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**RESULTS OF  
RESOURCE ASSESSMENT**

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Mailing Date: \_\_\_\_\_

Dear \_\_\_\_\_

Thank you for completing the Resource Assessment form and sending it to our office. The form was received on \_\_\_\_\_.

The Resource Assessment is used to determine how much of the resources owned by you and your spouse may be protected, or set aside, for the spouse not receiving Long Term Care services, called the community spouse. In most situations, one-half of all countable resources can be protected for the community spouse, up to a standard maximum amount (currently \$ \_\_\_\_\_) and not less than a standard minimum amount (currently \$ \_\_\_\_\_). These amounts are set by federal law. However, if your total countable resources are below \$ \_\_\_\_\_, your spouse may keep all of the resources.

Based on the information that you provided, a Resource Assessment determination was made by the county assistance office. Here are the results of that determination:

- Total countable resources owned by you and your spouse as of the date of admission to a Long Term Care facility or assessment for Home and Community Based Services . . . . \$ \_\_\_\_\_
- Amount of "protected share" of resources your spouse may keep . . . . . – \$ \_\_\_\_\_
- Excess Resources . . . . . = \$ \_\_\_\_\_

The anticipated interest/dividend income from your spouse's protected share is \$ \_\_\_\_\_.

If your gross monthly income is less than \$ \_\_\_\_\_, you should apply for Medical Assistance and payment of Long Term Care services when the total countable resources of you

and your spouse are reduced to an amount equal to the protected share (above) plus \$8,000. If your gross monthly income is more than \$ \_\_\_\_\_, you should apply for Medical Assistance and payment of Long Term Care services when the total countable resources of you and your spouse are reduced to an amount equal to the protected share (above) plus \$2,400.

In some cases, the community spouse may be able to protect more resources. In order to find out if your spouse can keep more resources, you must apply for Medical Assistance and payment of Long Term Care services and ask for a fair hearing.

It is important for you to calculate the actual monthly income and actual monthly shelter expenses of the community spouse to determine if additional resources can be used to provide additional income to the community spouse. The enclosed Income Assessment Worksheet will help you determine if more resources may be protected for the community spouse. Complete this worksheet if the income of the community spouse is less than \$ \_\_\_\_\_.

**Reminder: You can ask to protect additional resources to generate income for the community spouse only if there is a shortfall in the income that is provided to the community spouse by an institutionalized individual or individual assessed eligible for Home and Community Based Services.**

Once you have applied for Medical Assistance and payment of Long Term Care services, either you or your spouse may request a fair hearing if you are dissatisfied with the department's determination of the community spouse's share of resources or monthly income allowance, or to establish that your spouse should receive a higher income or resource allowance.

If you have any questions about this letter or need additional assistance, you may contact the county assistance office at \_\_\_\_\_.

Sincerely,

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Income Maintenance Caseworker

## INSTRUCTIONS FOR COMPLETING THE INCOME ASSESSMENT WORKSHEET

The community spouse is allowed to keep a minimum monthly income. The attached worksheet will help you to figure out your own protected monthly income allowance.

**Line 1** The utility costs are based on federal standards. If you pay separately for heating and/or cooling and for other utilities, write the standard amount of \$ \_\_\_\_\_ on line 1. If you do not pay separately for heating and/or cooling, but pay for other utilities such as water, write the standard amount of \$ \_\_\_\_\_ on line 1. If you do not have any utility costs, but pay only for telephone service, write the standard amount of \$ \_\_\_\_\_ on line 1.

**Line 2 through Line 6** Figure out and write down your actual monthly costs.

Example:

If you pay a quarterly premium of \$150 for homeowner's insurance, you would enter a monthly amount of \$50 ( $\$150 \times 4 = \$600 \div 12 = \$50$ ). If you do not make payments for a specific item, enter zero (0).

**Line 8** Line 8 is the Standard Shelter Allowance set by the federal government.

**Line 10** Line 10 is the Minimum Income Level set by the federal government.

**Line 12** This is the total monthly income amount that federal law allows for the community spouse. If your total monthly income is more than \$ \_\_\_\_\_, the Department of Human Services will use the figure of \$ \_\_\_\_\_ because that is the maximum allowed by federal law. Enter your total monthly income or \$ \_\_\_\_\_, whichever is less.

**Line 16** For line 16, write the interest income that is generated from the protected share of the resources in the name of the community spouse. The Department of Human Services uses the rate of 1.5% as the rate of return.

Example:

$\$80,000$  (protected share of resources)  $\times .015 = \$1,200 \div 12 =$   
\$100 per month interest income.

**Line 17** If the total on line 17 (Total Income of Community Spouse) is less than the total on line 12, your Total Monthly Income Allowance, you are allowed to have more monthly income.

Example:

If your Total Minimum Monthly Income Allowance (line 12) is: . . \$2,100  
and your Total Monthly Income (line 18) is: . . . . . \$1,200  
you may seek additional monthly income of: . . . . . \$ 900

**Line 18** On line 18 enter the total amount of income of the spouse receiving Home and Community Based Services, or Long Term Care in a facility.

**Line 19** Line 19 is a standard Personal Needs Allowance.

**Line 21** For line 21, medical expenses include Medicare and health insurance premiums.

**Line 22 through Line 25** If the amount of income needed by the Community Spouse, line 25, is more than the amount available from the spouse receiving services, line 22, you may be able to protect additional resources to generate more income. The additional income must first come from the income of the spouse receiving Long Term Care services. If an income shortfall still exists, additional resources can be protected for the purpose of producing this income. You should apply for benefits and request a hearing to establish that you need a greater share of the resources in order to increase your income.

# Income Assessment Worksheet

## MONTHLY EXPENSES

- Line 1** Utilities Costs (1) \_\_\_\_\_
- Line 2** Rent (2) \_\_\_\_\_
- Line 3** Mortgage, both principal and interest (3) \_\_\_\_\_
- Line 4** Real Estate Taxes (4) \_\_\_\_\_
- Line 5** Homeowner's Insurance (5) \_\_\_\_\_
- Line 6** Condominium Fees (6) \_\_\_\_\_
- Line 7** SUB-TOTAL, add lines 1 through 6 (7) \_\_\_\_\_
- Line 8** Shelter Standard (8) \_\_\_\_\_
- Line 9** Excess Shelter Costs, subtract line 8 from 7 (9) \_\_\_\_\_
- Line 10** Current Federal Minimum Income Level (10) \_\_\_\_\_
- Line 11** "Your Excess Shelter Costs" amount, (11) \_\_\_\_\_  
enter amount from line 9
- Line 12** Total Monthly Income Allowance, (12) \_\_\_\_\_  
add lines 10 and 11 or enter \$ \_\_\_\_\_,  
whichever is less

## MONTHLY INCOME OF COMMUNITY SPOUSE

- Line 13** Social Security (13) \_\_\_\_\_
- Line 14** Pension (14) \_\_\_\_\_
- Line 15** Any other income (15) \_\_\_\_\_
- Line 16** Protected share of resources  $\times .015 \div 12$  (16) \_\_\_\_\_
- Line 17** Total Income of Community Spouse, (17) \_\_\_\_\_  
add lines 13 through 16

**INCOME AVAILABLE FROM SPOUSE RECEIVING SERVICES**

- Line 18** Total Income of the Spouse Receiving Services (18) \_\_\_\_\_
- Line 19** Personal Needs Allowance (19) \_\_\_\_\_
- Line 20** Subtract line 19 from line 18 (20) \_\_\_\_\_
- Line 21** Monthly amount of health insurance costs (21) \_\_\_\_\_
- Line 22** Potential Income Available from Spouse Receiving Services  
subtract line 21 from line 20 (22) \_\_\_\_\_
- Line 23** Enter the Monthly Income Allowance from line 12 (23) \_\_\_\_\_
- Line 24** Enter the Income of the Community Spouse from line 17 (24) \_\_\_\_\_
- Line 25** Subtract line 24 from line 23 (25) \_\_\_\_\_

If line 25 is less than or equal to line 22, the Community Spouse is not able to protect additional resources to generate income.

If line 25 is more than line 22, the Community Spouse is potentially able to protect additional resources to generate more income. The additional income must first come from the income of the spouse receiving Long Term Care services. If an income shortfall still exists, additional resources can be protected for the purpose of producing this income. You should apply for benefits and request a hearing to establish that you need a greater share of the resources in order to increase your income.