

Iowa Department of 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: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		A: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		A: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 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: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		A: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		A: <input type="checkbox"/> 3rd check <input type="checkbox"/> 5th check		B: <input type="checkbox"/> 3rd check <input type="checkbox"/> 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	
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	

Calculate!

Print!