

Medical Expense Deduction (MED) Phase Out Plan and Corresponding Enrollment Freeze

1. Summary of MED

Medical Expense Deduction (MED) is Arizona's spend down program. Although it shares some similarities, it is not a medically needy program and is covered under Arizona's 1115 Waiver. MED is a short term program with a block of eligibility lasting between three and six months, depending upon the circumstances of the household. A few households are given a three month block of eligibility based on their level of income. In general, MED applicants have had some catastrophic medical event, do not have health insurance and may end up having their monthly income interrupted by an accident or illness. MED households have income that exceeds 100% of the Federal Poverty Level (FPL) and medical expenses that reduce their countable income to less than 40% of the FPL.

Eligibility for the MED program is determined by DES. DES also determines eligibility for Medicaid programs for children, pregnant women, families and the childless adult population.

AHCCCS determines eligibility for CHIP, long term care, aged, blind, disabled populations, the Breast and Cervical Cancer Treatment Program and Medicare Savings Programs.

2. Applications submitted prior to 5/1/11

Applications that are received prior to May 1, 2011 will be processed, even if DES cannot complete the eligibility determination until after May 1, 2011. If the household meets all eligibility requirements, including the spend down requirement, before May 1, 2011, they will be approved for MED for the usual block of eligibility, even if the determination cannot be made until after May 1, 2011. If the household does not meet eligibility requirements until May 1, 2011 or later, the household will not be approved for MED.

3. Potential Consumer Notices:

1. Notice #1: STC 10 Freeze – May 1, 2011 through 10-1-11.

MED Spend Down notice to notify all active MED members that on October 1, 2011 the MED program will end. If they want to retain Medicaid coverage they will be notified when to apply for coverage under another category.

See Attachment #1

2. Notice #2: Explain to all remaining populations that they are not impacted by the elimination of the MED program or the freeze of the Childless Adult Program.
3. Notice #3: Notify all MED households, as usual, that their eligibility is ending in a month and they can reapply to see if they qualify under another Medicaid group. We will give them advice about changes in circumstances that could qualify them for Medicaid, such as a reduction in income. This is not a new notice. This is the process in place today.

See Attachment #2

**4. Ex Parte Determinations:
10-1-11 Non Renewal of MED**

- We currently provide all MED members with an opportunity to apply for Medicaid under another category in the last month of their block of eligibility.
- We propose to continue this same process to review interested households if the MED program ends 10/1/11. We will advise households that if they have had a decrease in their monthly income, they might be eligible for Medicaid.
- If MED households do not send in an application to be determined for other Medicaid coverage and have children under age 18 in the household, DES will telephone the household and seek an application for the children. If the household cannot be reached by telephone, DES will send another notice to the household asking them if they are interested in submitting a Medicaid application for their children. There are less than 1000 children currently in the MED program.
- Households are advised that they can submit a paper application or can use the Health-e-Arizona on line application at www.healthearizona.org

5. Examples of MED Households:

1. **CASE SCENARIO 1** – MED Household loses MED and is approved in another category.

Household consists of John Chalmers, his wife Mary, and their two children (Ella age 10) and Edwin (age 8).

John earns \$4000 monthly. Mary earns \$1720 monthly. John has a heart attack and is hospitalized. The family has no health insurance and has medical expenses of \$18,000.

A Medicaid application for the entire household was submitted February 15, 2011, and the household was approved as eligible under MED, with a six month block of eligibility, effective February 16 (when sufficient medical expenses were incurred) through July, 2011.

NET INCOME:	3 MONTH MED INCOME STANDARD:	EXPENSES NEEDED:	VERIFIED EXPENSES:
\$16,620	\$2205	\$14,405	\$18,000

May 1, 2011 the household is sent a notice informing them that the MED program will end on October 1, 2011 and that they will need to apply and qualify for AHCCCS under another category, if they want to retain coverage.

On July 1, 2011 a letter is sent to the household notifying them that their MED eligibility is stopping at the end of July and that they need to submit a new application to see if they are eligible in another category.

The household submits a new application July 15, 2011 and it is reported that John is no longer working and Mary's income has not changed. The family is approved in the 1931 eligibility group effective August 1, 2011.

NET INCOME	1931 INCOME STANDARD for 4
\$1630	\$1838

The family is \$208 under the 1931 Income Standard for a family of four.

Complete budget calculations inserted as Attachment #3

- **CASE SCENARIO 2** – MED household loses MED and is not eligible in another category.

Household consists of John Marshall, his wife Mary, and their two children (Ella age 10) and Edwin (age 8). John earns \$4000 monthly. Mary earns \$1720 monthly. John is in a car accident and is hospitalized. The family has no health insurance and has medical expenses of \$18,000.

A Medicaid application for the entire household was submitted February 15, 2011, and the household is approved in the MED group, with a six month block of eligibility effective February 16 (when sufficient expenses were incurred) through July, 2011.

NET INCOME	3 MONTH MED INCOME STANDARD	EXPENSES NEEDED	VERIFIED EXPENSES
\$16,620	\$2205	\$14,405	\$18,000

May 1, 2011 the household is sent a notice informing them that the MED program will end on October 1, 2011 and that they will need to apply and qualify for AHCCCS under another category if they want to retain coverage.

In July 2011 a letter is sent to the household notifying them that their MED eligibility is stopping the end of July 2011 and that they need to submit a new application to see if they are eligible in another category.

The household submits a new application on July 15, 2011 and it is reported that John has gone back to work at his same job with the same pay and Mary has stopped working. The household income of \$4000 monthly is over the income limits for any other Medicaid category. The new application is denied for excess income effective August 1, 2011.

NET INCOME	1931 INCOME STANDARD	TOTAL ALLOCATED PER PERSON	PER PERSON SHARE JOHN AND MARY	PER PERSON SHARE ELLA AND EDWIN
\$3910	\$1838	\$977.50	\$608	\$509

The household is \$2082 over the 1931 income standard.
 John and Mary are \$369.50 over the per person share.
 Ella and Edwin are \$468.50 over the per person share for S.O.B.R.A. children.

Complete budget calculations inserted as Attachment #4.

- **CASE SCENARIO 3**– MED Household loses eligibility – Parents are not eligible, children are eligible.

Household consists of John Johnston, his wife Mary, and their two children (Ella age 4) and Edwin (age 2). John earns \$1800

monthly. Mary earns \$900 monthly. John is in a car accident and is hospitalized. The family has no health insurance and has medical expenses of \$6355.

A Medicaid application for the entire household is submitted on February 15, 2011, and the parents are approved in the MED group, effective February 16, 2011 (after sufficient expenses are incurred) through July 2011. The children are approved in the S.O.B.R.A. child category effective February 1, 2011, with no end date.

NET INCOME	3 MONTH MED INCOME STANDARD	EXPENSES NEEDED	VERIFIED EXPENSES
\$7560	\$2205	\$5345	\$6355

May 1, 2011 the household is sent a notice informing them that the MED program will end on October 1, 2011 and that John and Mary will need to apply and qualify for AHCCCS under another category if they want to retain coverage, but the children's coverage under SOBRA is not impacted.

In July 2011 a letter is sent to the household notifying them that their MED eligibility for John and Mary is stopping the end of July 2011 and that they need to submit a new application to see if they are eligible in another category.

The household submits a new application on July 15, 2011 and it is reported that John and Mary's income has not changed. The parents are over income for any Medicaid category. The children remain eligible in the S.O.B.R.A. child category. The new application is denied for excess income effective August 1, 2011 for John and Mary, and the children's eligibility is renewed for another 12 months.

JOHN'S NET INCOME	PRORATED BY FOUR	MARY'S NET INCOME	PRORATED BY FOUR
\$1710	\$427.50	\$810	202.50
TOTAL ALLOCATED PER PERSON	PER PERSON SHARE JOHN AND MARY	PER PERSON SHARE ELLA AND EDWIN	
\$630	\$608	\$677	

John and Mary are \$22 over the income limit. The children are \$47 under the income limit.

Complete budget calculations inserted at Attachment #5.

- **Case Scenario 4** - MED household loses eligibility for MED, applies for coverage under another category, is denied for excess income and files an appeal.

Household consists of John Marshall, his wife Mary, and their two children (Ella age 10) and Edwin (age 8). John earns \$4000 monthly. Mary earns \$1720 monthly. John is in a car accident and is hospitalized. The family has no health insurance and has medical expenses of \$18,000.

A Medicaid application for the entire household was submitted February 15, 2011, and the household is approved in the MED group, with a six month block of eligibility effective February 16 (when sufficient expenses were incurred) through July, 2011.

NET INCOME	3 MONTH MED INCOME STANDARD	EXPENSES NEEDED	VERIFIED EXPENSES
\$16,620	\$2205	\$14,405	\$18,000

May 1, 2011 the household is sent a notice informing them that the MED program will end on October 1, 2011 and that they will need to apply and qualify for AHCCCS under another category if they want to retain coverage.

In July 2011 a letter is sent to the household notifying them that their MED eligibility is stopping the end of July 2011 and that they need to submit a new application to see if they are eligible in another category.

The household submits a new application on July 15, 2011 and it is reported that John has gone back to work at his same job with the same pay and Mary has stopped working. The household income of \$4000 monthly is over the income limits for any other Medicaid category. The new application is denied for excess income effective August 1, 2011.

NET INCOME	1931 INCOME STANDARD
\$3910	\$1838

TOTAL ALLOCATED PER PERSON	PER PERSON SHARE JOHN AND MARY	PER PERSON SHARE ELLA AND EDWIN
----------------------------	--------------------------------	---------------------------------

\$977.50

\$608

\$509

The household is \$2082 over the 1931 income standard.
John and Mary are \$369.50 over the per person share.
Ella and Edwin are \$468.50 over the per person share for S.O.B.R.A. children.

The household is sent a denial notice on July 30, 2011, which includes appeal rights and the process for filing an appeal. The household files an appeal on August 5, 2011, within the timeframe given on the notice and indicates that they disagree with the amount of income used to determine that their income is in excess of the allowable amounts.

The appeal goes to DES Office of Appeals and an appeal is scheduled for September 2, 2011. The eligibility specialist contacts the household prior to the appeal, for a pre-hearing conference. The eligibility specialist explains how the income was counted and each budget calculation. The eligibility specialist carefully walks through the Sneed Kiser calculations for the children. The household now understands that they do not meet the requirements for eligibility. On August 15, 2011 the household submits a written request to withdraw their appeal. The request is granted and the appeal is withdrawn on August 19, 2011 and a notice is sent to the household.

Complete budget calculations inserted as Attachment #6.

6. System Changes:

1. Changes to the Department of Economic Security AZTECS eligibility system: AZTECS will not cascade to MED for applications dated May 1, 2011 or later. It will need to allow approval of MED applications dated prior to May 1, 2011 where spend down has been met prior to May 1, 2011. It will need to deny applications dated prior to May 1, 2011 where spend down has been met on May 1, 2011 or later. It already produces notice #3.
2. Changes to the AHCCCS PMMIS system: PMMIS will need to stop accepting MED approvals that are effective May 1, 2011 or later, on May 1, 2011. It will have to permit manual updates of MED after that date to correct any case closed in error.

It will have to produce Notice #1 to all MED members that the program is ending or frozen and Notice #2 as a one time notification to all AHCCCS members who are not affected by the elimination of the MED program.

3. Changes to the AHCCCS/DES Health-e-Arizona on line application and renewal system: Effective May 1, 2011 Health-e-Arizona will need to stop screening for the MED program.

7. Eligibility Appeals:

The Department of Economic Security has an Office of Appeals, which hears eligibility appeals for eligibility determinations made by DES employees. Eligibility appeals for eligibility determinations made by AHCCCS employees are heard by a separate agency, the Office of Administrative Hearings. Other than the two different offices the eligibility appeals process is the same.

The household has 30 calendar days from the date the decision notice is mailed to request an appeal of the decision. A request for appeal can be submitted either verbally or in writing. The household or the representative of the applicant may request to withdraw the hearing request at any time.

Benefits may be continued upon request if the request for appeal is received within 10 calendar days from the date the decision notice is mailed. Benefits will not be continued if the action appealed is due solely to a change required by a change in federal or state law, or if the approval period has ended for a time-limited program such as MED or TMA.

Within 7 days from receipt of the appeal request, the DES eligibility office schedules a pre-hearing conference and sends copies of the budget calculations, income screens, notices, and case notes to the household. The conference may be conducted by telephone at the request of the household.

Within 10 calendar days of receipt of the appeal request, a DES supervisor reviews the results of the pre-hearing conference and documents in the appeal packet the accuracy of the eligibility decision. When the pre-hearing conference may result in an informal resolution of the dispute, a request to withdraw from the appeal is sent to the household. A request to withdraw from the appeal is not sent to the household when the decision requires correction. When the review of the circumstances indicates that the case needs correction, DES sends the Request to Vacate and Remand (FAA-1389A) form to the Office of Appeals. The case is not corrected until a response is received from the Office of Appeals that indicates that the matter was vacated and remanded to the local office for correction.

When a resolution is not reached during the pre-hearing conference, DES continues processing the request for appeal.

Appeals are scheduled to allow for a decision to be rendered within 90 days from the request for appeal. Appeals are scheduled not fewer than 20, nor more than 45, calendar days from the date the request is filed. The household may request less than 20 calendar days notice in order to expedite the appeal. Appeals may be conducted by phone when mutually agreed on by the household and the Office of Appeals. The household is afforded the same rights as households who attend face-to-face hearings.

The household presents the facts and knowledge of the case, and has an opportunity to address witnesses, present evidence, advance arguments, refute testimony or evidence, and examine evidence introduced by any party at the hearing.

The Office of Appeals notifies the household of the appeal decision. If the appeal decision is unfavorable to the household, they may request an appeals board review of the decision. If the Appeals Board decision is unfavorable to the household, they may request a Judicial Review of the Appeals Board decision.

Local eligibility offices are required to take action to implement all appeal decisions and remands within 10 days.

8. Other Communication:

1. Web

- The AHCCCS website, www.azahcccs.gov will be updated continually to reflect program changes as decisions are made.
- The MED transition plan will be posted on the AHCCCS website, www.azahcccs.gov.
- The AHCCCS website will provide opportunity for the public to electronically submit comment. Those comments will be posted on the website.
- Information for members will be posted on the AHCCCS website member portal, www.azahcccs.gov/members, the Health-e-Arizona website, www.healthearizona.org and the DES website, <https://egov.azdes.gov/dbme/faa/myFamilyBenefits>.
- Members can access information about the status of their eligibility at www.azahcccs.gov/members/myahcccs.
- Providers can verify the status of member eligibility at <https://azweb.statemedicaid.us/Home.asp>.

2. Legislative and Rule Making Process

- Should this plan require legislative action, it will go through the normal public process at the Legislature where there is public notice, a hearing and opportunity to be heard.
- Notice will also be published statewide through the Secretary of State or statewide newspaper and a 30-day public comment period will be provided. Public comment can be submitted electronically via the AHCCCS website or by mail. Comments received electronically will be posted on the AHCCCS website.

3. Providers/Health Plans

- AHCCCS will distribute information regarding program changes to all of its contracted health plans.
- Providers will receive information regarding program changes through the monthly AHCCCS electronic newsletter for providers, "Claims Clues."
- The health plans will disseminate information as a component of their normal member outreach tools. AHCCCS health plans have community and provider relations staff that will be able to assist AHCCCS in its efforts to inform members and the public.

4. Stakeholders/Community Partners

- AHCCCS will send mass emails to stakeholders and community partners to notify them when the AHCCCS website has been updated with new information.
- AHCCCS will distribute information about program changes to its Health-e-Arizona subscribers.
- Although AHCCCS has already held tribal consultation on this matter, AHCCCS will ensure specific communication to the tribes, I.H.S. and 638 facilities and host any consultation or information session as needed.

5. News Entities

- AHCCCS may also provide information through news entities.

9. The Health-e-Arizona System:

Health-e-Arizona (HEA) is our online system for public assistance applications. A consortium of Federally Qualified Health Centers (FQHCs) brought the original model to Arizona in June 2002. We call the original model (still in place) the subscription model and it is used by community partners, such as FQHCs and hospitals, who pay a subscription fee to use it. Today we have 70 Subscribers at 220 locations statewide.

When patients come into a subscriber's facility, facility staff assists them with the completion of the application online, get an electronic signature and use fax or scanning to associate necessary documentation with the application. When the application is complete, the system screens it and identifies potential eligibility for Medicaid, CHIP, SNAP and TANF. An application can be submitted even if the applicant does not screen potentially eligible. The application is sent to the correct location electronically and is automatically entered into the eligibility systems of AHCCCS and DES. The facility can track workloads, communicate with the eligibility agency and gets a final determination from the eligibility agency. Facilities who build a consistent process around this product are much more successful in getting their patients enrolled in Medicaid or CHIP and getting reimbursement for services to uninsured patients.

When an application is initiated, HEA interfaces with the AHCCCS PMMIS system to see if the applicant is already Medicaid eligible. If the applicant is known to PMMIS two things will happen:

1. HEA will pull name, date of birth (DOB) and SSN from PMMIS and will compare it to the name, DOB and SSN entered by the applicant. If there are discrepancies between PMMIS and the data that the applicant entered, HEA will require the applicant to resolve the discrepancy. This will significantly reduce problems pushing the data into the AHCCCS and DES eligibility systems.
2. Once HEA knows that the applicant is an active Medicaid recipient, it will treat their application as a renewal and ask questions appropriate for renewals.

If the applicant has entered data into HEA on a previous occasion, HEA will pre-populate that data into the application or renewal.

In December 2008, AHCCCS implemented a public access version of Health-e-Arizona. Because this was a new feature, AHCCCS set a modest first-year goal of 17,000 Medicaid and CHIP applicants. Instead AHCCCS received 170,000 applicants using the public access version of Health-e-Arizona. In the last 12 months, AHCCCS has received 500,000 applications through the public and subscription models. Health-e-Arizona now represents nearly 40% of all Medicaid, Medicare Savings Programs and CHIP applications received each month in Arizona.

AHCCCS also collects about 2,000 surveys each month from public access users. Almost 74% of applicants are using Health-e-Arizona from a computer in their own homes. Over 92% of applicants say they would use Health-e-Arizona again.



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



Attachment #1: Notice #1

IMPORTANT NOTICE ABOUT CHANGES TO THE MEDICAL EXPENSE DEDUCTION (MED) PROGRAM

The following members of your family receive AHCCCS benefits through the Medical Expense Deduction (MED) program administered by the Department of Economic Security (DES):

Due to the current budget crisis in Arizona, **the MED program will end effective October 1, 2011.** Eligibility under the MED program only lasts for 3 to 6 months. So, the end of the MED program **does not affect your current eligibility.** You will keep your MED benefits until your eligibility in MED ends. You will receive a separate letter from DES that will tell you when your MED benefits will end. At that time, you will be able to reapply for AHCCCS so DES can see if you are eligible for any other AHCCCS program.

Please quickly answer any requests that you may receive from DES about your MED benefits. Responding to any DES requests will help you maintain your MED benefits until your eligibility ends. This only applies to the MED program. If you have family members on other AHCCCS programs, their benefits are **not** affected at this time, and they are **not** listed on this letter.

If you are employed and your employer sponsors health insurance, under a new federal law you may be able to enroll in your employer's insurance plan within 60 days of losing coverage under AHCCCS. You should contact your employer immediately. Listed below are some other health care programs that may also be able to help you afford health care services when your MED benefits end.

Pima Community Access Program (PCAP)
Medical Discount Programs
Pima and Santa Cruz County
Phone: 520-694-0418
On the Web: www.pcap.cc

Community Health Centers
Phone: 602-253-0090
On the Web: www.aachc.org

Health Care Connect
Maricopa County
Phone: 602-288-7564
On the Web: www.healthcareconnect.org

Yuma County
Community Access Programs of Arizona
and Mexico (CAPAZ-MEX)
Phone: 928-627-1120
On the Web: www.rcfbh.com

If you have specific questions, please contact your Eligibility Specialist in your local DES office.

DRAFT

Attachment # 3 – Case Scenario # 1 - MED Determination

MABI MA BUDGET INQUIRY 022211 14:46
 5R IZZY R
 CASE NAME: CHALMERS, JOHN CASE NUMBER: 00006704 MONTH: 0211
 CLIENT NAME: CHALMERS, JOHN CLIENT NUMBER: 0001084800

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	17160.00	5720.00	5720.00	5720.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	16620.00	5540.00	5540.00	5540.00
COUNTABLE NET INCOME :	16620.00	5540.00	5540.00	5540.00

BENEFIT STANDARD : 2215.00 735.00 735.00 745.00

		EXPENSE PERIOD MONTHS		
		01/11	02/11	03/11
VERIFIED EXPENSES :	18000.00	0.00	18000.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:
 CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD
 CLIENT RENEWAL DATE : 0711

Attachment # 3 – Case Scenario # 1 - 1931 Determination

Budgets for 8/11 eligibility after MED ends
 3E FAMILY BUDGET FOR PI & SPOUSE ARE THE SAME
 31CD 31 CASE DETAIL 071711 09:57
 4X IZZY R

CASE NAME: CHALMERS, JOHN CASE NUMBER: 00001244 MONTH: 0811
 NEED STD: A1 UNIT SIZE: 04

	MAX TEST	NEEDS TEST	BENEFIT STD TEST
EMPLOYMENT INCOME :	0.00		0.00
SELF EMPL INCOME :	1720.00		1720.00
TOTAL EARNED :	1720.00		1720.00

COST OF EMPL DEDUCTION :		90.00
30 + 1/3 DEDUCTION :		0.00
DEP CARE DEDUCTION :		0.00
TMA EARNED INC DEDUCTION:		0.00
TOTAL NET EARNED :	1720.00	1630.00
EDUC INCOME :	0.00	0.00
DEEMED INCOME :	0.00	0.00
OTHER UNEARNED INCOME :	0.00	0.00
TOTAL UNEARNED INCOME :	0.00	0.00
TOTAL COUNTABLE INCOME :	1720.00	1630.00
INCOME STANDARD :	2149.00	1863.00

AUTHORIZATION : DENIAL/CLOSURE REASON:
 CASE RENEWAL DUE DATE : 0712 INELIGIBLE DATE :

Attachment # 3 – Case Scenario # 1 - 1931 Determination

MACD

MA CLIENT DETAIL

071711 09:58

4X IZZY R

CASE NAME: CHALMERS, JOHN
CLIENT NAME: CHALMERS, ELLA

CASE NUMBER: 00001244 MONTH: 0811
CLIENT NUMBER: 0000004380 PQ:

	ELLA C	JOHN C	MARY C
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	0.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	0.00	1720.00
COST OF EMPLOY :	0.00	0.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	0.00	1630.00
CNTBLE NET INC/PRO :	0.00	1	0.00 4
TOTAL PRORATION :	0.00	0.00	407.50
TOT INC ALLOC :	407.50		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON:		INELIG DATE:
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: 3C		
CASE RENEWAL DATE: 0712	CLIENT RENEWAL DATE: 0712		SEND (Y/N): N
IS ELIGIBLE	NEXT-->		

3C BUDGET FOR THE 1ST CHILD IN 08/11.

MACD

MA CLIENT DETAIL

071711 09:59

4X IZZY R

CASE NAME: CHALMERS, JOHN
CLIENT NAME: CHALMERS, EDWIN

CASE NUMBER: 00001244 MONTH: 0811
CLIENT NUMBER: 0000004381 PQ:

	EDWIN C	JOHN C	MARY C
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	0.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	0.00	1720.00
COST OF EMPLOY :	0.00	0.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	0.00	1630.00
CNTBLE NET INC/PRO :	0.00	1	0.00 4
TOTAL PRORATION :	0.00	0.00	407.50
TOT INC ALLOC :	407.50		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON:		INELIG DATE:
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: 3C		
CASE RENEWAL DATE: 0712	CLIENT RENEWAL DATE: 0712		SEND (Y/N): N
IS ELIGIBLE	NEXT-->		

Attachment # 4 – Case Scenario # 2 – MED Determination

MABI

MA BUDGET INQUIRY

022211 14:50

5R IZZY R

CASE NAME: MARSHAL, JOHN
 CLIENT NAME: MARSHAL, JOHN

CASE NUMBER: 00006705 MONTH: 0211
 CLIENT NUMBER: 0001084881

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	17160.00	5720.00	5720.00	5720.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	16620.00	5540.00	5540.00	5540.00
COUNTABLE NET INCOME :	16620.00	5540.00	5540.00	5540.00

BENEFIT STANDARD :	2215.00	735.00	735.00	745.00
EXPENSE PERIOD MONTHS				
		01/11	02/11	03/11
VERIFIED EXPENSES :	18000.00	0.00	18000.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:
 CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD
 CLIENT RENEWAL DATE : 0711

Attachment # 4 – Case Scenario # 2 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

MACD

MA CLIENT DETAIL

071411 09:26

4X IZZY R

CASE NAME: MARSHAL, JOHN
 CLIENT NAME: MARSHAL, JOHN

CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NUMBER: 0000004374 PQ:

	JOHN M	MARY M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	4000.00	1720.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	3910.00	1630.00
CNTBLE NET INC/PRO :	3910.00 4	1630.00 4
TOTAL PRORATION :	977.50	407.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:
 BENEFIT AUTHORIZATION: ELIGIBLE FOR:
 CASE RENEWAL DATE: 0112 CLIENT RENEWAL DATE: 0112 SEND (Y/N): N
 IS NOT ELIGIBLE NEXT-->

Attachment # 4 – Case Scenario # 2 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child
 MACD MA CLIENT DETAIL 071411 09:26
 4X IZZY R

CASE NAME: MARSHAL, JOHN CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NAME: MARSHAL, MARY CLIENT NUMBER: 0000004375 PQ:

	MARY M	JOHN M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	1720.00	4000.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	1720.00	4000.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	1630.00	3910.00
CNTBLE NET INC/PRO :	1630.00 4	3910.00 4
TOTAL PRORATION :	407.50	977.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	
STANDARD FOR 01/02 OF 02	DENIAL CLOSURE REASON: INELIG DATE:	
BENEFIT AUTHORIZATION:	ELIGIBLE FOR:	
CASE RENEWAL DATE: 0112	CLIENT RENEWAL DATE: 0112	SEND (Y/N): N
IS NOT ELIGIBLE	NEXT-->	

MACD MA CLIENT DETAIL 071411 09:27
 4X IZZY R

CASE NAME: MARSHAL, JOHN CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NAME: MARSHAL, ELLA CLIENT NUMBER: 0000004376 PQ:

	ELLA M	JOHN M	MARY M
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	4000.00	1720.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	3910.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	3910.00 4	1630.00 4
TOTAL PRORATION :	0.00	977.50	407.50
TOT INC ALLOC :	1385.00		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON: INELIG DATE:		
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: SC		
CASE RENEWAL DATE: 0112	CLIENT RENEWAL DATE: 0112	SEND (Y/N): N	
IS NOT ELIGIBLE	NEXT-->		

Attachment # 4 – Case Scenario # 2 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

MACD

MA CLIENT DETAIL

071411 09:27

4X IZZY R

CASE NAME: MARSHAL, JOHN

CASE NUMBER: 00001243 MONTH: 0811

CLIENT NAME: MARSHAL, EDWIN

CLIENT NUMBER: 0000004377 PQ:

	EDWIN M	JOHN M	MARY M
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	4000.00	1720.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	3910.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	3910.00 4	1630.00 4
TOTAL PRORATION :	0.00	977.50	407.50
TOT INC ALLOC :	1385.00		
STANDARD / 100 %FPL :	515.00		

STANDARD FOR 01/03 OF 03
 BENEFIT AUTHORIZATION:
 CASE RENEWAL DATE: 0112
 IS NOT ELIGIBLE

DENIAL CLOSURE REASON:
 ELIGIBLE FOR: SC
 CLIENT RENEWAL DATE: 0112
 NEXT-->

INELIG DATE:
 SEND (Y/N): N

Attachment # 5 – Case Scenario # 3 – MED Determination

MABI

MA BUDGET INQUIRY

022211 14:51

5R IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00006706 MONTH: 0211

CLIENT NAME: JOHNSTON, JOHN

CLIENT NUMBER: 0001084885

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	8100.00	2700.00	2700.00	2700.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	7560.00	2520.00	2520.00	2520.00
COUNTABLE NET INCOME :	7560.00	2520.00	2520.00	2520.00

BENEFIT STANDARD : 2215.00 735.00 735.00 745.00

EXPENSE PERIOD MONTHS

		01/11	02/11	03/11
VERIFIED EXPENSES :	6355.00	0.00	6355.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:
CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD
CLIENT RENEWAL DATE : 0711

MABI

MA BUDGET INQUIRY

022211 14:52

5R IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00006706 MONTH: 0211

MEMBER NAME: JOHNSTON, ELLA

CLIENT NUMBER: 0001084887 PQ:

	ELLA J	JOHN J	MARY J
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	1800.00	900.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBL EARNED :	0.00	1800.00	900.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD:	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	1710.00	810.00
CNTBLE NET INC/PRO:	0.00 1	1710.00 4	810.00 4
TOTAL PRORATION :	0.00	427.50	202.50
TOT INC ALLOCN :	630.00		
STANDARD / 133 %FPL:	677.00		

STANDARD FOR: 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:
BENEFIT AUTHORIZATION: 1493 ELIGIBLE FOR: SC
CASE REVIEW DATE: 0711 CLIENT REVIEW DATE: 0711

Attachment # 5 – Case Scenario # 3 – MED Determination

MABI MA BUDGET INQUIRY

022211 14:53

5R IZZY R

CASE NAME: JOHNSTON, JOHN CASE NUMBER: 00006706 MONTH: 0211

MEMBER NAME: JOHNSTON, EDWIN CLIENT NUMBER: 0001084888 PQ:

	EDWIN J	JOHN J	MARY J
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	1800.00	900.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBL EARNED :	0.00	1800.00	900.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD:	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	1710.00	810.00
CNTBLE NET INC/PRO:	0.00 1	1710.00 4	810.00 4
TOTAL PRORATION :	0.00	427.50	202.50
TOT INC ALLOCN :	630.00		
STANDARD / 133 %FPL:	677.00		

STANDARD FOR: 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: 1493 ELIGIBLE FOR: SC

CASE REVIEW DATE: 0711 CLIENT REVIEW DATE: 0711

Attachment # 5 – Case Scenario # 3 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

Budgets for 8/11 eligibility after MED ends

MACD MA CLIENT DETAIL

071611 10:29

4X IZZY R

CASE NAME: JOHNSTON, JOHN CASE NUMBER: 00001245 MONTH: 0811

CLIENT NAME: JOHNSTON, JOHN CLIENT NUMBER: 0000004382 PQ:

	JOHN J	MARY J
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	1800.00	900.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	1800.00	900.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	1710.00	810.00
CNTBLE NET INC/PRO :	1710.00 4	810.00 4
TOTAL PRORATION :	427.50	202.50
TOT INC ALLOC :	630.00	
STANDARD / 100 %FPL :	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: ELIGIBLE FOR:

CASE RENEWAL DATE: 0712 CLIENT RENEWAL DATE: 0712 SEND (Y/N): N

IS NOT ELIGIBLE NEXT-->

Attachment # 5 – Case Scenario # 3 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

MACD

MA CLIENT DETAIL

071611 10:29

4X IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00001245 MONTH: 0811

CLIENT NAME: JOHNSTON, MARY

CLIENT NUMBER: 0000004383 PQ:

	MARY J	JOHN J
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED:	0.00	0.00
SELF EMPL INCOME :	900.00	1800.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	900.00	1800.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	810.00	1710.00
CNTBLE NET INC/PRO :	810.00 4	1710.00 4
TOTAL PRORATION :	202.50	427.50
TOT INC ALLOC :	630.00	
STANDARD / 100 %FPL:	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: ELIGIBLE FOR:

CASE RENEWAL DATE: 0712 CLIENT RENEWAL DATE: 0712 SEND (Y/N): N

IS NOT ELIGIBLE NEXT-->

MACD

MA CLIENT DETAIL

071611 10:30

4X IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00001245 MONTH: 0811

CLIENT NAME: JOHNSTON, ELLA

CLIENT NUMBER: 0000004384 PQ:

	ELLA J	JOHN J	MARY J
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED:	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	1800.00	900.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	1800.00	900.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	1710.00	810.00
CNTBLE NET INC/PRO :	0.00 1	1710.00 4	810.00 4
TOTAL PRORATION :	0.00	427.50	202.50
TOT INC ALLOC :	630.00		
STANDARD / 133 %FPL:	685.00		

STANDARD FOR 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: ELIGIBLE FOR: SC

CASE RENEWAL DATE: 0712 CLIENT RENEWAL DATE: 0712 SEND (Y/N): N

IS ELIGIBLE NEXT-->

Attachment # 5 – Case Scenario # 3 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child

BUDGET FOR 1ST CHILD IN 08/11 AS ELIGIBLE SC.

MACD

MA CLIENT DETAIL

071611 10:31

4X IZZY R

CASE NAME: JOHNSTON, JOHN

CASE NUMBER: 00001245 MONTH: 0811

CLIENT NAME: JOHNSTON, EDWIN

CLIENT NUMBER: 0000004385 PQ:

	EDWIN J	JOHN J	MARY J
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED:	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	1800.00	900.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	1800.00	900.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	1710.00	810.00
CNTBLE NET INC/PRO :	0.00 1	1710.00 4	810.00 4
TOTAL PRORATION :	0.00	427.50	202.50
TOT INC ALLOC :	630.00		
STANDARD / 133 %FPL:	685.00		

STANDARD FOR 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: ELIGIBLE FOR: SC

CASE RENEWAL DATE: 0712 CLIENT RENEWAL DATE: 0712 SEND (Y/N): N

IS ELIGIBLE NEXT-->

Attachment # 6 – Case Scenario # 4 – MED Determination

MABI

MA BUDGET INQUIRY

022211 14:50

5R IZZY R

CASE NAME: MARSHAL, JOHN
 CLIENT NAME: MARSHAL, JOHN

CASE NUMBER: 00006705 MONTH: 0211
 CLIENT NUMBER: 0001084881

	GRAND TOTAL	02/11	03/11	04/11
COUNTABLE UNEARNED :	0.00	0.00	0.00	0.00
COUNTABLE EARNED :	17160.00	5720.00	5720.00	5720.00
- COE AND DEP CARE :	540.00	180.00	180.00	180.00
TOTAL NET EARNED :	16620.00	5540.00	5540.00	5540.00
COUNTABLE NET INCOME :	16620.00	5540.00	5540.00	5540.00

BENEFIT STANDARD :	2215.00	735.00	735.00	745.00
EXPENSE PERIOD MONTHS				
		01/11	02/11	03/11
VERIFIED EXPENSES :	18000.00	0.00	18000.00	0.00

BENEFIT AUTHORIZATION: 1493 DENIAL CLOSURE REASON: INELIG DATE:
 CASE RENEWAL DATE : 0711 ELIGIBLE FOR : MD
 CLIENT RENEWAL DATE : 0711

Attachment # 6 – Case Scenario # 4 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child I

MACD

MA CLIENT DETAIL

071411 09:26

4X IZZY R

CASE NAME: MARSHAL, JOHN
 CLIENT NAME: MARSHAL, JOHN

CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NUMBER: 0000004374 PQ:

	JOHN M	MARY M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	4000.00	1720.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	3910.00	1630.00
CNTBLE NET INC/PRO :	3910.00 4	1630.00 4
TOTAL PRORATION :	977.50	407.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	

STANDARD FOR 01/02 OF 02 DENIAL CLOSURE REASON: INELIG DATE:
 BENEFIT AUTHORIZATION: ELIGIBLE FOR:
 CASE RENEWAL DATE: 0112 CLIENT RENEWAL DATE: 0112 SEND (Y/N): N
 IS NOT ELIGIBLE NEXT-->

Attachment # 6 – Case Scenario # 4 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child (
MACD MA CLIENT DETAIL 071411 09:26
4X IZZY R

CASE NAME: MARSHAL, JOHN CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NAME: MARSHAL, MARY CLIENT NUMBER: 0000004375 PQ:

	MARY M	JOHN M
EDUC INCOME :	0.00	0.00
OTHER UNEARNED :	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00
SELF EMPL INCOME :	1720.00	4000.00
EMPLOY INCOME :	0.00	0.00
CNTBLE EARNED :	1720.00	4000.00
COST OF EMPLOY :	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00
TOTAL NET EARN :	1630.00	3910.00
CNTBLE NET INC/PRO :	1630.00 4	3910.00 4
TOTAL PRORATION :	407.50	977.50
TOT INC ALLOC :	1385.00	
STANDARD / 100 %FPL :	613.00	
STANDARD FOR 01/02 OF 02	DENIAL CLOSURE REASON: INELIG DATE:	
BENEFIT AUTHORIZATION:	ELIGIBLE FOR:	
CASE RENEWAL DATE: 0112	CLIENT RENEWAL DATE: 0112	SEND (Y/N): N
IS NOT ELIGIBLE	NEXT-->	

MACD MA CLIENT DETAIL 071411 09:27
4X IZZY R

CASE NAME: MARSHAL, JOHN CASE NUMBER: 00001243 MONTH: 0811
 CLIENT NAME: MARSHAL, ELLA CLIENT NUMBER: 0000004376 PQ:

	ELLA M	JOHN M	MARY M
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	4000.00	1720.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	3910.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	3910.00 4	1630.00 4
TOTAL PRORATION :	0.00	977.50	407.50
TOT INC ALLOC :	1385.00		
STANDARD / 100 %FPL :	515.00		
STANDARD FOR 01/03 OF 03	DENIAL CLOSURE REASON: INELIG DATE:		
BENEFIT AUTHORIZATION:	ELIGIBLE FOR: SC		
CASE RENEWAL DATE: 0112	CLIENT RENEWAL DATE: 0112	SEND (Y/N): N	
IS NOT ELIGIBLE	NEXT-->		

Attachment # 6 – Case Scenario # 4 – Not eligible for 1931 Cascades to AHCCCS Care & SOBRA Child (

MACD

MA CLIENT DETAIL

071411 09:27

4X IZZY R

CASE NAME: MARSHAL, JOHN

CASE NUMBER: 00001243 MONTH: 0811

CLIENT NAME: MARSHAL, EDWIN

CLIENT NUMBER: 0000004377 PQ:

	EDWIN M	JOHN M	MARY M
EDUC INCOME :	0.00	0.00	0.00
OTHER UNEARNED :	0.00	0.00	0.00
CNTBLE UNEARNED :	0.00	0.00	0.00
SELF EMPL INCOME :	0.00	4000.00	1720.00
EMPLOY INCOME :	0.00	0.00	0.00
CNTBLE EARNED :	0.00	4000.00	1720.00
COST OF EMPLOY :	0.00	90.00	90.00
30 + 1/3 DISREGARD :	0.00	0.00	0.00
DEP CARE DEDUCTN :	0.00	0.00	0.00
TOTAL NET EARN :	0.00	3910.00	1630.00
CNTBLE NET INC/PRO :	0.00 1	3910.00 4	1630.00 4
TOTAL PRORATION :	0.00	977.50	407.50

TOT INC ALLOC : 1385.00

STANDARD / 100 %FPL : 515.00

STANDARD FOR 01/03 OF 03 DENIAL CLOSURE REASON: INELIG DATE:

BENEFIT AUTHORIZATION: ELIGIBLE FOR: SC

CASE RENEWAL DATE: 0112 CLIENT RENEWAL DATE: 0112 SEND (Y/N): N

IS NOT ELIGIBLE NEXT-->