PART A

SAMPLE | FICTIONAL HOUSEHOLD

Your Monthly Financial Summary

PREPARED FOR	CARE SETTING	PREPARED	FIGURES
George Whitaker	Assisted living waiver (SMMC LTC), in assisted living	November 4, 2026	Florida, July-December 2026

MONTHLY INCOME	PATIENT RESPONSIBILITY	ROOM AND BOARD	TO THE SPOUSE AT HOME
$3,700.00	$0.00	$2,400.00	$998.00
All sources, gross	Nothing owed by these numbers	Paid to the facility	Monthly allowance

The Qualified Income Trust (QIT)

QIT REQUIRED	MINIMUM DEPOSIT	RECOMMENDED TRANSFER	PAID FROM THE QIT	LEFT IN THE QIT
Yes	$718	$750.00	$750.00	$0.00

The **minimum** is counted income of $3,700.00 less the $2,982 income cap; depositing less risks coverage for the month. The **recommended transfer** is the minimum plus a $25 cushion, rounded up to the next $25. All amounts are monthly.

How Medicaid figures the payment

Income Medicaid counts	$3,700.00
Room and board, payable to the facility	- $2,400.00
Personal needs allowance	- $266.00
Allowance to the spouse at home	- $998.00
Health insurance premiums	- $202.90
Recurring uncovered medical costs	- $30.00
Estimated patient responsibility The deductions exceed the income, so nothing is owed toward care.	**$0.00**

Where the money goes each month

Income received (gross)	$3,700.00
Allowance to the spouse at home	- $998.00
Assisted living room and board	- $2,400.00
Health insurance premiums	- $202.90
Uncovered medical costs	- $30.00
Household and personal bills	- $45.00
Left in checking	**$24.10**
Left in the QIT	**$0.00**

What he keeps

Medicaid budgets **$266.00** a month for his personal needs, after $2,400.00 of room and board. That is an allowance, not cash on hand: after this month's bills, about **$24.10** is left in checking. The spouse at home receives **$998.00** a month.

An estimate from the figures entered, not legal advice and not a DCF determination. DCF's notice controls this month's action; the trust document controls what the trustee may pay.

PART B

What the Trustee Must Do Each Month

1. Deposit the income and fund the trust

1. **Every check goes to his checking account** by direct deposit, $3,700.00 a month in all: Social Security, pension or retirement. Medicare Part B ($202.90) is withheld from Social Security first.
2. **Transfer $750.00 from checking to the QIT** by automatic transfer between the 10th and the 15th of each month, after the month's last check has posted, never on the day a check arrives. It must post in the same month and never be less than the **$718** minimum. Only his income goes in: never savings, refunds, or anyone else's money.

2. Pay the monthly bills

Expense or payment	Monthly amount	Paid from
Allowance to spouse at home	$998.00	QIT $750.00 + Checking $248.00
Medicare Part B	$202.90	Withheld from Social Security
Doctor, dental, hearing, vision not covered	$30.00	Checking
Assisted living room and board, to the facility	$2,400.00	Checking
Phone, internet, TV	$45.00	Checking
Total paid from the QIT	**$750.00**	
Total paid from checking	**$2,723.00**	

3. What the QIT may pay

- ✓ **The patient responsibility, first, every month.**
- ✓ Uncovered doctor, dental, hearing aid, and eyeglass bills
- ✓ Prescriptions and medical supplies the plan does not cover
- ✓ Health insurance premiums
- ✓ Transportation to medical appointments
- ✓ Private caregivers, if the trust document allows it

4. What the QIT must not pay

- ✗ **No payments to him,** no transfers back to checking, no payments into a joint account. Trust money paid to him counts as his income.
- ✗ **No gifts and no one else's bills.** Trust money can never be used for anyone else.
- ✗ **No household bills** unless the trust document allows it, paid directly to the company. Ask first.
- ✗ **No prepaid funeral or burial plan.** Ask us before buying one from checking.

> As reported to us, this trust document **does not allow** the trustee to pay private caregivers directly. DCF recognizing an expense lowers the patient responsibility. It does not give the trustee authority to pay that expense from the trust; only the trust document can. The trustee pays each QIT expense directly to the provider or company, never to him.

PART C

Important Rules and Monthly Reminders

Each month

- **Check the checking balance before the month ends** and keep it at **$2,000 or less**. Income not spent in the month it arrives counts as an asset the next month. Projected end-of-month balance: **$1,724.10**. Under the limit now; over in about 13 months unless the $24.10 left each month is spent.
- **Keep family money and gifts out of his accounts.** Anything put in becomes his asset.
- **Keep the QIT and checking separate.** One transfer goes into the QIT each month; payments leave it only to providers.
- **Make no gifts and pay no family member's bills** from any account. Giving money away can cause a Medicaid penalty period.
- **Contact us before making an unusual payment from the QIT.**

Records and reporting

- **Keep copies** of every QIT deposit, every payment, and every bank statement.
- **The trustee sends DCF quarterly statements** of each month's deposit.
- **Report uncovered medical bills to DCF.** Medically necessary uncovered costs can lower future patient responsibility.
- **Recalculate every January,** when Social Security, VA, and the Part B premium change, and after any DCF notice, admission, or discharge. Update the recurring transfer the same month the new amounts start. DCF's notice controls the actual patient responsibility; if it differs from Part A, call us.

Points to watch in this plan

$24.10 a month is left over in checking.

At that pace, the balance passes the $2,000 asset limit in about 13 months. Income not spent in the month it arrives counts as an asset the next month (ESS 1640.0406).

Special circumstances in this plan

- **Allowance to the spouse at home ($998.00 a month).** When DCF approves part of the income for the spouse at home, the trustee may pay it from the trust. The amount must match the DCF notice.
- **Uncovered medical bills ($30.00 a month).** This plan deducts them from the patient responsibility because they recur. DCF allows the deduction only for medically necessary costs Medicaid does not cover, paid to the provider, and verifies each one (ESS passage 2640.0125.01). Send DCF the bills, report any change, and pay them directly to the provider, from the QIT when it has money left after the patient responsibility.

- **Medicare Part B ($202.90 a month).** If the state starts paying the Part B premium, the premium stops coming out of Social Security, the check goes up by $202.90, and the deduction ends. The patient responsibility would rise to about $6.00; checking keeps the other $196.90. Call us when the notice arrives so the transfer can be reset the same month.
- **If the care setting changes** (an admission, a discharge, or a move between home, assisted living, and a nursing home), the allowance and the patient responsibility change. Call us before the move.

Questions? Call or write about the trust, the transfer, or any bill, and ask us to update this plan before changing the routine: Zacharia Frey PLLC, (239) 345-4545, intake@zacfreylaw.com.

PART D

How We Calculated Your Monthly Amounts

1. Income sources

Gross amounts from the award letters and statements, before Part B or anything else is taken out.

Source	Monthly amount	How DCF treats it
Social Security	$2,300.00	Counts toward the cap and the patient responsibility
Pension or retirement	$1,400.00	Counts toward the cap and the patient responsibility
Total gross monthly income	**$3,700.00**	
Counted toward the income cap	**$3,700.00**	

2. The income cap and the minimum QIT deposit

Income counted toward the cap	$3,700.00
Income cap (2026) 300% of the SSI federal benefit rate (ESS passage 1840.0110; Appendix A-9).	- $2,982.00
Over the cap by	**$718.00**
Minimum monthly QIT deposit The amount over the cap, rounded up to the whole dollar.	**$718**

3. Patient responsibility

DCF counts all income, inside the trust and out, then subtracts the allowance, any spouse allowance, and uncovered medical costs including insurance premiums, in that order (ESS passages 2640.0117 and 2640.0125.01; Fla. Admin. Code R. 65A-1.7141). What is left is owed each month.

Income Medicaid counts Gross, before Part B or anything else is taken out.	$3,700.00
Room and board, payable to the facility The facility's basic rate.	- $2,400.00
Personal needs allowance Assisted living: $266 for personal needs, after room and board.	- $266.00
Allowance to the spouse at home The community spouse allowance (MMNA less the spouse's own income), or the DCF notice.	- $998.00
Health insurance premiums	- $202.90
Recurring uncovered medical costs Paid to the provider; DCF verifies each one.	- $30.00
Estimated patient responsibility The deductions exceed the income, so nothing is owed toward care.	**$0.00**

4. Health insurance premiums and medical deductions

Deduction	Monthly amount	Note
Medicare Part B	$202.90	Withheld from Social Security
Doctor, dental, hearing, vision not covered	$30.00	Recurring; paid to the provider
Total deducted	**$232.90**	

A long-term care insurance premium is not deducted: an applicant should be claiming on that policy, and its flat-rate benefits count as income.

5. Allowance to the spouse at home

The minimum monthly maintenance needs allowance plus the spouse's excess shelter costs, capped at the maximum, less the spouse's own gross income. The applicant's personal needs allowance comes off first (ESS passages 2640.0119.03 and 2640.0119.04).

Shelter costs, with the standard utility allowance	$1,805.00
Excess shelter, over the $812 shelter standard	$993.00
Minimum MMNA ($2,705) plus excess shelter	$3,698.00
Monthly maintenance needs allowance (MMNA)	**$3,698.00**
Spouse's own gross income	- $2,700.00
Allowance requested	**$998.00**
Allowance deducted	**$998.00**

6. The allowance he keeps

Facility's basic rate (room and board)	$2,400.00
Personal needs, 20% of the federal poverty level	$266.00
Total allowance	**$2,666.00**

7. The recommended QIT transfer

Minimum deposit plus a $25 cushion	$743.00
Estimated patient responsibility	$0.00
Recommended transfer The larger of the two, rounded up to the next $25, and never more than the counted income.	**$750.00**
Above the patient responsibility	$750.00
Also paid from the trust: the spouse allowance	- $750.00
Stays in the trust each month	**$0.00**

8. The two accounts this month

Checking account	
All income, gross	$3,700.00
Part B withheld	- $202.90
Transfer to the QIT	- $750.00
Arrives in checking to spend	**$2,747.10**
Bills paid from checking	- $2,723.00
Left in checking	**$24.10**

Qualified Income Trust	
Transfer in	$750.00
Paid out to providers	- $750.00
Left in the QIT	**$0.00**

9. Balances over time

Checking on the 1st, before this month's income	$1,700.00
Left in checking after this month's bills	+ $24.10
Projected end-of-month balance	**$1,724.10**
Asset limit At this pace, over the limit in about 13 months.	$2,000
QIT balance today	$0.00
Added to the QIT each month	+ $0.00
QIT balance in a year at this pace The QIT balance is not counted as an asset.	**$0.00**

Figures and sources. Florida 2026: income cap $2,982, asset limit $2,000 (effective January 1, 2026); spouse allowances effective July 1, 2026. Sources: ESS Program Policy Manual, passages 1640.0406 (unspent income); 1840.0110 (income trusts); 2640.0117 (patient responsibility); 2640.0118 (personal needs allowance); 2640.0119.03 and 2640.0119.04 (community spouse); 2640.0125.01 (uncovered medical expenses); Appendix A-9. Fla. Admin. Code R. 65A-1.7141. 2026 figures used: income cap $2,982; asset limit $2,000; allowance $266 after room and board.