Iowa Department of Health and Human Services

MAIT Facility Worksheet

Case number: _____ Case name: _____

1. Central office/local office approval date _____
2. Execution date (date trust was signed and notarized) _____
3. Date trust was established (first day of the month in which income is used to fund the executed trust (effective date)) _____
4. Member's facility type _____
5. Charge for care (see **8-I, 125 Percent of the Statewide Average Charge for Care**)

July 1, 2026 to June 30, 2027Statewide Average Cost of Care should be:

NF - $12,002.50, ICF/ID - $61,526.25, MHI - $37,795.00 and PMIC - $25.275.00 _____

6. Gross income:

Income Source in the Trust	Gross Amount
Total gross income	

Gross income:
Do not list sources that are third party medical payments or that are not considered income, e.g., Veterans' A & A, nursing facility payments, and Veterans' UME.

VA reduced improved pension—Month of entry count pension as income in trust. Ongoing pension minus $90 as income in trust.

7. Is member's adjusted gross income greater than 125% of the statewide average charge for care?
8. Months: _____
9. Division to community spouse? ☐ Yes ☐ No
10. Client participation:

Trust administration fee	
Personal needs allowance	
Adjusted gross income	
Spousal diversion	
Dependent diversion	
Unmet medical: medical insurance premium	
Unmet medical: Medicare Part D expenses	
Unmet medical: Medicare Part B	
Unmet medical: other	
Client participation	
Plus aid and attendance	
Plus nursing facility insurance payments	
Maximum client participation	

Dependent diversion:
See EM 8-I, *Deduction for the Maintenance Needs of a Spouse and Dependents* for dependents that live with a CS.

See EM 8-I, *Allowance for Other Dependents* for dependents that are children.

11. Vendor name: _____ Per diem: _____

28 days maximum Medicaid rate	
29 days maximum Medicaid rate	
30 days maximum Medicaid rate	
31 days maximum Medicaid rate	

CP cannot exceed per diem. See EM-I, *If Client Participation Exceeds the Facility's Medicaid Rate*.

Community Spouse Diversion

List Community Spouse's Income Below	Gross Amount
Total income for community spouse	
Maximum diversion amount	
Deficit	

System Entries: BCW2

"B" line:				"E" line:
Unearn1	SR 1	Unearn2	SR2	Unearn1 SR1
Soc Sec.	B	all other $	X	300% amt. S

Deduct 1	Deduct2	P Ded N	P Ded P
	Unmet Med	90 month after entry	10.00 Admin. Fee + Spousal div.