step 5. NO - proceed to Step 8.
- Step 5. Has the applicant applied for SSI?  
YES – proceed to Step 6. NO – deny application using reason "562"; require AR to apply for SSI.
- Step 6. Is SSI pending?  
YES - deny application using reason "560". NO – proceed to Step 7.
- Step 7. Was SSI denial due to "not disabled"?  
YES - deny application ABD criteria not met. NO – proceed to Step 8.
- Step 8. If the applicant is not financially eligible for SSI obtain medical records and send to SMEU for a disability decision, proceed to Step 9.
- Step 9. Did SMEU determine the applicant is disabled?  
YES – ABD criteria met. NO - deny application as ABD criteria not met.

NOTE: Require the applicant to apply for RSDI if s/he has not done so. If RSDI determines later that the individual is not disabled, close Medicaid ongoing.



## **TIPS FOR SUBMITTING SMEU REQUESTS**

Always submit a completed **Form 245** with the Social Data Report and appropriate medical records. It is important to indicate the month(s) for which eligibility is being requested, including all prior months. Please type or print information on the **Form 245** clearly. When an approval notice is received from SMEU and the reason states "As requested, disability as defined by Social Security and SSI regulations is met," eligibility has been established ongoing and for any prior months requested on the **Form 245**.

- ◆ Be aware that an SMEU decision cannot be made on certain diagnoses without follow-up medical records three months post the event. These diagnoses include strokes (CVA), heart attacks (CHF), by-pass grafting (CABG) and surgery performed specifically to correct a condition (e.g. fractures, tumors, MVA victims, aneurysms and hip or knee replacements). Surgery and/or rehabilitation may be curative, which could prevent the applicant from meeting the definition of disability. If follow-up medical is not submitted, SMEU will request this information before a disability decision is rendered.

- ◆ On Katie Beckett cases it would be helpful if a copy of the DMA-6A is included with the SMEU request. A Form 188 is not required for Katie Beckett cases. The DMA-6A does not have to be certified by GMCF for our purposes. Please keep in mind that a DMA-6A is not sufficient medical evidence to establish disability. Medical records must be submitted to substantiate the diagnosis on the DMA-6A.

Always send a **Form 71** to DAS on 3 Month Prior applications when SSI has been approved. If DAS determines that a person is **NOT DISABLED** in any of the three prior months requested, SMEU cannot make a ruling. We cannot override the DAS decision. We can only make a ruling if eligibility has **NOT BEEN DETERMINED** for any of the three prior months. Please include a copy of the **Form 71** completed by DAS with the SMEU request.

**INFORMATION NEEDED FOR SMEU REFERRAL**

**The following forms are needed for the SMEU case file:**

- ☞ \_\_\_\_\_ Form 188, Social Data Report
- ☞ \_\_\_\_\_ Form 245, SMEU Cover Letter
- ☞ \_\_\_\_\_ Form 5459, Authorization for the Release of information (one for each provider)
- ☞ \_\_\_\_\_ Death Certificate from department of Health (if applicable)
- ☞ \_\_\_\_\_ DMA-6 or other LOC instrument

**Other medical information pertinent to case (list is not inclusive):**

- \_\_\_\_\_ Outpatient clinic notes
- \_\_\_\_\_ Reports for test and X-rays
- \_\_\_\_\_ Discharge summary
- \_\_\_\_\_ Consultative reports
- \_\_\_\_\_ Complications and operative procedures
- \_\_\_\_\_ Operative reports and findings
- \_\_\_\_\_ Emergency treatments
- \_\_\_\_\_ History and physical treatments
- \_\_\_\_\_ Eye exam (Form 115)

**Medical providers from whom medical information has been requested:**

<u>Date Requested</u>	<u>Provider</u>	<u>Date Returned</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

### **TIPS FOR COMPLETING FORM 188**

**Form 188**, Social Data Report, needs to be as complete as possible. This is particularly important in cases where there is not an obvious disability or where there is a combination of health problems which could cause inability to work.

It is important to complete Section D on education and Section E regarding employment record. Special emphasis needs to be placed on the types of work the applicant performed for the longest period of time prior to becoming disabled. Indicate if an applicant is presently employed and complete Section H providing the amount of monthly gross income from employment.

In Section G please list all diagnoses, medical problems and recent surgeries as stated by the applicant. Include personal observations as to applicant's condition, behavior, attitude toward disability and support from family or other sources. Attempt to be specific as to the physical and/or mental limitations imposed by the disability. It is important to remember that medical records submitted with the SMEU request should support the diagnoses claimed by the applicant.

In Section H indicate all income or financial support received by the applicant.

## Questions to Gather Information

**What is your disabling condition? When did this condition begin?**  
(Briefly explain the injury or illness that stops you from working.)

**What types of treatment and/or medicines have you for your illness or injury.**

**Has your doctor told you to cut back or limit your activities in any way?**  
 YES       NO

**If yes, please explain in detail.**

**Describe your daily activities in the following areas and state what and how much you do of each and how often you do it:**

**Household Maintenance**

( including cooking, cleaning, shopping, and other jobs around the house as well as any other similar activities):

**Recreational activities and hobbies**

( hunting , fishing, bowling, hiking, musical instruments, etc.):

**Social contacts**

( visits, with friends, relatives, neighbors):

**Other**

( drive car, motorcycle, ride bus, etc.):

**.How many hours a day are you out of bed?**



Georgia Department of Human Resources  
**SOCIAL DATA REPORT**

**A. Identification:**  Medicaid  TANF

1. Name of Individual: EDWARD J KING  
 First Middle Last

2. Address: WESLEY WOODS NURSING HOME

3. Individual's Status:  A. Applicant  B. Recipient

4. Social report status:  A. Initial investigation  B. Reinvestigation

5. County Name: Fulton

6. AU ID: 87887877

7. Gender: M 8. Race: W

9. Birth date: 3/19/69

10. Marital status: SINGLE

**B. Current Assistance and Benefits:** (complete applicable items)

1. Public Assistance (a) to applicant NONE (b) to others in household N/A

2. Other agencies (such as DPH, VRD, Workmen's Compensation, OASDI - date of entitlement) NONE

3. Veteran:  Yes  No Receiving pension through Veteran's Administration:  Yes  No  
 Had hospitalization through VA? NO Date and site: \_\_\_\_\_

**C. Present Conditions:**

1. Living Arrangement:  Alone  With spouse & children  With parents  With non-relatives  
 With spouse  With children  With relatives  Nursing home or institution

2. Describe composition of household, approximate ages and health of members, type of housing, names of other Medicaid recipients: MR. KING IS IN A NH; PRIOR TO ENTERING THE NH AND HOSPITAL, HE LIVED ALONE.

**D. Education:**

1. Grade completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 12

2. College or additional education (specify) BS IN PHYS. ED.; WAS PURSUING MASTER'S IN PHYS. ED.

3. Special training (describe) NONE

4. Quality of student AVERAGE 5. Reason for terminating school DIVING ACCIDENT

**E. Employment Record or Homemaking:** (Do not list employer's name)

1.

Date		Part Time	Full Time	Description of work performed	Reason for leaving
From	To				
				NEVER GAINFULLY EMPLOYED; VOLUNTEERED AS A LIFE GUARD DURING SUMMER BREAKS.	

2. If rejected for work because of disability, explain: \_\_\_\_\_

3. Describe how disability affects homemaking and child caring roles: N/A - IN NH. IF HE EVER RETURNS TO THE COMMUNITY, WE WILL NEED A HOUSEKEEPER AND PERSONAL CARE ATTENDANT.

4. Who is responsible for homemaking and/or child care? N/A

5. Does employment of the type individual has performed exist in community?  Yes  No If yes, describe.  
 Is person doing any work now? UPON GRADUATION, HE SAYS HE HAD BEEN PROMISED TO BE HIRED AS THE TENNIS PRO AT THE COUNTRY CLUB.

Georgia Department of Human Resources

F. Vocational Rehabilitation:

1. Office of Rehabilitation Services status (date referred) \_\_\_\_\_ Decision and plans: \_\_\_\_\_  
NOT REFERRED AT TIME OF INTERVIEW.

2. Other treatment and/or rehabilitative efforts: (Heart, Tumor, Clinics, ETMH, DPH, any Health Clinics): \_\_\_\_\_  
RECEIVING THERAPY AT SHEPARD SPINAL CLINIC

G. Limitations of Activity: (Description of individual as a disabled person)

Bedridden  Chair  Housebound  Ambulatory

2. Onset of present disability (please fill in date): 3/26/93  
How has condition changed recently: NO CHANGE

3. Discuss all physical and mental limitations, handicaps, remaining capacities. Describe how and to what extent person does things for self, how well gets around, help required from others, usual daily activities, etc. Compare present activities to those prior to present illness. Include family's and applicant's attitude toward disability. MR. KING WAS A GRADUATE STUDENT AT UGA UNTIL 3/26/93, WHEN HE SEVERED HIS SPINAL CORD IN A DIVING ACCIDENT. HE WAS ADMITTED TO EMORY HOSPITAL ON 3/26, AND THEN WESLEY WOODS NH ON 3/28/93. HE IS 6'2" IN HEIGHT AND WEIGHED 210 PRIOR TO THE ACCIDENT; HE NOWS WEIGHS 130.

PRIOR TO THE ACCIDENT, HE WAS VERY ACTIVE, I.E., TENNIS, SWIMMING, AND BASKETBALL; HE WAS FULLY CAPABLE OF TAKING CARE OF HIS PERSONAL AND PHYSICAL NEEDS. SINCE THE ACCIDENT, HE IS UNABLE TO DO ANYTHING FOR HIMSELF: HE IS PARALYZED FROM THE NECK DOWN AND HAS BEEN TOLD THAT, "THERE IS LITTLE HOPE THAT HIS CONDITION WILL IMPROVE", HE IS RECEIVING THERAPY TO HELP HIM LEARN TO OPERATE A WHEEL CHAIR AND COMPUTER WITH THE HELP OF A SPECIAL MOUTH PIECE. HE SPENDS ABOUT FOUR HOURS A DAY IN A WHEELCHAIR: THE REMAINDER OF THE DAY IN A HOSPITAL BED. HE SPENDS HIS DAYS GOING TO THERAPY (1 HR./DAY), WATCHING TV, VISITING HIS FAMILY, AND "JUST THINKING". DURING THE INTERVIEW HE SEEMED SOMEWHAT BITTER, "WHY ME?"; YET HE HAS SOME GOALS FOR THE FUTURE: "WITH THE HELP OF A PERSONAL CARE ATTENDANT AND TRAINED MONKEY, I PLAN TO RETURN TO MY CONDO ASAP." "WHEN I LEARN TO MASTER THE COMPUTER, MAYBE I CAN FIND SOME FREE LANCE WORK - OR MAYBE I'LL BECOME A GREAT AUTHOR - WHO KNOWS?"

HIS PARENTS ARE VERY SUPPORTIVE AND ENCOURAGING; THEY VISIT HIM DAILY AND DISCUSS "THE FUTURE".  
SEE ATTACHMENTS: PHYSICIANS' DIAGNOSIS AND PRONOSIS; HOSPITAL AND NH RECORDS; DMA-6

H. 1. Is person now usefully employed? (describe) NO

2. Amount of monthly gross income from above employment (include monetary value of income in kind): \_\_\_\_\_  
N/A

3. Is person's pattern to perform seasonal work when available? DID VOLUNTEER WORK EVERY SUMMER SINCE HIGH SCHOOL

4. How has he managed to live since onset of disability? \$1500/MO. FROM A TRUST FUND SET UP BY GRANDFATHER

5. When and how was person first known to this agency? APPLICATION FOR ABD MEDICALLY NEEDY

Date completed: 6/10/93

Signature of Investigator E. L. [Signature]

## **Evidentiary Evidence**

Medical evidence is the cornerstone for the determination of disability. Each person who files a disability claim is responsible for providing medical evidence showing he/she has an impairment(s) and how severe the impairment(s) are. This medical evidence comes from sources that have treated or evaluated the claimant for his or her impairment(s).

Documentation of the existence of a claimant's impairment must come from medical professionals. "Acceptable medical sources" generally include licensed physicians, licensed or certified psychologists, licensed optometrists (for measurement of visual acuity and visual fields), hospitals, clinics, or other health facilities where a claimant has been treated.

Special emphasis is placed on evidence from treating sources because they are likely to be the medical professionals most able to provide a detailed, longitudinal picture of the claimant's impairments and may bring a unique perspective to the medical evidence that cannot be obtained from the medical findings alone or from reports of individual examinations or brief hospitalizations. Therefore, timely, accurate, and adequate medical reports from treating sources accelerate the processing of the claim because they can greatly reduce or eliminate the need for additional medical evidence to make a decision.

Information from other sources may also help show the extent to which a person's impairment(s) affect his or her ability to function. Other sources include naturopaths, chiropractors, audiologists, and speech and language pathologists.

Medical reports should include the following:

1. Medical history;
2. Clinical findings (such as the results of physical or mental status examinations);
3. Laboratory findings (such as blood pressure, x-rays);
4. Diagnosis;
5. Treatment prescribed with response and prognosis;

6. A statement providing an opinion about what the claimant can still do despite his or her impairment(s), based on the medical source's finding on the above factors. This statement should describe, but is not limited to, ability to perform work-related activities, such as sitting, standing, walking, lifting, carrying, handling objects, hearing, speaking, and traveling. In cases involving mental impairments, it should describe the individual's ability to understand, to carry out and remember instructions, and to respond appropriately to supervision, co-workers, and work pressures in a work setting.

In developing evidence of the effects of symptoms, such as pain, shortness of breath, or fatigue, or a claimant's ability to function, information provided by treating physicians and/or other sources should include the following:

- The claimant's daily activities;
- The location, duration, frequency, and intensity of the pain or other symptom;
- Precipitating and aggravating factors;
- The type, dosage, effectiveness and side effects of any medication;
- Treatments, other than medications, for the relief of pain or other symptoms
- Any measures the claimant uses or has used to relieve pain or other symptoms; and
- Other factors concerning the claimant's functional limitations due to pain or other symptoms.

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
REPORT OF STATE MEDICAL ELIGIBILITY UNIT

PROG: AMN

TO: BETH  
FORSYTH COUNTY DFCS  
P. O. BOX 21  
CUMMING GA 30130-0071

REGARDING: JERRY AGE: 57 CASE NUMB: 530531

DOB: 6/6/42 SEX: M RACE: W DATE RECEIVED BY SMEU: 12/14/99

DATE ENTERED: 12/14/99 DATE A/D: 1/26/00 A/D: A

STATUS:

APPLICANT  RECIPIENT

TYPE OF EXAMINATION:

INITIAL EXAMINATION  REEXAMINATION

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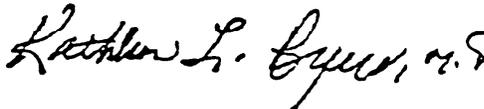
UPON COMPLETION OF REVIEW OF PERTINENT MEDICAL AND SOCIAL DATA SUBMITTED ON THE ABOVE NAMED INDIVIDUAL, DECISION AS TO THE DEGREE OF BLINDNESS, INCAPACITY, OR PERMANENT DISABILITY IS REPORTED AS INDICATED BELOW:

ELIGIBLE: AS REQUESTED, DISABILITY AS DEFINED BY SOCIAL SECURITY AND SSI REGULATIONS IS MET BY THIS CLAIMANT.

INELIGIBLE:

JAN 26 2000

DATE



KATHLEEN BYERS, M.D.

STATE MEDICAL ELIGIBILITY UNIT

## **Determining ABD Class of Assistance**

Current as of 1/30/2009

### **To determine what COA you're looking at from Form 700:**

Check Living Arrangement at bottom of page 1, check page 2 for receipt of Medicare or receipt of SSI, and check page 3 for any unpaid medical bills.

Answer the following questions:

### **Is the applicant a current SSI recipient applying for months prior to the SSI approval?**

Yes— Potential eligibility for SSI type, check guidelines and instructions

### **Has the applicant ever received SSI and is currently receiving RSDI?**

Yes— Potential eligibility for FBR types, check guidelines and instructions

### **Is the applicant in an institutional-type setting, including nursing home, hospital, receiving hospice, CCSP, or MRWP services?**

Yes— Potential eligibility for an LA-D type, check guidelines and instructions

### **Does the applicant pay a Medicare premium?**

Yes— Potential eligibility for a Q-track type, check guidelines and instructions

### **Is applicant in LA-A or LA-B, but indicates unpaid medical expenses?**

Yes - Potential eligibility for AMN, check guidelines and instructions

**NOTE:** Check prior month eligibility under **ALL** Classes of Assistance, regardless of outcome or COA for the ongoing benefit.

If applicant was in the LA-D setting in a prior month, approve the prior month with the ongoing months.

If applicant has unpaid medical bills in a prior month but was not in LA-D, consider AMN, and discuss options with the AR or PR.

**ABD**

**Class of Assistance  
Desk Guide**

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## **Continuing Medicaid Determination Order**

For ABD Medicaid, consider eligibility under all COAs in the following order:

### **Federal Benefit Rate (FBR) COAs**

SSI Medicaid  
Pickle  
Disabled Adult Child  
Disabled Widow(er)  
Widow(er) Age 60-64

### **LA-D/Medicaid CAP COAs**

Hospital  
Nursing Home  
Hospice Care  
Institutionalized Hospice  
Community Care Services Program  
Mental Retardation Waiver Program  
Community Habilitation Support Services  
Katie Beckett  
Independent Care Waiver Program

### **Q-Track COAs**

QMB  
SLMB  
QI-1

### **Qualified Disabled Working Individual COAs**

### **ABD Medically Needy COAs**

## SSI Medicaid (MR 2111)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>SSI Medicaid (S10)</p> <p>SSI is a direct money payment program administered by the Social Security Administration. <b>SSI Medicaid</b> is used as a COA for determining retroactive Medicaid eligibility</p>	<p>Retroactive coverage prior to SSI approval</p> <p>Interview not required</p> <p>Mandatory Forms: Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p>	<p>Individual \$2000</p> <p>Couple \$3000</p> <p>Individual w/ineligible spouse \$3000</p> <p>Resources must be verified</p> <p>Property Search Required Data Broker Search Required</p>	<p>LA-A Individual \$674</p> <p>LA-A Couple \$1011</p> <p>ISM is considered via Form 969</p> <p>Income must be verified</p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p> <p>Spouse-to-Spouse Deeming</p> <p>Couple</p> <p style="text-align: center;">OR</p> <p>Form 171, Eligibility Budget</p> <p>Parent-to-Child Deeming</p>

## Pickle (MR 2113)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>PICKLE (S03)</p> <p><b>SSI</b> must have been terminated after 4/77 for any reason. The A/R is currently ineligible for SSI due to the RSDI COLAs received by A/R and his/her spouse since A/R last received SSI.</p> <p>Must have previously and correctly received RSDI and SSI concurrently.</p>	<p>Retroactive coverage allowed</p> <p>Interview not required if determination is part of CMD</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2) Explore HIPP</p>	<p>Individual \$2000</p> <p>Couple \$3000</p> <p>Individual w/ineligible spouse \$3000</p> <p>Resources must be verified</p> <p>Property Search Required Data Broker Search Required</p>	<p>LA-A Individual \$674</p> <p>LA-A Couple \$1011</p> <p>ISM is considered via Form 969 Income must be verified</p> <p>To determine countable RSDI income</p> <p>Disregard: *The COLA that caused the SSI termination <b>OR</b> The first COLA received after SSI was terminated for a reason other than receipt of a COLA, such as resource ineligibility <b>AND</b> *All subsequent COLAs</p> <p>Note: <i>The COLAs received by both the A/R and the A/Rs ineligible spouse may be disregarded</i></p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p> <p>Spouse-to-Spouse Deeming</p> <p>Couple</p>

## Disabled Adult Child (MR 2115)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>Disabled Adult Child (DAC) (S04)</p> <p>SSI was terminated on or after 7/1/87 due to an increase in or initial entitlement to RSDI as a disabled adult child. The A/R is age 18 or older. The A/R receives RSDI on a parent's account.</p> <p>Beneficiary Identification Code will be "C"</p>	<p>Retroactive coverage allowed</p> <p>Interview not required if determination is part of CMD</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p>	<p>Individual \$2000</p> <p>Couple \$3000</p> <p>Individual w/ineligible spouse \$3000</p> <p>Resources must be verified</p> <p>Property Search Required</p> <p>Data Broker Search Required</p>	<p>LA-A Individual \$674</p> <p>LA-A Couple \$1011</p> <p>ISM is considered via Form 969</p> <p>Income must be verified</p> <p>To determine countable RSDI income</p> <p>Disregard:</p> <p>*The initial entitlement to or increase in RSDI as a disabled adult child or an increase in RSDI income that caused SSI termination <b>OR</b> The RSDI disabled adult child COLA that caused SSI termination <b>AND</b> All subsequent COLA increases in RSDI</p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p> <p>Spouse-to-Spouse Deeming</p> <p>Couple</p>

## Disabled Widow(er) (MR 2117)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>Disabled Widow(er) Age 50 - 59 (S05) SSI was terminated on or after 1/1/91 due to initial entitlement to RSDI disabled widow(er) benefit. The A/R is between the ages of 50-59 and is determined to meet RSDI disability criteria. A/R is ineligible for Medicare Part A</p> <p>Beneficiary Identification Code <b>W</b></p>	<p>Retroactive coverage allowed</p> <p>Interview not required if determination is part of CMD</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2) Explore HIPP</p>	<p>Individual \$2000</p> <p>Resources must be verified</p> <p>Property Search Required Data Broker Search Required</p>	<p>LA-A Individual \$674</p> <p>ISM is considered via Form 969</p> <p>Income must be verified</p> <p style="text-align: center;">To determine countable RSDI income</p> <p>Disregard:</p> <p>*The initial entitlement to RSDI as a disabled widow(er) that caused SSI termination</p> <p style="text-align: center;"><b>AND</b></p> <p>*All subsequent COLAs</p> <p><i>Terminate this COA after entitlement to Part A Medicare and complete a CMD</i></p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p>

## Widow(er) Age 60-64 (MR 2119)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>Disabled Widow(er) Age 60 - 64 (S06)</p> <p>SSI was terminated because of initial entitlement to RSDI Widow(er) benefit. The A/R is a blind or disabled widow(er) age 60 - 64.</p> <p>A/R is ineligible for Medicare Part A coverage.</p> <p>Beneficiary Identification Code <b>D</b> Note: disability may need to be established through SMEU, check MR 2119</p>	<p>Retroactive coverage allowed</p> <p>Interview not required if determination is part of CMD</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p>	<p>Individual \$2000</p> <p>Resources must be verified</p> <p>Property Search Required</p> <p>Data Broker Search Required</p>	<p>LA-A Individual \$674</p> <p>Consider ISM via Form 969</p> <p>Income must be verified</p> <p>To determine countable RSDI income</p> <p>Disregard:</p> <p>*The initial entitlement to RSDI as a widow(er) that caused SSI termination</p> <p style="text-align: center;"><b>AND</b></p> <p>*All subsequent COLAs</p> <p><i>Terminate this COA after entitlement to Part A Medicare and complete a CMD</i></p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p>

## Hospital (MR 2137)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Limits And Income Considerations	Budget Type
<p>Hospital (L02)</p> <p>This COA provides Medicaid for A/Rs residing in Medicaid participating hospitals for at least 30 days.</p>	<p>Retroactive coverage allowed</p> <p>Telephone interview required</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2) Explore HIPP</p> <p>Length of Stay</p> <p>Level of Care</p>	<p>Individual \$2000</p> <p>Spousal Impoverishment \$111,560</p> <p>Resources must be verified</p> <p>Property Search Required Data Broker Search Required</p>	<p>Individual \$2022</p> <p>Couple \$4044</p> <p>ISM is not considered Income must be verified</p>	<p>Medicaid CAP, Eligibility Budget</p> <p>There is no patient liability or cost share</p>

### Nursing Home (MR 2141)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Limits And Income Considerations	Budget Type
<p>Nursing Home (L01)</p> <p>This COA provides Medicaid to individuals residing in a Medicaid participating nursing home.</p>	<p>Retroactive coverage allowed</p> <p>Telephone interview required</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice Estate Recovery Form 315 DMA 59</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p> <p>Length of Stay</p> <p>Level of Care</p>	<p>Individual \$2000</p> <p>Spousal Impoverishment \$111,560</p> <p>Resources must be verified</p> <p>Property Search Required</p> <p>Data Broker Search Required</p> <p>Must check with NH for Patient Fund Account &amp; balance, Form 958 or telephone call</p>	<p>Individual \$2022</p> <p>Couple \$4044</p> <p>ISM is not considered</p> <p>Income must be verified</p>	<p>Medicaid CAP, Eligibility Budget</p> <p>And</p> <p>Form 968, Patient Liability</p> <p>PNA is \$50</p>

## Hospice Care (MR 2135)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Limits And Income Considerations	Budget Type
<p>Hospice Care (W01)</p> <p>This COA provides Medicaid for terminally ill individuals.</p> <p>Use Hospice Care when the A/R is in Hospice and not eligible under any other COA for a particular month.</p> <p>Life expectancy is 6 months or less</p>	<p>Retroactive coverage allowed</p> <p>Telephone interview required</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice Estate Recovery Form 315 Hospice Care Communicator</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p> <p>Length of Stay</p> <p>Level of Care</p>	<p>Individual \$2000</p> <p>Spousal Impoverishment \$111,560</p> <p>Resources must be verified</p> <p>Property Search Required Data Broker Search Required</p>	<p>Individual \$2022</p> <p>Couple \$4044</p> <p>ISM is not considered</p> <p>Income must be verified</p>	<p>Medicaid CAP, Eligibility Budget</p> <p>No Cost Share or Patient Liability</p>

## Institutionalized Hospice (MR 2136)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Limits And Income Consideration s	Budget Type
<p>Institutionalized Hospice (W01)</p> <p>Provides Medicaid to terminally ill individuals who receive hospice care services while residing in a Medicaid participating nursing home.</p> <p>Life Expectancy is 6 months or less</p>	<p>Retroactive coverage allowed</p> <p>Telephone interview required</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice Estate Recovery Form 315 Hospice Care Communicator</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p> <p>Length of Stay</p> <p>Level of Care</p>	<p>Individual \$2000</p> <p>Spousal Impoverishment \$111,560</p> <p>Resources must be verified</p> <p>Property Search Required Data Broker Search Required</p>	<p>Individual \$2022</p> <p>Couple \$4044</p> <p>ISM is not considered</p> <p>Income must be verified</p>	<p>Medicaid CAP, Eligibility Budget</p> <p>And</p> <p>Form 968, Patient Liability</p> <p>PNA is \$50</p>

## Community Care Services Program (MR 2131)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Limits And Income Considerations	Budget Type
<p>Community Care Services Program (W01)</p> <p>Provides in-home and community-based services to individuals who meet the criteria for nursing home placement but choose to remain in a residential home situation.</p>	<p>Retroactive coverage allowed</p> <p>Telephone interview required</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice Estate Recovery Form 315 CCSP Communicator CCSP LOC</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p> <p>Length of Stay</p> <p>Level of Care</p>	<p>Individual \$2000</p> <p>Spousal Impoverishment \$111,560</p> <p>Resources must be verified</p> <p>Property Search Required</p> <p>Data Broker Search Required</p>	<p>Individual \$2022</p> <p>Couple \$4044</p> <p>ISM is not considered</p> <p>Income must be verified</p> <p>The date used for protection of income is the “<b>Case Management began effective</b>” date on the communicator.</p> <p>The “HCB Waivered Slot Date” on SUCCESS is the “<b>client was placed in service effective</b>” date on the communicator.</p>	<p>Medicaid CAP, Eligibility Budget</p> <p>And</p> <p>Form 968, Patient Liability</p> <p>PNA is \$674</p>

**Mental Retardation Waiver Program/Community Habilitation Support Services (MR 2132)**

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Limits And Income Considerations	Budget Type
<p>MRWP - Mental Retardation Program and CHSS - Community Habilitation Support Services (W01)</p> <p>Provides in-home and community-based services to Medicaid eligible mentally retarded and developmentally disabled individuals.</p>	<p>Retroactive coverage allowed</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice Estate Recovery Form 315 MRWP Communicator MRWP LOC</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p> <p>Length of Stay</p> <p>Level of Care</p>	<p>Individual \$2000</p> <p>Spousal Impoverishment \$111,560</p> <p>Non-legal spouse \$3000</p> <p>Resources must be verified</p> <p>Property Search Required Data Broker Search Required</p>	<p>Individual \$2022</p> <p>Couple \$4044</p> <p>ISM is not considered</p> <p>Income must be verified</p>	<p>Medicaid CAP, Eligibility Budget</p> <p>And</p> <p>Form 968, Patient Liability</p> <p>PNA is same as the Medicaid CAP.</p>

*Note: Upon disposition, send the original Form 1008 to the originating Intake and Evaluation Team (I & E) and a copy to the Regional Office. A list of Regional Office addresses and the counties they serve is found in the policy manual at the end of section 2312. The I & E Team will complete the return address for the I & E Team and the Regional Office.*

## TEFRA/Katie Beckett (MR 2133)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Limits And Income Considerations	Budget Type
<p>Katie Beckett (W01)</p> <p>This COA is available for an A/R through the month of his/her 19<sup>th</sup> birthday and who is financially ineligible for SSI due to his/her own income and/or resources or income/resources deemed from his/her parent(s). Child is in need of institutionalized care, but it is more cost effective for the child to remain at home. Deeming of the parents income and resources is waived.</p>	<p>Explore CCSP and MRWP as an option instead of Katie Beckett.</p> <p>Retroactive coverage allowed</p> <p>Telephone interview required</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 60 days</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore HIPP</p> <p>Level of Care</p>	<p>Individual \$2000</p> <p>Resources of child must be verified Parent(s) resources not verified unless questionable</p> <p>Data Broker Search Required</p>	<p>Individual \$2022</p> <p>Income of child must be verified Parent(s) income not verified unless questionable</p>	<p>Form 171, Eligibility Budget - to determine if the child is SSI eligible only Medicaid CAP, Eligibility Budget to determine eligibility for LA-D COA. No Cost Share or Patient Liability</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Forms submitted to GMCF via RMO</p> <ul style="list-style-type: none"> <li>• LOC Routing Form (DMA-705)</li> <li>• DMA-6 (A)</li> <li>• Care Plan (DMA-706)</li> <li>• Psychological evaluation (if indicated)</li> <li>• Therapy notes (if indicated)</li> <li>• IFSP (if indicated)</li> <li>• IEP (if indicated)</li> </ul> <p>Forms submitted to SMEU:</p> <ul style="list-style-type: none"> <li>• Form 245 SMEU Cover Letter</li> <li>• Appropriate Medical Records</li> <li>• DMA-6A</li> <li>• Other medical information for GMCF</li> </ul> </div>

### QMB (MR 2143)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>QMB (Q01)</p> <p>This COA provides a Medicare supplement to individuals who meet financial criteria based on the Federal Poverty Level. Must be entitled to Medicare Part A.</p> <p>QMB covers:</p> <p>Payment of Part A &amp; B Medicare Premium</p> <p>Medicare co-insurance</p> <p>Medicare deductibles</p>	<p><b>No Retroactive coverage allowed</b></p> <p>Interview not required</p> <p>Dual Entitlement allowed</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP is 10 working days</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Third Party Resources must be assigned</p> <p>No proof of application for other benefits required (see ESS manual 2230-2)</p>	<p>Individual \$4000</p> <p>Couple \$6000</p> <p>Individual w/ineligible spouse \$6000</p> <p>Client statement accepted for resources unless questionable</p> <p>Data Broker Search Required</p>	<p>Individual \$903</p> <p>Couple \$1215</p> <p>ISM is not considered</p> <p>CAN BE EQUAL TO OR UNDER LIMIT</p> <p>Client statement accepted for income unless questionable</p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p> <p>Spouse- to- Spouse Deeming</p> <p>Couple</p>

### SLMB (MR 2144)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>SLMB (Q03)</p> <p>This COA pays the monthly premium for Part B Medicare. It is not time limited.</p> <p>Must be entitled to Medicare Part A</p>	<p>Retroactive coverage allowed</p> <p>Interview not required</p> <p>Dual Entitlement allowed</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP is 10 working days</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>No proof of application for other benefits required</p>	<p>Individual \$4000</p> <p>Couple \$6000</p> <p>Individual w/ineligible spouse \$6000</p> <p>Client statement accepted for resources unless questionable</p> <p>Data Broker Search Required</p>	<p>Individual \$1083</p> <p>Couple \$1457</p> <p>ISM is not considered</p> <p>Client statement accepted for income unless questionable</p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p> <p>Spouse-to-Spouse Deeming</p> <p>Couple</p>

### QI-1 (MR 2145)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Net Income Limits And Income Considerations	Budget Type
<p>QI-1 (QI1)</p> <p>This COA pays the monthly premium for Part B Medicare. It is time limited depending on available State funds. The income limit is higher than the SLMB limit.</p> <p>Must be entitled to Medicare Part A</p>	<p>Retroactive coverage allowed</p> <p>Interview not required</p> <p>Dual entitlement is allowed for AMN only</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP is 10 working days</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>No proof of application for other benefits required</p>	<p>Individual \$4000</p> <p>Couple \$6000</p> <p>Individual w/ineligible spouse \$6000</p> <p>Client statement accepted for resources unless questionable</p> <p>Data Broker Search Required</p>	<p>Individual \$1219</p> <p>Couple \$1640</p> <p>ISM is not considered</p> <p>Client statement accepted for income unless questionable</p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p> <p>Spouse-to-Spouse Deeming</p> <p>Couple</p>

## ABD Medically Needy (MR 2150)

COA	Application Processing/ Mandatory Forms	Basic Eligibility	Resource Limit	Income Level And Income Considerations	Budget Type
<p>ABD Medically Needy (AMN) S95/S99</p> <p>Consider AMN only after all other COAs have been explored</p>	<p>Retroactive coverage allowed</p> <p>Interview not required</p> <p>Mandatory Forms: Application Declaration of Citizenship Notice of Privacy Practice</p> <p>SOP: 45 days aged/blind 60 days disabled</p>	<p>Aged, Blind or Disabled</p> <p>Citizenship/ Alienage</p> <p>Enumeration</p> <p>Residency</p> <p>Application for other Benefits</p> <p>Third Party Resources must be assigned (see ESS manual 2230-2)</p> <p>Explore <b>HIPP</b> only if eligible for multiple budget periods</p>	<p>Individual \$2000</p> <p>Couple \$4000</p> <p>Resources must be verified</p> <p>Data Broker Search Required</p>	<p>Individual \$317</p> <p>Couple \$375</p> <p>May be de facto or spenddown eligible ISM is considered via Form 969</p> <p>Income must be verified</p>	<p>Form 172, Eligibility Budget</p> <p>Individual</p> <p>Spouse-to- Spouse Deeming</p> <p>Couple</p> <p style="text-align: center;">OR</p> <p>Form 171, Eligibility Budget</p> <p>Parent-to-Child Deeming</p> <p>Form 238, Medically Needy Budget Sheet</p>

## BURIAL EXCLUSION

**FBR** or  **NON-FBR**  
(Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

- a. Name of Funeral Home: \_\_\_\_\_ Phone \_\_\_\_\_
- b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_
- c. Is contract itemized?  Yes  No
- d. Is contract designated for A/R or spouse?  Yes  No
- e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

This is the amount the AR paid for the contract when they purchased it. Remember to exclude sales tax from the amount.

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

List here anything that is listed on Manual p. 2311-1-2 as a burial space item

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

This amount is carried over to the first line of Section "J" on the back

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

## BURIAL EXCLUSION DOCUMENTATION

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest	
	(Use only if unable to use for Burial Exclusion allowance.)	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
_____ Total	_____ Total	

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

Just list all the assets here, don't decide what to exclude yet

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

Decide what to exclude.  
 Term first  
 Whole only if you can exclude all of it  
 Do what's best for the client

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

List here anything that was NOT excluded in "K".

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**RSDI CLAIM SUFFIXES**

Person's own # (SSI)	DI	Supplemental Security Income
Person's own #	A	Wage earner (person paid in – Retirement)
Spouse's # earner	B	Spouse benefit – living wage
Parent's #	C	Child benefit (parent is dead or Disabled – stops at age 18)
Deceased person's #	D	Widow/Widower
Deceased person's # minor  turns	E	Benefit for young widow with  Child (stops when youngest child  16)
Child's #	F	Parent benefit – drawing on child's Account
Person's own #	HA	Disability
Person's own #	J or K	Special age benefit
Person's own #	T	Dialysis Patients Only
Deceased Person's #	W	Widow under 60 who is disabled

When a number follows the letter, more than one person is receiving benefits on that claim number. The youngest individual has the lowest number.

# Federal Benefit Rate (FBR) Classes of Assistance

## OVERVIEW

Federal Benefit Rate (FBR) classes of assistance use the SSI income and resource limit. The three most common types of FBR we use (other than SSI for prior months) are Pickle, Disabled Adult Child (DAC), and Widow(er). In each of these types of assistance, the individual received SSI and then had an initial entitlement or an increase in the RSDI that caused ineligibility for SSI. Because RSDI income is partially or fully excluded from the budgeting process for these three COAs, the person may still be under the SSI limit in our budgeting process.

**EVERYONE** who receives Pickle, DAC or Widow(er):

- **PREVIOUSLY RECEIVED SSI**
- **NOW RECEIVES RSDI**
- **SSI ENDED DUE TO RSDI**

Most FBR recipients come to our attention via the DMA "Ex parte" report. The Ex-Parte list will include the names of individuals in the county who lost their SSI eligibility recently. The list provides the individuals' name, social security number, address, birthdate, and an "ex parte" code. The ex parte code indicates the reason SSI terminated. A key to the codes used can be found in the policy manual forms section, Form 962 (click on the 962i link).

# SUCCESS CODING for FBR COA

## DEM1 screen

INTERVIEW Month 11 96	CLIENT DEMOGRAPHIC 1 - DEM1 0097 09 30 96	DEM1 01
Client Name HERBERT	BLACK	Suf Client ID 106594364
Alt SSA/SSN SSN Appl Name Appl For Date	SSN1 V More 015 01 1065 CA	DOB V Sex Race Eth (MM DD YYYY) 03 09 1927 BC M W N
GA Marital Living RSM Min Par Boarder Res Status Arrngmt Ad/Ch /LA Num Meals for Meals Referral Date		Amt Paid -- Family Planning -- Y ? ?
Concurr SSI Depriv V Prenatal Care Out of St Recip Ind Good Cse Term/Due Term/Due V Num V Code CA FS MA ? Code Date Exp N N N		
Message 0013 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
15-lett	16-crs	23-alau

All FBR individuals should have an "SSI Recip" code of "C" on DEM1. This indicates the AR was placed on Medicaid as a result of a Continued Medicaid Determination.

## UINC screen

INTERVIEW Month	UNEARNED INCOME - UINC	UINC 01 00						
Client Name	<b>Marilyn Carter</b>	Client ID						
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?								
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay	
SA		mo	458741122A					
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V
01 01 08	675	BX						
Client Potentially Elig For Other Benefits?								
More								
Appl Type	Stat	Date	Appl Type	Stat	Date			
Message								
	15-lett		16-uvnc		23-alau	24-del		

Gross RSDI income is entered on the UINC screen just as for any other recipient. The PLAW screen, not the deduction fields here, are used to tell SUCCESS how much of the RSDI to disregard.

If the AR has other income (besides RSDI), it is also entered as for any other recipient.

## PLAW screen

INTERVIEW	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Month		
Client Name		Client ID
Client RSDI Claim Number	?	
Previous SSI/MSS/AABD	?	
Concurrent & Correct SSI/MSS/AABD	?	
Date of SSI/MSS/AABD Inelig	?	
Reason for SSI/MSS/AABD Inelig	?	
RSDI Initial/Increase Entitlement	?	V
COLA Disregard Amt	?	V ?
Message 0013            0779		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
15-lett		

### INFORMATION

The PLAW screen is where information is entered regarding the reason that an A/R lost SSI entitlement, the initial entitlement amount, COLA, date of loss of entitlement to SSI and Social Security claim number. Frequently, when a Public Law AU closes or trickles inappropriately, the error can be traced to this screen. This is a conditional screen that will only appear for Public Law COAs

### KEY FIELDS:

**“Client RSDI Claim Number”:** Enter the A/R’s claim number without spaces or dashes. The Beneficiary Identification Code (BIC) which follows the Social Security number used should reflect what is acceptable for the COA. The claim number must be entered according to what SUCCESS will accept for the PL COA. Refer to the chart below for accuracy.

If the COA is:	Then the BIC should be:
SO3-Pickle	Any is acceptable
SO4-Disabled Adult Child	C1, C2,...
SO5-Disabled Widow(er),50-59	W
SO6-Widow(er), 60-64	D

**NOTE:** If, in reality, the claim number has a different suffix than what is shown above, enter the correct claim number on the demographic screen and the UINC but enter it as outlined above on the PLAW Screen.

**“Previous SSI/MSS/AABD”:** Enter a “Y” if the A/R previously received SSI. All FBR recipients should have received SSI. Entering “N” in this field will cause the AU to trickle to Medically Needy.

**“Concurrent & Correct SSI/MSS/AABD”:** Who was it that correctly and concurrently received SSI and RSDI? The codes are C= Client; N= No one; and S= Spouse.

For Pickle, this code will almost always be “C”.

For DAC, this code could be “C” or “N” depending upon whether the DAC was receiving some social security on his/her own account prior to the death or disability of the parent.

For both Widow AUs, the answer should be “N” since these individuals lost SSI due to initial entitlement.

“S” for spouse may be acceptable in some couple situations where both were receiving SSI but only one member of the couple was receiving RSDI.

**“Date of SSI/MSS/AABD Inelig”:** This is the date the individual became ineligible for SSI.

**“Reason for SSI/MSS/AABD Inelig”:** Select the correct valid value for the reason why the A/R lost SSI eligibility based on the COA.

The codes are:

C= Cost of living (usually used for Pickle)

E= Entitlement (usually used for Widow and DAC)

I= Increase in benefit (may be used for a DAC if s/he was previously receiving social security and it increased when the parent died or became disabled)

O= Other.

**“RSDI Initial /Increase Entitlement”:**

Pickle—the amount entered in this field is NOT disregarded by SUCCESS. This field is used to record the amount of RSDI received in the last SSI month. This is entered here for a Pickle case so that it's easy to see how much to disregard in the next field.

DAC and Widow—the amount entered in the field IS disregarded by SUCCESS. Enter the amount of the initial entitlement or increase in RSDI that caused SSI ineligibility.

In the “V” field, indicate how you verified the amount.

**“COLA Disregard”:**

Pickle—the amount entered in this field IS disregarded by SUCCESS. Initially, enter the amount of the COLA that caused SSI ineligibility. Each year, thereafter, total ALL COLAs received and enter that amount.

DAC and Widow—the amount entered in the field IS disregarded by SUCCESS. Initially, the AR will not have received a COLA. Enter .01 in this field. Each year thereafter, total ALL COLAs received and enter that amount.

In the “V” field, indicate how you verified the amount. If you're entering .01, use the valid value for “other”.

## Pickle Example

Marilyn Carter, age 69, received SSI and RSDI concurrently for many years. This past January her RSDI increased to \$700. It was \$655 last year. Ms. Carter lives with her married daughter but pays her fair share of the household expenses. There is, therefore, no ISM to consider. Ms. Carter's RSDI claim number is 458-74-1122A.

Checking each of the Pickle requirements, we find that Ms. Carter:

- previously and correctly received RSDI and SSI concurrently.
- SSI was terminated after 4/77 for any reason.
- is eligible for SSI if the RSDI COLAs received by the A/R and/or his/her spouse since the A/R last received SSI are disregarded.
- meets all basic and financial eligibility criteria.

A trial budget for Ms. Carter, excluding the COLA:

Georgia Department of Human Resources

**ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet**

AU Name:           **Marilyn Carter**           AU # \_\_\_\_\_

Class of Assistance:           **Pickle**           Living Arrangement:           **A**           Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr	Mo/Yr	Mo/Yr
<b>UNEARNED INCOME</b>			
1. Enter A/R's Total GROSS Unearned Income (current RSDI of \$700-\$45 COLA)	<b>655</b>		
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)	<b>20</b>		
3. Net Unearned Income (Line 1 minus Line 2)	<b>635</b>		
<b>Earned Income</b> (Go to Line 11 if no earned income)			
4. Enter A/R's Total GROSS Earned Income.			
5. Subtract remainder of \$20 General Deduction.			
6. Subtotal (Line 4 minus Line 5)			
7. Subtract \$65 Earned Income Deduction.			
8. Subtotal (Line 6 minus Line 7)			
9. Subtract ½ of Line 8.			
10. Subtotal (Line 8 minus Line 9)			AMN 3
<b>TOTAL INCOME</b>			Mo BP
11. Total Net Income (Line 3 plus Line 10)	<b>635</b>		
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)	<b>674</b>		
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)	<b>Elig</b>		

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.  
 NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual, in order to meet eligibility for the COA as a couple.  
 Example: A/R is SLMB eligible as an individual but appears to be QMB eligible under couple budget. A/R is only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr
<b>UNEARNED INCOME</b>			
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)			
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income			
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)			
<b>Earned Income</b>			
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.			
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.			
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)			

Since Ms. Carter's name was received on the Ex parte list, we will follow the guidelines in Section 2750 of the policy manual to establish her eligibility:

- 1) Register her CMD (application). Do NOT require a signed application.
- 2) Using SDX/BENDEX, DOL, Georgia Databroker System, Vital Records, related cases, and any other available information, determine eligibility
- 3) contact her only if needed to clarify any missing or unclear information. If there is not enough information to make a determination, send a DHR Form 222, 94 or 700 with a checklist to the client with an appropriate due date.
- 4) In the absence of evidence to the contrary, we will assume all other eligibility criteria have been met and that SSA has determined there has been no transfer of assets.
- 5) We assume SSA has forwarded TPR information to DMA
- 6) Prior receipt of SSI is prima facie evidence of disability for 12 months from the SSI termination date, unless SSI was terminated for failure to meet disability criteria.
- 7) We'll determine COLA and entitlement to or increases in RSDI based on SDX/BENDEX, using the best estimate possible.
- 8) Ms. Carter's citizenship is established by her receipt of RSDI disability. The Declaration of Citizenship must be sent for her signature.
- 9) Notify DMA of each ex parte determination via the Groupwise form using email address [Expartemedicaidrepor@dch.ga.gov](mailto:Expartemedicaidrepor@dch.ga.gov).

SUCCESS coding for this case:

**DEM1**

INTERVIEW	CLIENT DEMOGRAPHIC 1 - DEM1		DEM1 01
Month			
Name	<b>Marilyn Carter</b>	Client ID	
Alt	SSA/SSN	SSN Appl	SSN1 V More DOB V Sex Race Eth
Name	Appl For	Date	SSNs (MM DD YYYY)
GA	Marital	Living	RSM Min Par Boarder Amt Paid -- Family Planning --
Res	Status	Arrngmt	Ad/Ch /LA Num Meals for Meals Referral Date
Y			
Concurr	SSI	Depriv	V Prenatal Care ----- Pregnant ----- FTC
Out of St	Recip	Ind	Good Cse Term/Due Term/Due V Num V Code
CA FS MA			Code Date Exp
N N N	<b>c</b>		
Message 0013			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
15-lett		16-crs	23-alau

**UINC**

INTERVIEW	UNEARNED INCOME - UINC		UINC 01
Month			00
Client Name	<b>Marilyn Carter</b>	Client ID	
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?			
Type	Del	Freq	Claim Number Ded Ded Amt V Extra Pay
<b>SA</b>		<b>mo</b>	<b>458741122A</b>
Date Rcvd	Amount	V	Date Rcvd Amount V Date Rcvd Amount V
<b>01 01 09</b>	<b>700</b>	<b>BX</b>	
Client Potentially Elig For Other Benefits?			
Appl Type	Stat	Date	Appl Type Stat Date More
Message			
15-lett		16-uvnc	23-alau 24-del

# PLAW

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Client Name Marilyn Carter	Client ID	
Client RSDI Claim Number	<b>458741122A</b>	
Previous SSI/MSS/AABD		<b>Y</b>
Concurrent & Correct SSI/MSS/AABD		<b>C</b>
Date of SSI/MSS/AABD Inelig		<b>01 01 09</b>
Reason for SSI/MSS/AABD Inelig		<b>C</b>
RSDI Initial/Increase Entitlement	<b>655</b>	<b>V LE</b>
COLA Disregard Amt	<b>45</b>	<b>V LE</b>
Message 0013 0779 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?" 15-lett		

# MAFI

FINALIZE Month	MA FINANCIAL ELIGIBILITY - MAFI	MAFI A
AU ID	Prog MA Prog Type	Med COA
Resources		Income Test Continued
Resource Limit	<b>2000.00</b>	Allocated Income .00
Total Resources	.00	Gross Unearned Income <b>655.00</b>
Patient Liability/Cost Share		General Inc Deduction <b>20.00</b>
Pat Liability Income	.00	Net Unearned Income .00
Medicare Premium	.00	Gross Earned Income .00
Protected Income	.00	Earned Inc Deductions .00
Person Needs Allowance	.00	Net Earned Income .00
Diversion Amount	.00	Net Income <b>635.00</b>
IME Amount	.00	Income Limit <b>674.00</b>
Pat Liab/Cost Shar Amt	.00	Spenddown Amount
Income Test		Medical Expense Amt
Gross Deemor Income	.00	Net Spenddown Amount
Bnft Eff Date	Bnft Confirm <b>Y</b> Reasons	Recon Ind
Notice Type	Waive Timely Ntc Period	Notice Override
Review Begin Date	Review End Date	Strat
Message		

**Example 2: Pickle case at Review**

A complete redetermination of eligibility must be completed on all cases when a change is reported, or within 12 months after the SSI termination, whichever comes first. Contact with the individual is not required to complete this process.

The following year, we determine that Ms. Carter received another COLA increase in her RSDI. Her RSDI increased effective January 2010 from \$700 to \$720.

**UINC**

INTERVIEW		UNEARNED INCOME - UINC				UINC 01	
Month						00	
Client Name		<b>Marilyn Carter</b>				Client ID	
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?							
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay
SA		mo	458741122A				
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount
01 01 10	720	BX					
Client Potentially Elig For Other Benefits?							
More							
Appl Type	Stat	Date	Appl Type	Stat	Date		
Message							
		15-lett			16-uvnc	23-alau	24-del

# PLAW

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Client Name Marilyn Carter	Client ID	
Client RSDI Claim Number	<b>458741122A</b>	
Previous SSI/MSS/AABD	<b>Y</b>	
Concurrent & Correct SSI/MSS/AABD	<b>C</b>	
Date of SSI/MSS/AABD Inelig	<b>01 01 10</b>	
Reason for SSI/MSS/AABD Inelig	<b>C</b>	
RSDI Initial/Increase Entitlement	<b>655</b>	V <b>LE</b>
COLA Disregard Amt	<b>65</b>	V <b>LE</b>
Message 0013	0779	
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"		
15-lett		

# MAFI

FINALIZE Month	MA FINANCIAL ELIGIBILITY - MAFI	MAFI	A
AU ID	Prog MA	Prog Type	Med COA
Resources		Income Test Continued	
Resource Limit	<b>2000.00</b>	Allocated Income	<b>.00</b>
Total Resources	.00	Gross Unearned Income	<b>655.00</b>
Patient Liability/Cost Share		General Inc Deduction	<b>20.00</b>
Pat Liability Income	.00	Net Unearned Income	<b>635.00</b>
Medicare Premium	.00	Gross Earned Income	<b>.00</b>
Protected Income	.00	Earned Inc Deductions	<b>.00</b>
Person Needs Allowance	.00	Net Earned Income	<b>.00</b>
Diversion Amount	.00	Net Income	<b>635.00</b>
IME Amount	.00	Income Limit	<b>674.00</b>
Pat Liab/Cost Shar Amt	.00	Spenddown Amount	
Income Test		Medical Expense Amt	
Gross Deemor Income	.00	Net Spenddown Amount	
Bnft Eff Date	Bnft Confirm <b>Y</b>	Reasons	Recon Ind
Notice Type	Waive Timely Ntc	Period	Notice Override
Review Begin Date	Review End Date		Strat
Message			

## Disabled Adult Child Examples

### Example 1: Disabled Adult Child

Samuel Jones, age 30, receives \$700 RSDI as a disabled adult child. He received SSI and RSDI until his father's death caused an increase in his RSDI. The RSDI increased from \$420 to \$700 in September of this year. Mr. Jones lives alone in an apartment that he rents. He receives no assistance with living expenses. Mr. Jones's RSDI claim number is 516-44-9874C. He applied for ABD Medicaid in October.

Checking each of the DAC requirements, we find that Mr. Jones:

- is currently receiving RSDI as a disabled adult child.
- previously received SSI that was terminated on or after 7/1/87 because of an increase in or initial entitlement to RSDI as a disabled adult child.
- is eligible for SSI if the initial entitlement to RSDI, any increase(s) in RSDI and/or RSDI COLAs received since the A/R last received SSI are disregarded.
- meets all basic and financial eligibility criteria

A trial budget for Mr. Jones, excluding the increased RSDI:

Georgia Department of Human Resources

**ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet**

AU Name: Samuel Jones AU # \_\_\_\_\_  
 Class of Assistance: DAC Living Arrangement: A Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr	Mo/Yr	Mo/Yr
<b>UNEARNED INCOME</b>			
1. Enter A/R's Total GROSS Unearned Income	420		
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)	20		
3. Net Unearned Income (Line 1 minus Line 2)	400		
<b>Earned Income</b> (Go to Line 11 if no earned income)			
4. Enter A/R's Total GROSS Earned Income.	0		
5. Subtract remainder of \$20 General Deduction.			
6. Subtotal (Line 4 minus Line 5)			
7. Subtract \$65 Earned Income Deduction.			
8. Subtotal (Line 6 minus Line 7)			
9. Subtract 1/2 of Line 8.			
10. Subtotal (Line 8 minus Line 9)	0		AMN 3
<b>TOTAL INCOME</b>			
11. Total Net Income (Line 3 plus Line 10)	400		
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)	674		
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)	Elig		

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual, in order to meet eligibility for the COA as a couple. Example: A/R is SLMB eligible as an individual but appears to be QMB eligible under couple budget. A/R is only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr
<b>UNEARNED INCOME</b>			
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)			
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income			
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)			
<b>Earned Income</b>			
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.			
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.			
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)			

Georgia Department of Human Resources

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

**Samuel Jones**

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____
<b>UNEARNED INCOME</b>			
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.			
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)			
3. Net Unearned Income (Line 1 minus Line 2)			
<b>Earned Income</b> (Go to Line 11 if no earned income)			
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple			
5. Subtract remainder of \$20 General Deduction.			
6. Subtotal (Line 4 minus Line 5)			
7. Subtract \$65 Earned Income Deduction.			
8. Subtotal (Line 6 minus Line 7)			
9. Subtract ½ of Line 8.			
10. Subtotal (Line 8 minus Line 9)			AMN 3
<b>TOTAL INCOME</b>			Mo BP
11. Total Net Income (Line 3 plus Line 10)			
12. COUPLE Income Limit (FBR, Q-track, MNIL)			
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)			

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual, in order to meet eligibility for the COA as a couple. Example: A/R is SLMB eligible as an individual but appears to be QMB eligible under couple budget. A/R is only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

**Disregard**

Current RSDI	700
- Previous RSDI	- 420
Disregard	280

**Countable Income**

Current RSDI	700
- Disregard	- 280
Countable Income	420

Since Mr. Jones' name was received on the Ex parte list, we will follow the guidelines in Section 2750 of the policy manual to establish her eligibility (listed in the "Pickle" example)

**DEM1**

```

INTERVIEW                               CLIENT DEMOGRAPHIC 1 - DEM1                               DEM1 01
  Month

Client Name Samuel Jones                               Client ID

Alt  SSA/SSN  SSN Appl  SSN1  V  More  DOB  V Sex Race Eth
Name Appl For  Date      SSNs  (MM DD YYYY)

GA  Marital  Living  RSM  Min Par  Boarder  Amt Paid  -- Family Planning --
Res Status  Arrngmt Ad/Ch  /LA  Num Meals for Meals  Referral  Date

Concurr  SSI  Depriv  V  Prenatal Care  ----- Pregnant -----  FTC
Out of St Recip  Ind Good Cse  Term/Due  Term/Due  V  Num V  Code
CA  FS MA      Code  Date  Exp
N  N  N  C

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett 16-crs 23-alau
    
```

**UINC**

```

INTERVIEW                               UNEARNED INCOME - UINC                               UINC 01
  Month                               00

Client Name Samuel Jones                               Client ID

Do you have any of the following: RSDI, alimony, direct child support,
contributions, VA, workers compensation, unemployment, sick/disability benefits,
pension, railroad retirement, any other retirement, rent, interest, annuities,
dividends, educational income, or striker benefits?

Type  Del  Freq  Claim Number  Ded  Ded Amt  V  Extra Pay
SA      MO  516449874C

Date Rcvd  Amount  V  Date Rcvd  Amount  V  Date Rcvd  Amount  V
01 01 06  700  BX

Client Potentially Elig For Other Benefits?
More
Appl Type  Stat  Date  Appl Type  Stat  Date
Message 1968 1965 1970
1968 NO SDX DATA AVAILABLE
15-lett 16-uvnc 23-alau 24-del
    
```

**PLAW**

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW		PLAW 01
Client Name <b>Samuel Jones</b>	Client ID		
Client RSDI Claim Number	<b>516449874C</b>		
Previous SSI/MSS/AABD	<b>Y</b>		
Concurrent & Correct SSI/MSS/AABD	<b>C</b>		
Date of SSI/MSS/AABD Inelig	<b>09 01 06</b>		
Reason for SSI/MSS/AABD Inelig	<b>I</b>		
RSDI Initial/Increase Entitlement	<b>280</b>	<b>V</b>	<b>LE</b>
COLA Disregard Amt	<b>0</b>	<b>V</b>	<b>LE</b>
Message 0013 0779			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
15-lett			

**MAFI**

FINALIZE Month	MA FINANCIAL ELIGIBILITY - MAFI			MAFI	A
AU ID	Prog	Prog Type	Med COA		
Resources		Income Test Continued			
Resource Limit	<b>2000.00</b>	Allocated Income	<b>.00</b>		
Total Resources	.00	Gross Unearned Income	<b>420.00</b>		
Patient Liability/Cost Share		General Inc Deduction	<b>20.00</b>		
Pat Liability Income	.00	Net Unearned Income	<b>.00</b>		
Medicare Premium	.00	Gross Earned Income	<b>.00</b>		
Protected Income	.00	Earned Inc Deductions	<b>.00</b>		
Person Needs Allowance	.00	Net Earned Income	<b>.00</b>		
Diversion Amount	.00	Net Income	<b>400.00</b>		
IME Amount	.00	Income Limit	<b>674.00</b>		
Pat Liab/Cost Shar Amt	.00	Spenddown Amount			
Income Test		Medical Expense Amt			
Gross Deemor Income	.00	Net Spenddown Amount			
Bnft Eff Date	Bnft Confirm <b>Y</b>	Reasons		Recon Ind	
Notice Type	Waive Timely Ntc	Period		Notice Override	
Review Begin Date	Review End Date			Strat	
Message					

### Example 2: Disabled Adult Child at Review

One year later Samuel Jones receives a COLA increase in his RSDI. The RSDI amount is now \$719.

### UINC

CHANGE	UNEARNED INCOME - UINC		UINC 01						
Month			00						
Client Name	<b>Samuel Jones</b>		Client ID						
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?									
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay		
SA		MO	516449874C						
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V	
01 01 07	719	BX							
					Client Potentially Elig For Other Benefits?				
					More				
Appl Type	Stat	Date				Appl Type	Stat	Date	
Message 1968		1965	1970						
1968 NO SDX DATA AVAILABLE						16-uvnc	23-alau	24-del	
15-lett									

### PLAW

CHANGE	PUBLIC LAW DISREGARD - PLAW		PLAW 01	
Month				
Client Name	<b>Samuel Jones</b>		Client ID	
Client RSDI Claim Number			<b>516449874C</b>	
Previous SSI/MSS/AABD			<b>Y</b>	
Concurrent & Correct SSI/MSS/AABD			<b>C</b>	
Date of SSI/MSS/AABD Inelig			<b>09 01 07</b>	
Reason for SSI/MSS/AABD Inelig			<b>I</b>	
RSDI Initial/Increase Entitlement			<b>280</b>	V <b>LE</b>
COLA Disregard Amt			<b>19</b>	V <b>LE</b>
Message 0013	0779			
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"				
15-lett				

**MAFI**

FINALIZE	MA FINANCIAL ELIGIBILITY - MAFI			MAFI	A
Month	Prog	Prog Type	Med COA		
Resources			Income Test Continued		
Resource Limit	2000.00		Allocated Income	.00	
Total Resources	.00		Gross Unearned Income	420.00	
Patient Liability/Cost Share			General Inc Deduction	20.00	
Pat Liability Income	.00		Net Unearned Income	.00	
Medicare Premium	.00		Gross Earned Income	.00	
Protected Income	.00		Earned Inc Deductions	.00	
Person Needs Allowance	.00		Net Earned Income	.00	
Diversion Amount	.00		Net Income	400.00	
IME Amount	.00		Income Limit	674.00	
Pat Liab/Cost Shar Amt	.00		Spenddown Amount		
Income Test			Medical Expense Amt		
Gross Deemor Income	.00		Net Spenddown Amount		
Bnft Eff Date	Bnft Confirm	Y	Reasons	Recon Ind	
Notice Type	Waive Timely Ntc	Period	Notice Override		
Review Begin Date	Review End Date		Strat		
Message					

**Example 3: Disabled Adult Child**

Adam Mock received SSI until his mother's death last March. Following her death, he was approved for RSDI of \$1027 per month. His SSI terminated effective April and he applied for ABD Medicaid that month. Mr. Mock lives alone and receives no assistance with living expenses. Mr. Mock's RSDI claim number is 417-48-8899C.

Checking each of the DAC requirements, we find that Mr. Mock:

- is currently receiving RSDI as a disabled adult child.
- previously received SSI that was terminated on or after 7/1/87 because of an increase in or initial entitlement to RSDI as a disabled adult child.
- is eligible for SSI if the initial entitlement to RSDI, any increase(s) in RSDI and/or RSDI COLAs received since the A/R last received SSI are disregarded.
- meets all basic and financial eligibility criteria

A trial budget for Mr. Mock, excluding the increased RSDI:

Georgia Department of Human Resources

**ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet**

AU Name: Adam Mock AU # \_\_\_\_\_

Class of Assistance: DAC Living Arrangement: A Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr <b>April</b>	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income	<b>0</b>			
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)	<b>20</b>			
3. Net Unearned Income (Line 1 minus Line 2)	<b>0</b>			
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter A/R's Total GROSS Earned Income.	<b>0</b>			
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)	<b>0</b>			AMN 3
<b>TOTAL INCOME</b>				
11. Total Net Income (Line 3 plus Line 10)	<b>0</b>			
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)	<b>674</b>			
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)	<b>Elig</b>			

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual, in order to meet eligibility for the COA as a couple. Example: A/R is SLMB eligible as an individual but appears to be QMB eligible under couple budget. A/R is only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____
<b>UNEARNED INCOME</b>			
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)			
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income			
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)			
<b>Earned Income</b>			
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.			
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.			
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)			

Georgia Department of Human Resources

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

**Adam Mock**

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual, in order to meet eligibility for the COA as a couple. Example: A/R is SLMB eligible as an individual but appears to be QMB eligible under couple budget. A/R is only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

**Disregard**

Current RSDI	1027
- Previous RSDI	- 0
Disregard	1027

**Current Income**

Current RSDI	1027
- Disregard	- 1027
Countable RSDI	0

Since Mr. Mock's name was received on the Ex parte list, we will follow the guidelines in Section 2750 of the policy manual to establish her eligibility (listed in the "Pickle" example).

**DEM1**

```

INTERVIEW                               CLIENT DEMOGRAPHIC 1 - DEM1                               DEM1 01
  Month

Client Name Adam Mock                               Client ID

Alt   SSA/SSN   SSN Appl   SSN1   V   More   DOB   V Sex Race Eth
Name  Appl For   Date           SSNs   (MM DD YYYY)

GA   Marital   Living   RSM   Min Par   Boarder   Amt Paid   -- Family Planning --
Res  Status   Arrngmt Ad/Ch   /LA   Num Meals for Meals Referral   Date

Concurr   SSI   Depriv   V   Prenatal Care   ----- Pregnant -----   FTC
Out of St Recip   Ind   Good Cse   Term/Due   Term/Due   V   Num V   Code
CA  FS MA           Code   Date   Exp
N   N  N   C

Message 0013
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett           16-crs           23-alau
    
```

**UINC**

```

INTERVIEW                               UNEARNED INCOME - UINC                               UINC 01
  Month                               00

Client Name Adam Mock                               Client ID

Do you have any of the following: RSDI, alimony, direct child support,
contributions, VA, workers compensation, unemployment, sick/disability benefits,
pension, railroad retirement, any other retirement, rent, interest, annuities,
dividends, educational income, or striker benefits?

Type   Del   Freq   Claim Number   Ded   Ded Amt   V   Extra Pay
SA           MO   417488899C

Date Rcvd   Amount   V   Date Rcvd   Amount   V   Date Rcvd   Amount   V
01 01 06 1027 BX

Client Potentially Elig For Other Benefits?
More
Appl Type   Stat   Date           Appl Type   Stat   Date
Message 1968           1965 1970
1968 NO SDX DATA AVAILABLE
15-lett           16-uvnc           23-alau 24-del
    
```

**PLAW**

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Client Name <b>Adam Mock</b>	Client ID	
Client RSDI Claim Number	<b>417488899C</b>	
Previous SSI/MSS/AABD	<b>Y</b>	
Concurrent & Correct SSI/MSS/AABD	<b>C</b>	
Date of SSI/MSS/AABD Inelig	<b>04 01 06</b>	
Reason for SSI/MSS/AABD Inelig	<b>E</b>	
RSDI Initial/Increase Entitlement	<b>1027</b>	V <b>LE</b>
COLA Disregard Amt	<b>0</b>	V <b>LE</b>
Message 0013 0779 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?" 15-lett		

**MAFI**

FINALIZE Month	MA FINANCIAL ELIGIBILITY - MAFI	MAFI	A
AU ID	Prog	Prog Type	Med COA
Resources		Income Test Continued	
Resource Limit	<b>2000.00</b>	Allocated Income	<b>.00</b>
Total Resources	.00	Gross Unearned Income	<b>0.00</b>
Patient Liability/Cost Share		General Inc Deduction	<b>20.00</b>
Pat Liability Income	.00	Net Unearned Income	<b>.00</b>
Medicare Premium	.00	Gross Earned Income	<b>.00</b>
Protected Income	.00	Earned Inc Deductions	<b>.00</b>
Person Needs Allowance	.00	Net Earned Income	<b>.00</b>
Diversion Amount	.00	Net Income	<b>0.00</b>
IME Amount	.00	Income Limit	<b>674.00</b>
Pat Liab/Cost Shar Amt	.00	Spenddown Amount	
Income Test		Medical Expense Amt	
Gross Deemor Income	.00	Net Spenddown Amount	
Bnft Eff Date	Bnft Confirm <b>Y</b>	Reasons	Recon Ind
Notice Type	Waive Timely Ntc	Period	Notice Override
Review Begin Date	Review End Date		Strat
Message			

**Example 4: Disabled Adult Child at Review**

The following year, Adam Mock receives a COLA increase in his RSDI. His RSDI amount is now \$1055.

**UINC**

INTERVIEW	UNEARNED INCOME - UINC		UINC 01						
Month			00						
Client Name	<b>Adam Mock</b>		Client ID						
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?									
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay		
<b>SA</b>		<b>MO</b>	<b>417488899C</b>						
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V	
01 01 07	1055	<b>BX</b>							
Client Potentially Elig For Other Benefits?									
More									
Appl Type	Stat	Date		Appl Type	Stat	Date			
Message	1968	1965	1970						
1968 NO SDX DATA AVAILABLE				16-uvnc		23-alau	24-del		
	15-lett								

**PLAW**

INTERVIEW	PUBLIC LAW DISREGARD - PLAW		PLAW 01	
Month				
Client Name	<b>Adam Mock</b>		Client ID	
Client RSDI Claim Number			<b>417488899C</b>	
Previous SSI/MSS/AABD			<b>Y</b>	
Concurrent & Correct SSI/MSS/AABD			<b>C</b>	
Date of SSI/MSS/AABD Inelig			<b>04 01 07</b>	
Reason for SSI/MSS/AABD Inelig			<b>E</b>	
RSDI Initial/Increase Entitlement	<b>1027</b>		<b>V</b>	<b>LE</b>
COLA Disregard Amt	<b>28</b>		<b>V</b>	<b>LE</b>
Message	0013	0779	0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"	
	15-lett			

**MAFI**

FINALIZE	MA FINANCIAL ELIGIBILITY - MAFI			MAFI	A
Month					
AU ID	Prog	Prog Type	Med COA		
Resources			Income Test Continued		
Resource Limit		2000.00	Allocated Income	.00	
Total Resources		.00	Gross Unearned Income	0.00	
Patient Liability/Cost Share			General Inc Deduction	20.00	
Pat Liability Income		.00	Net Unearned Income	.00	
Medicare Premium		.00	Gross Earned Income	.00	
Protected Income		.00	Earned Inc Deductions	.00	
Person Needs Allowance		.00	Net Earned Income	.00	
Diversion Amount		.00	Net Income	0.00	
IME Amount		.00	Income Limit	674.00	
Pat Liab/Cost Shar Amt		.00	Spenddown Amount		
Income Test			Medical Expense Amt		
Gross Deemor Income		.00	Net Spenddown Amount		
Bnft Eff Date	Bnft Confirm	Y	Reasons	Recon Ind	
Notice Type	Waive Timely Ntc	Period	Notice Override		
Review Begin Date	Review End Date		Strat		
Message					

## Widow(er) Example

Joseph Miller is a 63-year-old widower. His wife died and he was approved for gross RSDI disability of \$748 as widower effective November. Previously, he received SSI as a disabled individual, which terminated effective November. He is not entitled to Medicare Part A, but remains disabled. Mr. Miller's RSDI claim number is 487-88-1122D.

Checking each of the Widow(er) 60-64 requirements, we find that Mr. Miller:

- is a disabled or blind widow(er) aged 60 – 64.
- is currently receiving an RSDI widow(er)/surviving divorced spouse benefit.
- is currently ineligible for Medicare Part A coverage.
- previously received SSI that was terminated because of his/her initial entitlement to RSDI as a widow(er)/surviving divorced spouse.
- is eligible for SSI if the initial entitlement to RSDI as a widow(er)/surviving divorced spouse and all subsequent COLAs are disregarded.
- meets all basic and financial eligibility criteria.

NOTE: The category of Widow (er) COA is not based on the age the AR is now, it is based on their age when they were determined to be disabled by SSA.

Georgia Department of Human Resources

**ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet**

AU Name: Joseph Miller AU # \_\_\_\_\_

Class of Assistance: Widow(er) 60-64 Living Arrangement: A Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income	0			
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)	20			
3. Net Unearned Income (Line 1 minus Line 2)	0			
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter A/R's Total GROSS Earned Income.	0			
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)	0			AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)	0			
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)	674			
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)	Elig			

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual, in order to meet eligibility for the COA as a couple. Example: A/R is SLMB eligible as an individual but appears to be QMB eligible under couple budget. A/R is only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr
<b>UNEARNED INCOME</b>			
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)			
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income			
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)			
<b>Earned Income</b>			
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.			
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.			
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)			

Georgia Department of Human Resources

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

**Joseph Miller**

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual, in order to meet eligibility for the COA as a couple. Example: A/R is SLMB eligible as an individual but appears to be QMB eligible under couple budget. A/R is only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

**Disregard**

Current RSDI	748		
- Previous RSDI	- 0		
Disregard	748		

**Countable Income**

Current RSDI	748		
- Disregard	- 748		
Countable RSDI	0		

DEM1

INTERVIEW Month CLIENT DEMOGRAPHIC 1 - DEM1 DEM1 01

Client Name **Joseph Miller** Client ID

Alt SSA/SSN SSN Appl SSN1 V More DOB V Sex Race Eth  
 Name Appl For Date SSNs (MM DD YYYY)

GA Marital Living RSM Min Par Boarder Amt Paid -- Family Planning --  
 Res Status Arrngmt Ad/Ch /LA Num Meals for Meals Referral Date

Concurr SSI Depriv V Prenatal Care ----- Pregnant ----- FTC  
 Out of St Recip Ind Good Cse Term/Due Term/Due V Num V Code  
 CA FS MA Code Date Exp  
 N N N C

Message 0013  
 0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"

15-lett 16-crs 23-alau

UINC

INTERVIEW Month UNEARNED INCOME - UINC UINC 01 00

Client Name **Joseph Miller** Client ID

Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?

Type Del Freq Claim Number Ded Ded Amt V Extra Pay  
**SA MO 487881122D**

Date Rcvd Amount V Date Rcvd Amount V Date Rcvd Amount V  
**01 01 06 748 EX**

Client Potentially Elig For Other Benefits?  
 More

Appl Type Stat Date Appl Type Stat Date  
 Message 1968 1965 1970  
 1968 NO SDX DATA AVAILABLE  
 15-lett 16-uvnc 23-alau 24-del

**PLAW**

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW		PLAW 01
Client Name	<b>Joseph Miller</b>	Client ID	
Client RSDI Claim Number		<b>487881122D</b>	
Previous SSI/MSS/AABD		<b>Y</b>	
Concurrent & Correct SSI/MSS/AABD		<b>N</b>	
Date of SSI/MSS/AABD Inelig		<b>11 01 06</b>	
Reason for SSI/MSS/AABD Inelig		<b>E</b>	
RSDI Initial/Increase Entitlement	<b>748</b>	V	<b>LE</b>
COLA Disregard Amt	<b>0</b>	V	<b>LE</b>
Message 0013	0779		
0013 REQUIRED FIELDS ARE IDENTIFIED BY "?"			
	15-lett		

**MAFI**

FINALIZE Month	MA FINANCIAL ELIGIBILITY - MAFI			MAFI	A
AU ID	Prog	Prog Type	Med COA		
Resources		Income Test Continued			
Resource Limit	<b>2000.00</b>	Allocated Income	<b>.00</b>		
Total Resources	<b>.00</b>	Gross Unearned Income	<b>0.00</b>		
Patient Liability/Cost Share		General Inc Deduction	<b>20.00</b>		
Pat Liability Income	<b>.00</b>	Net Unearned Income	<b>.00</b>		
Medicare Premium	<b>.00</b>	Gross Earned Income	<b>.00</b>		
Protected Income	<b>.00</b>	Earned Inc Deductions	<b>.00</b>		
Person Needs Allowance	<b>.00</b>	Net Earned Income	<b>.00</b>		
Diversion Amount	<b>.00</b>	Net Income	<b>0.00</b>		
IME Amount	<b>.00</b>	Income Limit	<b>674.00</b>		
Pat Liab/Cost Shar Amt	<b>.00</b>	Spenddown Amount			
Income Test		Medical Expense Amt			
Gross Deemor Income	<b>.00</b>	Net Spenddown Amount			
Bnft Eff Date	Bnft Confirm <b>Y</b>	Reasons		Recon Ind	
Notice Type	Waive Timely Ntc	Period		Notice Override	
Review Begin Date	Review End Date			Strat	
Message					

A good step by step method for screening individuals on the Ex parte list includes:

- 1) Review the Ex Parte list. Note specifically the "Ex Parte" code for each individual. A key to these codes can be found in the forms section of the ESS policy manual under the instructions for Form 962. The codes are not always accurate, but they may provide the first clue to the type of case we are looking at.
- 2) Screen the individual on SUCCESS using the SSN. If s/he has a currently active FS case it may provide much of the information necessary to make your determination. If the person is currently receiving Medicaid (under Nursing Home COA, for example), an ex parte determination may not be necessary.
- 3) Check SDX and BENDEX. On the SDX screen, look specifically at the "Pay status". If the pay status indicates "C01", the individual is currently receiving SSI and this is an incorrect referral. If the pay status is "N01", the individual is not receiving SSI.
- 4) Check BENDEX, is the individual currently receiving RSDI? Is the RSDI enough to place him/her over the SSI limit? This would be another indication that this is a potential FBR case.
- 5) Check the "BIC" indicator for the SSN claim number. A "BIC" of "C" on an adult indicates that this is a Disabled Adult Child. A "BIC" of "W" indicates a widow(er) 50-59. A Pickle may have any "BIC", but keep in mind their RSDI amount should have increased a relatively small amount indicating a possible COLA increase. A widow 60-64 will have a "BIC" of "D".
- 6) After tentatively choosing a COA based on the information you have, check the detailed eligibility requirements for the COA.

- 7) If the A/R appears to be eligible for an FBR COA based on your screening, send an "SSI CMD Notice", a Declaration of Citizenship, and a verification checklist requesting that the DOC be returned. It is not necessary to send an application or review form, but many feel it is a best practice to ask for complete information about the client's situation. It's important to remember, though, that the only form we must have is the Declaration of Citizenship.
- 8) If the A/R does not seem to be eligible for an FBR COA, consider Q-track eligibility. At this point, it is usually helpful to send the AR an application form with a Declaration of Citizenship. With the application and DOC, send an "SSI CMD Notice" to help the AR understand why we are requesting this information. Again, it is not required by policy that the application be returned, but we must have a signed Declaration of Citizenship for all COA.
- 9) Once the information is received from the AR, continue to establish eligibility as for any other applicant for assistance.
- 10) Regardless of the outcome of the determination, DCH must be notified. Complete the "Ex Parte Report" (available on email) and let DCH know what happened for each referral.

# SUCCESS ABD DOCUMENTATION GUIDELINES

CURRENT AS OF 5/15/2009

## General Rules

The purpose of documentation is to explain what SUCCESS cannot. When a SUCCESS field alone fully and clearly documents a situation, additional documentation is not required. It is not necessary to do "negative" documentation.

For example, there are multiple codes to document type of verification. "CS" for client statement, is usually a clear enough documentation of the source of verification. "TC" for telephone call would never, alone, be adequate for documentation.

Examples:

TC (telephone call)- requires documentation of the phone number called, the name of the person spoken to, the date of the contact and any other parts of the conversation that are relevant to the case.

OT (other)- requires documentation of the source of verification.

LE (letter)- requires documentation of who sent the letter.

Include additional documentation when required.

### **NARR (access by pressing shift + F9 from ADDR)**

Application, review or change

Type of contact

Action being taken

Initial conversation prior to starting the interview on SUCCESS

The name of the person spoken to and that s/he is the best source of information

Whether face to face, alternate or telephone interview A/R and authorized representative, if applicable were mailed HIPAA form and/or EMA notification form if form was not completed at interview

If a SUCCESS letter template has been used, the date letter was written, type of letter template (ex. M400), Load ID and name of the worker using the letter template.

For Medically Needy, actions taken and any pertinent information entered on SDME screen.

Validity of QITs, when sent to DCH Legal, when returned & outcome, if applicable.

For all L01 cases and W01 cases over 55- form DMA 315 Estate Recovery form was given, or document date sent if form was mailed

### **ADDR (access by pressing F9)**

Questionable mailing address

Directions to A/R home, if needed

### **AREP (access by pressing F9)**

Authorized representative (responsible person) for ABD and why (if not included on NARR screen)

### **STAT (access the ADT by pressing ~)**

Name, age, relationship of anyone in the home other than the recipient and spouse

Financial responsibilities

Denials/closures codes entered by EW

Changes in AU (additions and deletion of AU members)

Circumstances and outcome of completing a CMD

Dual eligibility for more than one COA

Need for prior months and any action taken

If A/R over CAP, document if QIT is in place and effective date.

If coverage for retroactive months was requested then list what months and the eligibility determination for each of the months. If another AU ID number was used to process the prior months, cross reference this AU ID.

### **DEM1 (access by pressing F9)**

Previous Marriages

SSI ineligibility

Any unusual circumstances about Georgia Residency

Reason for the Living Arrangement code entered; at reviews document that A/R remains in same LA or why it has changed

### **DEM2 (access the ADT by pressing ~)**

Details of disability/incapacity codes

Details, resolution of Death Match interface

Citizenship verification or Alien status if A/R is not a citizen.

The type of evidence used to verify citizenship should be documented.

If receipt of Medicare or SSI is used to verify citizenship, this should be clearly documented.

If prior receipt of SSI is being used to verify, the dates of receipt of SSI and method of verification should be included as well.

If citizenship is not verified by a document from the first tier, what was used for identity needs to be documented.

Document that original documents were viewed for citizenship and identity. This should be done for each AU member.

Declaration of Citizenship is in record. Declaration of Citizenship can be addressed on DEM2 01 for ALL AU members.

Availability of TPL (TPL1 screen should not be used)

What form was signed for assignment of TPL.

If A/R has TPL or there has been a change, document date form 285 sent to DMA including trusts and QITs

Details of non-cooperation for TPL, if applicable

HIPP referral if applicable

Form DMA-327 sent to DCH upon death of recipient in L01 or W01

### **ALAS (access by pressing F9)**

The 40 qualifying quarters for aliens

Details of form 526 for EMA

### **INST (access the ADT by pressing ~)**

Level of Care: changes, date packet sent to GMCF & returned, reason if LOC is denied

Limited Stay extensions

Changes in institutional status (such as a change to Hospice COA)

Residence prior to admission and upon discharge for protection of income determinations

IMEs and verification source

Diversion, if applicable

Differences between admission date and payment date

Reason for reconciliation and months affected

Any periods not covered by DMA-6, Communicator or other LOC instrument

Reason for use of Pat Liab Amount field; explain how the amount entered was obtained

Hospital stays and how verified

Explain reason for protection of income

Circumstances behind reconciliation

**RES1 (access by pressing F9)**

Conversion or disposition of resources at review or interim change, including spousal impoverishment

Explain any unusual activity involving resources and countable value if amount is not readily apparent

Dates of letters, bank statements, etc. used as verification

Potential inheritances

Disposition of previously owned bank accounts or other resources, and potential jointly owned resources at review or interim change

Burial fund exclusions (life insurance, burial contracts, burial funds)

Explain financial instrument used to fund QIT

For Promissory Notes, Loans and Property Agreements explain how the resource amount was calculated

**RES2 (access by pressing F9)**

Good faith efforts to sell

Bankruptcy

Conversion or disposition of resources at review or interim change, including spousal impoverishment

Vehicle use if use code is not self explanatory

Joint ownership

Liens

Rebuttal process

Completion of property search the results and any discrepancies

If more than one vehicle, vehicle excluded and reason

Life estate

Disposition of previously owned property

All real property other than homeplace

**RES3 (access by pressing F9)**

Details of any resource listed on this screen

Conversion or disposition of resources at review or interim change, including spousal impoverishment.

For FBR cases, burial space exclusion if not evident from verification in record

Any amount entered as "OC" due to burial exclusion policy

**TRAN (access by pressing F9)**

Details of any transfer and verification used or A/R's statement that no transfers have been made

Details of any recalculation of penalty and verification used

For Promissory Notes, Loans, Property Agreements that result in a transfer penalty explain how the penalty amount was calculated.

**ERN1 (access by pressing F9)**

Current employment record to track employer's name, begin/end dates, reason for termination and how verified

When clearinghouse (DOL) information automatically appears after matching on SSN for AU member's age 16 or older. When DOL information appears, press the tilde key and the information will copy and paste to the ERN1 REMA screen

Discrepancies in clearinghouse information

**ERN2 (access by pressing F9)**

Hourly pay rate

Tips, if not included in gross pay on the pay stubs

Reason any pay period is NOT considered representative pay

If actual income used in budgeting explain

If verification is required but is not in case record, how was information verified For example: YTD, TC

IF EVNC is not used, explain calculation and frequency of pay

**DEAL (access by pressing F9)**

Alien sponsor's name and address

Ineligible children and type of income

**UINC (access by pressing F9)**

Date payments will begin and/or terminate

The source and expected duration of any contributions

Reason net instead of gross is used

Calculation of monthly interest payment or child support payments, if needed

Financial aid for students

Reason for any changes to the auto update

If A/R is receiving RSDI on someone else's account, the name and relationship,

The reason any fluctuating income is not considered representative

Details of application for any other benefits

The results of clearinghouse (UCB/SDX/BENDEX) automatic matches and the resolution of any discrepancies

Dates of award letters, bank statements, etc

Reason for any deductions or exclusions, including for QITs

Potential income based on past work history, spouse, etc

If no income, document potential SSI eligibility

Document receipt of or potential benefits for VA, when application filed with VA, etc.

For Promissory Notes, Loans, and Property Agreements document any resulting countable income and how it was calculated.

**PLAW (access by pressing F9)**

How determination was made and why person is eligible

Yearly COLA

**ISM1 (access by pressing F9)**

Details of determination of ISM, including manual budget or "see Form 969 in case record"

**MISC (access by pressing F9)**

Why the case is over the SOP (Valid Value is never sufficient)

QMB override reason

## QUALIFIED INCOME TRUSTS

### Step 1:

BEFORE speaking with the AR, put together a packet including:

- The Guide for Trustees
- QIT Worksheet
- Three templates
- Certification page

Complete the worksheet to determine the amount the AR will need to deposit in a QIT to be eligible.

Review the information on the worksheet and guide.

### Step 2:

In speaking with the AR, paraphrase the information on the worksheet.

Be sure the AR (or PR) understands that the QIT must be set up AND funded for the AR to be eligible. Give an example, such as "If you need Medicaid for November, the QIT must be set up and funded by November 30<sup>th</sup>."

Assure AR (or PR) that it is not necessary to hire a lawyer to set up the QIT. You will send a "fill in the blank" template for completion.

### Step 3:

Send or take all the QIT forms to the AR/PR.

On the verification checklist, indicate that you need one template, the certification page, the information about the account they set up, and proof of the date and amount of the first deposit.

### Step 4:

When you receive the information from the AR/PR:

Review the template and make sure no changes were made to the template. If changes were made or the template not used, the QIT must be sent to DCH for approval.

Be sure the certification page is signed.

Check the date and amount of the first deposit.

Send a copy of the QIT with a Form DMA 285 to **TPL/DCH. – P O Box 38439, Atlanta, GA 30334.**

Document the information about the QIT in SUCCESS. (**NARR, STAT, RES1, UINC**)

Continue with the eligibility process, do not approve an LA-D type for any month the QIT was not funded. Consider AMN for these months.

**CHART 2553.1 – PROTECTION OF INCOME**

<b>IF the applicant/recipient</b>	<b>THEN Protect</b>
enters the 1 <sup>st</sup> through the 10 <sup>th</sup> day of the month from LA-A, B, or C	one half income
enters the 11 <sup>th</sup> through 31 <sup>st</sup> day of the month from LA-A, B, or C	ALL income
enters/leaves (leaves/enters) or dies in the same month <b>AND</b> the total stay is 10 days or less	ALL income
enters/leaves (leaves/enters) or dies in the same month <b>AND</b> the total stay is 11 days or more	one half income
leaves the 1 <sup>st</sup> through 10 <sup>th</sup> day of the month to LA-A, B, or C	ALL income
leaves the 11 <sup>th</sup> through 31 <sup>st</sup> day of the month to LA-A, B, or C	one half income
dies in a NH, Institutionalized Hospice, CCSP, ICWP, or MRWP/CHSS in any month after the month of admission	NO income
Leaves CCSP and enters a NH on the same day	ALL income in the month of admission to NH
Leaves NH and enters CCSP Case Management on the same day	ALL income for the CCSP CS for month of entry. NH PL will have a PNA of the FBR in month of discharge to CCSP.
is admitted to an LA-D directly from another LA-D and has been continuously residing in the first LA-D since prior to the first day of the month of entry to the second LA-D (except for NH to CCSP <b>or</b> CCSP to NH)	NO income

**SSI Recipient Begins Receiving Institutionalized Hospice or Enters a Nursing Home**

- ✓ Complete and submit [Form 107](#) to the SSA District office to report the SSI recipient’s new living arrangement and address
- ✓ Verify income through SDX
- ✓ Obtain AR/PR statement regarding ownership of resources
- ✓ Send Estate Recovery Form (315) to inform AR of Estate Recovery
- ✓ Determine patient liability:

IF

THEN

S/he receives SSI only

Budget all SSI the month of admission,  
Budget \$30/month for all other months

S/he receives SSI and  
Other income

Budget all SSI the month of admission,  
Budget no SSI for other months

NOTE: The month of admission to LA-D means the first month of continuous confinement in LA-D, including situations where the SSI recipient entered the NH from a hospital or other LA-D.

2578-2

**SSI Recipient Begins Receiving Hospice in the home**

- ✓ Verify income through SDX
- ✓ Obtain AR/PR statement regarding ownership of resources
- ✓ Send Estate Recovery Form (315) to inform AR of Estate Recovery
- ✓ IF SSI will terminate (because they have other income), send Declaration of Citizenship, require AR to sign and return this form
- ✓ No special coding of SSI on UINC

LEFT SIDE OF CASE RECORD	CENTER SECTION OF CASE RECORD	RIGHT SIDE OF CASE RECORD
<p>documents verifying age and citizenship</p> <p>documents verifying disability</p> <p>copies of Social Security and/or Medicare cards</p> <p>Notice of Privacy Practices, if available</p> <p>DMA Form 285, Health Insurance Information Questionnaire and copy of insurance card and/or trust documents if applicable</p> <p>HIPP Referral Forms, if applicable</p> <p>Form SS-5, Application for a Social Security Card</p> <p>other legal documents such as a marriage license, divorce decree, verification of death, and custody or guardianship papers,</p> <p>documents verifying burial designation, property search results, trust documents, life insurance policies, and other unchanging resource information including Form 106, Insurance Clearance if used</p> <p>Level of Care Denial</p> <p>F.129, Notification Requirement: Transfer of Assets To Spouse (Spousal Impoverishment) QIT Forms</p> <p>Estate Recovery Form</p>	<p>Bills used in AMN spend-down budgets annotated with the month/year in which they were used. This information should be filed on top of the permanent verification section or, if the folder has a center flap, on the left center flap.</p> <p>Patient Liability/Cost Share support documents must be filed in chronological order from the oldest to the most current. This information should be filed on top of the permanent verification section or, if the folder has a center flap, on the right center flap.</p> <p>The following forms are filed in the Patient Liability/Cost Share:</p> <p>Form 59</p> <p>Form DMA-6, or other Level of Care instrument</p> <p>CCSP, MRWP, ICWP Communicators</p> <p>documentation of transfer of assets penalty</p> <p>NOTE: ANYTHING NOT SPECIFICALLY LISTED AS LEFT OR CENTER IS PLACED ON THE RIGHT</p>	<p>The following types of information must be filed in the order specified:</p> <p><b>AT APPLICATION</b></p> <p>application form</p> <p>Form 297A, Rights and Responsibilities (if Form 297 was the application)</p> <p>Form 297M, Medicaid Addendum (if Form 297 was the application)</p> <p>all verification provided for the application process other than permanent verification</p> <p>copies of all communications with the A/R or RP that are not maintained in the computer system</p> <p>all paperwork completed and/or signed by the A/R or RP.</p> <p><b>AT REVIEW</b></p> <p>copies of written referrals</p> <p>all verification provided for the review process</p> <p>copies of all communications with the A/R or RP that are not maintained in the computer system</p> <p>all paperwork completed and/or signed by the A/R or RP.</p> <p><b>AT INTERIM CHANGE</b></p> <p>copies of written referrals</p> <p>all verification provided for the processing of the interim change</p> <p>copies of all communication with the A/R or RP that are not maintained in the computer system</p> <p>all paperwork completed or signed by the A/R or RP.</p> <p>File Quality Control referrals, hearing decisions, manual notices and Form 962 on top of the case action to which they pertain.</p>

LEFT SIDE OF CASE RECORD	CENTER SECTION OF CASE RECORD	RIGHT SIDE OF CASE RECORD
<p>documents verifying age and citizenship</p> <p>documents verifying disability</p> <p>copies of Social Security and/or Medicare cards</p> <p>Notice of Privacy Practices, if available</p> <p>DMA Form 285, Health Insurance Information Questionnaire and copy of insurance card and/or trust documents if applicable</p> <p>HIPP Referral Forms, if applicable</p> <p>Form SS-5, Application for a Social Security Card</p> <p>other legal documents such as a marriage license, divorce decree, verification of death, and custody or guardianship papers,</p> <p>documents verifying burial designation, property search results, trust documents, life insurance policies, and other unchanging resource information including Form 106, Insurance Clearance if used</p> <p>Level of Care Denial</p> <p>F.129, Notification Requirement: Transfer of Assets To Spouse (Spousal Impoverishment) QIT Forms</p> <p>Estate Recovery Form</p>	<p>Bills used in AMN spend-down budgets annotated with the month/year in which they were used. This information should be filed on top of the permanent verification section or, if the folder has a center flap, on the left center flap.</p> <p>Patient Liability/Cost Share support documents must be filed in chronological order from the oldest to the most current. This information should be filed on top of the permanent verification section or, if the folder has a center flap, on the right center flap.</p> <p>The following forms are filed in the Patient Liability/Cost Share:</p> <p>Form 59</p> <p>Form DMA-6, or other Level of Care instrument</p> <p>CCSP, MRWP, ICWP Communicators</p> <p>documentation of transfer of assets penalty</p> <p>NOTE: ANYTHING NOT SPECIFICALLY LISTED AS LEFT OR CENTER IS PLACED ON THE RIGHT</p>	<p>The following types of information must be filed in the order specified:</p> <p><b>AT APPLICATION</b></p> <p>application form</p> <p>Form 297A, Rights and Responsibilities (if Form 297 was the application)</p> <p>Form 297M, Medicaid Addendum (if Form 297 was the application)</p> <p>all verification provided for the application process other than permanent verification</p> <p>copies of all communications with the A/R or RP that are not maintained in the computer system</p> <p>all paperwork completed and/or signed by the A/R or RP.</p> <p><b>AT REVIEW</b></p> <p>copies of written referrals</p> <p>all verification provided for the review process</p> <p>copies of all communications with the A/R or RP that are not maintained in the computer system</p> <p>all paperwork completed and/or signed by the A/R or RP.</p> <p><b>AT INTERIM CHANGE</b></p> <p>copies of written referrals</p> <p>all verification provided for the processing of the interim change</p> <p>copies of all communication with the A/R or RP that are not maintained in the computer system</p> <p>all paperwork completed or signed by the A/R or RP.</p> <p>File Quality Control referrals, hearing decisions, manual notices and Form 962 on top of the case action to which they pertain.</p>

### ENTERING ISM IN SUCCESS

Complete a manual budget, Form 969, to determine countable ISM.

Do not complete the “Household Operating Expenses”, the “Client’s Contribution” or the “Inside Contribution” fields. These fields do not work to accurately compute the value of ISM.

Enter the total number of people in the household who is applying for Medicaid in the fields “Number Food” and “Sharing Shelter”.

IF	THEN CODE HOUSEHOLD SITUATION
AR HAS NO COUNTABLE ISM	AL
A/R HAS ISM THAT EXCEEDS THE PMV, SO PMV SHOULD BE COUNTED	OF
A/R LIVES WITH OTHERS AND THEY FURNISH FOOD & SHELTER, LA-B	OF
AR HAS AN AMOUNT OF ISM BETWEEN ZERO AND THE PMV	AL  ENTER THE ISM AMOUNT in the “Outside contribution” fields, using either the food or shelter Do this regardless of whether the ISM is “Outside” or “Inside”.
A/R & SPOUSE ARE APPLYING AS A COUPLE OR CHILD APPLYING FOR KATIE BECKETT	SP

**EXAMPLES OF ISM SCREEN CODING**

CHANGE	INKIND SUPPORT & MAINTENANCE 1 - ISM1				ISM1	A		
Month 11 06								
HOH Name CLIENT	NAME		AU ID 100xxxxxx					
HH Expense Type	Amt	V	HH Expense Type	Amt	V			
Rent			Mortgage					
Electric			Taxes					
Gas			Water					
Sewer			Garbage					
Heating Fuel			Insurance					
Food			Other					
Clients Contrib			Outside Contrib		Inside Contrib			
Type	Amt	V	Type	Amt	V	Type	Amt	V
Food			Food			Food		
Shelter			Shelter			Shelter		
Other						Other		
Number	Sharing	Household	Ownership	Parent/				
Food	Shelter	Situation	Rent Lib	Child				
01	03	OF	N					
Message								

If you want the system to count the PMV as the ISM amount, code the "Household Situation" field OF.

CHANGE	INKIND SUPPORT & MAINTENANCE 1 - ISM1				ISM1	A		
Month 11 06								
HOH Name CLIENT	NAME		AU ID 100xxxxxx					
HH Expense Type	Amt	V	HH Expense Type	Amt	V			
Rent			Mortgage					
Electric			Taxes					
Gas			Water					
Sewer			Garbage					
Heating Fuel			Insurance					
Food			Other					
Clients Contrib			Outside Contrib		Inside Contrib			
Type	Amt	V	Type	Amt	V	Type	Amt	V
Food			Food			Food		
Shelter			Shelter			Shelter		
Other						Other		
Number	Sharing	Household	Ownership	Parent/				
Food	Shelter	Situation	Rent Lib	Child				
01	01	AL	N					

If you want the system to count NO ISM, code the "Household Situation" field AL and do not enter any amount in "Outside Contribution".

CHANGE	INKIND SUPPORT & MAINTENANCE 1 - ISM1				ISM1	A		
Month 11 06								
HOH Name CLIENT	NAME		AU ID 100xxxxxxx					
HH Expense Type	Amt	V	HH Expense Type	Amt	V			
Rent			Mortgage					
Electric			Taxes					
Gas			Water					
Sewer			Garbage					
Heating Fuel			Insurance					
Food			Other					
Clients Contrib			Outside Contrib		Inside Contrib			
Type	Amt	V	Type	Amt	V	Type	Amt	V
Food			Food	50.00	bi	Food		
Shelter			Shelter	50.00	bi	Shelter		
Other						Other		
Number	Sharing	Household	Ownership	Parent/				
Food	Shelter	Situation	Rent Lib	Child				
01	01	AL	N					

If you want the system to count an amount between the PMV and nothing, code the "Household Situation" field AL and enter the amount in "Outside Contribution". Divide the amount equally between food and shelter.

<p><b>INQUIRY</b></p> <p>NEXT SSN</p> <p>Claimant Name <b>BERNARD</b> J R [REDACTED]</p> <p>County <b>1</b> 114</p> <p>SSA Claim Number <b>088 66</b> [REDACTED] A</p> <p>Agency Code <b>110</b></p> <p>State Control Data</p> <p>Mo. Benefit Payable <b>282.00</b> <b>4</b></p> <p>Gross Amount Payable <b>5</b> 378.70</p> <p>Net Monthly Amount <b>378.40</b> <b>6</b></p> <p>Black Lung Acct. No. 00000000</p> <p>BL Entit/Term Date 00 00 BL Status</p> <p>BL Payment Amount 0.00</p> <p>RR Claim No RR Status E</p> <p>SMI Option Code <b>9</b> Y Date Entitled 05 06</p> <p>SMI Premium Amt <b>10</b> 96.40 Date Term 00 00</p> <p>SMI Premium Payer <b>SELF</b> <b>11</b></p> <p>SMI 3rd Party DT Entit/Term 00 00</p> <p>Dual Entit SSN 000 00 0000</p>	<p><b>BENDEX INQUIRY - BNDX</b></p> <p><b>2</b> DOB 02 05 77 SEX M</p> <p><b>3</b> Beneficiary's own SSN 088 66 [REDACTED]</p> <p>Claimant SSN 088 66 [REDACTED]</p> <p>Category of Assistance J</p> <p>Old BIC Payment Status CP</p> <p>Date of Initial Entitlement 05 04</p> <p>Date of Current Entitlement 05 04</p> <p>Communication Code MAT</p> <p>Prev Gross Amt 378.70 Date 04 08</p> <p><b>7</b> SSI Entit/Term Dt 02 04 Status E</p> <p>Monthly Overpymt Deducted <b>8</b> 0.00</p> <p>End Date Overpayment 00 00</p> <p>H.I. Option Code Y Amt 0.00</p> <p>H.I. Date Entit/Term 00 00</p> <p><b>13</b></p> <p>00 00 Disab Onset 80 72 Direct Dep C</p> <p>Triple Entit SSN 000 00 0000 <b>12</b></p>
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Message

14-sdx 15-wgei 16-ucbi

This is an example of a typical BENDEX screen. It contains some information that is self-explanatory, some information that is not useful and some information that is relevant. Following is an explanation of what the codes for the most useful information mean.

- 1 **SSA Claim Number** – This is the claim number that was entered in SUCCESS, but if the number doesn't match the info in the SSA files, then the number from SSA is entered.
- 2 **Beneficiary's own SSN** - This is the SSN for the A/R. What we call Social Security is officially named RSDI which stands for **R**etirement, **S**urvivors, **D**isability Insurance. An individual can receive SS because he is retired or disabled. In addition, his spouse and children can also receive benefits through his account if he is retired, disabled or deceased.
- 3 **Claimant SSN** – If a child or spouse is receiving SS benefits through a parent's or spouse's account; this is the SSN of that person.
- 4 **Mo. Benefit Payable** – This is the net amount of the SS payment after the Medicare deduction and any overpayment.. If the A/R ever received SS, there will be an amount here.
- 5 **Gross Amount Payable** – This is the gross RSDI benefit to which the AR is entitled
- 6 **Net Monthly Amount**– This is the RSDI payment before any deductions for Medicare but without cents. This is normally the amount entered on UINC. If the AR has an RSDI overpayment, enter the net plus the overpayment amount. If there is a related FS case, enter the net on the first UINC screen, create another UINC screen, and enter the overpayment amount on the second screen.
- 7 **SSI Entit/Term Dt and Status** – The SSI entitlement/termination date indicates either the first month of SSI or the month after the last month of an SSI payment if SSI has been terminated. The status indicates whether the SSI is active or terminated. The codes A, E, and M indicate an SSI payment. D indicates denial. Codes T through Z indicate termination of SSI.
- 8 **Monthly Overpymt Deducted** – This indicates an overpayment withheld from the SS check. Remember that if the overpayment is the result of fraud, then you would count the gross amount payable.
- 9 **SMI Option Code** - This code indicates Medicare eligibility status. Codes G and Y show eligibility. Any other letters show ineligibility for Medicare.
- 10 **SMI Premium Amount** – This indicates the amount of the Medicare premium deducted from the SS check. In your budgeting, this is not deducted from the SS check. But remember that if the A/R is responsible for the Medicare payment, then this premium is budgeted as a medical deduction in FS.
- 11 **SMI Premium Payer** - This indicates who is responsible for paying the Medicare premium. If the A/R receives SSI or a low SS check, then the state may pay this premium for the A/R. This is indicated by the code 110. If the A/R does not pay this premium, then a medical deduction is not allowed for it. If the A/R is responsible for the premium, then the code should be "self".
- 12 **Direct Dep** – This indicates whether there is direct deposit of the SS payment and the type of bank account that the check is deposited into. The code is C for checking and S for savings.
- 13 **Dis Onset** – This indicates the disability onset date



INQUIRY STATE DATA EXCHANGE - SDX1 SDX1  
 NEXT SSN 01  
 Client Name BERNARD J R [REDACTED] Client ID  
 DOB 02 05 1977 Race W Individual SSN 088 66 [REDACTED]  
 Date of Death Mrtl Alien Es. Pers. --SDX Transaction-- Multiple  
 Sex Sts Code Ind. Code Date SSN  
 M 1 3 A 0 06 04 09 08 0  
 Appl Denial Denial Appeal Appeal Onset Disab/ SSI Elig Medicd  
 Date 2 Date 3 Code Date Code 4 Blindness 5 Date Test  
 01 27 04 11 05 03 08 01 06  
 Chg Dt Pay Stat Fed Liv State/Cnty FS FS FS Input TPL Medicd  
 08 06 7 C01 8 A 11470 Appl Stat Date 9 Cd Eff Dt  
 07 06 N01 A 11470 00 00 08 01 06  
 03 04 C01 A 11470  
 02 04 C01 B 11470  
 01 04 E02 B 11470  
 Adv Pay Bdgt Mo. SSI/GPA Mthly Asst  
 2 11 251.10 251.10 12  
 ----- OVERPAYMENT -----  
 Ind Balance Waiver Amt Waiver Date  
 13  
 Message  
 ----- STATE SUPPLEMENT -----  
 Amt Pd Elig Pd Grant  
 ----- RESOURCES -----  
 House MV Lfe Ins Prop Othr  
 Z Z Z Z Z  
 14



The State Data Exchange Screens (SDX) contain information about the Supplemental Security Income (SSI) benefit amounts. There are three SDX screens for SSI. This is a typical example of the first screen (SDX1) of SDX. The screen contains some information that is self-explanatory, some information that is not useful and some information that is relevant. Below is an explanation of what the codes for the most useful information mean.

- 1 **Mrtl Sts** – This indicates the marital status of the SSI recipient. The codes are: 1 (married and living together), 3 (single, widowed or divorced) and 4 (married, but separated).
- 2 **Appl Date** – This indicates the application date for SSI.
- 3 **Denial Date and Appeal Date** - The denial date indicates when an SSI application has been denied. The appeal date indicates when the denial was appealed.
- 4 **Onset Disab/Blindness** -- Indicates the first month DAS determined the AR disabled.
- 5 **SSI Elig Date** -- The first month the AR received SSI
- 6 **Chg Dt** – The change date indicates the latest change or update to the SSI.
- 7 **Pay Stat** - The payment status indicates whether the recipient is currently receiving SSI. This is coded in a letter and two number format (for example, T22). But since there are dozens of these codes, you can use just the letter prefix to determine the payment status. The letter codes are:
  - C** – the A/R is currently receiving SSI; usually this is coded as C01
  - H** – the case is in “hold” status while an action is pending
  - N** – this means “non-pay” and indicates that the A/R is not receiving SSI
  - S** – this means “suspense” and indicates that the A/R may be eligible for SSI, but the check is currently being withheld
  - T** – this means that the SSI check has been terminated
- 8 **Fed Liv** – The “federal living arrangement” for the A/R in the budget month. The codes are A (own household), B (another’s household), C (parent’s household) and D (an institution).
- 9 **TPL Cd** -- indicates whether the AR has reported a Third Party Health Insurance policy to SSA
- 10 **Medicd Eff Date** -- indicates the first month AR received Medicaid through SSA
- 11 **SSI/GPA** – This indicates the SSI gross payable amount. This is the gross amount that the A/R is entitled to receive before any overpayments are withheld. Budget the gross payment.
- 12 **Mthly Asst** – The monthly assistance is the actual amount of the SSI payment. If this payment is less than the SSI/GPA, an overpayment is being withheld.
- 13 **Overpayment** – This concerns SSI overpayments. The codes for the Ind (indicator) are O (overpayment), U (underpayment) and B (both over and underpayment). The balance shows the current amount of the overpayment. The waiver indicates the amount of the overpayment that has been waived from repayment.
- 14 **Resources** – This concerns the resources of the A/R. The codes for house are A (owns residence) and Z (does not own home). The codes for MV, motor vehicles, are B (owns vehicle) and Z (no vehicle).

\_INQUIRY STATE DATA EXCHANGE - SDX2 SDX2  
 01  
 Client Name BERNARD J R [REDACTED] Client ID  
 DOB 02 05 1977 Individual SSN 088 66 [REDACTED]

EI Net Amt UI Net Amt Deemed Inc Amt SSI/GPA Mthly Asst  
 385.90 1 251.10 2 251.10

----- EARNED INCOME INFORMATION -----  
 Period Wage Est Self-Em. Est Blind PASS

----- UNEARNED INCOME INFORMATION -----

Type	Recip Amt	Start Dt	Stop Dt	Claim Num	Freq	Cd
A 3	378.40 4	01 08 5	12 07 6	088663268A 7	7 7	C 8
A	369.50	01 07	12 07	088663268A 7	T	
A	357.50	08 06	12 06	088663268A 7	T	
S	27.50	08 05			T	
J	188.00	01 04	02 04		T	
H	49.00	03 04	06 04		T	

Message

1

**UI Net Amt** – This indicates the unearned income budgeted for SSI after deductions. This income is used by SS to determine the SSI payment. This field and the **EI Net Amt** and **Deemed Inc Amt** fields are important because they show you income that the A/R has reported to SS.

2

**SSI/GPA and Mthly Asst** – These fields are a duplication of the same fields on SDX1.

**Unearned Income Information** – The SDX2 screen contains useful information about other income that the A/R may have. This information should be compared to what has been reported to you. Note that the screen also indicates information about earned income, but in the vast majority of cases, the other income is unearned, which is why we will concentrate on that.

3

**Type** - This indicates the type of unearned income. The codes for the most common types of unearned income are:

**A** – Social Security (RSDI)

**C, E** – Both of these codes are for VA (Veteran’s Administration) income

**H** – In-kind Income. This refers to the support provided by someone that the A/R lives with. This is a monetary valuation that SS assigns to the assistance (usually the providing of housing) that the A/R receives. It is not actually income and would not be budgeted in FS. However, it usually indicates that there is another HH member.

**N** – Child Support

**Q** – Workers’ Compensation

**S** - Other. This indicates income for which a code doesn’t exist. It is usually explained under **Claim Number**. Note that in our example, this other income is documented as **Cash Fr(om) Son**.

4

**Recip. Amt** – The monthly amount of unearned income received. SS applies a \$20 exclusion to this income to produce the **UI Net Income**.

5

**Start Date** – This indicates the date the income started.

6

**Stop Date** – This indicates the last month that the income was received. Note that in our example, there are two Social Security payments (code **A**). The first one has no stop date, which indicates that it is ongoing. The second one has both a start and stop date, which indicates the period of time that this amount of Social Security was received. Since Social Security is increased every year, this will be seen very frequently. Note also that the start and stop date for the cash is the same month. This indicates that it was one-time only income.

7

**Claim Num** – This indicates either the claim number through which the income is received or documentation of what the income is. Note that in our example, the SS claim number is different from the A/R’s. Note also the documentation of the contribution.

8

**Freq Cd** – The frequency code indicates how often the income is received. The codes for frequency are:

**C** – This indicates a continuous monthly payment. This is income that is currently being received.

**N** – This indicates that the income was one-time only.

**T** – This indicates terminated income. This, along with the stop date, shows you the last month that the income was received.

**ABD Phase**

**3**

**WORKBOOK**

## Using the Online Policy Manual

For the following questions, identify the specific page in the policy manual where the answer can be found.

1. Whose bills can be used to meet medically needy spenddown?
2. If an individual enters a nursing home on April the 5th; how much income is protected for April and the patient liability budget?
3. What documents must be sent to the client to set up a QIT?
4. Is VA pension IBON?
5. How was an RSDI lump-sum budgeted?
6. For what other benefits must the client apply in order to be eligible for ABD?
7. When is the transfer of assets form completed?
8. What are the basic eligibility requirements for a Pickle case?
9. Is interest income countable?
10. What is IBON? How is it budgeted?
11. When an SSI individual enters a nursing home; how is the SSI budgeted in the patient liability budget?
12. If an application is received at the health department then forwarded to DFCS; what is the application date?
13. What are the basic requirements for Disabled Adult Child Medicaid?
14. What forms are needed to process a Katie Beckett case?
15. If an individual in a Q track case gets married; effective what month is the spouses' income counted in the Q track case?

## SSI Trial Budgets

1. AR applying for Medicaid has no income of her own. Her husband works and earns \$1632 per month.
  
2. AR has VA Pension of \$780/month. He has no other income.
  
3. AR has \$540/month private retirement. Her husband receives VA Pension of \$1450/month.
  
4. AR has no income of his own. His wife earns \$1900/month and they have three children. The children do not receive Medicaid.
  
5. AR has \$690/month private retirement.
  
6. AR has \$690/month VA Pension.

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter A/R's Total GROSS Earned Income.				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr
<b>UNEARNED INCOME</b>			
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)			
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income			
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)			
<b>Earned Income</b>			
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.			
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.			
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)			

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter A/R's Total GROSS Earned Income.				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)				
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income				
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)				
<b>Earned Income</b>				
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.				
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.				
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)				

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter A/R's Total GROSS Earned Income.				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.  
 NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)				
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income				
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)				
<b>Earned Income</b>				
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.				
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.				
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)				

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter A/R's Total GROSS Earned Income.				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.  
 NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)				
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income				
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)				
<b>Earned Income</b>				
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.				
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.				
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)				

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____
<b>UNEARNED INCOME</b>			
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.			
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)			
3. Net Unearned Income (Line 1 minus Line 2)			
<b>Earned Income (Go to Line 11 if no earned income)</b>			
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple			
5. Subtract remainder of \$20 General Deduction.			
6. Subtotal (Line 4 minus Line 5)			
7. Subtract \$65 Earned Income Deduction.			
8. Subtotal (Line 6 minus Line 7)			
9. Subtract ½ of Line 8.			
10. Subtotal (Line 8 minus Line 9)			AMN 3
<b>TOTAL INCOME</b>			Mo BP
11. Total Net Income (Line 3 plus Line 10)			
12. COUPLE Income Limit (FBR, Q-track, MNIL)			
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)			

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter A/R's Total GROSS Earned Income.				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.  
 NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)				
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income				
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)				
<b>Earned Income</b>				
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.				
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.				
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)				

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
	_____	_____	_____	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter A/R's Total GROSS Earned Income.				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.  
 NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)				
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income				
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)				
<b>Earned Income</b>				
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.				
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.				
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)				

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____	
<b>UNEARNED INCOME</b>				
1. Enter A/R's Total GROSS Unearned Income				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income</b> (Go to Line 11 if no earned income)				
4. Enter A/R's Total GROSS Earned Income.				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract 1/2 of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.  
 NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)				
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income				
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)				
<b>Earned Income</b>				
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.				
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.				
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)				

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN 3
<b>TOTAL INCOME</b>				Mo BP
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

ABD Medicaid Individual/Couple/Spouse to Spouse Deeming Budget Sheet

AU Name: \_\_\_\_\_ AU # \_\_\_\_\_

Class of Assistance: \_\_\_\_\_ Living Arrangement: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section A- Individual Calculation:</b> Use to budget a Medicaid Individual OR a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B. Not for use on Medicaid Cap budgeting.	Mo/Yr _____	Mo/Yr _____	Mo/Yr _____
<b>UNEARNED INCOME</b>			
1. Enter A/R's Total GROSS Unearned Income			
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)			
3. Net Unearned Income (Line 1 minus Line 2)			
<b>Earned Income</b> (Go to Line 11 if no earned income)			
4. Enter A/R's Total GROSS Earned Income.			
5. Subtract remainder of \$20 General Deduction.			
6. Subtotal (Line 4 minus Line 5)			
7. Subtract \$65 Earned Income Deduction.			
8. Subtotal (Line 6 minus Line 7)			
9. Subtract 1/2 of Line 8.			
10. Subtotal (Line 8 minus Line 9)			AMN 3
<b>TOTAL INCOME</b>			Mo BP
11. Total Net Income (Line 3 plus Line 10)			
12. INDIVIDUAL Income Limit (FBR, Q-track, MNIL)			
13. Surplus/Deficit OR 1 <sup>st</sup> Potential AMN Spenddown (Line 11 minus Line 12)			

NOTE: If a surplus exists on Line A.13, **STOP** (the A/R is ineligible) unless AMN. If a deficit exists or the COA is AMN, continue.  
 NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

<b>Section B- Deeming From Ineligible Spouse:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr
<b>UNEARNED INCOME</b>			
1. Enter Ineligible Spouse's GROSS UNEARNED Income (Exclude IBON)			
2. Subtract Living Allowance for Ineligible Child(ren) minus the Child(ren)'s Income			
3. Ineligible Spouse(s)' UNEARNED Income to include in Section C (Line 1 minus Line 2)			
<b>Earned Income</b>			
4. Enter Ineligible Spouse(s)' GROSS EARNED Income.			
5. Subtract any portion of Living Allowance not subtracted from Unearned Income.			
6. Ineligible Spouse(s)' EARNED Income to include in Section C (Line 4 minus Line 5)			

See REVERSE SIDE for Continuation of Budgeting

AMN Only: If the combined total of Lines B.3 and B.6 does NOT exceed ½ the Individual MNIL, STOP and use the 1<sup>st</sup> Potential Spenddown from Line A.13 as the AMN Spenddown.

<b>Section C- Spouse-to-Spouse Deeming or Couple Calculation:</b> Use to budget a Medicaid Individual with an Ineligible Spouse (Spouse to Spouse Deeming) OR a Medicaid Couple in LA-A or LA-B.	Mo/Yr	Mo/Yr	Mo/Yr	
<b>UNEARNED INCOME</b>				
1. Enter Total GROSS Unearned Income of A/R and Unearned Income deemed from Ineligible Spouse (Line A.1 plus UNEARNED Income from Line B.3) OR Total GROSS Unearned Income of Medicaid Couple.				
2. Subtract \$20 General Deduction. (Subtract \$0 from IBON)				
3. Net Unearned Income (Line 1 minus Line 2)				
<b>Earned Income (Go to Line 11 if no earned income)</b>				
4. Enter Total GROSS Earned Income of A/R and Earned Income deemed from Ineligible Spouse (Line A.4 plus EARNED Income from Line B.6) OR Total GROSS Earned Income of Medicaid Couple				
5. Subtract remainder of \$20 General Deduction.				
6. Subtotal (Line 4 minus Line 5)				
7. Subtract \$65 Earned Income Deduction.				
8. Subtotal (Line 6 minus Line 7)				
9. Subtract ½ of Line 8.				
10. Subtotal (Line 8 minus Line 9)				AMN
<b>TOTAL INCOME</b>				Mo BF
11. Total Net Income (Line 3 plus Line 10)				
12. COUPLE Income Limit (FBR, Q-track, MNIL)				
13. Surplus/Deficit OR 2 <sup>nd</sup> Potential AMN Spenddown (Line 11 minus Line 12)				

AMN Only: Use the 1<sup>st</sup> Potential Spenddown (Line A.13) or 2<sup>nd</sup> Potential Spenddown (Line C.13), whichever is greater.

NOTE: For Q Track eligibility, A/R must be eligible for the COA as an individual (Section A), in order to meet eligibility for the same COA as an individual with an ineligible spouse (Section C). Example: A/R is SLMB eligible as an individual (Section A) but appears to be QMB eligible under Spouse to Spouse Deeming budget (Section C). A/R will only eligible for SLMB, since s/he is ineligible for QMB as an individual.

**Documentation/Computation Space:**

## Review of Aged, Blind, Disabled Criteria and COA

1. Mary Stokes, age 59, applies for ABD on 5/3. She was in an accident on 3/5. She was hospitalized from 3/5 until 4/2 and transferred directly from the hospital to a nursing home on 4/2 where she is today. Her husband, Robert, is acting in her behalf. Robert earns \$3200/month. He states that he has applied for Social Security for Mary. He received a denial letter for SSI stating that Mary is ineligible for SSI due to resources. The RSDI is still pending. Robert states that they have many unpaid medical bills since Mary's accident.
  - a. How will disability be determined for Ms. Stokes?
  - b. For what type of Medicaid is Ms. Stokes potentially eligible for May? For April? For March?
2. Henry Bean, age 46, applies for ABD on 6/3. He was a self-employed painter; he fell off a ladder on 5/2 and has been unable to work since that time. He is single and has no income since the accident. He has not applied for Social Security because he has never paid into the Social Security system. Mr. Bean states he has many unpaid medical bills since his accident.
  - a. For what type of Medicaid is Mr. Bean potentially eligible for June? For May?
  - b. How will disability be determined for Mr. Bean?
3. Robert Parr, age 53, applies for ABD on 7/9. He was injured in an accident on 4/3. He was hospitalized from 4/3-4/29 and went home on that day. He has applied and been approved for RSDI, but will not have Medicare for two years. Mr. Parr states he has unpaid medical bills for April, May, June, and July.
  - a. How will disability be determined for Mr. Parr?

- b. For what type of Medicaid is Mr. Parr potentially eligible for April? May? June? July?
  
4. Harry Partridge, age 19, applies for ABD on 6/13. He entered a hospital 5/14 following a car accident. He entered a NH directly from the hospital on 6/10. He was a student at the time of the accident; he had never been employed. His only income is \$1000/month his parents give him.
  - a. How would we verify/establish disability?
  
  - b. For what type of Medicaid is Mr. Partridge potentially eligible for May? For June and ongoing?
  
  - c. How will disability be determined for Mr. Partridge?
  
5. Mr. Carr, age 60, applies for ABD on 6/20. He began receiving CCSP waived services on 5/10. He lives alone and his only income is an \$800/month VA pension. He has never applied for SSI.
  - a. For what type of Medicaid is Mr. Carr potentially eligible for May? For June?
  
  - b. How will disability be determined for Mr. Carr?
  
6. What benefits received by the AR can be considered prima facie evidence of disability?

## Continuing Medicaid Determinations

In each of the following situations, what type of Medicaid would you **potentially** approve?

1. Ms. Hall, 43, was injured in an accident 12/2/XX. She was hospitalized for 12/2-12/23 and then moved directly to a nursing home. She has extensive head injuries and is not expected to recover. She has a pending RSDI application. SSI was denied, over income.
2. Ms. Davis, 79, entered a nursing home directly from her home on 2/3/XX. She receives RSDI and Medicare Parts A and B. She has never received SSI.
3. Mr. Duffy, 54, was injured in an accident in April. He applied and has been approved for SSI. His first SSI month is June. He has unpaid medical bills for April and May prior to the first SSI month. He had no income or resources during April and May.
4. Mr. Mayer, 58, was receiving RSDI and SSI. He is disabled. He lost his eligibility for SSI in January due to the COLA increase in his RSDI.
5. Ms. Reno, 62, is disabled. She receives RSDI, Medicare Parts A and B, and has recently started receiving CCSP services. She has never received SSI.
6. Ms. Price, 35, is disabled. She receives RSDI but is not yet covered by Medicare. She has never received SSI.
7. Mr. Wilson, 63, was receiving RSDI and SSI. His wife died in October and the receipt of RSDI Widower's benefits caused his SSI to close.
8. Ms. Davis, 75, receives RSDI; she has never received SSI. She receives Medicare Parts A and B.
9. Ms. Richards, 83, receives RSDI. She receives Medicare Parts A and B; she recently began receiving Hospice services in her home.

10. Ms. Snelling, 26, receives RSDI. She has been disabled since birth. She received RSDI and SSI until her father died a few months ago. The increase in her RSDI caused her SSI to close.
  
11. Mr. Cofield, 58, receives RSDI; he received SSI and RSDI but the increased RSDI due to his wife's death caused the SSI to close.

## SMEU Referral

### Completing the SMEU Referral

On November 20, 20XX, the following ABD application was received for Ms. Nancy Miller. On August 24, Ms. Miller was involved in a serious car accident. The accident left Ms. Miller paralyzed and unable to care for herself, her husband or their three children ages 6, 10 and 12. Prior to this accident, Ms. Miller stayed home with the children; Mr. Miller owns a construction business. They have no health insurance on themselves or the children. Ms. Miller has no movement of her arms or legs, she has a wheelchair equipped with a breath-activated control. She is unable to move herself from her bed to her wheelchair, unable to clothe, feed or care for herself in any way. Her husband, with the help of his family and Ms. Miller's family, is caring for the children, taking care of the house, and caring for Ms. Miller. Ms. Miller's physicians have indicated that they do not expect Ms. Miller to regain use of her limbs. She participates in physical therapy involving the therapist manipulating her limbs.

Ms. Miller has applied for Social Security from 1995 to 1997 she had a job as a courtesy clerk and cashier at Kroger. Since 1997, she has stayed home with the children. The Social Security Administration has already denied SSI; she is over income with her husbands income. The RSDI claim is still pending.

Ms. Miller was in the hospital from August 24- September 30. On September 30 she went directly from the hospital to a nursing home for rehabilitation. She was released from the nursing home to her own home on October 29.

The Millers have over \$82,000 in medical bills since August.

Complete a Social Data Report for Ms. Miller.

What verification should be requested?

Complete the Form 245, Cover Letter to send the information to SMEU.

**Georgia Application for Medicaid & Medicare Savings for Qualified Beneficiaries**

(QMB - payment of premiums, coinsurance, and deductibles;  
SLMB - payment of Part B premium; and QI-1 - payment of Part B premium)

**INSTRUCTIONS:**

1. Read the application carefully & answer each question accurately. Attach additional pages if needed.
2. **Sign and mail application to:** \_\_\_\_\_ County DFCS  
(Mail or deliver application to the DFCS office in your county of residence)  
\_\_\_\_\_  
\_\_\_\_\_  
ATTN: \_\_\_\_\_
3. A telephone interview may be required for these programs. Be sure to enter phone # below.
4. The DFCS Medicaid Specialist will review this application. If it appears that you may be eligible for full Medicaid coverage, the Medicaid Specialist will contact you for more information and verifications.

**PERSONAL INFORMATION:** You may have someone help you complete this application.

Applicant's Name (Last, First, Middle Initial) <u>Miller, Nancy J.</u>	If you wish to name a person to act on your behalf, complete the information below: Name (Last, First, Middle Initial) <u>Miller Thomas J.</u>
Mailing Address	
Street Address <u>985 Sixth Street</u>	Mailing Address <u>same</u>
City <u>Roopville</u> State <u>GA</u> Zip <u>37741</u>	City _____ State _____ Zip _____
Do you own/are you purchasing home? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Phone <u>770 830 1111</u> County <u>Carroll</u>	Phone <u>770 830 1111</u>
E-Mail Address _____	E-Mail Address _____
Nursing Facility (if applicable) _____	Relationship to Individual _____

**COMPLETE THIS INFORMATION FOR YOU AND YOUR SPOUSE.**

Name (Self):	Birthdate	Sex	Race	U.S. Citizen (Yes or No)	Social Security Number	Marital Status
<u>Nancy</u> Maiden/other name(s):	<u>4/9/75</u>	<u>F</u>	<u>White</u>	<u>Yes</u>	<u>xxx-xx-xxxx</u>	<u>M</u>
<u>Thomas</u> Maiden/other name(s):	<u>2/3/72</u>	<u>M</u>	<u>White</u>	<u>Yes</u>	<u>xxx-xx-xxxx</u>	<u>M</u>

Are you applying for your spouse, too?  Yes  No

**LIVING ARRANGEMENT:** Check the box(es) that best describes your current situation.

Living In Own Home	Nursing Facility	Another's Home	Hospice	Hospital	Katie Beckett	Community Care	Assisted Living	Other
<input checked="" type="checkbox"/>								
Date Admitted:				Date Admitted:		Date Admitted:		

**HEALTH INSURANCE:**

Do you have Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you enrolled in a Medicare HMO or Medicare Drug program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Coverage <input type="checkbox"/> Part A (hospital) <input type="checkbox"/> Part B (doctor) <input checked="" type="checkbox"/> Part D (RX) n/a	Effective Date: _____ Medicare Number: n/a	Have you ever received SSI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, when did it end? _____
Does your spouse have Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Coverage <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part D n/a	Effective Date: _____ Medicare Number: n/a	Has your spouse ever received SSI? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, when did it end? _____

Do you have other health insurance?  Yes  No

Does your spouse have other health insurance?  Yes  No

If you answered yes to either of these questions, please complete the following information:

	Health Insurance Company Name, Address, and Telephone Number	Type of Coverage (Hospital, Medicare Supplement, Drugs, Major Medical,)	Effective Date	Policy Number
Self		N/A		
Spouse				

**Attach copies (front and back) of Medicare and insurance cards if applicable.**

REAL PROPERTY: Do you own all or part of any real estate in which you do not live?  Yes  No

If yes, please complete the following for each piece of real estate. **Do not list the house or mobile home in which you live.**

Address	Value	Amount Owed

Do you or your spouse own a car, truck, boat, camper, utility trailer, recreational vehicle, etc.?

Yes  No If yes, please complete the following information about each vehicle. Attach additional pages if needed.

Type	Year	Make	Model	Value	Amount Owed
Car	02	Toyota	RAV4	\$1000	0
Car	06	Honda	Element	\$9000	\$12,400



## BURIAL ASSET REVIEW

This is a review of the burial asset exclusion policy. In each situation, complete the Burial Asset Exclusion form and indicate how you will code the burial assets in SUCCESS. Document all of the information used to arrive at your answer.

1. AR has the following three whole life insurance policies. The first has a face value of \$500, the second has a face value of \$1500, and the third has a face value of \$500. The cash values are \$67, \$423, and \$36 respectively.
  
2. AR has a whole life insurance policy with a face value of \$3,000 and cash value of \$125 and a burial fund of \$1,000 (checking account).
  
3. AR has three whole life insurance policies. The first has a face value of \$1,000, the second has a face value of \$6,000, and the third has a face value of \$3,000. The cash surrender values are \$296, \$3618.50, and \$231 respectively.
  
4. AR has term life insurance policy with a face value of \$11,556.00 and a whole life insurance policy with a face value of \$5,000 (CSV \$2500). The AR also owns the attached burial contract with Maxwell-Miller Funeral Home. We have verified that the contract is paid in full.
  
5. AR has a whole life insurance policy with a face value of \$7500 (CSV \$630). The AR also owns the attached burial contract from Perry Funeral Home. We have verified that it is paid in full.

MAXWELL—MILLER FUNERAL HOME

Phone (912) 263-8842

908 North Court St. — P. O. Box 846  
 QUITMAN, GEORGIA 31643-0846  
 Ronald B. Miller, L.F.D. / Owner

DATE Dec 31, 1993

Pre-

FUNERAL OF \_\_\_\_\_

The goods and services shown below are those we can provide to our customers. You may choose only those items you desire. (However, any funeral arrangements you select will include a charge for our services.) (1) If legal or other requirements mean you must buy any items you did not specifically ask for, we will explain the reason in writing on the statement we provide describing the funeral goods and services you selected.

This list does not include prices for certain items that you may ask us to buy for you, such as cemetery or crematory services, flowers, and newspaper notices. The prices for those items will be shown on your bill or the statement describing the funeral goods and services you selected. (We charge you for our services in buying these items.) (2)

FUNERAL ARRANGEMENTS: Our services include our professional services, shelter of the remains, consultation with family and clergy, arrangement and direction of the visitation and funeral; preparation and filing of necessary notices, authorizations and consents; and other services and attendance prior to, during and following the funeral including but not limited to coordinating with those providing other portions of the funeral, e.g. cemetery, crematory, and others. (Our charges for direct cremations, immediate burials and forwarding or receiving include a service fee as explained below.)

( ) FUNERAL SERVICE CHARGE	\$ <u>1395</u>
Casket as Selected	\$ <u>995</u>
<i>Co. Copper</i>	
B. Outer Burial Receptacle As Selected <i>Cermet</i>	\$ <u>450</u>
Charges For Other Services Selected:	
1. Other Professional Services Selected	
Embalming .....	_____
Other Preparation of Remains .....	_____
2. Facilities and Equipment	
1. Use of Facilities	
(Viewing/Visitation / Funeral Service) _____	
2. Automotive Equipment	
1. Transfers Remains to Funeral Home _____	
2. Hearse .....	_____
3. Other .....	\$ _____
EMBALMING .....	\$ _____
OTHER PREPARATION OF REMAINS	
Restoration When Necessary .....	_____
Special Cosmetology .....	_____
Hair Dressing .....	_____
Washing and Disinfection When	
No Embalming .....	\$ _____
C. CHARGES FOR MERCHANDISE SELECTED	
Air Tray for Airline Use .....	_____
Minimum Container for Cremation ...	_____
Clothing ... <i>Down</i> .....	\$ <u>75</u>
Cremation Urn .....	_____
Other .....	\$ <u>75</u>
D. SPECIAL CHARGES	

Except in certain special cases, EMBALMING IS NOT REQUIRED BY LAW. Embalming may be necessary, however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not want embalming, you usually have the right to choose an arrangement which does not require you to pay for it, such as a direct cremation or immediate burial. (5)

CASH ADVANCES -  
 Fees Advanced For You By  
 MAXWELL-MILLER FUNERAL HOME  
 For Services or Materials:

Opening & Closing Grave .....	\$ <u>200</u>
Flowers .....	\$ _____
Crematory .....	\$ _____
Newspaper (Paid Notices) ....	\$ <u>30</u>
Certified Copies Death Certificate	
1 @ \$ <u>10</u>	
@ \$ <u>5</u> each	\$ _____
Long Distance Telephone .....	\$ _____
Musicians Honorarium .....	\$ _____
Clergy Honorarium ( ? ) .....	\$ _____
Hair Dresser .....	\$ _____
Cutting Death Date .....	\$ _____
Remove & Reset Slab .....	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL CASH ADVANCES ...	\$ <u>230</u>
SUMMARY	
Total Funeral Home Charge ...	\$ <u>3002.45</u>
Total Cash Advances .....	\$ <u>230.00</u>
TOTAL FOR SERVICES ..	\$ <u>3232.45</u>

6.

**PERRY FUNERAL CHAPEL, INC.**  
**P. O. BOX 687**  
**301 McLENDON ST.**  
**ASHBURN, GEORGIA 31714**  
**229/567-3366**

Ashburn, Turner Co., Georgia

The following agreement represents itemized charges of the merchandise selected for the funeral of \_\_\_\_\_ SS# \_\_\_\_\_

This Contract is itemized in two separate sections. This contract only guarantees prices charges are PAID IN FULL at the time this contract is made. IF not paid in full at the time contact is signed, this contract DOES NOT guarantee any prices listed nor lock in any to future purposes. We reserve the right to adjust our prices at any time based on prices pre at the time of need.

Itemized Bill of Goods (This side has no ceiling)	Itemized Bill of Services (This side not to exceed \$10,000)
Casket/Urn \$ 4,613.00 ✓	Basic Service Fee \$ 1,726.00
Vault \$ 2,556.00 ✓	Removal \$ 195.00
Cemetery Equip. for Vault 179.00 ✓	Embalming/Cosmo. \$ 770.00
Open/Close Grave 475.00 ✓	Visitation \$ 319.00
Monumental Work 2,946.00 ✓	Chapel/Church Serv. \$ 435.00
Miscellaneous \$ 304.00	Service Vehicles \$ 407.00
Misc. Cemetery Work \$	Mem./Sundry Pkg. \$
Sales Taxes \$ 729.33	Cremation Fee \$
<b>TOTAL \$ 11,802.33</b>	<b>TOTAL \$ 3,852.00</b>

**TOTAL OF ALL CHARGES**  
**\$ 15,654.33**

1. Copies of Insurance Policy attached to this agreement represents monies in payment of the above burial of \_\_\_\_\_.
2. I, \_\_\_\_\_ do hereby understand that any interest made from invested are reinvested in the face amount to aid in payment of inflation increases.
3. I, \_\_\_\_\_ approve these charges and fully understand that these for merchandise/services are good for sixty days from date of this agreement, and I include any additional charges as may be needed or desired at the time of \_\_\_\_\_.
4. I, \_\_\_\_\_ and Perry Funeral Chapel, Inc., both fully understand the monies set aside under this contract are withdrawn from any reason, or interest reinvested in the face amount, this contract is null and void.
5. Perry Funeral Chapel, Inc. acknowledges that funds have been set aside as noted number one for the burial expenses of and acknowledge that \_\_\_\_\_ rights to this merchandise and is being held for \_\_\_\_\_ by Perry Chapel, Inc.

DATED THIS 25 DAY OF Jan., 2008

\_\_\_\_\_  
Relationship \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_  
TITLE \_\_\_\_\_

Perry Funeral Chapel, Inc.  
301 McLendon Street., Ashburn, Georgia 31714

6. AR has a whole life insurance policy with a face value of \$10,000 (CSV \$534), a whole life insurance policy with a face value of \$10,000 (CSV \$1400).

7. AMN Couple:

Husband has: Whole life policy with face value of \$5000, CSV \$810

Whole life policy with face value of \$2500, CSV\$1200

Wife has: Whole life policy with face value of \$2500, CSV \$1164

Whole life policy with face value of \$15,000, CSV \$3315

8. AR has the following whole life policies: FV 6500 (CSV \$2379), FV \$1000 (CSV \$211.98) FV \$5000 (CSV \$2135.90).

9. AR has a whole life insurance policy with FV \$44,000 (CSV \$7800)

10. AR has a whole life policy with face value of \$10,000 (CSV \$1500).

11. AR has a whole life policy with face value of \$50,000 (CSV \$4500).

12. AR has a whole life policy with face value of \$10,000 (CSV \$2601.80) and a CD valued at \$9000.

13. AR has a whole life policy with a face value of \$12,000 (CSV \$4321.75) and a savings account with a balance of \$14,532.00.



**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest	
	(Use only if unable to use for Burial Exclusion allowance.)	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____ Total	\$ _____ Total	

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest	
	(Use only if unable to use for Burial Exclusion allowance.)	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____ Total	\$ _____ Total	

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.  
**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_  
 Total of Burial Funds: \$ \_\_\_\_\_  
 Total of FV of Life Insurance: \$ \_\_\_\_\_  
 Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_  
 Burial Funds used for Burial Exc. \$ \_\_\_\_\_  
 FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_  
 Actual amt. designated for Burial \$ \_\_\_\_\_  
 (Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets  
 Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?  
 CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No   
 Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest	
	(Use only if unable to use for Burial Exclusion allowance.)	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____ Total	\$ _____ Total	

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**  
 **FBR** or  **NON-FBR**  
 (Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

IF	THEN
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

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**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."



**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**Georgia Application for Medicaid & Medicare Savings for Qualified Beneficiaries**

(QMB - payment of premiums, coinsurance, and deductibles;  
 SLMB - payment of Part B premium; and QI-1 - payment of Part B premium)

**INSTRUCTIONS:**

1. Read the application carefully & answer each question accurately. Attach additional pages if needed.
2. **Sign and mail application to:** \_\_\_\_\_ County DFCS  
 (Mail or deliver application to the \_\_\_\_\_  
 DFCS office in your county of residence) \_\_\_\_\_  
 ATTN: \_\_\_\_\_
3. A telephone interview may be required for these programs. Be sure to enter phone # below.
4. The DFCS Medicaid Specialist will review this application. If it appears that you may be eligible for full Medicaid coverage, the Medicaid Specialist will contact you for more information and verifications.

**RECEIVED IN COUNTY**  
**10/3/06**

**PERSONAL INFORMATION:** You may have someone help you complete this application.

Applicant's Name (Last, First, Middle Initial) <b>DEAN, HAROLD</b>	If you wish to name a person to act on your behalf, complete the information below: Name (Last, First, Middle Initial) <b>DEAN, CAROL</b>
Mailing Address	
Street Address <b>7965 PLEASANT VALLEY CIRCLE</b>	Mailing Address <b>785 HARRIS STREET SW</b>
City <b>CALHOUN</b> State <b>GA</b> Zip <b>30256</b> Do you own/are you purchasing home? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	City <b>CALHOUN</b> State <b>GA</b> Zip <b>30265</b>
Phone <b>770-526-8956</b> County <b>FORSYTH</b> E-Mail Address	Phone <b>770-523-6987</b> E-Mail Address
Nursing Facility (if applicable) <b>PLEASANT VALLEY NH</b>	Relationship to Individual <b>SPOUSE</b>

Name (Self): <b>HAROLD</b>	Birthdate <b>4/9/1930</b>	Sex <b>M</b>	Race <b>WHITE</b>	U.S. Citizen (Yes or No) <b>YES</b>	Social Security Number <b>XXX-XX-XXXX</b>	Marital Status <b>MARRIED</b>
Maiden/other name(s):						
Name (Spouse): <b>CAROL</b>	Birthdate <b>8/7/1937</b>	Sex <b>F</b>	Race <b>WHITE</b>	U.S. Citizen (Yes or No) <b>YES</b>	Social Security Number <b>XXX-XX-XXXX</b>	Marital Status <b>MARRIED</b>
Maiden/other name(s):						

**COMPLETE THIS INFORMATION FOR YOU AND YOUR SPOUSE.**

Are you applying for your spouse, too?  Yes  No

**LIVING ARRANGEMENT:** Check the box(es) that best describes your current situation.

Living In Own Home	Nursing Facility	Another's Home	Hospice	Hospital	Katie Beckett	Community Care	Assisted Living	Other
	Date Admitted: <b>9/30/06</b>			Date Admitted:		Date Admitted:		

**HEALTH INSURANCE:**

Do you have Medicare? XX <b>Yes</b> <input type="checkbox"/> <b>No</b> Are you enrolled in a Medicare HMO or Medicare Drug program? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Type of Coverage XX <b>Part A</b> XX <b>Part B</b> (hospital) (doctor) <input type="checkbox"/> <b>Part D</b> (RX)	Effective Date: <u>1995</u> Medicare Number: <u>XXX-XX-XXXXA</u>	Have you ever received SSI? <input type="checkbox"/> <b>Yes</b> XX <b>No</b> If so, when did it end? _____
Does your spouse have Medicare? XX <b>Yes</b> <input type="checkbox"/> <b>No</b>	Type of Coverage XX <b>Part A</b> XX <b>Part B</b> <input type="checkbox"/> <b>Part D</b>	Effective Date: <u>2002</u> Medicare Number: <u>XXX-XX-XXXX A</u>	Has your spouse ever received SSI? <input type="checkbox"/> <b>Yes</b> XX <b>No</b> If so, when did it end? _____

Do you have other health insurance?       **Yes**      XX **No**

Does your spouse have other health insurance?       **Yes**      XX **No**

If you answered yes to either of these questions, please complete the following information:

	Health Insurance Company Name, Address, and Telephone Number	Type of Coverage (Hospital, Medicare Supplement, Drugs, Major Medical,)	Effective Date	Policy Number
Self				
Spouse				

**Attach copies (front and back) of Medicare and insurance cards if applicable.**

**REAL PROPERTY:** Do you own all or part of any real estate in which you do not live?  **Yes**   X **No**

If yes, please complete the following for each piece of real estate. **Do not list the house or mobile home in which you live.**

Address	Value	Amount Owed

Do you or your spouse own a car, truck, boat, camper, utility trailer, recreational vehicle, etc.?    XX **Yes**    **No** If yes, please complete the following information about each vehicle. Attach additional pages if needed.

Type	Year	Make	Model	Value	Amount Owed
<b>CAR</b>	<b>95</b>	<b>TOYOTA</b>	<b>COROLLA</b>	<b>???</b>	<b>NONE</b>
<b>TRUCK</b>	<b>2000</b>	<b>FORD</b>	<b>F150</b>	<b>???</b>	<b>NONE</b>



Ms. Dean applies for ABD for her husband because he entered a nursing home on 9/30.

Information from the DMA 59:

Mr. Dean entered the NH directly from his home on 9/30, his ICD-9 code is 401.9 and the provider ID for the NH is 000083047A.

Mr. Dean has a term life insurance policy with a value of \$50,000, and a burial contract. See copy of the Burial Contract Verification Forms on following pages.

Mr. Dean also has a CD valued at \$27,000 and a truck valued at \$2300 (nothing owed on the truck).

Ms. Dean has no life insurance. She has a burial contract identical to Mr. Dean's contract. She also has a CD valued at \$35,000 in her name and a car valued at \$4200 (nothing owed).

Their joint resources include a checking account with a balance of \$4110, a savings account with a balance of \$800 and their home place. The **tax assessed** value of their home place is \$225,000.

What is the countable value of Mr. and Ms. Dean's resources?

If eligible, what resources will need to be transferred from Mr. Dean to Ms. Dean and how long do they have to transfer?

ABD Medicaid Burial Contract Verification Form

To: Kerr-Rosen Funeral Home Date: 10/3/06  
 \_\_\_\_\_ Re: Harold Dean  
 \_\_\_\_\_ Case #: \_\_\_\_\_

The above named individual has applied for Medicaid. We have been advised that he/she owns a burial contract with your funeral home. Current regulations require that we verify all resources prior to approving any applicant for Medical Assistance. Please advise whether the above named has a burial contract with your funeral home and, if so, complete the following:

Name of Owner(s): Harold Dean  
 Date contract was purchased: 9/14/04  
 Is the contract itemized? xx Yes \_\_\_ No If yes or no please attach copy of contract.  
 If not itemized what type of instrument was used to fund the contract  
 Purchase price of contract 7778.90  
 Is the contract paid in full? xx Yes \_\_\_ No  
 If contract is **not paid in full** please complete:

Items Included in Contract	Cost upon Purchase	Paid for Y or N	Amount Owed
COFFIN	\$1400	Y	
VAULT	\$750	Y	
SERVICES OF FUNERAL DIR	\$1200	Y	
CHAPEL RENTAL	\$360	Y	
FLOWERS	\$365	Y	
PREPARATION OF GRAVESITE	\$250	Y	
PERPETUAL CARE	\$2700	Y	
BEAUTICIAN	\$35	Y	
EMBALMING	\$210	Y	
SALES TAX	\$508.90	Y	

Benjamin Kerr \_\_\_\_\_  
 Signature of Funeral Home Representative Name of MES  
Owner \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

ABD Medicaid Burial Contract Verification Form

To: Kerr-Rosen Funeral Home

Date: 10/3/06

Re: Carol Dean

Case #: \_\_\_\_\_

The above named individual has applied for Medicaid. We have been advised that he/she owns a burial contract with your funeral home. Current regulations require that we verify all resources prior to approving any applicant for Medical Assistance. Please advise whether the above named has a burial contract with your funeral home and, if so, complete the following:

Name of Owner(s): Carol Dean

Date contract was purchased: 9/14/04

Is the contract itemized?  Yes  No If yes or no please attach copy of contract.

If not itemized what type of instrument was used to fund the contract

Purchase price of contract 7778.90

Is the contract paid in full?  Yes  No

If contract is **not paid in full** please complete:

Items Included in Contract	Cost upon Purchase	Paid for Y or N	Amount Owed
COFFIN	\$1400	Y	
VAULT	\$750	Y	
SERVICES OF FUNERAL DIR	\$1200	Y	
CHAPEL RENTAL	\$360	Y	
FLOWERS	\$365	Y	
PREPARATION OF GRAVESITE	\$250	Y	
PERPETUAL CARE	\$2700	Y	
BEAUTICIAN	\$35	Y	
EMBALMING	\$210	Y	
SALES TAX	\$508.90	Y	

Benjamin Kerr

Signature of Funeral Home Representative

**Owner**

Title

Date

\_\_\_\_\_  
Name of MES

\_\_\_\_\_

\_\_\_\_\_

**BURIAL EXCLUSION**

FBR or  NON-FBR

(Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

<b>IF</b>	<b>THEN</b>
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest	
	(Use only if unable to use for Burial Exclusion allowance.)	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____	\$ _____	
\$ _____ Total	\$ _____ Total	

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.  
Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.)	\$ _____
Total of Burial Funds:	\$ _____
Total of FV of Life Insurance:	\$ _____
Total Burial Assets:	\$ _____

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc.	\$ _____
Burial Funds used for Burial Exc.	\$ _____
FV of Life Ins. used for Bur. Exc.	\$ _____
Actual amt. designated for Burial	\$ _____

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): _____	Does this amount combined with other assets
Burial Funds (2 <sup>nd</sup> column h. above) _____	exceed the resource limit?
CSV of Life Insurance (i. above): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total countable burial assets: _____	

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

**BURIAL EXCLUSION**

FBR or  NON-FBR

(Check Which)

Complete form for each A/R & spouse, as needed.

Application/Review date: \_\_\_\_\_

**BURIAL CONTRACT:**

a. Name of Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_

b. Contract owned by A/R or Spouse?  Yes  No If no, who owns: \_\_\_\_\_

c. Is contract itemized?  Yes  No

d. Is contract designated for A/R or spouse?  Yes  No

e. Is contract paid in full?  Yes  No If yes, list purchase price \$ \_\_\_\_\_ Date: \_\_\_\_\_

f. Determine the value of the paid in full burial space items. List below:

Burial Space Item	\$ Value
<b>Total</b>	

g. Subtract \$ amount in F from \$ amount in E.

As of:                      E                      -                      F                      = Countable non-burial space amt.

Date \_\_\_\_\_ \$ \_\_\_\_\_ - \_\_\_\_\_ = \$ \_\_\_\_\_

<b>IF</b>	<b>THEN</b>
Contract owned by other than A/R or Deemor,	Do not count as a resource. Investigate for possible transfer of assets. Section 2342.
Contract owned by A/R/Deemor & is irrevocable,	Treat same as revocable contract.
Contract owned by A/R/Deemor, is Non-itemized, revocable & for family member,	Count as a resource the full "Current Refund Value" of the contract. See above.
Contract owned by A/R/Deemor, is itemized, revocable & paid in full,	Count the "Countable non-burial space amt." shown above.
Contract owned by A/R/Deemor, is itemized, revocable & <b>NOT</b> paid in full & is not designated or for non-family member,	Count the refund value of burial space items for those non family members.
Contract Not paid in full,	The burial space items that are <b>PAID</b> for may be designated for burial. Any PAID for NON burial space items are a countable resource.

**BURIAL EXCLUSION DOCUMENTATION**

**BURIAL FUNDS:** Attach copy of Form 985. If totally excluded, do not count interest accrued.

**LIFE INSURANCE POLICIES:** Attach copy of "Record of Life Insurance Policies".

h. From Form 985, enter value of any **Burial Fund(s)**:

Designated Value:	Value + accrued interest
	(Use only if unable to use for Burial Exclusion allowance.)
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____ Total	\$ _____ Total

**NOTE:** If part of a burial fund is not to be excluded, compute the percentage of the countable portion to use in subsequent reviews. Use the same procedure as in e, f & g of Burial Contracts.

i. From "**Record of Insurance Policies**", enter Face Value (FV) and Cash Surrender Value (CSV) of each policy. Use CSV only if unable to use for Burial Exclusion allowance.

Documentation:

FV	CSV
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Totals:

j. **Burial Assets**

Total of Burial Contracts: (g.) \$ \_\_\_\_\_

Total of Burial Funds: \$ \_\_\_\_\_

Total of FV of Life Insurance: \$ \_\_\_\_\_

Total Burial Assets: \$ \_\_\_\_\_

k. **Burial Exclusion Allowance:** \_\_\_\_\_

Contracts used for Burial Exc. \$ \_\_\_\_\_

Burial Funds used for Burial Exc. \$ \_\_\_\_\_

FV of Life Ins. used for Bur. Exc. \$ \_\_\_\_\_

Actual amt. designated for Burial \$ \_\_\_\_\_

(Total should be = or < than \$1500/\$10,000)

l. **Total to count toward resource limit of A/R:** (Use **only** if **all** burial assets are not exempt.)

Burial Contract (g): \_\_\_\_\_ Does this amount combined with other assets

Burial Funds (2<sup>nd</sup> column h. above) \_\_\_\_\_ exceed the resource limit?

CSV of Life Insurance (i. above): \_\_\_\_\_ Yes  No

Total countable burial assets: \_\_\_\_\_

m. Enter the total amount in k. in SUCCESS, RES1, as a "burial contract" (BC) to be excluded. Count those not excluded for burial as a countable resource (l. above). Enter total in l. above in SUCCESS, RES3, as other countable resource (OC), and document case on REMA.

**Add text to the notice** if A/R's AU is closed/denied due to excess burial assets: "Due to burial policy changes, your resources exceed the allowable limit. Manual reference Sections 2311, 2312, 2323."

## Case Record Organization

Indicate where the following items should be filed in the case record (left, right, or center).

1. Declaration of citizenship
2. Application Form
3. Burial Asset Exclusion Form
4. Bills used for MN spenddown
5. Verification of IMEs used in PL/CS budget
6. HIPAA form
7. Verification of Income
8. Verification of the value of a life insurance policy
9. Form 129, Transfer of Assets form
10. DMA 59
11. CCSP Communicator
12. Fair hearing decisions
13. QC or QA reviews
14. 297M
15. Verification of checking account balance

## Practice FBR Examples

For each of the following examples, complete the shaded fields on UINC and PLAW and indicate how the MAFI screen should look for each AR.

1. Ellen McMullen, 56, has received RSDI and SSI since she was injured in an accident two years ago. Effective January 2007, her RSDI COLA changed her RSDI amount from \$655 to \$700 per month.

### UINC

INTERVIEW	UNEARNED INCOME - UINC	UINC 01						
Month		00						
Client Name	<b>Ellen McMullen</b>	Client ID						
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?								
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay	
<b>SA</b>		<b>MO</b>	<b>555555555A</b>					
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V
<b>01 01 07</b>	_____	<b>BX</b>						
Client Potentially Elig For Other Benefits?								
15-lett			16-uvnc			23-alau	24-del	

**PLAW**

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Client Name <b>Ellen McMullen</b>	Client ID	
Client RSDI Claim Number	<b>555555555A</b>	
Previous SSI/MSS/AABD	_____	
Concurrent & Correct SSI/MSS/AABD	_____	
Date of SSI/MSS/AABD Inelig	_____	
Reason for SSI/MSS/AABD Inelig	_____	
RSDI Initial/Increase Entitlement	_____	V
COLA Disregard Amt	_____	V

**MAFI**

FINALIZE MAFI A Month	MA FINANCIAL ELIGIBILITY - MAFI		
AU ID	Prog	Prog Type	Med COA
Resources		Income Test Continued	
Resource Limit	<b>2000.00</b>	Allocated Income	<b>.00</b>
Total Resources	.00	Gross Unearned Income	_____
Patient Liability/Cost Share		General Inc Deduction	<b>20.00</b>
Pat Liability Income	.00	Net Unearned	_____
Medicare Premium	.00	Gross Earned Income	<b>.00</b>
Protected Income	.00	Earned Inc Deductions	<b>.00</b>
Person Needs Allowance	.00	Net Earned Income	<b>.00</b>
Diversion Amount	.00	Net Income	_____
IME Amount	.00	Income Limit	<b>674.00</b>
Pat Liab/Cost Shar Amt	.00	Spenddown Amount	
Income Test		Medical Expense Amt	
Gross Deemor Income	.00	Net Spenddown Amount	
Bnft Eff Date	Bnft Confirm <b>Y</b>	Reasons	Recon Ind
Notice Type	Waive Timely Ntc	Period	Notice Override
Review Begin Date	Review End Date		Strat

- 2. Clark Safford, 20, has been disabled since birth. He was receiving SSI until his father passed away. Effective 5/1/07, he will receive RSDI of \$1245 per month.

**UINC**

INTERVIEW	UNEARNED INCOME - UINC		UINC 01						
Month			00						
Client Name Clark Safford		Client ID							
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?									
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay		
SA		MO	555555555C						
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V	
_____	_____	<b>BX</b>							
Client Potentially Elig For Other Benefits?									
15-lett			16-uvnc			23-alau	24-del		

**PLAW**

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Client Name <b>Clark Safford</b>	Client ID	
Client RSDI Claim Number	<b>555555555C</b>	
Previous SSI/MSS/AABD	_____	
Concurrent & Correct SSI/MSS/AABD	_____	
Date of SSI/MSS/AABD Inelig	_____	
Reason for SSI/MSS/AABD Inelig	_____	
RSDI Initial/Increase Entitlement	_____	V
COLA Disregard Amt	_____	V

**MAFI**

FINALIZE MAFI A Month	MA FINANCIAL ELIGIBILITY - MAFI		
AU ID	Prog	Prog Type	Med COA
Resources		Income Test Continued	
Resource Limit	<b>2000.00</b>	Allocated Income	<b>.00</b>
Total Resources	.00	Gross Unearned Income	_____
Patient Liability/Cost Share		General Inc Deduction	<b>20.00</b>
Pat Liability Income	.00	Net Unearned	_____
Medicare Premium	.00	Gross Earned Income	<b>.00</b>
Protected Income	.00	Earned Inc Deductions	<b>.00</b>
Person Needs Allowance	.00	Net Earned Income	<b>.00</b>
Diversion Amount	.00	Net Income	_____
IME Amount	.00	Income Limit	<b>674.00</b>
Pat Liab/Cost Shar Amt	.00	Spenddown Amount	
Income Test		Medical Expense Amt	
Gross Deemor Income	.00	Net Spenddown Amount	
Bnft Eff Date	Bnft Confirm <b>Y</b>	Reasons	Recon Ind
Notice Type	Waive Timely Ntc	Period	Notice Override
Review Begin Date	Review End Date		Strat

- Nancy Ruhl, 52, is disabled. She was receiving RSDI of \$540 and SSI until her spouse passed away. Effective 6/1/07, her RSDI increased to \$800 per month.

**UINC**

INTERVIEW	UNEARNED INCOME - UINC		UINC 01						
Month			00						
Client Name Nancy Ruhl		Client ID							
Do you have any of the following: RSDI, alimony, direct child support, contributions, VA, workers compensation, unemployment, sick/disability benefits, pension, railroad retirement, any other retirement, rent, interest, annuities, dividends, educational income, or striker benefits?									
Type	Del	Freq	Claim Number	Ded	Ded Amt	V	Extra Pay		
SA		MO	55555555W						
Date Rcvd	Amount	V	Date Rcvd	Amount	V	Date Rcvd	Amount	V	
_____	_____	<b>BX</b>							
Client Potentially Elig For Other Benefits?									
15-lett			16-uvnc			23-alau	24-del		

**PLAW**

INTERVIEW Month	PUBLIC LAW DISREGARD - PLAW	PLAW 01
Client Name Nancy Ruhl	Client ID	
Client RSDI Claim Number	55555555W	
Previous SSI/MSS/AABD	_____	
Concurrent & Correct SSI/MSS/AABD	_____	
Date of SSI/MSS/AABD Inelig	_____	
Reason for SSI/MSS/AABD Inelig	_____	
RSDI Initial/Increase Entitlement	_____	V
COLA Disregard Amt	_____	V

**MAFI**

FINALIZE MAFI A Month	MA FINANCIAL ELIGIBILITY - MAFI		
AU ID	Prog	Prog Type	Med COA
Resources		Income Test Continued	
Resource Limit	2000.00	Allocated Income	.00
Total Resources	.00	Gross Unearned Income	_____
Patient Liability/Cost Share		General Inc Deduction	20.00
Pat Liability Income	.00	Net Unearned	_____
Medicare Premium	.00	Gross Earned Income	.00
Protected Income	.00	Earned Inc Deductions	.00
Person Needs Allowance	.00	Net Earned Income	.00
Diversion Amount	.00	Net Income	_____
IME Amount	.00	Income Limit	674.00
Pat Liab/Cost Shar Amt	.00	Spenddown Amount	
Income Test		Medical Expense Amt	
Gross Deemor Income	.00	Net Spenddown Amount	
Bnft Eff Date	Bnft Confirm Y	Reasons	Recon Ind
Notice Type	Waive Timely Ntc	Period	Notice Override
Review Begin Date	Review End Date		Strat

**Georgia Application for Medicaid & Medicare Savings for Qualified Beneficiaries**

(QMB - payment of premiums, coinsurance, and deductibles;

SLMB - payment of Part B premium; **and QI-1** - payment of Part B premium)

**INSTRUCTIONS:**

1. Read the application carefully & answer each question accurately. Attach additional pages if needed.
2. **Sign and mail application to:** \_\_\_\_\_ County DFCS  
(Mail or deliver application to the DFCS office in your county of residence)

RECEIVED IN COUNTY  
10/4/06

ATTN: \_\_\_\_\_

3. A telephone interview may be required for these programs. Be sure to enter phone # below.
4. The DFCS Medicaid Specialist will review this application. If it appears that you may be eligible for full Medicaid coverage, the Medicaid Specialist will contact you for more information and verifications.

**PERSONAL INFORMATION:** You may have someone help you complete this application.

Applicant's Name (Last, First, Middle Initial) <b>CHRISTOPHER, FRANCES</b>	If you wish to name a person to act on your behalf, complete the information below: Name (Last, First, Middle Initial) <b>ROBERTSON, CAROL</b>
Mailing Address	Mailing Address <b>986 SUMMERGROVE PARKWAY</b>
Street Address <b>1758 CHRISTOPHER ROAD</b>	City <b>SOPERTON</b> State <b>GA</b> Zip <b>32145</b>
City <b>Thomaston</b> State <b>GA</b> Zip <b>30504</b> Do you own/are you purchasing home? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Phone <b>229-856-9857</b> E-Mail Address
Phone <b>770-789-3460</b> County <b>Upson</b> E-Mail Address	Relationship to Individual <b>DAUGHTER</b>
Nursing Facility (if applicable)	

**COMPLETE THIS INFORMATION FOR YOU AND YOUR SPOUSE.**

Name (Self): <b>FRANCES</b> Maiden/other name(s):	Birthdate <b>7/10/24</b>	Sex <b>F</b>	Race <b>B</b>	U.S. Citizen (Yes or No) <b>YES</b>	Social Security Number <b>525-25-XXXX</b>	Marital Status <b>W</b>
Name (Spouse):  Maiden/other name(s):						

Are you applying for your spouse, too?  Yes  No

**LIVING ARRANGEMENT:** Check the box(es) that best describes your current situation.

Living In Own Home	Nursing Facility	Another's Home	Hospice	Hospital	Katie Beckett	Community Care	Assisted Living	Other
	Date Admitted <b>9/12/06</b>			Date Admitted:		Date Admitted:		





## QUALIFIED INCOME TRUST (QIT)

### A GUIDE FOR TRUSTEES

#### MEDICAID ELIGIBILITY

Georgia is one of the states with an "income cap" which disqualifies the individual with income over \$\_\_\_\_\_ per month for Medicaid benefits to pay for nursing home care or home and community based services. However, the law allows income to be placed in the Qualified Income Trust (QIT) under Medicaid guidelines.

**The Qualified Income Trust (QIT) deals only with income.**

The QIT needs to be established and funded the month the applicant is otherwise eligible for Medicaid benefits. The QIT must be funded in any month for which Medicaid benefits are requested.

#### THE QUALIFIED INCOME TRUST BANK ACCOUNT

The QIT checking account ideally is non-interest bearing and carries no services charges. As a practical matter, however, it may be difficult to establish a trust account with a local bank that does not carry a service charge. **Bank service charges are not an allowable deduction from the individual's income.** The Medicaid member could pay for these charges out of their patient account at the nursing home.

The QIT bank account should be titled in such a way that it is identified as such, i.e. "The Qualified Income Trust." The Trustee is the authorized signer on the account. Checks are imprinted with the same format as the account title. The trustee will receive the monthly statements. The bank may require that a tax identification number be obtained from IRS.

**Do not get a bank cash card or credit card from the QIT account.**

The trustee will save all records about the QIT account and will transfer those records to any successor trustee. These records will also be needed to prepare accounting and to respond to inquiries from the county Department of Family and Children Services on behalf of the Department of Community Health.

Please be advised that the Departments of Community Health and Family and Children Services cannot provide tax assistance with regard to the Qualified Income Trust. The trustee must consult with his/her Certified Public Accountant at the end of the calendar year to be certain that all IRS reporting requirements are met.

#### HOW TO GET THE INCOME INTO THE QIT BANK ACCOUNT

Anyone can get the applicant's income into the QIT account by depositing it to that account; only the trustee can write checks to get funds out of the QIT account.

A check made payable to the trustee of the QIT must be written each month for the appropriate amount from the individual's regular checking account and deposited into the QIT account. If the applicant has capacity, he or she may sign the check each month on the regular checking account, and give it to the trustee for deposit to the QIT account.

If the QIT account is at the same bank as the applicant's regular checking account, an electronic transfer of funds can be arranged. The appropriate amount of money will be automatically withdrawn from the checking account and deposited into the QIT account each month. **It is important that this is done early in the month in order to maintain Medicaid eligibility** (payments for the individual's medical care must be paid by the end of month following the month of the receipt of the income).

Remember, the QIT deposits **must** consist of the **individual's income**.

### **QUALIFIED INCOME TRUST PAYMENTS**

After depositing the individual's countable monthly income into the QIT account, the trustee may write checks out of the QIT account. According to the terms of the trust, the funds in the trust must be used "on behalf of the Beneficiary under the applicable Medicaid program, such as Nursing Home...."

### **CO-MINGLING PROHIBITED**

None of the trustee's funds should be placed into the QIT account.

Never put any money other than the individual's countable income into the QIT bank account.

### **TRUSTEE'S DUTY**

The trustee should **never** pay QIT money to himself or herself for services rendered. However, if the trustee of the QIT is the community spouse, and a community spouse allowance payment is due, it is appropriate for the trustee to write a check to himself or herself. The DFACS worker will advise you of the appropriate amount.

### **ACCOUNTING**

The trustee must keep records (cancelled checks, receipts, tax returns, bank statements) and do regular accounting to all beneficiaries, including the individual and the county Department of Family and Children Services on behalf of the Department of Community Health.

At this time the Department of Community Health requires accounting every six months. The accounting must provide verification of adequate monthly deposits to the QIT, bank statements, and cancelled checks.

**TERMINATION**

The QIT terminates upon the death of the applicant, or upon the express written authorization and approval of the Department of Community Health.

Any money left in the QIT after the death of the applicant is paid to the State of Georgia up to the total amount of benefits paid on behalf of the applicant for medical care. Any remaining funds are paid to the remainder beneficiaries as specified in the QIT document.

When terminating the QIT, the trustee must:

1. Stop the deposit of funds into the QIT.
2. Notify the county Department of Family and Children Services, and the Department of Community Health of the reason for termination.
3. Write a check for the balance of the trust fund made payable to "Georgia Department of Community Health." A copy of the bank statement should be enclosed to confirm that balance. A cover letter or memo must include a brief explanation that the enclosed check is from a QIT. The cover letter and check should clearly identify the decedent by name, Social Security number and/or Medicaid number. This will be mailed to:

Department of Community Health  
Third Party Administration  
ATTN: Estate Recovery Program  
P.O. Box 38439  
Atlanta, Georgia 30334-9985

No other checks should be written from the QIT account after the individual's death.

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## QUALIFIED INCOME TRUST

### Background

The income requirement for Medicaid states that gross monthly income of the applicant cannot exceed a certain figure. The 20\_\_ figure has been set at \$\_\_\_\_\_. The State of Georgia determines the income requirement, which changes each January. In October 1993, a federal law became effective which allows applicants over the specified state income cap to establish an Irrevocable Qualified Income Trust (QIT) in order to become eligible for Nursing Facility, Hospice and Home and Community Based Services (i.e. Community Care Services, etc.) Medicaid.

### What Is the QIT and How Does It Work?

The Qualified Income Trust is an instrument that is used for applicants that have income over the limit. It involves a legal document and a Qualified Income Trust bank account. It is composed of the applicant's own income (Social Security, pension, etc.). Funds that are deposited into the Trust account each month are not counted as income in determining eligibility for Medicaid. By depositing the income in excess of the state cap that income becomes not countable and eligibility may be established. The QIT account must be funded on a monthly basis in order to achieve Medicaid eligibility monthly.

### What Do I Do Now?

Once the QIT document has been executed, you will take the document to a bank. You will open an account titled Qualified Income Trust. You will want to deposit a sufficient amount into the account to establish Medicaid eligibility. Copies of the QIT document, bank account document, and verification of a deposit into the account must be provided to the county Department of Family and Children Services (DFCS). The document will be forwarded to the Department of Community Health's Legal Section for approval.

Every month a deposit of at least \_\_\_\_\_ **must** be made into the QIT account. This amount is an estimate based on what we know now. More than this may be deposited, but not less. **If this deposit is not made, the applicant will not be eligible for Medicaid that month.** Save your deposit slips or bank statements, as you will be required to provide proof of each deposit to DFACS. **We strongly encourage that the individual's monthly gross income be deposited into the QIT account each month.**

The funds deposited into this account must be used each month to pay the Patient Liability to the nursing home, and, if applicable an amount to the community spouse. It is a good idea to make these payments as soon as possible, since upon death of the individual, the state receives all amounts remaining in the trust, up to the amount that has been paid on behalf of the individual by Medicaid.

**QUALIFIED INCOME TRUST (QIT) WORKSHEET**

<i><b>Income Source</b></i>	<u>Monthly Gross Amount</u>
Social Security	_____
State Retirement	_____
V.A. Pension	_____
Other Pension	_____
Interest, Dividends	_____
Annuity	_____
Other	_____
<b>Total Monthly Income</b>	_____
Current Medicaid Cap - \$1.00	- _____
<b>Amount Over Cap*</b>	_____

**\*THIS IS THE MINIMUM AMOUNT THAT MUST BE DEPOSITED INTO THE QIT ACCOUNT EACH MONTH. HOWEVER, WE STRONGLY RECOMMEND THAT ALL OF THE INCOME BE DEPOSITED INTO THE QIT EACH MONTH. THIS WILL REDUCE THE PROBABILITY OF ERRORS. REMEMBER, FAILURE TO PROPERLY AND TIMELY FUND THE QIT WILL RESULT IN A LOSS OF ELIGIBILITY FOR THAT MONTH.**

Allowable QIT Disbursements	Amount
<b>Patient Liability/Cost Share</b>	\$
Personal Needs Allowance	\$
Diversion to Spouse/Dependent Family Member	\$
Incurred Medical Expense(s)	Any Medical Expense not covered by Medicaid.

**QUALIFIED INCOME TRUST**

This Trust Agreement is made \_\_\_\_\_, 2004, by  
as Settlor ("Settlor"), and \_\_\_\_\_ as Trustee ("Trustee").

THIS IS A QUALIFIED INCOME TRUST AS AUTHORIZED BY AMENDMENT  
TO 42 U.S.C. 1396(p)(d)(4)(B), KNOWN AS "OBRA '93." The trust shall be  
known as the " \_\_\_\_\_ QUALIFIED INCOME TRUST."

**FIRST:** Trust Purpose. The purpose of this trust is to enable  
the Settlor, \_\_\_\_\_ (also referred to herein as the  
"Beneficiary"), to qualify for Medical Assistance ("Medicaid"). In the  
administration of the trust, the Trustee shall do all acts necessary to establish  
and maintain the Beneficiary's eligibility for Medicaid.

**SECOND:** Trust Funding. Settlor hereby undertakes to convey  
and to transfer to the Trustee either (i) his/her entire Social Security, pension,  
and any other monthly income he/she may receive, or (ii) so much of his/her  
income as shall in any month exceed the prevailing Georgia Medicaid ICP  
"income cap", beginning with the monthly payments to be received on or about  
\_\_\_\_\_. (The Beneficiary's entire income presently consists of the  
payments set forth on Schedule "A", annexed hereto.) Such payments as are  
made into the trust from the Beneficiary's income shall constitute the trust fund.  
No other property shall be placed in the trust bank account (unless required by  
the banking institution where the trust's account is maintained, to avoid bank  
charges).

**THIRD:**      Distributions During Beneficiary's Lifetime.

A.      During the Beneficiary's lifetime, the trust fund shall be held, disposed of and administered by the Trustee so that all of the income placed in the trust each month is disbursed by the Trustee in accordance with federal law and Georgia law and administrative regulations which presently provide that (1) all of the income placed in the trust be disbursed in the month received, and (2) that the only disbursements from the trust shall be for (a) the Beneficiary's "personal needs allowance" as amended from time to time, (b) a spousal allocation in favor of a community spouse, if any, (c) payment to the nursing home provider, if Beneficiary is institutionalized, and (d) medical expenses not subject to third-party payment.

**FOURTH:**    Irrevocability. The trust shall be irrevocable. The Trustee shall have the right to amend the trust, by instructions in writing, only with respect to: identity of the Trustee or the naming of a Successor Trustee; and amendments relating to administrative and procedural matters, and for the purpose of conforming the provisions hereof to prevailing law, and administrative and judicial interpretations thereof, in furtherance of the trust purpose.

**FIFTH:**      Trustee.      The initial Trustee hereunder is \_\_\_\_\_ . If the initial Trustee shall die, resign or for any other reason cease to serve, then \_\_\_\_\_ shall serve as successor Trustee.

**SIXTH:**      Termination. The trust shall cease and terminate at the death of the Beneficiary, or earlier if the Trustee determines that the existence of the trust is no longer necessary to establish Medicaid eligibility for the Beneficiary. Upon the termination of the trust, the remaining trust property, if any, shall be distributed as follows:

A. To the State of Georgia, if it has provided medical assistance to the Beneficiary up to an amount equal to the total medical assistance paid on behalf of the Beneficiary by Georgia's state plan for Medicaid assistance or other approved waiver programs; this provision is intended to meet the requirements of 42 U.S.C. 1396(p) as amended by OBRA '93.

B. Any remainder after the State of Georgia's claim has been paid, to the Beneficiary's heirs at law.

**SEVENTH:** Trustee's Powers. The Trustee shall have all of the powers that may be granted by law with respect to the trust, to be exercised in the Trustee's discretion, in accordance with the best interests of the Beneficiary.

**EIGHTH:** Law to Govern; Construction. The construction of this instrument and the validity of the interest created hereby shall be governed by the laws of the State of Georgia. The administration of the trust shall be governed by the laws of the State of Georgia, or by the laws of any other state in which the trust may from time to time be administered.

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement as of the day and year first above written.

WITNESSES:

Signature: \_\_\_\_\_, Settlor

Witness Print Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Print Name \_\_\_\_\_

**STATE OF GEORGIA**

**SS:**

\_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 2004, by  
\_\_\_\_\_ who is personally known to me or who  
produced \_\_\_\_\_ as identification, and who did not take an  
oath.

NOTARY PUBLIC, State of Georgia

Notary Signature

Print Name

My Commission Expires:  
My Commission Number:

WITNESSES:

Signature: \_\_\_\_\_  
Trustee

Witness Print Name

Witness Signature

Witness Print Name

Witness Signature

STATE OF Georgia

SS: \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 2004, by \_\_\_\_\_  
as Trustee, who is personally known to me or who has produced  
\_\_\_\_\_ as identification, and who did not take an oath.

NOTARY PUBLIC, State of Georgia

Notary Signature

Print Name

My Commission Expires:

My Commission Number:

**SCHEDULE "A"**

	<u>Source</u>	<u>Amount</u>
1.	<u>Social Security (gross)</u>	\$
2.	<u>Pension (gross)</u>	\$

CERTIFICATION OF DEPARTMENT OF COMMUNITY HEALTH APPROVED  
QUALIFIED INCOME TRUST

I certify that the foregoing Qualified Income Trust of

\_\_\_\_\_ is identical in all material respects to a

Department of Community Health approved trust form. I have made

no changes other than names, dates, and other identifying

information.

---

Date

Signature

Address:

State Bar No.: \_\_\_\_\_

GEORGIA DEPARTMENT OF HUMAN RESOURCES
Contact Letter and Information/Verification Checklist for Aged, Blind, and Disabled
Medicaid

County DFCS
AU#
Date:

We received your Medicaid application/review. In order to make an eligibility determination on your case, we need the information or proof listed below. Failure to provide this by the time requested will result in closure of your case or denial of your application.

An interview is also required by phone or at your home or at our office. You are scheduled for a telephone/office interview on at with.

You may contact me at the phone number listed at the bottom of this letter. I can be reached between AM and PM. (days of week)

We need the following by:

Written Proof:

Amount of monthly gross earnings for:

XX Declaration of Citizenship/Alien status

Social Security Number for: and copy of Medicare card.

Copies of bank statements; checking/savings, certificates of deposit and any other investments

Copy of award letters for pension, retirement, disability, SSI, VA, Child Support

Workman's Compensation

Tag Receipt for vehicles

Copies of life insurance showing face value and cash value

Burial contract, burial funds, cemetery lots, burial designation form

Medical Records needed for disability determination

Copies of Medical Bills owed

Physicians Referral form, DMA 526 for Emergency Medical Assistance.

Health Insurance Information Questionnaire, DMA 285, completed and signed by:

For Katie Beckett Deeming Waiver, psychological, DMA 6 completed by physician, care plan

Other:

Statement of shared household expenses

Proof you have applied for benefits.

Information on real property; deed or property tax statement.

XX Other: Please sign and return the enclosed Notice of Privacy Practice Forms

XX Please sign and return the enclosed Estate Recovery Notice, keep one copy for your records.

XX Related to the QIT we discussed, I am enclosing a "Guide for Trustees" to help you understand the process for setting up and funding a QIT, a "Worksheet" that explains the minimum amount that must be deposited in the QIT account each month, 3 templates for you to choose from to set up the QIT, and a QIT certification page.

To establish eligibility, you must return:

One completed template

The signed "certification page"

Proof that you have opened an account for the QIT

Proof that you have deposited at least the minimum amount necessary in the QIT

PLEASE NOTE: THE QIT MUST BE SET UP AND FUNDED BEFORE YOU CAN RECEIVE MEDICAID.

PLEASE CALL ME IF YOU HAVE QUESTIONS OR NEED HELP WITH ANYTHING I HAVE ASKED YOU TO DO.

---

Caseworker Name

Caseload ID

Direct Phone Number

## Patient Liability Examples

1. Mr. A enters a NH on 3/5. His son applies for Medicaid for him on 3/10 and the case is approved on 4/5. Mr. A receives RSDI of \$1609/month. He pays a Medicare premium.
2. Mr. B enters a NH on 4/7. His wife remains in their home. She applies for Medicaid for him on 4/15 and the case is approved on 6/1. Mr. B receives RSDI of \$1800/month and his wife receives private retirement of \$1451/month. Mr. B pays a Medicare premium.
3. Mr. C begins CCSP case management on 6/7. He applies for Medicaid on 6/10 and the case is approved 7/25. He receives RSDI of \$1455/month. He pays a Medicare premium.
4. Mr. D enters a NH on 8/2. His wife remains in their home. She applies for Medicaid for him on 8/15 and the case is approved 9/20. Mr. D receives RSDI of \$800/month and his wife receives RSDI of \$930/month. They both currently receive Q track Medicaid. Although it will cause her to be ineligible for Q, Mr. D wishes to divert the maximum amount to his wife.
5. Ms. E begins CCSP case management on 7/9. Her husband is also in their home. He applies for Medicaid for her on 7/29 and the case is approved 9/3. She receives Worker's Compensation benefits of \$1600/month and Mr. E works and earns \$3200/month. They have no children in the home. Ms. E does not receive Medicare.
6. Mr. F enters a NH on 5/19. Prior to entering the NH, he was hospitalized from 4/28-5/19. He applies for Medicaid on 6/1 and the case is approved 7/3. Mr. F receives RSDI of \$1750/month. He pays a Medicare premium.

Patient Liability Budget Sheet

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Date: \_\_\_\_\_

Section A – Diversion of Income to Dependents	Month _____	Month _____	Month _____
1. Enter Diversion Standard (FBR, SON, CSMNS, DFMNS).			
2. Subtract Spouse/Dependent’s ADJUSTED GROSS Income, including ISM, after allowing Mandatory Deductions.			
3. TOTAL DIVERTED INCOME (Line 1 minus Line 2)			
<b>Section B – Incurred Medical Expenses (IMEs)</b>			
1. Enter Insurance Premium			
2. Enter Other IMEs			
3. Enter Other IMEs			
4. TOTAL IMEs (Total of Lines 1 through 3)			
<b>Section C – Patient Liability Budget</b>			
1. Enter recipient’s SSI Income (month of admission only)			
2. Enter recipient’s ADJUSTED GROSS Unearned and Earned Income after allowing mandatory deductions.			
3. Subtotal (Line 1 plus Line 2)			
4. Subtract Medicare Premium if applicable (through month after month of Medicaid approval)			
5. Subtotal (Line 3 minus Line 4)			
6. Subtract Protected income (All, ½, 0). (Admission/Discharge Date _____).			
7. Subtotal (Line 5 minus Line 6)			
8. Subtract Personal Needs Allowance.			
9. Subtotal (Line 7 minus Line 8)			
10. Subtract Diverted Income (From Line A.3)			
11. Subtotal (Line 9 minus Line 10)			
12. Subtract IMEs (from Line B.4 or Averaged IMEs)			
13. Patient Liability (Line 13 minus Line 14)			

Patient Liability Budget Sheet

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Date: \_\_\_\_\_

Section A – Diversion of Income to Dependents	Month _____	Month _____	Month _____
1. Enter Diversion Standard (FBR, SON, CSMNS, DFMNS).			
2. Subtract Spouse/Dependent’s ADJUSTED GROSS Income, including ISM, after allowing Mandatory Deductions.			
3. TOTAL DIVERTED INCOME (Line 1 minus Line 2)			
<b>Section B – Incurred Medical Expenses (IMEs)</b>			
1. Enter Insurance Premium			
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2. Enter recipient’s ADJUSTED GROSS Unearned and Earned Income after allowing mandatory deductions.			
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4. Subtract Medicare Premium if applicable (through month after month of Medicaid approval)			
5. Subtotal (Line 3 minus Line 4)			
6. Subtract Protected income (All, ½, 0). (Admission/Discharge Date _____).			
7. Subtotal (Line 5 minus Line 6)			
8. Subtract Personal Needs Allowance.			
9. Subtotal (Line 7 minus Line 8)			
10. Subtract Diverted Income (From Line A.3)			
11. Subtotal (Line 9 minus Line 10)			
12. Subtract IMEs (from Line B.4 or Averaged IMEs)			
13. Patient Liability (Line 13 minus Line 14)			

Patient Liability Budget Sheet

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Date: \_\_\_\_\_

Section A – Diversion of Income to Dependents	Month _____	Month _____	Month _____
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7. Subtotal (Line 5 minus Line 6)			
8. Subtract Personal Needs Allowance.			
9. Subtotal (Line 7 minus Line 8)			
10. Subtract Diverted Income (From Line A.3)			
11. Subtotal (Line 9 minus Line 10)			
12. Subtract IMEs (from Line B.4 or Averaged IMEs)			
13. Patient Liability (Line 13 minus Line 14)			

Patient Liability Budget Sheet

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Section A – Diversion of Income to Dependents</b>	Month _____	Month _____	Month _____
1. Enter Diversion Standard (FBR, SON, CSMNS, DFMNS).			
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7. Subtotal (Line 5 minus Line 6)			
8. Subtract Personal Needs Allowance.			
9. Subtotal (Line 7 minus Line 8)			
10. Subtract Diverted Income (From Line A.3)			
11. Subtotal (Line 9 minus Line 10)			
12. Subtract IMEs (from Line B.4 or Averaged IMEs)			
13. Patient Liability (Line 13 minus Line 14)			

**Patient Liability Budget Sheet**

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Section A – Diversion of Income to Dependents</b>	Month _____	Month _____	Month _____
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10. Subtract Diverted Income (From Line A.3)			
11. Subtotal (Line 9 minus Line 10)			
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Patient Liability Budget Sheet

AU Name: \_\_\_\_\_

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10. Subtract Diverted Income (From Line A.3)			
11. Subtotal (Line 9 minus Line 10)			
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Patient Liability Budget Sheet

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Date: \_\_\_\_\_

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Patient Liability Budget Sheet

AU Name: \_\_\_\_\_ AU Number: \_\_\_\_\_ Date: \_\_\_\_\_

Section A – Diversion of Income to Dependents	Month _____	Month _____	Month _____
1. Enter Diversion Standard (FBR, SON, CSMNS, DFMNS).			
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Patient Liability Budget Sheet

AU Name: \_\_\_\_\_

AU Number: \_\_\_\_\_

Date: \_\_\_\_\_

Section A – Diversion of Income to Dependents	Month _____	Month _____	Month _____
1. Enter Diversion Standard (FBR, SON, CSMNS, DFMNS).			
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13. Patient Liability (Line 13 minus Line 14)			

**Georgia Application for Medicaid & Medicare Savings for Qualified Beneficiaries**

(QMB - payment of premiums, coinsurance, and deductibles;

SLMB - payment of Part B premium; **and QI-1** - payment of Part B premium)

**INSTRUCTIONS:**

1. Read the application carefully & answer each question accurately. Attach additional pages if needed.
2. **Sign and mail application to:** \_\_\_\_\_ County DFCS  
 (Mail or deliver application to the DFCS office in your county of residence)  
 ATTN: \_\_\_\_\_
3. A telephone interview may be required for these programs. Be sure to enter phone # below.
4. The DFCS Medicaid Specialist will review this application. If it appears that you may be eligible for full Medicaid coverage, the Medicaid Specialist will contact you for more information and verifications.

RECEIVED IN COUNTY 9/15/06  
 AU ID XXXX00206

**PERSONAL INFORMATION:** You may have someone help you complete this application.

Applicant's Name (Last, First, Middle Initial) JAMES COMPIANO	If you wish to name a person to act on your behalf, complete the information below: Name (Last, First, Middle Initial) JANICE DAWKINS
Mailing Address	
Street Address 600 DOGWOOD PLACE	Mailing Address SAME AS JAMES
City WINDER State GA Zip 30680 Do you own/are you purchasing home? <input type="checkbox"/> Y <input type="checkbox"/> N	City _____ State _____ Zip _____
Phone 404 657 8875 County BARROW E-Mail Address _____	Phone SAME E-Mail Address _____
Nursing Facility (if applicable) _____	Relationship to Individual DAUGHTER

**COMPLETE THIS INFORMATION FOR YOU AND YOUR SPOUSE.**

Name (Self): JAMES COMPIANO Maiden/other name(s):	Birthdate 12/9/39	Sex M	Race B	U.S. Citizen (Yes or No) YES	Social Security Number 444-44-XXXX	Marital Status W
Name (Spouse):  Maiden/other name(s):						

Are you applying for your spouse, too? N/A  Yes  No

**LIVING ARRANGEMENT:** Check the box(es) that best describes your current situation.

Living In Own Home	Nursing Facility	Another's Home	Hospice	Hospital	Katie Beckett	Community Care	Assisted Living	Other
	Date Admitted:	XX		Date Admitted:		Date Admitted:		

**HEALTH INSURANCE:**

Do you have Medicare? XX <b>Yes</b> <input type="checkbox"/> <b>No</b> Are you enrolled in a Medicare HMO or Medicare Drug program? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Type of Coverage <input checked="" type="checkbox"/> <b>Part A</b> <input checked="" type="checkbox"/> <b>Part B</b> (hospital) (doctor) <input type="checkbox"/> <b>Part D</b> (RX)	Effective Date: <u>12/2004</u> Medicare Number: ?	Have you ever received SSI? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> If so, when did it end? _____
Does your spouse have Medicare? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>N/A</b>	Type of Coverage <input type="checkbox"/> <b>Part A</b> <input type="checkbox"/> <b>Part B</b> <input type="checkbox"/> <b>Part D</b>	Effective Date: _____ Medicare Number: _____	Has your spouse ever received SSI? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If so, when did it end? _____

Do you have other health insurance?  **Yes**  **No**  
 Does your spouse have other health insurance?  **Yes**  **No**

If you answered yes to either of these questions, please complete the following information:

	Health Insurance Company Name, Address, and Telephone Number	Type of Coverage (Hospital, Medicare Supplement, Drugs, Major Medical,)	Effective Date	Policy Number
Self				
Spouse				

**Attach copies (front and back) of Medicare and insurance cards if applicable.**

REAL PROPERTY: Do you own all or part of any real estate in which you do not live?  
 **Yes**  **No**

If yes, please complete the following for each piece of real estate. **Do not list the house or mobile home in which you live.**

Address	Value	Amount Owed

Do you or your spouse own a car, truck, boat, camper, utility trailer, recreational vehicle, etc.?  **Yes**  **No** If yes, please complete the following information about each vehicle. Attach additional pages if needed.

Type	Year	Make	Model	Value	Amount Owed
TRUCK	03	FORD	F150 TRU	?	

**RESOURCES:** Check all resources (assets) owned by you, your spouse, or jointly owned with someone else. Include any accounts or properties on which your name(s) appear. Attach additional pages if necessary.

Do you or your spouse have any of the following resources?			
Checking account	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Funeral plans/ prepaid burial item	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Savings account	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burial plots or contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Government bonds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stocks and bonds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Trust funds	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other (IRA, CD, promissory note, etc.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Have you or your spouse given away any assets for less than its value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

If you answered yes to any of these questions, describe below. Attach additional pages if necessary.

Type of Resource	Account/ Policy Number	Value	Name of Bank, Insurance Company, Etc.

Do you or your spouse have a life insurance policy?  Yes  No

If yes, please complete the following information. Attach additional pages if necessary.

Policy Owner	Insurance Company	Policy Number	Face Value	Cash Value

**INCOME AND EARNINGS:** List all types of earnings and income that you and your spouse receives. List the income amount before deductions (such as taxes, insurance, or Medicare premiums) are taken out. Attach additional pages if needed. Income includes, but is not limited to:

- Social Security
- Railroad Retirement Benefits
- Pensions/ Retirement Benefits
- SSI
- Veterans' Benefits
- Rental Income Paid to You
- Wages/ Self-Employment
- Trust or Annuity Payments
- Oil Royalties/ Mineral Rights

Name of Person Who Receives Income	Type of Income	Source of Income or Name of Employer	Amount	How Often Received? (weekly, monthly, etc.)	Claim Number (if applicable)
JAMES	RSDI		1150.00	MONTH	

Are you a veteran?  Yes  No Is your spouse a veteran?  Yes  No

Where did you and spouse work in the past? self employed

Do you or your spouse have any unpaid medical bills?  Yes  No

## Medically Needy

- Assume that you interviewed Mr. Compiano about his situation and determined that the information on the application is correct.
- During the interview, Mr. Compiano also stated he lives with his daughter, Janice, and her husband. Their household expenses include:

Mortgage \$2870/month

Electricity \$320/month

Gas \$136/month

Cable TV \$72/month

Sewer and trash pickup \$75/quarter

Groceries \$400/month

Mr. Compiano gives his daughter \$600/month to help with household expenses.

- Mr. Compiano states he would like to apply for Medicaid July and August. He would like to have his bills paid for August and September rather than use the bills to meet ongoing spenddown.

<b>Part B – Inside ISM</b>	<b>Individual/Individual with Ineligible Spouse</b>	<b>Couple</b>
Total HH Expenses PAID by HH Members	_____	
Divide by # of HH Members	÷ _____	
A/R's pro rata share	= _____	
Deduct A/R's Contribution	- _____	
Actual value of Inside ISM	= _____	

<b>Part C – Outside ISM</b>		
Total HH Expenses PAID by non-HH members	_____	
Divide by # of HH Members	÷ _____	
Actual value of Outside ISM	= _____	

<b>Part D – Total ISM (Inside and Outside ISM)</b>		<b>Cash to A/R with O.I. or R. L.</b>	
Inside ISM (Part II)	_____	Cash Contributions	_____
Outside ISM (Part III)	+ _____	HH Expense	- _____
Total ISM (Actual Value)	= _____	Cash Contribution	= _____
Chargeable ISM – Limited to PMV	_____	O.I. – Ownership Interest	
		R.L. – Rental Liability	

**Part E – Summary**

\_\_\_\_\_ The one-third reduction does NOT apply because \_\_\_\_\_  
 LA –A. Chargeable ISM? \$ \_\_\_\_\_. Cash Contribution? \$ \_\_\_\_\_.

\_\_\_\_\_ The one-third reduction applies because \_\_\_\_\_  
 LA – B. Do NOT put any ISM in the Budget.

MES Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Part F – Household Expenses** (To be completed by A/R or personal representative)

Work space for computing HH Expenses: 1. To determine if sharing or earmarked sharing exists, and  
 2. When developing **INSIDE ISM**

(Use only those amounts paid by the HH for **INSIDE ISM, SHARING, OR EARMARKED SHARING**. If not paid or paid by someone outside the HH, **USE ONLY FOR CONSIDERATION OF OUTSIDE ISM**.)

<b>HH EXPENSES</b> <b>The ONLY HH Expenses to be considered:</b>	<b>TOTAL HH MONTHLY EXPENSE AMOUNT</b>	<b>AMOUNT PAID BY PEOPLE WITHIN THE HOUSEHOLD</b>	<b>AMOUNT PAID BY PEOPLE OUTSIDE THE HOUSEHOLD</b>
Food ( <b>DO NOT</b> count, if earmarked sharing for shelter)			
Mortgage (Including insurance required by mortgage holder)			
Rent ( <b>DO NOT</b> count, if earmarked sharing for food)			
Real Estate Property Taxes			
Heating Fuel (Other than gas or electricity)			
Gas			
Electricity			
Water			
Sewer			
Garbage Removal			
<b>TOTAL</b>			

I verify that the above is a true representation of my household expenses and what I (and my spouse) pay toward these expenses.  
 Signature of Applicant/Recipient or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Person Paying Remainder: \_\_\_\_\_ Date: \_\_\_\_\_















## TRANSFER OF ASSETS REVIEW

Transfer worksheets can be found in the forms section of the policy manual.

1. Application received 4/21/08

The AR transferred his home place to his son in 3/2006. The value of the home at the time of the transfer was \$125,000.

2. Application received 4/21/08

The AR transferred a piece of property he owned in 2/2004. The value of the property at the time of the transfer was \$50,000.

3. Application received 4/21/08

The AR transferred a piece of property he owned in 2/2001. The value of the property at the time of the transfer was \$30,000.

4. Application received 4/21/2008.

In 1/2006, AR transferred her home place to her son. The value of the home at the time of the transfer was \$78,000.

5. Application received 4/21/2008

In 3/2002, AR transferred her home place to her daughter. The value of the home at the time of the transfer was \$450,000.

6. Application received 4/21/2008

The AR transferred 5 acres to one of his sons in 12/2005—at the time of the transfer the value of the 5 acres was \$12,000. In 4/2007, he transferred another 5 acres to his son—at the time of this transfer, the value of the 5 acres was \$14,000. That same month (4/2007), he also transferred 5 acres to his daughter, this 5 acres was also worth \$14,000. In 6/2007, he gave his other son 10 acres—at the time of this transfer the 10 acres was worth \$28,000. A few months ago, in 1/2008, he gave the rest of the land, 25 acres, to his third son. The 25 acres was worth \$48,000 at the time of the transfer.