

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 1/2 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