IOWA | Health and Human Services

FMAP-Related Medically Needy Spenddown Computation Worksheet

Case Name		Case Number	Retroactive Period	Certification Period
Household Member A		Household Member B		
Income Source	Frequency	Income Source		Frequency

1. Earned Income

Month 1				Month 2				Month 3			
A: ☐ 3rd check ☐ 5th check		**B:** ☐ 3rd check ☐ 5th check		**A:** ☐ 3rd check ☐ 5th check		**B:** ☐ 3rd check ☐ 5th check		**A:** ☐ 3rd check ☐ 5th check		**B:** ☐ 3rd check ☐ 5th check	
Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Income Used		Income Used		Income Used		Income Used		Income Used		Income Used	

2. 20% Earned Income Deduction − _____ − _____   − _____ − _____   − _____ − _____

3. Subtotal = _____ = _____   = _____ = _____   = _____ = _____

4. Child care − _____ − _____   − _____ − _____   − _____ − _____

5. Paid court-ordered child support − _____ − _____   − _____ − _____   − _____ − _____

6. Subtotal = _____ = _____   = _____ = _____   = _____ = _____

7. Stepparent diversion − _____ − _____   − _____ − _____   − _____ − _____

8. Total countable earned income = _____ = _____   = _____ = _____   = _____ = _____

9. Unearned Income

	Month 1				Month 2				Month 3			
	A: ☐ 3rd check ☐ 5th check		**B:** ☐ 3rd check ☐ 5th check		**A:** ☐ 3rd check ☐ 5th check		**B:** ☐ 3rd check ☐ 5th check		**A:** ☐ 3rd check ☐ 5th check		**B:** ☐ 3rd check ☐ 5th check	
	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount	Date	Amount
	Income Used		Income Used		Income Used		Income Used		Income Used		Income Used	

		Month 1		Month 2		Month 3	
10.	Any remaining balance of paid court-ordered child support	− _____	− _____	− _____	− _____	− _____	− _____
11.	Total countable unearned income	= _____	= _____	= _____	= _____	= _____	= _____
12.	Total countable unearned and earned income (lines 8+11)	= _____	= _____	= _____	= _____	= _____	= _____
13.	Deduct any remaining balance of the stepparent diversion	− _____	− _____	− _____	− _____	− _____	− _____
14.	Subtotal	= _____	= _____	= _____	= _____	= _____	= _____
15.	Household size		_____		_____		_____
16.	MNIL		_____		_____		_____
17.	Insurance premiums		_____		_____		_____
18.	Medicare premiums	+ _____	+ _____	+ _____	+ _____	+ _____	+ _____
19.	Total insurance	= _____	= _____	= _____	= _____	= _____	= _____

		6 months
20. Total income for period (line 14 for months of cert)		_____
21. Total MNIL for period (line 16 for months of cert)		_____
22. Spenddown		_____
23. Less total insurance (line 19 for months of cert)		_____
24. Final spenddown		_____
25. Poverty level percentage (if applicable)		_____

Month 1	**Month 2**	**Month 3**

Computations/Comments

Worker | Date