

INCOME TRUST LEDGER

Completed by Eligibility Site

Member's Name: _____ State Medicaid ID: _____ For Year: _____

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Gross Income See Note 1 below												
Less: 300% Limit (HCBS/PACE) or Patient Payment (NF) See Note 2 below												
Less: MIA for Community Spouse See Note 3 below												
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: _____

Note 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.

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Note 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).

Note 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).

ACCESSIBILITY

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