



INCOME TRUST LEDGER (Completed by Eligibility Site)

Member's Name: _____

State Medicaid ID: _____

For Year: _____

	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Gross Income ¹												
Less: 300% Limit (HCBS/PACE) ² or Patient Payment (NF)												
Less: MIA for Community Spouse ³												
Less: Family Allowance												
Less: Any other allowable deductions (8.100.7.V)												
Less: Trustee/Maintenance Fees (actual, up to \$20 per month)												
Monthly Total												

Annual Total: _____

¹ For purposes of applying the special income standard, gross income means income before application of deductions, exemptions or disregards. 10 CCR 2505-10, Section 8.100.7.A.1.

² 300% limit, as adjusted for inflation, is located at <https://hcpf.colorado.gov/memo-series>. If on HCBS/PACE but residing in an ACF, then the 300% Limit allocated as follows: (1) an amount equal to the maintenance allowance to the member (room and board payable by member from their maintenance allowance); and (2) an amount equal to the client payment (PETI) to the facility (the member's monthly income is limited to the 300% level for the purpose of determining the applicable PETI amount).

³ Amount of 300% limit kept should be considered to have been made available to the community spouse before an MIA is allocated (10 CCR 2505-10, Section 8.100.7.R.1).