PART A

SAMPLE | FICTIONAL HOUSEHOLD

Your Monthly Financial Summary

PREPARED FOR	CARE SETTING	PREPARED	FIGURES
Dorothy Whitfield	Home care waiver (SMMC LTC), at home	November 4, 2026	Florida, July-December 2026

MONTHLY INCOME
$4,220.00
All sources, gross

PATIENT RESPONSIBILITY
$975.10
Estimated; paid to the provider the long-term care plan designates

LIVING ALLOWANCE AT HOME
$2,982.00
Medicaid's allowance

The Qualified Income Trust (QIT)

QIT REQUIRED	MINIMUM DEPOSIT	RECOMMENDED TRANSFER	PAID FROM THE QIT	LEFT IN THE QIT
Yes	$818	$1,000.00	$975.10	$24.90

The **minimum** is counted income of $3,800.00 less the $2,982 income cap; depositing less risks coverage for the month. The **recommended transfer** is higher so the trust can also pay the $975.10 patient responsibility, rounded up to the next $25. All amounts are monthly.

How Medicaid figures the payment

Income Medicaid counts	$4,220.00
Living allowance at home	- $2,982.00
Health insurance premiums	- $202.90
Recurring uncovered medical costs	- $60.00
Estimated patient responsibility	**$975.10**

Where the money goes each month

Income received (gross)	$4,220.00
Patient responsibility	- $975.10
Health insurance premiums	- $202.90
Private caregivers and adult day care	- $1,200.00
Uncovered medical costs	- $60.00
Household and personal bills	- $1,655.00
Left in checking	**$102.10**
Left in the QIT	**$24.90**

What she keeps

Medicaid budgets **$2,982.00** a month for her living expenses. That is an allowance, not cash on hand: after this month's bills, about **$102.10** is left in checking. The $1,200.00 a month for private caregivers does not lower the patient responsibility until DCF recognizes it; see Part D.

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 her checking account** by direct deposit, $4,220.00 a month in all: Social Security, pension or retirement, VA aid & attendance or housebound part, VA DIC. Medicare Part B ($202.90) is withheld from Social Security first.
2. **Transfer $1,000.00 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 **$818** minimum. Only her income goes in: never savings, refunds, or anyone else's money.

2. Pay the monthly bills

Expense or payment	Monthly amount	Paid from
Patient responsibility, to the provider the long-term care plan designates	**$975.10**	**QIT**
Medicare Part B	$202.90	Withheld from Social Security
Private caregivers beyond waiver hours	$1,200.00	Checking
Doctor, dental, hearing, vision not covered	$60.00	Checking
Rent or mortgage	$950.00	Checking
Electric, water, gas, trash	$180.00	Checking
Groceries and meals	$400.00	Checking
Phone, internet, TV	$75.00	Checking
Clothing, toiletries, haircuts	$50.00	Checking
Total paid from the QIT	**$975.10**	
Total paid from checking	**$2,915.00**	

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 her,** no transfers back to checking, no payments into a joint account. Trust money paid to her counts as her 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 her.

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: **$1,352.10**. Under the limit now; over in about 8 months unless the $102.10 left each month is spent.
- **Keep family money and gifts out of her accounts.** Anything put in becomes her asset.
- **Keep the QIT and checking separate.** One transfer goes into the QIT each month; payments leave it only to providers.
- **A check that posts early is next month's income.** VA pays on the 1st, and when the 1st falls on a weekend or holiday the money arrives the business day before. Leave it out of the balance on the 1st.
- **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

The trust gains $25 a month.

The balance would reach about $299 in a year. Spend it on her care and medical costs as it comes in: uncovered medical bills, supplies, and, if the trust document allows, caregivers. Or lower the transfer to $975.10. The balance itself is not counted as an asset.

$102.10 a month is left over in checking.

At that pace, the balance passes the $2,000 asset limit in about 8 months. Income not spent in the month it arrives counts as an asset the next month (ESS 1640.0406).

Caregiver costs are not yet lowering the patient responsibility.

Ask us about having DCF recognize the caregiver cost as an uncovered medical expense; that lowers what is owed toward care. If DCF approved the full $1,200 (not automatic: the family asks, DCF decides, and the notice controls), the patient responsibility would drop to $0; the $818 minimum deposit would not change, so the transfer would be about $850, and about $790 a month would build in the trust. Checking would keep about $312.10 a month instead of $102.10, so the balance would pass the $2,000 asset limit in about 3 months instead of 8 unless it is spent. An approved deduction does not let the trustee pay the caregivers from the trust; only the trust document can.

Special circumstances in this plan

- **VA aid and attendance ($420.00 a month).** It arrives with the VA check, into checking. It does not count toward the cap, but DCF counts it toward the patient responsibility, so it is not extra money on top of the allowance. VA sends its payments as one deposit, so they cannot be split at the source.
- **Private caregivers.** Fair market pay only. A family caregiver needs a written care agreement signed before care begins, time logs, and proper payroll. Without them, payments look like gifts and can cause a penalty. To have caregiver costs lower the patient responsibility, DCF must recognize them as uncovered medical expenses; ask us.
- **Uncovered medical bills ($60.00 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 $1,178.00, and the recommended transfer to $1,200.00. 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	$1,600.00	Counts toward the cap and the patient responsibility
Pension or retirement	$500.00	Counts toward the cap and the patient responsibility
VA aid & attendance or housebound part	$420.00	Not toward the cap; counts toward the patient responsibility
VA DIC (survivor compensation)	$1,700.00	Counts toward the cap and the patient responsibility
Total gross monthly income	**$4,220.00**	
Counted toward the income cap	**$3,800.00**	
Outside the cap, counted toward patient responsibility	**$420.00**	

2. VA benefits

Each VA payment is treated by its type, as the award letter breaks it down. VA disability compensation and DIC are unearned income and count toward the cap (ESS passage 1840.0906.01). A VA pension counts toward the cap too, except its aid and attendance, housebound, and unreimbursed medical expense amounts, which are excluded from income (passages 1840.0906.02 and 1840.0906.07). The excluded amounts do not count toward the cap, but this plan counts them when setting the patient responsibility, so they are not extra money on top of the allowance.

VA payment	Monthly amount	Medicaid treatment
VA aid & attendance or housebound part	$420.00	Outside the cap; counts toward the patient responsibility
VA DIC (survivor compensation)	$1,700.00	Counts toward the cap and the patient responsibility

Effect here: the $420.00 outside the cap does not change the $818 minimum QIT deposit, but it adds $420.00 to the patient responsibility.

3. The income cap and the minimum QIT deposit

Income counted toward the cap	$3,800.00
Income cap (2026) 300% of the SSI federal benefit rate (ESS passage 1840.0110; Appendix A-9).	- $2,982.00
Over the cap by	**$818.00**
Minimum monthly QIT deposit The amount over the cap, rounded up to the whole dollar.	**$818**

4. 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.	$4,220.00
Living allowance at home At home: 300% of the federal benefit rate.	- $2,982.00
Health insurance premiums	- $202.90
Recurring uncovered medical costs Paid to the provider; DCF verifies each one.	- $60.00
Estimated patient responsibility	**$975.10**

5. 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	$60.00	Recurring; paid to the provider
Total deducted	**$262.90**	

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.

6. The allowance she keeps

Living allowance at home At home: 300% of the federal benefit rate.	$2,982.00

7. The recommended QIT transfer

Minimum deposit plus a $25 cushion	$843.00
Estimated patient responsibility	$975.10
Recommended transfer The larger of the two, rounded up to the next $25, and never more than the counted income.	**$1,000.00**
Above the patient responsibility	$24.90
Stays in the trust each month For allowed medical costs, paid to the provider.	**$24.90**

8. The two accounts this month

Checking account	
All income, gross	$4,220.00
Part B withheld	- $202.90
Transfer to the QIT	- $1,000.00
Arrives in checking to spend	**$3,017.10**
Bills paid from checking	- $2,915.00
Left in checking	**$102.10**

Qualified Income Trust	
Transfer in	$1,000.00
Paid out to providers	- $975.10
Left in the QIT	**$24.90**

9. Balances over time

Checking on the 1st, before this month's income	$1,250.00
Left in checking after this month's bills	+ $102.10
Projected end-of-month balance	**$1,352.10**
Asset limit At this pace, over the limit in about 8 months.	$2,000
QIT balance today	$0.00
Added to the QIT each month	+ $24.90
QIT balance in a year at this pace The QIT balance is not counted as an asset.	**$298.80**

10. Illustration: if DCF recognized the caregiver cost

A conditional scenario, not an approved deduction

It assumes DCF approves the full $1,200.00 a month as an uncovered medical expense and that nothing else changes. The deduction is not automatic: the family asks, with the caregiver agreement and proof of payment, DCF decides, and DCF's notice controls.

Patient responsibility today	$975.10
Patient responsibility if recognized	**$0.00**
Minimum QIT deposit (unchanged) The deduction does not change the income counted toward the cap.	$818
Transfer that would be recommended	$850.00
Would build in the QIT each month After everything else the trust pays. To be spent only on allowed medical costs paid to the provider.	$790.00
Left in checking each month Today $102.10. At this pace checking passes the $2,000 limit in about 3 months, not 8, unless it is spent.	$312.10

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); 1840.0906.01, 1840.0906.02, 1840.0906.07 (VA payments); 2640.0117 (patient responsibility); 2640.0118 (personal needs allowance); 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 $2,982.