

Georgia Department of Human Services

Living Arrangement/In-Kind Support and Maintenance Development Guide and Summary

A/R Name: _____

Part A – Living Arrangement (Enter “Yes” or “No”. When “Yes”, STOP – LA Established – Continue...)

1. Is Institutionalized? _____ **LA-D** (NH, Hospital, CCSP, Hospice, TEFRA Waiver, ICWP, MRWP)

STOP: Do not develop ISM for any month the Medicaid CAP is used to determine eligibility.
Case Manager should sign form above Part F on next page.

2. Is a Transient? _____ **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

3. Lives Alone? _____ **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

4. Lives Only with Spouse and/or Minor Children and/or Deemor? _____ **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

5. Owns own home? _____ **LA-A**

If an adult other than A/R’s spouse lives in HH – Develop Inside ISM – Complete Part B, **AND** Develop Outside ISM – Complete Part C, Part D, Part E and Part F.

6. Has rental liability? _____ **LA-A**

If an adult other than A/R’s spouse lives in HH – Develop Inside ISM – Complete Part BI, **AND** Develop Outside ISM – Complete Part C, Part D, Part E and Part F.

7. Lives in a PA Household? _____ **LA-A**

Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** Develop Inside ISM.

8. Lives with others and separately consumes and/or purchases food? _____ **LA-A**

Develop Inside ISM for shelter only – complete Part B **AND** Develop Outside ISM – Complete Part C.
Also complete Parts D, E and F.

9. Lives with others and meets sharing? _____ **LA-A**

	%		=		
Total HH Expenses		Number in HH		A/R’s Pro Rata Share	A/R’s Contribution

Does the individual pay his pro rata share of household expenses? (Or within \$5.00 of his share?)
Develop Outside ISM – Complete Part C, Part D, Part E and Part F. Do **NOT** develop Inside ISM if sharing exists.

10. Lives with others and meets earmarked sharing? _____ **LA-A**

	%		=		
Food Expenses Only		Number in HH		A/R’s Pro Rata Share	A/R’s Contribution

NOTE: A/R must pay at least pro rata share – no \$5.00 tolerance.

	%		=		
Shelter Expenses Only		Number in HH		A/R’s Pro Rata Share	A/R’s Contribution

NOTE: A/R must pay at least pro rata share – no \$5.00 tolerance.

Does the individual earmark his contribution for food **OR** shelter? _____
If “Yes”, Develop Inside ISM for Food **OR** shelter – Complete Part B **AND**
Develop Outside ISM – Complete Parts C, D and F.

11. Is subject to VTR? _____ **LA-B**

A/R lives in the HH of another and is furnished food **AND** shelter by adult HH members other than spouse.
Use FBR for LA-B. Do **NOT** develop ISM further – Complete Part E.

Georgia Department of Human Services
Individual/Individual with Ineligible Spouse

Couple

Part B – Inside ISM

Total HH Expenses PAID by HH Members _____
 Divide by # of HH Members %
 A/R's pro rata share =
 Deduct A/R's Contribution -
 Actual value of Inside ISM =

Part C – Outside ISM

Total HH Expenses PAID by non-HH members _____
 Divide by # of HH Members %
 Actual value of Outside ISM =

Part D – Total ISM (Inside and Outside ISM)

Inside ISM (Part II) _____
 Outside ISM (Part III) + _____
 Total ISM (Actual Value) = _____
 Chargeable ISM – Limited to PMV

Cash to A/R with O.I. or R. L.

Cash Contributions
 HH Expense -
 Cash Contribution =
 O.I. – Ownership Interest
 R.L. – Rental Liability

Part E – Summary

_____ The one-third reduction does NOT apply because _____
 LA –A. Chargeable ISM? \$ _____. Cash Contribution? \$ _____.
 _____ The one-third reduction applies because _____
 LA – B. Do NOT put any ISM in the Budget.

MES Signature _____ Date: _____

Part F – Household Expenses (To be completed by A/R or personal representative)

Work space for computing HH Expenses: 1. To determine if sharing or earmarked sharing exists, and
 2. When developing **INSIDE ISM**

(Use only those amounts paid by the HH for **INSIDE ISM, SHARING, OR EARMARKED SHARING**. If not paid or paid by someone outside the HH, **USE ONLY FOR CONSIDERATION OF OUTSIDE ISM**.)

HH EXPENSES The ONLY HH Expenses to be considered:	TOTAL HH MONTHLY EXPENSE AMOUNT	AMOUNT PAID BY PEOPLE WITHIN THE HOUSEHOLD	AMOUNT PAID BY PEOPLE OUTSIDE THE HOUSEHOLD
Food (DO NOT count, if earmarked sharing for shelter)			
Mortgage (Including insurance required by mortgage holder)			
Rent (DO NOT count, if earmarked sharing for food)			
Real Estate Property Taxes			
Heating Fuel (Other than gas or electricity)			
Gas			
Electricity			
Water			
Sewer			
Garbage Removal			
TOTAL			

I verify that the above is a true representation of my household expenses and what I (and my spouse) pay toward these expenses.

Signature of Applicant/Recipient or Authorized Representative: _____ Date: _____

Signature of Person Paying Remainder: _____ Date: _____