

## Using the Family Medicaid Income Calculation Sheets

### **THESE INCOME CALCULATION SHEETS ARE TO BE USED FOR FAMILY MEDICAID ONLY**

This document walks you through the use of the calculation sheets. All **Blue** cells need to have data entered into them. Do not enter anything into the **Gray** cells; they contain the formulas to calculate the income.

There are six tabs at the bottom of the workbook- five of them are calculation sheets, the last tab contains the income limits for each FM program. Each section of these instructions explains how and what to enter in on each of the tabs within the calculation sheets.



### **Income and Disregards:**

This worksheet is used to determine the household's total income and any disregards for which the household may be eligible. Financial Eligibility is not determined on this worksheet; the dollar amounts on this worksheet will be used in the calculations that follow.

If the client submits less than one month of paystubs, use the conversion chart to average and multiply out the monthly income.

<p style="text-align: center;"><u>Conversion Chart</u> Weekly x 4.3 Every Other Week x 2.15 Twice a month x 2</p>
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If the client submits a full month of paystubs, add all the gross amounts together and use that amount for the monthly income (using calendar months, so if a client submits a full month of paystubs ranging from 1/15/09 to 2/15/09, you will average the paystubs from the month of application).

On the worksheet:

1. Enter the gross monthly earned income for each individual in the household starting with the Head of household on line 1, and any other adults (if applicable) on line 2.
2. Enter earned income for each child separately starting with line 3. The worksheet will automatically deduct any earned income disregards the client is eligible for.
3. If the household is paying a dependent care cost, enter which adult is paying the cost (as noted on the application) on either line 1 or 2.
4. Continue on to the Dependent Care disregard box, starting on line 8, and enter all dependent care information.

- A. On line 8, if the household is paying dependent care for anyone over the age of 2, enter the amount the client pays *per person* into this box.
  - B. In box 10, enter the number of persons this expense is paid for.
  - C. In box 12, enter the amount of dependent care costs the client pays *per child*.
  - D. In box 14, enter the number of children this expense is paid for.
  - E. Box 16 will total up all of the expenses, and will show the amount of deduction the client is eligible for. This amount will auto populate in either line 1 or 2 (depending on who is paying the expense) and the worksheet will calculate the total countable earned income.
5. If there is any unearned income for anyone in the household, enter the amount received for the appropriate individual under the unearned income column.
  6. Choose yes or no as to whether each household member is receiving child or spousal support income in the appropriate column.
  7. Enter the amount of child or spousal support received in the next column. The worksheet will automatically calculate the support income including any disregards, if applicable.
  8. The total income for each individual is shown in the far right column and the total household income, after all deductions is shown at the bottom of the last column.

### **1931 Eligibility:**

This calculation is determined on a household basis. It determines if the household as a whole is financially eligible for 1931 Medical Assistance.

*Financial responsibility is **not** used in this calculation.*

This sheet will auto-populate all of the income from the first worksheet and calculate if the household is income eligible for 1931 Medicaid. The only cells needing completion on this worksheet are in the Determine Income Limit box.

1. Enter the number of household members in line 2.
2. In line 3, enter the household income limit that corresponds to the household size.
3. Line 4 will show whether or not the household is income eligible for 1931 Medicaid.

If the household is financially ineligible using this calculation, the 113 rule will need to be applied to determine the eligibility for each individual.

### **113 Rule:**

The 113 rule is calculated on an individual level. It will determine if anyone in the household is eligible for 1931 Medicaid after applying the 113 rule. The 113 rule applies financial responsibility to the household and determines whether or not each individual's income should count against other household members.

This calculation may need to be performed numerous times, based on the household composition (example: an aunt caring for 2 nieces: the aunt's income shouldn't count against the nieces and the income of the nieces should not count against one another). Multiple calculation areas are provided to complete the calculation multiple times. Please refer to the "Financial Responsibility" chart included on the spreadsheet when completing this worksheet.

The income amounts will automatically pull over from the Income and Disregards worksheet.

1. On lines 1-7 of each calculation for the 113 rule, you need to pick "Yes" or "No" as to if the income from each individual should count against other household members. If you pick no, the household's income will be reduced by the income of that individual.
2. Enter the number of household members in line 12.
3. On line 13 you need to enter the income limit for the household size according the number in the cell above.
4. Line 14 will show whether or not the household is eligible for 1931 after application of the 113 rule (removal of income from non-financially responsible household members).

If members of the household remain ineligible after this calculation, the Proportionate Share calculation will need to be performed.

### **Proportionate Share:**

This sheet will determine each individual's share of the household income, using financial responsibility. This calculation is only performed on Baby Care Kids Care (BCKC) programs, and not for 1931.

All income amounts will auto-populate from the previous sheets.

1. Data entry on this worksheet starts on line 8. Here you need to enter the number of people adult 1 is responsible for.
2. On line 9, you need to enter the number of people adult 2 is responsible for. Don't forget to count the adult themselves, and any unborn children that he or she is responsible for (see the financial responsibility chart).
3. On lines 10 through 15, you need to choose yes or no as to whether or not the adults are financially responsible for other individuals in the household.
4. Line 23 needs to be completed with the total household size.
5. Lines 24 through 30 need completed with the program each individual would be eligible for: Ribicoff or Expanded, and the total income limit for that program in the next column.
6. The last column of lines 24 through 30 will show whether or not each individual is financially eligible or not.

If any household members remain ineligible after using this calculation, the Boatwright rule will need to be applied to determine if the individuals are eligible for Family Medical Assistance.

**Boatwright:**

The Boatwright rule adds each individual's proportionate share of the household income (as calculated in the Proportionate Share calculation) and adds them together. The total is compared to the FPL for the HH size. *Financial responsibility is **not** used in this calculation.* This calculation is only performed for BCKC programs and not for 1931.

1. You do not need to enter any data into this worksheet; all information is auto-populated.
2. Lines 14-16 show whether or not individuals are financially eligible for each category of assistance.

If any household members are over income after this calculation, then that individual's Family Medical Assistance will be denied and eligibility for Child Health Plan *Plus* (CHP+) will need to be determined.