

## MQB Family Size Budgeting Methodology Evaluation Sheet

The following is a MQB/M-ABD case that was denied/terminated due to excess income/inability to meet deductible. Please complete this form according to instructions in DMA Administrative Letter 01-10, Addendum 1. Keep one copy of this form in the Medicaid record with the budget sheet and keep one copy with the XPTR lists.

### I. CASE INFORMATION

- A. Case Name \_\_\_\_\_  
CID \_\_\_\_\_ MID \_\_\_\_\_
- B. Date application was denied/case terminated? \_\_\_\_\_
- C. Was SOLQ completed at time of action? Yes  No
- D. Was individual receiving Medicare? Yes  No   
If no, go to section IV; If yes, go to section II.

### II. Determine if Family Size Budgeting Applies

- A. Was there an ineligible spouse and/or children under age 18 who was not receiving SSI, WF or CAP in the home or a Medicaid Child to whom parents' income may be deemed? Yes  No   
If no, go to section IV; If yes, continue.
- B. Evaluate eligibility for family size budgeting using DMA-5008F.
- C. **RESULT** of budgeting calculation using Family Size Methodology:  
Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_ If ineligible, reason: \_\_\_\_\_  
\_\_\_\_\_

### III. Eligibility Information

- A. Date case reopened and approved: \_\_\_\_\_
- B. Aid/Program Category/Classification: \_\_\_\_\_

### IV. Sign and Date

IMC: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Notes if needed: \_\_\_\_\_  
\_\_\_\_\_