

## MEDICAID PURCHASE PLAN (MAPP) ELIGIBILITY WORKSHEET

Name-Applicant/Member (Last, First, Middle Initial)		Benefit Month
Worker Number	CARES Case Number	PIN

### Eligibility Checklist

<b>Non-Financial Eligibility</b>	<b>Yes</b>	<b>No</b>
1. Was the applicant/member age 18 years or older on the date of most recent MAPP application?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the applicant/member meet MAPP Disability Definition (as determined by the Disability Determination Bureau)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the applicant/member meet the Work Requirement? (Meets at least one of the requirements in a, b, or c below)		
a. Employed, Self-employed, or doing in-kind work	<input type="checkbox"/>	<input type="checkbox"/>
b. Has approved Work Requirement Exemption	<input type="checkbox"/>	<input type="checkbox"/>
c. Has been approved to participate in a Health & Employment Counseling (HEC) program	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the applicant/member meet MAPP non-financial requirements? (Checked "Yes" on 1 through 3 and meets all other Medicaid non-financial requirements?)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Financial Eligibility</b>	<b>Yes</b>	<b>No</b>
5. Is Total Monthly Income at or below 250% FPL? <i>See Schedule A to calculate Monthly Income</i> Total Monthly Income (Schedule A, Line 3.e.) \$ _____ Family Size _____ <i>(Use MEH 39.5 Federal Poverty Level Table to determine whether at or below 250% Federal Poverty Level.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Countable Assets less than or equal to \$15,000? Enter Total Countable Assets \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Individual meets financial requirements? (Checked "Yes" on 5 and 6?) If yes, complete Premium Worksheet before answering question 8.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eligibility Determination</b>	<b>Yes</b>	<b>No</b>
8. If "Yes" was checked to Questions 4 and 7 and premium of \$ _____ per Premium Worksheet has been paid, then person is eligible.	<input type="checkbox"/>	<input type="checkbox"/>

Is this applicant/member requesting retroactive coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which months? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (Write in the month names):
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**SCHEDULE A – Calculating Total Family Income**

**Step 1 – Calculate Total Earned Monthly Income**

Total Earned Monthly Income includes total earned income through employment before taxes for applicant/member and their spouse.

<b>Earnings-Applicant/Member and Spouse</b>		Month/Year	Month/Year	Month/Year
1a.	Enter applicant/member's gross monthly income from employment, self-employment, or in-kind.	\$	\$	\$
1b.	Enter spouse's gross monthly income from employment, self-employment, or in-kind.	+	+	+
1c.	Total Gross Earned Monthly (Add 1a + 1b).	+	+	+
1d.	Subtract \$65 + ½ disregard.	-	-	-
1e.	Subtract the Impairment-Related Work Expense (IRWE). See MAPP IRWE Worksheet.	-	-	-
1f.	Enter Total Earned Monthly Income. (If this number is less than 0, enter \$0.)	=	=	=

**Step 2 – Calculate Total Unearned Monthly Income**

Total Unearned Monthly Income includes income the applicant/member or their spouse receive that does not come from employment earnings. Examples: Social Security benefits, interest or dividends excluding interest and dividends from Independence Accounts set up under MAPP, disability benefits, or pensions.

	<b>Received By (Circle)</b>	<b>TYPE</b>	Month/Year	Month/Year	Month/Year
2a.	Member or Spouse		\$	\$	\$
2b.	Member or Spouse		\$	\$	\$
2c.	Member or Spouse		\$	\$	\$
2d.	Member or Spouse		\$	\$	\$
2e.	Member or Spouse		\$	\$	\$
2f.	Member or Spouse		\$	\$	\$
2g.	Total Gross Unearned Income (add Lines 2a through 2f)		\$	\$	\$

**Step 3 – Calculate Total Monthly Income**

		Month/Year	Month/Year	Month/Year
3a.	Total Countable Monthly <u>Earned</u> Income. (Results from Line 1f.)	\$	\$	\$
3b.	Total Countable Unearned Income. (Results from Line 2g.)	+	+	+
3c.	Subtract the \$20 Standard Deduction.	-	-	-
3d.	Subtract Special Exempt Income.	-	-	-
3e.	Subtract all Medical and Remedial expenses if the total monthly expenses are over \$500.	-	-	-
3f.	Add Lines 3a and 3b and subtract 3c, 3d, and 3e to calculate Total Monthly Income. (Enter this amount on Line 5 of the MAPP Eligibility Worksheet.)	=	=	=

The member's and their spouse's countable income must be at or below 250% of the Federal Poverty Level (MEH 39.5) based on family size (applicant/member, spouse and children).

**Note:** An individual/family cannot spend down to 250% of the Federal Poverty Level.