

Ohio Department of Medicaid
Resource Transfer Worksheet

Case Number	Date
Institutionalized Spouse's Name	Community Spouse's Name
Nursing Facility	Street Address (Community Spouse)
County	City, State, Zip Code (Community Spouse)

Part I - Determination of the Community Spouse Resource Allowance

(A) Current Community Spouse Resource Maximum \$ _____	(B) Current Community Spouse Resource Minimum \$ _____	(C) Institutionalized Spouse Resource Limit \$ _____
(D) Total Resources at 1st Period of Institutionalization Per Resource Assessment Worksheet (JFS 4076) \$ _____	(E) 1/2 of the Total from (D) \$ _____	(F) Current Combined Countable Resources as of _____ (Date) \$ _____
1) Enter the <u>lesser</u> of the amount in (A) or the amount in (E) \$ _____		
2) Enter the <u>greater</u> of the amount in Line (1) or the amount in (B) \$ _____		
3) Enter the current court-ordered amount or state hearing decision amount (if applicable) \$ _____		
4) Enter the <u>greatest</u> amount from Lines (1), (2) or (3) (This is the Community Spouse Resource Allowance) \$ _____		

Part II - Determination of Institutionalized Spouse's Resources

5) Current Combined Countable Resources from (F) in Part I	\$ _____
6) Subtract the Community Spouse Resource Allowance from Line (4) in Part I	\$ _____
7) Amount of the institutionalized spouse's countable resources	\$ _____

If the amount in (7) is equal to or less than the current institutionalized spousal resource limit in (C), resource eligibility exists.
Continue to Part III.

If the amount in (7) is more than the current institutionalized spousal resource limit in (C), Medicaid eligibility does not exist.

Part III - Determination of Resources to be Transferred from the Institutionalized Spouse to the Community Spouse

8) Amount of resources that are in the institutionalized spouse's name only or held jointly by both spouses	\$ _____
9) Subtract the institutionalized spouse's resource limit in Part I (C)	\$ _____
10) The remainder is the amount that may be transferred to the community spouse	\$ _____

Eligibility Worker	District/ID	Telephone Number
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