6.4 COMPUTATION FORMS

The Department is required to provide the client with the calculations used to determine eligibility and benefit level. The following forms must be used. If a computation form is not available, the Worker must prepare a letter explaining the computation. **When manually prepared,** the original is sent with the notification letter, and a copy is retained in the case record.

Each of the following forms is self-explanatory. They guide the Worker through the various steps of the income calculations.

A. OFS-NL-FS-1, FOOD STAMP COMPUTATIONS

This form must be sent with each ES-NL-A sent for approval of Food Stamp **benefits** and to each applicant denied for income reasons.

In addition, it must be sent with each ES-NL-C and each ES-NL-B sent for notification of an increase, decrease or closure of Food Stamp benefits, when recalculations of income eligibility or benefit level **are** required.

B. ES-NL-MN-1, AFDC-RELATED MEDICAID COMPUTATIONS

This form must be sent with each ES-NL-A sent for approval of AFDC-Related Medicaid benefits.

In addition, it must be sent with each ES-NL-C and ES-NL-B sent for changes in the spenddown amount.

C. IM-SSIR-1, SSI-RELATED MEDICAID COMPUTATIONS AND DEEMING FORMS: IM-SSIR-1A, IM-SSIR-1B, IM-SSIR-1C

This form must be sent with each ES-NL-A sent for approval of SSI-Related Medicaid benefits.

In addition, it must be sent with each ES-NL-C and ES-NL-B sent for changes in the spenddown amount.

There are three forms used to calculate the amount of income deemed to an SSI-Related Medicaid client, as follows:

- IM-SSIR-1A Deeming to Spouse
- IM-SSIR-1B Deeming to Child
- IM-SSIR-1C Deeming to Spouse and Child

D. IM-WVW-1, WV WORKS COMPUTATIONS

This form must be sent with each ES-NL-A sent to the client for approval of WV WORKS benefits and to each applicant denied for income reasons.

In addition, it must be sent with each **ES-NL-A and** ES-NL-C sent for notification of ineligibility due to income reasons.

E. IM-NL-AC-1, ASSET COMPUTATIONS

Asset computations must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

The Worker must designate the program(s) for which the form is being completed and the appropriate asset limit. If two or more programs' assets are being shown on the same form, and an asset is excluded for one program but not others, the Worker must show for which program(s) the asset was counted under "Additional Information." This same section is also used for any special considerations given to an asset, such as "jointly-owned but fully available", or "cash-in value only counted".

In the column headed, "Value (How Obtained)," the Worker must indicate the source of information used to determine the value, such as NADA Book, Client's Statement, Bank Statement of (**date**) **and/or** Vehicle Estimate.

F. WV WORKS REPAYMENT COMPUTATIONS

Computation of the WV WORKS overpayment amount must be provided to the client upon request. The form must be mailed to the client or the client's representative within five working days of the receipt of the request. If time permits, the form may be prepared and given to the client during an office interview.

G. ES-NL-QMB-1, QUALIFIED MEDICARE BENEFICIARIES (QMB) SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB) AND QUALIFIED INDIVIDUALS (QI-1)

This form must be sent with each notification of **approval, denial or ineligibility** based on income for QMB, SLIMB **or** QI-1 **applicants or recipients**.

H. IM-NL-QC-1, QUALIFIED CHILD COMPUTATIONS

This form must be sent with each ES-NL-A sent to the client for approval or denial, for income reasons, of Medicaid for Qualified Children.

In addition, it must be sent with each ES-NL-B or ES-NL-C sent for ineligibility due to income.