

FINANCIAL ASSESSMENT WORKSHEET

DISCLAIMER: ODA's designees use this form to estimate if an individual will be eligible for Medicaid while waiting for the Ohio Department of Medicaid (ODM) to determine eligibility. This enables ODA and its designees to determine if an individual is eligible for the state-funded component of the PASSPORT or Assisted Living Programs while waiting for ODM's determination. This form does not replace the calculations ODM and its administrative agencies make to determine an individual's eligibility for Medicaid.

INDIVIDUAL'S NAME:		INDIVIDUAL'S ID #:		
MONTHLY INCOME				
LIST MONTHLY INCOME AMOUNTS				
	INCOME	INDIVIDUAL	SPOUSE (MIA)	
1	Social Security (SSI/SSDI)			1
2	Retirement Income			2
3	Railroad Retirement			3
4	Veterans			4
5	Pensions			5
6	Net Rental Income			6
7	Alimony			7
8	Child Support			8
9	Estate or Trust Fund			9
10	Interest Income			10
11	Dividends			11
12	Gross Monthly Income from Employment			12
13	Unemployment Compensation			13
14	Other (specify)			14
15	Total Gross Monthly Income			15

DECISION POINT

◆ COMPARE TOTAL GROSS INCOME TO INSTITUTIONAL NEED STANDARD. IF TOTAL GROSS INCOME IS GREATER THAN THE INSTITUTIONAL NEED STANDARD, ENROLLMENT IN THE STATE-FUNDED PROGRAM WILL NOT BE OFFERED

◆ IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION (OHIOBENEFITS.GOV).

AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, ODA'S DESIGNEE SHALL INFORM THE INDIVIDUAL OF HEARING RIGHTS.

INDIVIDUAL'S NAME:		INDIVIDUAL'S ID #:			
ASSETS					
LIST COUNTABLE ASSETS					
		INDIVIDUAL (A)	SPOUSE (B)	JOINT (C)	
16	Cash on Hand				16
17	Savings Account(s)				17
18	Checking Account(s)				18
19	Credit Union Account(s)				19
20	Cash Value of Life Insurance				20
21	Stocks & Securities				21
22	CDs/Money Market				22
23	IRA/401(k) Account(s)				23
24	Trade-in Value/Second Car				24
25	Equity Value/Real Estate				25
26	Estate(s)				26
27	Irrevocable Trust Fund(s)				27
28	Revocable Trust Fund(s)				28
29	Revocable Pre-Need Funeral Contract				29
30	Total Countable Assets				30

DECISION POINTS:

- ◆ **IF INDIVIDUAL HAS NO SPOUSE AND TOTAL ASSETS ARE GREATER THAN THE CURRENT ASSET STANDARD, ENROLLMENT IN THE STATE FUNDED PROGRAM WILL NOT BE OFFERED.**
- ◆ **IF THE INDIVIDUAL IS UNABLE TO CONFIRM OR REPORT JOINT COUNTABLE ASSETS, RULE 5160:1-2-10 PROHIBITS ENROLLMENT IN THE STATE FUNDED PROGRAM.**
- ◆ **IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION (OHIOBENEFITS.GOV).**

AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, ODA'S DESIGNEE SHALL INFORM THE INDIVIDUAL OF HEARING RIGHTS.

INDIVIDUAL'S NAME:		INDIVIDUAL'S ID #:		
TRANSFERRED ASSETS				
	DID THE INDIVIDUAL OR SPOUSE TRANSFER OWNERSHIP OF, OR GIVE AWAY, ANY ASSETS IN THE PAST 5 YEARS?	NO	YES, WHEN?	
31				31

DECISION POINTS:

- ◆ IF THE INDIVIDUAL OR SPOUSE (IF ANY) HAS TRANSFERRED ASSETS WITHIN THE LAST 5 YEARS (60 MONTHS), ENROLLMENT IN THE STATE FUNDED PROGRAM WILL NOT BE OFFERED.**
- ◆ IF THE INDIVIDUAL OR SPOUSE (IF ANY) HAS REPORTED A TRUST, OF ANY TYPE, HAS BEEN ESTABLISHED, ENROLLMENT IN THE STATE FUNDED PROGRAM WILL NOT BE OFFERED.**
- ◆ IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION (OHIOBENEFITS.GOV).**

AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, ODA'S DESIGNEE SHALL INFORM THE INDIVIDUAL OF HEARING RIGHTS.

INDIVIDUAL'S NAME:		INDIVIDUAL'S ID #:	
ESTIMATE OF MONTHLY LIABILITY PAYMENT:			
ANY TIME THE RESULT IS <0, ENTER 0 ON ALL THE APPROPRIATE LINE(S)			
32	Enter Total Gross Monthly Income from Line 15		32
33A	SUBTRACT:		33A
33B	B. If employed, subtract up to \$65.00 of gross monthly income		33B
34	Subtotal		34
35	Subtract MIA (if appropriate) from Line 63		35
36	Subtotal		36
37	Subtract FA (if appropriate) from Line 70		37
38	Subtotal		38
39	Subtract health insurance premiums (including for spouse and		39
40	Subtotal		40
39	Subtract recurring health expenses		39
40	Subtotal		40
41	Subtract past-due medical expenses		41
42	ESTIMATE INDIVIDUAL'S MONTHLY LIABILITY PAYMENT		42

DECISION POINTS:

◆ IF THE INDIVIDUAL'S ESTIMATED MONTHLY LIABILITY EXCEEDS THE ESTIMATED MEDICAID COST OF CARE, AS DEFINED IN OAC 5160:1-3-04.1(F)(3), ENROLLMENT IN THE STATE-FUNDED PROGRAM WILL NOT BE OFFERED.

◆ IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION (OHIOBENEFITS.GOV).

AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, ODA'S DESIGNEE SHALL INFORM THE INDIVIDUAL OF HEARING RIGHTS.

INDIVIDUAL'S NAME:		INDIVIDUAL'S ID #:	
COMMUNITY SPOUSAL ALLOCATION OF ASSETS			
44	Enter individual's total assets from Line 30A		44
45	Enter Spouse's total assets from Line 30B		45
46	Enter joint assets from Line 30C		46
47	Total Countable Assets		47
48	Subtract spousal floor allocation	-\$	48
49	Enter result: assets available to individual		49
50	Compare result with Medicaid asset standard (If Line 47 is equal to or less than \$2,000, the individual meets the asset standard)	-\$	50
51	Excess assets (Currently ineligible for Medicaid)		51
<p>NOTE: A SPOUSAL ALLOCATION CAN OCCUR WHEN LEGAL OWNERSHIP OF ASSETS IN EXCESS OF THE MEDICAID STANDARD. ODM ALLOWS A TRANSFER TO OCCUR TO THE SPOUSE DURING THE INITIAL YEAR OF MEDICAID ELIGIBILITY. THE INDIVIDUAL WHO IS REQUIRED TO TRANSFER ASSETS MUST AGREE TO COMPLETE THE TRANSFER PROCESS WITH ODM'S ADMINISTRATIVE AGENCY. THIS TYPE OF TRANSFER IS LEGITIMATE AND APPROPRIATE FOR MEDICAID ELIGIBILITY.</p>			

INDIVIDUAL'S NAME:		INDIVIDUAL'S ID #:		
DETERMINING MONTHLY INCOME ALLOWANCE (MIA) AND FAMILY ALLOWANCE (FA)				
52	Minimum Monthly Maintenance Needs Allowance (MMMNA) Standard for Community Spouse			52
EXCESS SHELTER ALLOWANCE (ESA)				
53	Rent or monthly mortgage payment			53
54	Monthly property taxes			54
55	Monthly renters or homeowners insurance			55
56	Monthly condo or home owner association fees			56
57	Utility deduction	+		57
58	Total shelter costs			58
59	Subtract ESA standard	-		59
60	Excess shelter allowance (ESA) (Enter 0, if result is <0)		+	60
61	ADD LINES 58 & 60		=	61
62	SUBTRACT COMMUNITY SPOUSE'S GROSS MONTHLY INCOME		-	62
63	MONTHLY INCOME ALLOWANCE (MIA) Enter result on Page 4, Line 35		=	63
CALCULATE FAMILY ALLOWANCE (FA) IF INDIVIDUAL HAS SPOUSE AND DEPENDENTS				
64	Family allowance standard			64
65	Multiply by number of dependents (excluding spouse)	x		65
66	Subtotal			66
67	Subtract total gross monthly income of dependents	-		67
68	Subtotal			68
69	Divide by 3			69
70	FAMILY ALLOWANCE Also enter result on page 2, line 30			70

COMMUNITY SPOUSAL ALLOCATION OF ASSETS:	DATE
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