

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

MEDICAID WORK INCENTIVE COMPUTATION SHEET

PART 1

DATE _____

Case Name _____
Case Number _____

UNEARNED INCOME TEST

1. _____ Total gross monthly unearned income
2. - _____ Subtract \$20 Disregard
3. _____ Remainder

Compare Step 3 amount to current SSI Limit of _____

ELIGIBLE TO CONTINUE

INELIGIBLE

Worker Signature

Date

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

MEDICAID WORK INCENTIVE COMPUTATION SHEET

PART 2

Case Name _____

Case Number _____

CALCULATION OF NET INCOME

- | | | |
|-----|-------|--|
| 1. | _____ | Total gross monthly unearned income |
| 2. | - | Subtract \$20 Disregard |
| 3. | _____ | Remainder |
| 4. | _____ | Total gross monthly non-excluded earned income |
| 5. | - | Subtract remainder of \$20 Disregard |
| 6. | _____ | Remainder |
| 7. | - | Subtract \$65 Earned Income Disregard |
| 8. | _____ | Remainder |
| 9. | - | Subtract Impairment-Related Work Expenses |
| 10. | _____ | Remainder |
| 11. | - | Subtract ½ of Remainder |
| 12. | _____ | Remainder |
| 13. | - | Subtract Blind-Related Work Expenses |
| 14. | _____ | Remainder |
| 15. | - | Subtract Earnings Diverted to a PASS |
| 16. | _____ | Remainder |
| 17. | + | Add unearned income from Step 3 |
| 18. | _____ | Total |
| 19. | _____ | Subtract unearned income diverted to a PASS, |
| | - | Death Benefits and child support disregard |
| 20. | _____ | Total monthly countable income |

Compare Amount in Step 20 to 250% FPL amount of _____

ELIGIBLE

INELIGIBLE

Worker Signature

Date