DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-20919 (03/2017)

STATE OF WISCONSIN
Federal Regulation
42 CFR 435

MEDICAID WAIVER ELIGIBILITY AND COST SHARING WORKSHEET

Completion of this form meets the requirements of the Federal Regulations 42 CFR 435.

Check One: ☐ Application ☐ Review/Recertification ☐ Change

Name – Applicant	Medicaid ID Number	Medicaid Eligibility Date

Name - Care Manager or ADRC Worker	Name – Income Maintenance Worker (IMW)	IMW No.	Date

Identify Eligibility Group (Check the appropriate boxes)

☐ **Group A** Care Manager checks eligibility category and completes sections II and V for the following types:

☐ SSI Recipient ☐ SSI-E ☐ 1619a ☐ 1619b ☐ Katie Beckett ☐ Foster Care ☐ Adoption Assistance

☐ Other Medicaid Eligibility: IM Worker writes in Type and Category Code:

Other Medicaid Type (Specify): _____

CARES Category code (Specify): _____

☐ **Group B** Special income limit (IMW completes Sections III, IV and V)

☐ **Group B Plus** Medically needy with spend down (IMW completes Sections III, IV and V)

This form may be used by IMW for a Group B or Group B Plus applicant only if the applicant meets nursing home level of care at the time of application.

SECTION I: Financial Resources (Complete for all applicants)

1. Nonexempt Assets (if > $2000/single person, refer to IM Worker for investigation)	$
2. Gross Earned Income	$
3. Total Unearned Income	$
4. Total Income (2 + 3)	$

SECTION II: Special declaration regarding divestment for Group A Waiver applicants

Care Manager: Ask the applicant both of the following questions:

1. Have you or your spouse sold, traded, transferred or given away property, land stocks, bonds, cash, vehicles or anything of value in the past 60 months?
2. Have you or your spouse created a trust or added funds to a trust within the last 60 months?

☐ Yes to either — Complete F-20919D and refer applicant to IM Worker for investigation and determination. After IM Worker makes determination, go to Section V.

☐ No to both — Go to Section V.

SECTION III: Group B or Group B Plus

1. Total Income	$
If line 1 ≤ Categorically Needy Income Limit, eligible as Group B. Go to section IV to calculate cost share. If line 1 > Categorically Needy Income Limit, Go to line 2.	
2. Cost of Institutional Care (Reference Medicaid Handbook 39.4.1)	$
3. Subtract line 2 from line 1 (If line 3 ≤ $591.67, eligible as Group B Plus. Go to section IV to calculate cost share)	$

SECTION IV: Cost Sharing Calculation for Group B and Group B Plus.
When spousal impoverishment applies, complete "F-01306 Spousal Income Allocation Worksheet" instead of Section IV. Go to Section V.

1. Total Income	$
2. Personal Maintenance Allowance (Compute on page 2 and enter here)	$
3. Family Maintenance Allowance (Compute on page 2 and enter here)	$
4. Special Exempt Income (Reference Medicaid Handbook 15.7.2)	$
5. Health Insurance Premiums (Reference Medicaid Handbook 28.8.3.4)	$
6. Out of Pocket Medical/Remedial Expenses (Obtain this figure from care manager or ADRC worker)	$
7. Total Deductions (Total of lines 2 + 3 + 4 + 5 + 6)	$
8. Waiver Cost Share Amount (Subtract line 7 from line 1) The amount on line 8 is monitored and documented by the care manager. Go to Section V.	$

SECTION V: Statement of Eligibility. Complete for all MA Waiver applicants. (Check One)

☐ Applicant is eligible as a Group A.

☐ Applicant is not eligible for waiver services for _____ months due to divestment.

☐ Applicant is eligible as a Group B or B Plus with no cost share.

☐ Applicant is eligible as a Group B or B Plus with a monthly cost share of $ _____.

☐ Applicant is eligible as a Group B or B Plus married: spousal impoverishment rules apply, with a monthly cost share of $ _____(from F-01306 Spousal Income Allocation Worksheet).

Allowance Calculations for Section IV

Personal Maintenance Allowance Calculation

Add the amounts in A, B, and C. This total must not exceed the EBD Maximum Personal Maintenance Allowance of $ _____ (Reference Medicaid Handbook 39.4.2). Enter the lesser of the total of A, B and C **or** the EBD Maximum Personal Maintenance Allowance on page 1, Section IV, line 2.

A. Basic Needs Allowance. All Group B and Group B Plus applicants receive this allowance. (Reference Medicaid Handbook 39.4.2)	$
B. $65 and ½ Earned Income Deduction (Reference Medicaid Handbook 15.7.5)	$
C. Special Housing Amount (Reference Medicaid Handbook 28.8.3.1)	$

The special housing amount is an amount of the person's income set aside to help pay certain high housing costs for the person's primary residence.

If both members of a couple are applying and both have income, and they reside together in the same residence, divide the housing amount equally between them. If only one spouse of a couple has income and both are applying, and they reside together in the same residence, allocate the full housing amount to the spouse with income.

Note: The special housing amount does not apply to waiver participants under the age of 18 years.

Add together all special housing costs. This amount minus $350 equals the special housing amount.

Special Housing costs include only the following:

a.	Mortgage/Rent/Rent in an Adult Family Home, CBRF, or RCAC	$
b.	Homeowner's/Renter's Insurance	$
d.	Property Tax (Includes special assessments)	$
e.	Utilities (heat, water, sewer, electricity)	$

Family Maintenance Allowance Calculation

Calculate the family maintenance allowance and enter it on page 1, Section IV, line 3, using formula a or b.

a. For AFDC-related households in which the waiver participant is the custodial parent of minor child(ren) living in the household and there is no spouse in the household:

(1) Minor children's gross earned income	$ _____
(2) Enter the $65 and ½ Earned Income Deduction (Reference Medicaid Handbook 15.7.5)	$ _____
(3) Subtract (2) from (1)	$ _____
(4) Minor children's total unearned income	$ _____
(5) Add (3) and (4)	$ _____
(6) Enter AFDC Related Medically Needy income limit (Reference Medicaid Handbook 39.3)	$ _____

(Group size is the number of minor children in the household. Do not include the waiver applicant.)

If (5) is greater than (6), there is no family maintenance allowance. If (5) is less than (6), the family maintenance allowance is the difference between (5) and (6).

b. For households in which there are no minor children living in the household and there is a spouse in the household but spousal impoverishment policies do not apply:

(1) Spouse's gross earned income	$ _____
(2) Enter the $65 and ½ Earned Income Deduction (Reference Medicaid Handbook 15.7.5)	$ _____
(3) Subtract (2) from (1)	$ _____
(4) Spouse's total unearned income	$ _____
(5) Add (3) and (4)	$ _____
(6) Enter $20 disregard	$ _____
(7) Subtract (6) from (5)	$ _____
(8) Enter the SSI-E Payment Level + E Supplement (Reference Medicaid Handbook 39.4.1)	$ _____

If (7) is greater than (8) there is no family maintenance allowance. If (7) is less than (8) the family maintenance allowance is the difference between (7) and (8).

SECTION VI – SIGNATURE AND DATE

I have provided true and accurate information. I understand that the agency may request more detailed and documented information later. I have received information regarding the Estate Recovery Program.

SIGNATURE – Applicant / Participant	**PRINT** Name – Applicant / Participant	Date Signed

If signed by a legal representative, specify legal authority (Guardian, Conservator, DPOA for finances, etc.)