

MARYLAND MEDICAL ASSISTANCE PROGRAM

WORKSHEET FOR INSTITUTIONALIZED PERSONS

Cost of Care/Available Income

Application Date: _____	Consideration Periods: _____ to _____
Redetermination Date: _____	_____ to _____

Cost of Care Determination

Effective _____	Effective _____	Effective _____
Private Per Diem \$ _____	\$ _____	\$ _____
Days Per Month × _____	× _____	× _____
Monthly C.O.C.\$ _____	\$ _____	\$ _____

Available Income Determination

Effective _____	Effective _____	Effective _____
Monthly Income:		
Social Security \$ _____	\$ _____	\$ _____
V.A. _____	_____	_____
Pension _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

Total Monthly Income \$ _____

Deductions:

Personal Needs:	\$ _____	\$ _____	\$ _____
Health Insurance	_____	_____	_____
Medicare	_____	_____	_____
Other _____	_____	_____	_____

Total Deductions - _____ - _____ - _____

Available Income \$ _____ \$ _____ \$ _____

Eligibility Decision

- Available income less than cost of care. Eligible for MA and cost of care. Issue 206N- showing income. Complete 1159C, LIEN WORKSHEET, if the institutionalized person has income home property.
- Available income is equal to cost of care. Eligible for MA card only. Issue 206N showing available income. Complete 1159C, LIEN WORKSHEET, if the institutionalized person has home property.
- Available income greater than cost of care. For applications, proceed to side 2. For recipients close case

Spend-Down

Available income is greater than cost of care. Ineligible for cost of care.

Consideration Period _____ to _____

Income:

Total Monthly Income \$ _____ × _____ = \$ _____

Allowances:

Personal Needs \$ _____ × _____ = \$ _____
Spousal/Dependent _____ × _____ = \$ _____
Residential _____ × _____ = \$ _____

Total Allowances - _____

Available Income \$ _____

Cost of Care:

Private per diem \$ _____

Days in period × _____

Projected Cost of Care - _____

Excess Available Income \$ _____

Medical Expenses:

Date	Amount	\$
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Spend-down met on _____. Eligible for MA card only. Complete 1159C, LIEN WORKSHEET, if the institutional person has home property.
- Application preserved for the period _____ to _____.

Case Manager

Date