

**ALWAYS START HERE - Is the applicant or member aged 60 or older, blind, or disabled?**

**FSHB 4.6 and PH 18.2  
MEDICAL EXPENSES**

YES

NO

**DO NOT budget**

Enter ALL medical expenses, regardless of amount (medical expenses in excess of \$35 will appear in the FS budget).

YES

Check for: Medicare Payment AND/OR Private Insurance Payment and then determine the amount that the Member is responsible for. For questions regarding the Member's responsibility amount, call the provider.

Did this expense occur prior to the certification period?

YES

NO

Has the expense been previously allowed/used?

YES

I DON'T KNOW

NO

**DO NOT budget**

Check the ECF, CWW history, etc. to determine if expense has or has not been used

Is the medical expense allowable (FSHB 4.6.4.1) or NOT allowable (FSHB 4.6.4.2)?

ALLOWABLE

NOT ALLOWABLE

**DO NOT budget**

Is the applicant or Member still paying the expense?

YES

NO

Is this a ONE-TIME expense?

YES

NO

Has the member paid the expense during the certification period?

NO

**DO NOT budget**

YES

Budget medical expenses billed to Member (not including amount paid by insurance) for 1 month (PH 18.2.4.2) OR remainder of certification period (PH 18.2.4.3; PH 18.2.4.5)

Is this a recurring monthly expense?

YES

NO

Enter expense per PH 18.2.4.1

Enter expense per PH 18.2.4.1

Is this a payment plan?

YES

NO

Enter the expense as a payment plan per PH 18.2.4.4

Enter expense per PH 18.2.4.1, PH 18.2.4.2, PH 18.2.4.3, PH 18.2.4.5

Verify expenses at application. Verify at renewal if: from a new source; individual or total amount increases more than \$25 (verify only the ones that have changed); or if questionable.