



Understanding Group C Eligibility in COP-W/CIP II Waivers

March 2006



Objectives of Training



- Obtain a basic understanding of Group C's
- CM will know what information they are responsible to give to the IM Worker
- CM will gain knowledge regarding various deductions that will enable them to be a good advocate for the participant
- CM will know how to calculate the dollar amount they are responsible to give to the IM Worker
- IM Worker will know the *work around* for a married Group C when spousal impoverishment rules apply and the correct way to determine whether the participant has a cost share
- CM will know how to monitor the Spenddown amount each month



Asset Limits - Year 2006

Single Person

\$2,000

Married Person

Both people are in the community, but only one person is applying for participation in the waiver program

\$2,000 for waiver participant and potentially up to \$99,540 for spouse

Married Couple

Both are applying for participation in the waiver program

After each individual has been receiving waiver services for 12 months, assets must be below \$2,000 each

Income Limits - Year 2006

Group B

Monthly Income:

\$0 - \$1,809

(figure effective 1/1/06)

- Applicant/participant is income eligible for program
- Might have to pay a monthly cost share unless the IM Worker can come up with some deductions or allowances so he/she does not have to pay a cost share

Group C

Monthly Income:

\$1,809.01 and above

(figure effective 1/1/06)

- Unsure if applicant/participant is financially eligible for program
- Applicant/participant needs to have enough service and/or medical costs that if he/she were paying for these services his/her income would be below \$591.67 (2006 figure)

Group C Participants

Examples of Medical/Remedial and Medicaid Card Expenses

M/R Expenses

- Group B M/R expenses (OTC's, payment on past medical bills, etc.)
- COP Services (except room/board or housing expenses)
- Waiver Services

Medicaid Card Expenses

(not an all inclusive list)

- Medical Transportation
- Medicaid Personal Care
- Home Health
- Doctor Visits
- Nurse Visits
- Durable Medical Supplies



Group C Participants

Examples of Medical/Remedial and Medicaid Card Expenses

Important note: Due to Medicare Part D, effective January 1, 2006, for participants that are dually eligible (receiving both Medicare and Medicaid), it is not allowable to include prescription costs as a Medicaid card expenses.



DESCRIPTION OF GROUP C PARTICIPANTS



To participate in the waiver programs, Group C waiver individuals must be found to be medically needy. This means they must have enough long term care related services or expenses to "spend down" their disposable income to the 2006 net income limit of \$591.67.

If an individual's services or expenses reduce his/her net income to \$591.67, the individual becomes eligible for Medicaid. When the Income Maintenance Worker (IM Worker) can confirm Medicaid eligibility, the person becomes financially eligible for the waiver program.



DESCRIPTION OF GROUP C PARTICIPANTS



Note: Long term care services or expenses include medical/remedial expenses, COP services (except if COP is assisting with room/board or housing expenses), waiver program services, and Medicaid card expenses.



THE ELIGIBILITY DETERMINATION PROCESS



The IM Worker uses the Client Assistance for Re- Employment & Economic Support (CARES) to determine eligibility for Group C applicants.

- ◆ The care manager should have a basic understanding of the process used to determine the spenddown amount.
- ◆ The care manager is responsible for calculating, monitoring, and documenting the participant's medical and remedial expenses and COP and Waiver expenses and calculating the Medicaid card-coverable expenses.
- ◆ The care manager is also responsible for monitoring and documenting the participant's spenddown payments and cost share payments (if applicable).



CARES SCREENS FOR INITIAL APPLICATION AND RECERTIFICATION



The following describes what CARES screens a care manager can typically expect to receive from the IM Worker for persons who are found to be financially eligible under Group C criteria.



Group C

Unmarried Applicants:

The Community Waivers Eligibility Determination (ECED) screen print is used to confirm financial eligibility and view spenddown amount.

Group C

Married Applicant when spousal impoverishment rules apply:

The ECED screen print is used to confirm financial eligibility and view spenddown amount. The Community Waivers Cost Share Budget (ECSC) screen print is used to view spousal income allocation, family member income allocation, other deductions and cost share if any.

Note: Spousal *asset* allocation occurs separately.

Special note: CARES does not automatically apply spousal impoverishment protections to any married Group C waiver applicant with a community spouse. The IM worker will have to manually complete the Spousal Impoverishment Income Allocation Worksheet to determine the applicant's cost share obligation and manually write this information on the ECSC screen print.



Group C



Married Applicant when spousal impoverishment rules do not apply: The ECED screen print is used to confirm financial eligibility and view spenddown amount.

(This is similar to a Group C single person)



GROUP C FINANCIAL ELIGIBILITY IS DONE IN 2 PARTS



Group C financial eligibility is a 2-phase/step process

- ◆ 1) Phase 1 - Is the person eligible?
- ◆ 2) Phase 2 - What is the person's Spenddown amount?

It's Just Like Baseball



ECED SCREEN

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION 01/23/06 14:19

CASE: 000000000 CAT: MCWW SEQ: 01 WORKER: ABC123 ABC123 J DOE

DETERMINATION DATE: 01 23 06 AG STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT BEGIN DATE: 01 23 06 PAYMENT END DATE:

GROUP INDICATOR: C
GROUP B TEST

GROUP C TEST

GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:

GROSS EARNED INCOME:
\$65 AND 1/2 DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN: _____ PARMS: 00000000/MCWW/01 _____ MORE....

ECED SCREEN

Gross Earned Income:

This is the applicant's/participants gross earned income.

ELIGIBILITY DET ERMINATION 01/23/06 14:19
01 WORKER: ABC123 ABC123 J DOE
STATUS:OPEN ELIGIBILITY STATUS:PASS
PAYMENT END DATE:

GROUP B TEST

GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:

GROUP C TEST

GROSS EARNED INCOME:
\$65 AND ½ DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN:____ PARS: 00000000/MCWW/01_____MORE....

ECED SCREEN

\$65 & ½ Disregard

◆ This is a work incentive that allows a certain amount of a participant's monthly-earned income to be disregarded.

◆ This disregard applies most frequently to younger individuals with physical disabilities who are employed, but is available to anyone who has income from employment.

◆ Each month a program participant is allowed to have \$65 plus half of his/her remaining earned income deducted from his/her gross earned income.

◆ Example, if an individual earned \$400/mth from his/her job, \$65 would be subtracted and the remainder would be divided in half. This amount, plus \$65, would be the person's earned income disregard, which in this case would equal \$232.50.

ELIGIBILITY DETERMINATION 01/23/06 14:19

REQ: 01 WORKER: ABC123 ABC123 J DOE

AG STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND ½ DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
000000/MCWW/01_____MORE....

Gross Unearned Income

- ◆ This is the sum of the person's gross unearned income.
- ◆ When one spouse applies for the waiver program, only the applicant's income is considered. However, the community spouse's income will be considered when determining the community spouse income allocation and may have an impact on whether the waiver applicant has a cost share.
- ◆ When both spouses apply for the waiver program, their income should be treated separately. His or her individual incomes will determine to which waiver group each applicant belongs (Group A, Group B or Group C).

ELIGIBILITY DETERMINATION 01/23/06 14:19

SEQ: 01 WORKER: ABC123 ABC123 J DOE

AG STATUS:OPEN ELIGIBILITY STATUS:PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND ½ DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIATION EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
00000000/MCWW/01_____MORE....

ECED SCREEN

\$20 Disregard

\$20.00 is subtracted from the income of all Group C applicants/participants

ELIGIBILITY DETERMINATION 01/23/06 14:19

7 SEQ: 01 WORKER: ABC123 ABC123 J DOE

AG STATUS:OPEN ELIGIBILITY STATUS:PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:

GROSS EARNED INCOME:
\$65 AND ½ DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN:____ PARS: 00000000/MCWW/01_____MORE....

Health Insurance Premium

- ◆ This deduction is the monthly health insurance premium for insurance that covers the waiver person and for which he/she is responsible to pay.
- ◆ In the event the participant is fully responsible for paying the health insurance premium, the participant gets the full deduction.
- ◆ If the policy is a group or family policy and the waiver participant is **not** responsible for paying the premium, the IM Worker will divide the monthly premium by the number of members.
- ◆ If you have a married couple and both people are on the waiver program but only one person is paying the premium, divide the premium equally.

ELIGIBILITY DETERMINATION 01/23/06 14:19

Q: 01 WORKER: ABC123 ABC123 J DOE

EMPLOYMENT STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND ½ DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
00000/MCWW/01_____MORE....

Health Insurance Premium

- ◆ Dental insurance premiums can be included in this category as well.
- ◆ Prorate any annual premiums over 12 months.
- ◆ Lastly, if the participant selected a Medicare Part D plan that requires him/her to pay a monthly premium, it is appropriate to include this monthly premium cost in this deduction.
- ◆ Do not deduct the Medicare Part B premium on this line, because the Medicare Part B premium is not included as part of the income amount entered in CARES.
- ◆ Do not deduct life insurance premiums as an expense. Life insurance proceeds benefit survivors and not the waiver participant.

ELIGIBILITY DETERMINATION 01/23/06 14:19

Q: 01 WORKER: ABC123 ABC123 J DOE

EMPLOYMENT STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND ½ DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
00000/MCWW/01 MORE....

**Excess Worker Self
Employment Expense**

- ◆ This is a special disregard given to working waiver applicants/participants.
- ◆ IM Workers are directed to the Medicaid Handbook section 5.4.6.6 for explanation regarding this expense.

ELIGIBILITY DETERMINATION 01/23/06 14:19

REQ: 01 WORKER: ABC123 ABC123 J DOE

AG STATUS:OPEN ELIGIBILITY STATUS:PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND 1/2 DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

CAT NEEDY INCOME LIMIT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN:____ PARMS: 00000000/MCWW/01_____MORE....

Special Exempt Income

- ◆ This is any special income exempted from the eligibility determination process: *court-ordered* payments like child support or alimony payments to persons who live outside the participant's home; or guardianship, guardian ad-litem, or attorney fees that are the participant's responsibility.
- ◆ IM Workers are referred to the Medicaid Handbook, section 4.1.3.2 for further explanation regarding this type of income.

ELIGIBILITY DETERMINATION 01/23/06 14:19

REQ: 01 WORKER: ABC123 ABC123 J DOE

AG STATUS:OPEN ELIGIBILITY STATUS:PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND 1/2 DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN:_____ PARMS: 00000000/MCWW/01_____MORE....

ECED SCREEN

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION

01/23/06 14:19

CASE: 000000000

CASE: MCWW SEQ: 01

WORKER: ABC123

ABC123 J DOE

Countable Net Income

This is the total income remaining after the initial disregards are taken.

06 AG STATUS:OPEN ELIGIBILITY STATUS:PASS
06 PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:

GROSS EARNED INCOME:
\$65 AND 1/2 DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN:____ PARS: 00000000/MCWW/01_____MORE....

ECED SCREEN

A ECED **B** COMMUNITY WAIVERS ELIGIBILITY DET **E** RMINATION **C** 01/23/06 14:19

D CASE: 000000000 **E** CAT: MCWW SEQ: 01 **F** WORKER: ABC123 **G** ABC123 J DOE

H DETERMINATION DATE: 01 23 06 **I** A STATE OPEN **J** ELIGIBILITY STATUS: PASS

K PAYMENT BEGIN DATE: 01 23 06 **L** P END DATE:

M GROUP INDICATOR: C
GROUP B TEST

GROUP C TEST



GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:

GROSS EARNED INCOME:
\$65 AND ½ DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

Q THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
R NEXT TRAN: _____ **S** PARS: 00000000/MCWW/01 _____ **T** MORE....

Medical/Remedial Expenses

- ◆ Medical and remedial expenses are items and services received by the participant that are not covered by Medicaid or other insurance.
- ◆ Medical and remedial expenses for Group C participants include those allowable for Group B **plus** any expenses for services that would be covered by the waivers and COP (except room/board and housing expenses).
- ◆ It is assumed the individual would need to pay for these expenses out-of-pocket if the waiver did not cover them.

ELIGIBILITY DETERMINATION 01/23/06 14:19

REQ: 01 WORKER: ABC123 ABC123 J DOE

AG STATUS:OPEN ELIGIBILITY STATUS:PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND 1/2 DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN:____ PARS: 00000000/MCWW/01_____MORE....

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION

01/23/06 14:19

CASE: 000000000

CAT: MCWW SEQ: 01

WORKER: ABC123

ABC123 J DOE

Medical/Remedial Expenses

- ◆ Medical and remedial expenses are used during the financial eligibility determination process and are treated differently for Group B and Group C participants.
- ◆ For Group C applicants/participant's, the care manager must provide the Income Maintenance worker with an estimate of average monthly expenses.

AG STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND 1/2 DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN: _____ PARMS: 00000000/MCWW/01 _____ MORE....

ECED SCREEN

AECED **B**COMMUNITY WAIVERS ELIGIBILITY DET **E**RMINATION **C**01/23/06 14:19

DCASE: 000000000 **E**CAT: MCWW SEQ: 01 **F**WORKER: ABC123 **G**ABC123 J DOE

HDETERMINATION DATE: 01 23 06 **I**AG STATUS:OPEN **J**ELIGIBILITY STATUS:PASS

KPAYMENT BEGIN DATE: 01 23 06 **L**PAYMENT END DATE:

MGROUP INDICATOR: C
GROUP B TEST

GROUP C TEST



GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:

GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

QTHE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
RNEXT TRAN:____ **S**PARMS: 00000000/MCWW/01____ **T**MORE....

Medicaid Card Coverable Expenses

- ◆ To establish financial eligibility, these include any expenses that will be covered by the Medicaid card once Medicaid eligibility is determined.**
- ◆ Again, it is assumed these costs would be paid out-of-pocket if the Medicaid card was not issued.
- ◆ Note: a care manager can only use the Medicaid reimbursable dollar amount for these expenses. (In other words, the dollar amount that EDS would pay to a provider for the service, not the full amount that was billed to EDS).
- ◆ **Important note:** effective January 1, 2006, care managers cannot count the cost of prescription drugs as part of the Medicaid Card coverable expenses for Group C waiver applicant/participants who are dually eligible (on Medicare).
- ◆ Reason: Medicare Part D will be paying for prescription drugs.

ELIGIBILITY DETERMINATION 01/23/06 14:19

WORKER: ABC123 ABC123 J DOE

STATUS:OPEN ELIGIBILITY STATUS:PASS
PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND ½ DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

COMMUNITY WAIVERS ELIGIBILITY TEST
/MCWW/01_____MORE....

Medicaid Card Coverable Expenses

◆ However, if there are any prescriptions that the applicant/participant will be taking and whose costs are not going to be covered by the Medicare Part D plan the applicant/participant chose, and the Group C applicant/participant is paying for these prescription drugs out of pocket, then these expenses can be counted as a Medical/Remedial expense.

◆ Also note that Medicaid card coverable services such as Durable Medical Equipment (DME), Durable Medical Supplies (DMS), etc., can still be counted as a Medicaid card coverable expense.

ELIGIBILITY DETERMINATION 01/23/06 14:19

01 WORKER: ABC123 ABC123 J DOE

STATUS:OPEN ELIGIBILITY STATUS:PASS

PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND 1/2 DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN:____ PARS: 00000000/MCWW/01_____MORE....

ECED SCREEN

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION 01/23/06 14:19

CASE: 000000000 CAT: MCWW SEQ: 01 WORKER: ABC123 ABC123 J DOE

DETERMINATION DATE: 01 23 06 AG STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT BEGIN DATE: 01 23 06 PAYMENT END DATE:

GROUP INDICATOR: C
GROUP B TEST

GROUP C TEST

Net Income

Applicants/participants with income equal to or less than the current medically needy income limit (\$591.67) are eligible for the waiver program.

GROSS EARNED INCOME:

\$65 AND ½ DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN: _____ PARMS: 00000000/MCWW/01 _____ MORE....

ECED SCREEN

AECED **B**COMMUNITY WAIVERS ELIGIBILITY DET **E**RMINATION **C**01/23/06 14:19

DCASE: 000000000 **E**CAT: MCWW SEQ: 01 **F**WORKER: ABC123 **G**ABC123 J DOE

HDETERMINATION DATE: 01 23 06 **I**AG STATUS:OPEN **J**ELIGIBILITY STATUS:PASS

KPAYMENT BEGIN DATE: 01 23 06 **L**PAYMENT END DATE:

MGROUP INDICATOR: C **X** **X** **X**
GROUP B TEST GROUP C TEST

GROSS EARNED INCOME:	GROSS EARNED INCOME:
GROSS UNEARNED INCOME:	\$65 AND 1/2% DISREGARD:
EXCESS SELF EMP EXPENSE:	GROSS UNEARNED INCOME:
STUDENT DISREGARD:	\$20 DISREGARD:
GROSS INCOME:	HEALTH INSURANCE COST:
CAT NEEDY INCOME LIMIT:	EXCESS SELF EMP EXPENSE:
	SPECIAL EXEMPT INCOME:
	COUNTABLE NET INCOME:
	MEDICAL/REMEDIAL EXPENSES:
	MA CARD COVERABLE EXPENSES:
	NET INCOME:
	COUNTABLE NET INCOME:
	MED NEEDY INCOME LIMIT:
	SPENDDOWN AMOUNT:

QTHE AG HAS PASSED THE **Q**GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
RNEXT TRAN:____ **S**PARMS: 00000000/MCWW/01____ **T**MORE....

ECED SCREEN

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION 01/23/06 14:19

CASE: 000000000 CAT: MCWW SEQ: 01 WORKER: ABC123 ABC123 J DOE

DETERMINATION DATE: 01 23 06 AG STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT BEGIN DATE: 01 23 06 PAYMENT END DATE:

GROUP INDICATOR: C
GROUP B TEST

GROUP C TEST

Countable Net Income

This is the same dollar amount cited earlier under Countable Net Income. It is the total income remaining after the initial disregards are taken.

GROSS EARNED INCOME:
\$65 AND ½ DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN: _____ PARMS: 00000000/MCWW/01 _____ MORE....

ECED SCREEN

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION 01/23/06 14:19

CASE: 000000000 CAT: MCWW SEQ: 01 WORKER: ABC123 ABC123 J DOE

DETERMINATION DATE: 01 23 06 AG STATUS: OPEN ELIGIBILITY STATUS: PASS
PAYMENT BEGIN DATE: 01 23 06 PAYMENT END DATE:

GROUP INDICATOR: C
GROUP B TEST

GROUP C TEST

Medically Needy Income Limit

- ◆ The medically needy income limit is the highest amount of monthly income allowable for Medicaid eligibility.
- ◆ Effective January 1, 2006, the income limit equals \$591.67 for an individual.

GROSS EARNED INCOME:
\$65 AND ½ DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN: _____ PARMS: 00000000/MCWW/01 _____ MORE....

Spenddown Amount

- ◆ The Spenddown is the amount of money a person must incur each month on services.
- ◆ The care managers obligation is to monitor monthly that the Spenddown amount was incurred.
- ◆ Marital status and spousal impoverishment rules will determine whether a person has to pay their Spenddown amount or not.

ELIGIBILITY DETERMINATION 01/23/06 14:19

01 WORKER: ABC123 ABC123 J DOE

EMPLOYMENT STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

GROUP C TEST

GROSS EARNED INCOME:

\$65 AND ½ DISREGARD:

GROSS UNEARNED INCOME:

\$20 DISREGARD:

HEALTH INSURANCE COST:

EXCESS SELF EMP EXPENSE:

SPECIAL EXEMPT INCOME:

COUNTABLE NET INCOME:

MEDICAL/REMEDIAL EXPENSES:

MA CARD COVERABLE EXPENSES:

NET INCOME:

COUNTABLE NET INCOME:

MED NEEDY INCOME LIMIT:

SPENDDOWN AMOUNT:

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN: _____ PARMS: 00000000/MCWW/01 _____ MORE....

ECED SCREEN

AECED **B**COMMUNITY WAIVERS ELIGIBILITY DET **C**ERMINATION 01/23/06 14:19

DCASE: 000000000 **E**CAT: MCWW SEQ: 01 **F**WORKER: ABC123 **G**ABC123 J DOE

HDETERMINATION DATE: 01 23 06 **I**AG STATUS:OPEN **J**ELIGIBILITY STATUS:PASS

KPAYMENT BEGIN DATE: 01 23 06 **L**PAYMENT END DATE:

MGROUP INDICATOR: C
GROUP B TEST

GROUP C TEST

GROSS EARNED INCOME:
GROSS UNEARNED INCOME:
EXCESS SELF EMP EXPENSE:
STUDENT DISREGARD:
GROSS INCOME:
CAT NEEDY INCOME LIMIT:

GROSS EARNED INCOME:
\$65 AND ½ DISREGARD:
GROSS UNEARNED INCOME:
\$20 DISREGARD:
HEALTH INSURANCE COST:
EXCESS SELF EMP EXPENSE:
SPECIAL EXEMPT INCOME:
COUNTABLE NET INCOME:
MEDICAL/REMEDIAL EXPENSES:
MA CARD COVERABLE EXPENSES:
NET INCOME:
COUNTABLE NET INCOME:
MED NEEDY INCOME LIMIT:
SPENDDOWN AMOUNT:

QTHE AG HAS PASSED THE **Q**GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
RNEXT TRAN:____ **S**PARMS: 00000000/MCWW/01_____ **T**MORE....

Remember Baseball.. 3 strikes and you are out. In Waiver, 3 opportunities to be found financially eligible.



If Net Income is above \$591.67, the person is not financially eligible for the Waiver program.



BREAK





Information About the Spenddown



Spenddown Amount

The Spenddown obligation is the amount of money a Group C eligible person must incur each month on medical/service-related expenses to lower his or her disposable income to the medically needy income limit of \$591.67. This is necessary on a monthly basis to maintain Medicaid eligibility.

The Spenddown obligation is the difference between the countable net income and the medically needy income limit.

Note: The sum total of medical/remedial expenses and Medicaid card coverable expenses must be equal to or greater than the Spenddown amount for the individual to be eligible for the waiver.



Information About the Spenddown



The care manager must monitor and document on a monthly basis that the Group C participant has incurred, and in some cases, be held financially responsible for their Spenddown amount each month.

A **single person** must incur and be held financially responsible for the Spenddown amount each month.

A **married** individual with a community spouse must incur the Spenddown amount each month, however depending upon how much money (if any) he/she is allocating to their community spouse, may have a cost share which he/she has to pay towards waiver services each month.



Information About the Spenddown



Note: A married person who is not allocating money to their community spouse for whatever reason must incur the Spenddown amount each month, and in the event he/she has a cost share, pay the cost share amount each month.

Reasons a person cannot or will not allocate include:

- Can't allocate because the community spouse's income is too high
- The waiver applicant/participant chooses not to allocate any money to their community spouse
- The community spouse is on SSI (or some other program) and receiving an income allocation would jeopardize his/her eligibility



Information About the Spenddown



In the event a married person cannot allocate money to his/her spouse because the spouse is in a medical institution (for example a nursing home) and spousal impoverishment rules do not apply, the married Group C applicant/participant must incur **and** be held financially responsible for the Spenddown amount on a monthly basis.

This is similar to the Group C single waiver applicant/participant.



Information About the Spenddown



For waiver participants who must pay their monthly Spenddown amount, the preferred method is:

- ◆ Out-of-pocket medical and remedial expenses listed on the ECED.
- ◆ COP Services (except if COP is being used for room/board or housing expenses),
- ◆ Waiver program services.

By following this sequence it will maximize federal dollars.



Information About the Spenddown



If a waiver participant pays his/her Spenddown amount towards out-of-pocket expenses, COP expenses (except room/board or housing expenses), and his/her waiver expenses, and still has a Spenddown amount remaining, the participant must then pay towards his/her Medicaid card services.

When the Spenddown Needs to be Applied Towards Medicaid Services

How this is done depends on the age of the participant.

Age 54 and Under	Age 55 and Over
<p>The payment for the Spenddown will be made to the county and the county will report receipt on the Community Aids Reporting System (CARS), on line 909.</p>	<p>The county's fiscal unit will disburse the payment to the Estate Recovery Program. The payment is made payable to DHFS.</p> <p>The payment will be credited to the waiver participant and will be used to offset any claim that may be filed in the client's estate.</p>

Group C - Example 1

Single, resides in his own home. Income = \$1990.00/month from Social Security.

The care manager, in conjunction with the applicant, has developed the following service plan:

- ◆ Care Management - 2 hrs/month @ \$55.00/hr
- ◆ Supportive Home Care - 15 hrs/week @ \$13.00/hr
- ◆ PERS - monthly @ \$30.00/month
- ◆ Transportation - 3 books/mo. @ \$50.00/bk.
- ◆ Specialized Medical Supplies (case of ensure) - \$27.00/case @ 1 case/mo



Group C - Example 1



In addition, the applicant will pay \$25.00/month to a local clinic on a past medical bill, \$25.00/month basic telephone services, and \$30.00/month in over-the-counter supplies.



Group C - Example 1



The service plan also consists of services that will be provided by Medicaid. This includes:

Medicaid Personal Care - 1 hr/day, 7 days/week @ \$15.84/hr.



Note: Medication costs are not calculated because of the participant being dually entitled. In other words, the participant is on both Medicare and Medicaid. As a result, the participant's medication costs will be paid by his Medicare Part D plan.

Group C - Example 1

Medical/Remedial

\$110.00 (CM)

\$839.00 (SHC)

\$30.00 (PERS)

\$150.00 (transportation)

\$27.00 (ensure)

\$80.00 (co-pays & OTC's;
basic phone – he will have
PERS; and monthly payments
on past medical bill)

Total : \$1,236.00

Medicaid Card Expenses

\$477.00 (MAPC)

Total: \$477.00



Group C - Example 1



As a result, the care manager gives the following two-dollar amounts to the IM Worker:

\$1,236.00 and **\$477.00**

MA WAIVER ELIGIBILITY AND COST SHARING WORKSHEET
 Completion of this form meets the requirements of the Federal Regulations 42 CFR 435.

Name Mark Jackson		Medicaid ID Number:	
Check One: <input type="checkbox"/> Application <input type="checkbox"/> Review/Recertification <input type="checkbox"/> Change		Medicaid Eligibility Date	
Care Manager	ESS	ESS#	Date

SECTION I – FINANCIAL RESOURCES (Complete for all Applicants)

1. Nonexempt Assets	\$
2. Gross Earned Income	\$
3. Total Unearned Income	\$
4. Total Income (2 + 3)	\$

Group A (Applicant is currently eligible for Medicaid) **Care Manager checks eligible category and completes sections II and V for the following types:**
 _____ SSI Recipient _____ SSI-E _____ 1619 _____ Katie Beckett
 Other Medicaid Eligibility: Economic Support Specialist writes in Type and Category Code:

 Other Medicaid Type (Specify) _____
 CARES Category code (Specify) _____

NOTE: This form may be used for a Group B or Group C applicant only if the applicant is institutionalized at the time of application
 ___ **Group B** Special Income Limit (ESS completes Sections III and V)
 ___ **Group C** Medically Needy (ESS completes Sections IV and V)

SECTION II – SPECIAL DECLARATION REGARDING DIVESTMENT FOR GROUP A WAIVER APPLICANTS WHO RECEIVE SSI

Care Manager: Ask the applicant **both** of the following questions:
 1. "Have you or your spouse sold, traded, transferred or given away property, land stocks, bonds, cash, vehicles, or anything of value in the past 36 months?"
 2. "Have you or your spouse created a trust or added funds to a trust within the last 5 years?"

 Yes. Complete DDE-919-D and Refer Applicant to Economic Support Specialist for Investigation and Determination. After Economic Support Specialist Makes Determination, Proceed to Section V.
 No. Proceed to SECTION V.

SECTION III – COST SHARING/GROUP B UNDER "SPECIAL INCOME LIMIT" "When Spousal Impoverishment Protections Apply", Substitute Income Allocation Worksheet for Section III

1. Total Income	\$
2. Personal Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
3. Family Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
4. Special Exempt Income	\$
5. Health Insurance Premium	\$

SECTION IV – FOR GROUP C MEDICALLY NEEDY

1. Gross Earned Income (2)	\$ 0
2. \$65 and ½ Disregard	\$ 0
3. (1 – 2)	\$ 0
4. Total Unearned Income (3)	\$ 1990.00
5. (3 + 4)	\$ 1990.00
6. \$20 Disregard	\$ 20.00
7. Balance (5 – 6)	\$ 1970.00
8. Special Exempt Income	\$ 0
9. Countable Income (7 – 8)	\$ 1970.00
10. Health Insurance Premium	\$ 0
11. Balance (9 – 10)	\$ 1970.00
12. Monthly Medical/Remedial Expenses Obtain this figure from case manager	\$ 1236.00
13. Balance (11 – 12)	\$ 734.00
14. MA Card Coverable Services	\$ 477.00
15. Balance (13 – 14)	\$ 257.00

If the Balance on line 15 is greater than the current medically needy income limit, the applicant is ineligible for MA Waivers. Proceed with all eligible Group C Applicants.

SPENDDOWN DETERMINATION FOR ALL ELIGIBLE GROUP C APPLICANTS

16. Balance (from line 11)	\$ 1970.00
17. Current Medically Needy Income Limit	\$ 591.67
18. Spenddown Amount (16 - 17)	\$ 1378.33

The amount on line 18 must be incurred by the applicant on a monthly basis to sustain eligibility. This is monitored and documented by the case manager. **Now complete an income allocation worksheet for all**

Group C – Single (Applicant)

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION 01/23/06 14:19

CASE: 000000000 CAT: MCWW SEQ: 01 WORKER: ABC123 ABC123 J DOE

DETERMINATION DATE: 01 23 06 AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT BEGIN DATE: 01 23 06 PAYMENT END DATE:

GROUP INDICATOR: C
GROUP B TEST

GROUP C TEST

GROSS EARNED INCOME:	GROSS EARNED INCOME:	0.00
GROSS UNEARNED INCOME:	\$65 AND ½ DISREGARD:	0.00
EXCIM Worker SELF EMP EXPENSE:	GROSS UNEARNED INCOME:	1990.00
STUDENT DISREGARD:	\$20 DISREGARD:	20.00
GROSS INCOME:	HEALTH INSURANCE COST:	0.00
CAT NEEDY INCOME LIMIT:	EXCIM Worker SELF EMP EXPENSE:	0.00
	SPECIAL EXEMPT INCOME:	0.00
	COUNTABLE NET INCOME:	1970.00
	MEDICAL/REMEDIAL EXPENSES:	1236.00
	MA CARD COVERABLE EXPENSES:	477.00
	NET INCOME:	257.00
	COUNTABLE NET INCOME:	1970.00
	MED NEEDY INCOME LIMIT:	591.67
	SPENDDOWN AMOUNT:	1378.33

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY TEST
NEXT TRAN: _____ PARMS: 00000000/MCWW/01_____ MORE....

Group C – Single (Applicant)

DEPARTMENT OF HEALTH AND FAMILY SERVICES

WISCONSIN

Division of Disability and Elder Services

Re: 42 CFR 435

DDE-919 (Rev. 01/2004)

MA WAIVER ELIGIBILITY AND COST SHARING WORKSHEET

Completion of this form meets the requirements of the Federal Regulations 42 CFR 435.

Name: Mark Jackson		Medicaid ID Number:	
Check One: <input type="checkbox"/> Application <input type="checkbox"/> Review/Recertification <input type="checkbox"/> Change		Medicaid Eligibility Date:	
Care Manager:	ESS:	ESS#:	Date:

SECTION I – FINANCIAL RESOURCES (Complete for all Applicants)

1. Nonexempt Assets	\$
2. Gross Earned Income	\$
3. Total Unearned Income	\$
4. Total Income (2 + 3)	\$
Group A (Applicant is currently eligible for Medicaid) Care Manager checks eligible category and completes sections II and V for the following types: ___ SSI Recipient ___ SSI-E ___ 1619 ___ Katie Beckett Other Medicaid Eligibility: Economic Support Specialist writes in Type and Category Code: Other Medicaid Type (Specify) _____ CARES Category code (Specify) _____	

NOTE: This form may be used for a Group B or Group C applicant only if the applicant is institutionalized at the time of application
 ___ **Group B** Special Income Limit (ESS completes Sections III and V)
 ___ **Group C** Medically Needy (ESS completes Sections IV and V)

SECTION II – SPECIAL DECLARATION REGARDING DIVESTMENT FOR GROUP A WAIVER APPLICANTS WHO RECEIVE SSI

Care Manager: Ask the applicant both of the following questions:

- “Have you or your spouse sold, traded, transferred or given away property, land stocks, bonds, cash, vehicles, or anything of value in the past 36 months?”
- “Have you or your spouse created a trust or added funds to a trust within the last 5 years?”

Yes. Complete DDE-919-D and Refer Applicant to Economic Support Specialist for Investigation and Determination. After Economic Support Specialist Makes Determination, Proceed to Section V.

No. Proceed to SECTION V.

SECTION III – COST SHARING/GROUP B UNDER “SPECIAL INCOME LIMIT” “When Spousal Impoverishment Protections Apply”, Substitute Income Allocation Worksheet for Section III

1. Total Income	\$
2. Personal Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
3. Family Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
4. Special Exempt Income	\$
5. Health Insurance Premium	\$

SECTION IV – FOR GROUP C MEDICALLY NEEDY

1. Gross Earned Income (2)	\$ 0
2. \$65 and 1/2 Disregard	\$ 0
3. (1 – 2)	\$ 0
4. Total Unearned Income (3)	\$ 1990.00
5. (3 + 4)	\$ 1990.00
6. \$20 Disregard	\$ 20.00
7. Balance (5 – 6)	\$ 1970.00
8. Special Exempt Income	\$ 0
9. Countable Income (7 – 8)	\$ 1970.00
10. Health Insurance Premium	\$ 0
11. Balance (9 – 10)	\$ 1970.00
12. Monthly Medical/Remedial Expenses Obtain this figure from case manager	\$ 1236.00
13. Balance (11 – 12)	\$ 734.00
14. MA Card Coverable Services	\$ 477.00
15. Balance (13 – 14)	\$ 257.00

SPENDDOWN DETERMINATION FOR ALL ELIGIBLE GROUP C APPLICANTS

16. Balance (from line 11)	\$ 1970.00
17. Current Medically Needy Income Limit	\$ 591.67
18. Spenddown Amount (16 - 17)	\$ 1378.33

The amount on line 18 must be incurred by the applicant on a monthly basis to sustain eligibility. This is monitored and documented by the case manager. **Now**

TERMINATION 01/23/06 14:19

WORKER: ABC123 ABC123 J DOE

OPEN ELIGIBILITY STATUS: PASS
 END DATE:

GROUP C TEST

GROSS EARNED INCOME:	0.00
\$65 AND 1/2 DISREGARD:	0.00
GROSS UNEARNED INCOME:	1990.00
\$20 DISREGARD:	20.00
HEALTH INSURANCE COST:	0.00
WIC Worker SELF EMP EXPENSE:	0.00
SPECIAL EXEMPT INCOME:	0.00
COUNTABLE NET INCOME:	1970.00
MONTHLY MEDICAL/REMEDIAL EXPENSES:	1236.00
MA CARD COVERABLE EXPENSES:	477.00
CURRENT MEDICALLY NEEDY INCOME:	257.00
SPENDDOWN NET INCOME:	1970.00
GROUP C INCOME LIMIT:	591.67
SPENDDOWN AMOUNT:	1378.33

UNIVERSITY WAIVERS ELIGIBILITY TEST
 01 _____ MORE....

SPENDDOWN TRACKING TOOL

Developed by Green Lake County HSD

Modified by BLTS and TMG

<i>Participant's Name</i> Mark Jackson		<i>Month/Year</i> March 2006
<i>Case Manager's Name</i> Mike Green		<i>Spenddown Amount on ECED</i> \$1378.33/month Does the participant still have wages from employment?; private health insurance that he/she is responsible for paying, or is a covered member?; excess self-employment expenses?; or special exempt income? Yes No NA
<i>EXPENSES</i>	<i>TOTAL</i>	<i>DESCRIPTION</i>
<i>Out-of-Pocket Medical/Remedial</i>	\$ 15.00 25.00 25.00 9.00 <u>9.00</u> \$83.00	Co-pays on Medications Basic phone service per month Payment to Dean Clinic Multivitamin Metamucil
<i>COP Services</i>	\$ 0.00	
<i>Waiver Services</i>	\$ 150.00 95.00 30.00 840.00 <u>27.00</u> \$1142.00	Transportation Books Care Management PERS Supportive Home Care Ensure
<i>MA Card Services</i>	\$ <u>450.00</u>	MA Personal Care
<i>TOTAL</i>	\$1675.00	



ECSC



The following is a line-by-line description of the cost sharing calculation in the **ECSC**:

Note: This screen print needs to be generated when the participant is a married Group C applicant/participant and spousal impoverishment rules apply.

ECSC SCREEN

Gross Income

◆ This is the sum of the person's gross earned and total unearned income.

◆ When one spouse applies for the waiver program, only the applicant's income is considered. However, the community spouse's income will be considered when determining the community spouse income allocation and may have an impact on whether the waiver applicant has a cost share.

◆ When both spouses apply for the waiver program, their income should be treated separately. His or her individual incomes will determine to which waiver group each applicant belongs (Group A, Group B or Group C).

SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

EMPLOYMENT STATUS: OPEN ELIGIBILITY STATUS: PASS

EMPLOYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:

COLA/DAC/WW DISREGARD:	+
ACCUM GROSS INCOME:	=
\$65 & 1/2 DISREGARD:	-
CMTY SPS INC ALLOCATION	-
SPECIAL EXEMPT INCOME:	-
BASIC NEEDS ALLOWANCE:	-
SPECIAL HOUSING AMOUNT:	-
CMTY DEP INC ALLOWANCE:	-
HEALTH INSURANCE	-
PREMIUM:	-
MEDICAL/REMEDIAL	-
EXPENSES:	-
COST SHARE:	=



ECSC

Personal Maintenance Allowance

The personal maintenance allowance is the amount of money the waiver program applicant can use from their monthly income for the purpose of meeting personal expenses. This figure is one of several that may reduce or eliminate a Group C married participant's cost share. The care manager can ensure the waiver applicant receives the highest possible personal maintenance allowance by understanding its components and sharing as much information as possible with the Income Maintenance (IM) worker.



ECSC

Personal Maintenance Allowance continued

The personal maintenance allowance is the sum of three separate figures: 1) the Earned Income Disregard; 2) the Basic Needs Allowance (also called the minimum personal maintenance allowance), and 3) the Special Housing Amount.

These components are described below. A description of the personal maintenance allowance can be found in Appendix 5 – specifically Section 5.9.9.2.1 of the Medicaid Handbook. It is also described on Page 2 of the DDE-919 worksheet.

The maximum Personal Maintenance Allowance (the sum of the three components outlined above) cannot exceed 300% of the current Federal SSI individual rate. In year 2006, this amount is \$1,809. This new maximum amount went into effect on 1/01/06.

ECSC SCREEN

\$65 & 1/2 Disregard

- ◆ This is a work incentive that allows a certain amount of a participant's monthly earned income to be disregarded as income.
- ◆ This disregard applies most often to younger individuals with physical disabilities who are employed, but it is available to anyone who has income from employment.
- ◆ Each month a program participant is allowed to have \$65 plus half of his/her remaining earned income deducted from his/her gross earned income.
- ◆ For example, if an individual earned \$400 each month from his/her job, \$65 would be subtracted from the total earned income and the remaining income would be divided in half. This amount, plus \$65, would be the person's earned income disregard, which in this case would equal \$232.50.

SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

EMPLOYMENT STATUS: OPEN ELIGIBILITY STATUS: PASS

EMPLOYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -

SPECIAL HOUSING AMOUNT: -

CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

WORKER / 01 / 090100

MORE ...

ECSC SCREEN

ECSC COMMUNITY WAIVERS COST SHARE BUDGET 1 / 23 / 06 08:47

Basic Needs Allowance

The basic needs allowance (also called the minimum personal allowance) is \$783 in year 2006.

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

CMTY WAIVER NAME: GEORGE BROWN
COMMUNITY SPOUSE: LOUISE BROWN

SSN 999 99 9999
SSN 999 99 9999

NON SPOUSAL IMPOVERISHMENT:

GROSS INCOME:	
COLA/DAC/WW DISREGARDS:	+
ACCUM GROSS INCOME:	=
\$65 & 1/2 DISREGARD:	-
SPECIAL EXEMPT INCOME:	-
BASIC NEEDS ALLOWANCE:	-
SPECIAL HOUSING AMOUNT:	-
FAMILY MAINT. ALLOWANCE:	-
HEALTH INSURANCE PREMIUM:	-
MEDICAL/REMEDIAL EXPENSES:	-
COST SHARE:	=

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:	
COLA/DAC/WW DISREGARD:	+
ACCUM GROSS INCOME:	=
\$65 & 1/2 DISREGARD:	-
CMTY SPS INC ALLOCATION:	-
SPECIAL EXEMPT INCOME:	-
BASIC NEEDS ALLOWANCE:	-
SPECIAL HOUSING AMOUNT:	-
CMTY DEP INC ALLOWANCE:	-
HEALTH INSURANCE PREMIUM:	-
MEDICAL/REMEDIAL EXPENSES:	-
COST SHARE:	=

NEXT TRAN: _____ PARMS: 8373002 / MCWR / 01 / 090100 _____ MORE ...

Special Housing Amount

- ◆ This is the amount of money program participants are allowed as a deduction offset high housing costs.
- ◆ Allowable costs include the following shelter expenses: rental payments, mortgage payments, insurance (renters or homeowners), property taxes (including special assessments), and utilities (including heat, wood/coal for heating purposes, water, sewer, and electricity).
- ◆ Please note: telephone and/or cable TV services are *not* included in the housing cost.
- ◆ The special housing amount is the amount remaining after \$350 is deducted from the total shelter expenses of the waiver participant.
- ◆ For example, if the applicant pays \$400/month for rent and \$60/month for utilities and has no renter's insurance, mortgage, or property taxes, the total monthly costs would equal \$460. This monthly total of \$460 minus \$350 equals a special housing amount of \$110.

ARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

STATUS: OPEN ELIGIBILITY STATUS: PASS

MENT END DATE:

SSN 999 99 9999

SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -

SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

/ 01 / 090100

MORE ...



ECSC

Special Housing Amount

FYI: If both spouses are applying for the waiver program and they both live in their own home or apartment, and special housing appears to be an allowable deduction, the IM worker will divide the special housing amount equally between the two IF they both have income. If, however, only one spouse of the married couple has income, the IM worker will give the entire amount of the special housing deduction to the person with the income. (See back of DDE-919 for reference.) Another reference is the handbook that the IM worker utilized – Medicaid Handbook section 5.9.9.2.1.

ECSC

Special Housing Amount

The minimum personal maintenance allowance is \$783 (which equals the amount of the basic needs allowance). This amount may be increased by the earned income disregard and the special housing amount up to a maximum personal maintenance allowance of \$1,809 (effective 1-01-06). Given the examples provided above, the personal maintenance allowance would be calculated as follows:

\$783.00	=	Basic Needs Allowance in year 2006
\$232.50	=	Earned Income Disregard
+ \$110.00		Special Housing Amount
<hr/>		
\$1,125.50	=	TOTAL (must be capped at \$1,809 therefore...)
\$1,125.50	=	Personal Maintenance Allowance

ECSC SCREEN

Community Spouse Income Allocation

This is the amount of income that the waiver applicant/participant will be allocating/"giving" to the community spouse.

COST SHARE BUDGET 1 / 23 / 06 08:47

: 01

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

ROWN
WN

SSN 999 99 9999
SSN 999 99 9999

NON SPOUSAL IMPOVERISHMENT:

GROSS INCOME:	
COLA/DAC/WW DISREGARDS:	+
ACCUM GROSS INCOME:	=
\$65 & 1/2 DISREGARD:	-
SPECIAL EXEMPT INCOME:	-
BASIC NEEDS ALLOWANCE:	-
SPECIAL HOUSING AMOUNT:	-
FAMILY MAINT. ALLOWANCE:	-
HEALTH INSURANCE PREMIUM:	-
MEDICAL/REMEDIAL EXPENSES:	-
COST SHARE:	=

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:	
COLA/DAC/WW DISREGARD:	+
ACCUM GROSS INCOME:	=
\$65 & 1/2 DISREGARD:	-
CMTY SPS INC ALLOCATION	-
SPECIAL EXEMPT INCOME:	-
BASIC NEEDS ALLOWANCE:	-
SPECIAL HOUSING AMOUNT:	-
CMTY DEP INC ALLOWANCE:	-
HEALTH INSURANCE PREMIUM:	-
MEDICAL/REMEDIAL EXPENSES:	-
COST SHARE:	=

NEXT TRAN: _____ PARMS: 8373002 / MCWR / 01 / 090100

MORE ...

ECSC SCREEN

Special Exempt Income

- ◆ This is any special income exempted from the eligibility determination process: *court-ordered* payments like child support or alimony payments to persons who live outside the participant's home; or guardianship, guardian ad-litem, or attorney fees that are the participant's responsibility.
- ◆ IM workers are referred to the Medicaid Handbook, Appendix 4 – section 4.1.3.2 for further explanation regarding this type of income.

ST SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

SSN 999 99 9999

SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

NEXT TRAN: _____ PARMS: 8373002 / MCWR / 01 / 090100 _____ MORE ...

Community Dependent Income Allowance

- ◆ The community dependent income allowance is the amount of money waiver program applicants can claim if they have other dependents that he/she is supporting and who also live in the same household.
- ◆ For questions regarding this allowance, IM workers are instructed to speak to their Supervisor and/or Help Desk for more information.

ST SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION: -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE PREMIUM: -
MEDICAL/REMEDIAL EXPENSES: -
COST SHARE: =

PREMIUM: -
MEDICAL/REMEDIAL EXPENSES: -
COST SHARE: =

ECSC SCREEN

Health Insurance Premium

- ◆ This deduction is the monthly health insurance premium for insurance that covers the waiver person and for which he/she is responsible to pay.
- ◆ In the event the participant is fully responsible for paying the health insurance premium, the participant gets the full deduction.
- ◆ If the policy is a group or family policy and the waiver participant is **not** responsible for paying the premium, the IM Worker will divide the monthly premium by the number of members.
- ◆ If you have a married couple and both people are on the waiver program but only one person is paying the premium, divide the premium equally.

SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

EMPLOYMENT STATUS: OPEN ELIGIBILITY STATUS: PASS

EMPLOYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE PREMIUM: -
MEDICAL/REMEDIAL EXPENSES: -
COST SHARE: =

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MORE ...

ECSC SCREEN

Health Insurance Premium

- ◆ Dental insurance premiums can be included in this category as well.
- ◆ Prorate any annual premiums over 12 months.
- ◆ Lastly, if the participant selected a Medicare Part D plan that requires him/her to pay a monthly premium, it is appropriate to include this monthly premium cost in this deduction.
- ◆ Do not deduct the Medicare Part B premium on this line, because the Medicare Part B premium is not included as part of the income amount entered in CARES.
- ◆ Do not deduct life insurance premiums as an expense. Life insurance proceeds benefit survivors and not the waiver participant.

SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

EMPLOYMENT STATUS: OPEN ELIGIBILITY STATUS: PASS

EMPLOYMENT END DATE:

SSN 999 99 9999

SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:

COLA/DAC/WW DISREGARD: +

ACCUM GROSS INCOME: =

\$65 & 1/2 DISREGARD: -

CMTY SPS INC ALLOCATION: -

SPECIAL EXEMPT INCOME: -

BASIC NEEDS ALLOWANCE: -

SPECIAL HOUSING AMOUNT: -

CMTY DEP INC ALLOWANCE: -

HEALTH INSURANCE PREMIUM: -

MEDICAL/REMEDIAL EXPENSES: -

COST SHARE: =

NEXT TRAN: _____ PARMS: 8373002 / MCWR / 01 / 090100

MORE ...

ECSC COMMUNITY WAIVERS COST SHARE BUDGET 1 / 23 / 06 08:47

Medical and Remedial Expenses for Group C on the ECSC

◆ Medical and remedial expenses for married Group C participants with a community spouse are items and services actually purchased by the participant that are not covered by Medicaid, or some other insurance, or by some other program. These expenses are used as a deduction during the cost share determination process.

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION: -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -

SPECIAL HOUSING AMOUNT: -

CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE PREMIUM: -
MEDICAL/REMEDIAL EXPENSES: -
COST SHARE: =

ALLOWANCE: -
HEALTH INSURANCE PREMIUM: -
MEDICAL/REMEDIAL EXPENSES: -

COST SHARE: =

ECSC SCREEN

Medical and Remedial Expenses for Group C on the ECSC

- ◆ For married Group C participants with a community spouse, the care manager must provide the IM worker with an estimate of these average out of pocket monthly expenses.
- ◆ The care manager must review a married Group C participant's medical and remedial expenses at least annually to ensure that the expenses (which are used to reduce the cost share) are both incurred *and* paid.
- ◆ It is best to do the annual review when financial eligibility is being re-determined by the IM worker.
- ◆ The care manager must document that the medical and remedial expenses were reviewed.

COST SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION: -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -

SPECIAL HOUSING AMOUNT: -

CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE PREMIUM: -
MEDICAL/REMEDIAL EXPENSES: -
COST SHARE: =

WR / 01 / 090100

MORE ...



ECSC

Medical and Remedial Expenses for Group C on the ECSC

Once individuals are eligible for the waiver program, their out-of-pocket expenses are generally less than \$100/month. If new applications or recertifications show expenses over \$100, the COP-Waiver Quality Assurance reviewer will generally call the care manager to find out what items are included in this total and to verify that they are allowable expenses. It is useful to include a list of medical & remedial expenses when a packet is sent in for approval.

ECSC SCREEN

Cost Share

- ◆ A cost share is the amount of money a married Group C participant with a community spouse has to contribute to the cost of his/her waiver services each month.
- ◆ The cost share is determined by subtracting allowable deductions from the applicant/participant's total monthly income.
- ◆ Cost share payments must be made toward waiver-allowable services.
- ◆ The participant can either pay the service provider directly or write a check out to the county for the amount of the cost share.
- ◆ If the participant sends the check to the county, the county will enter the amount on HSRS under SPC 095.01.

COST SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN **ELIGIBILITY STATUS:** PASS

PAYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

WR / 01 / 090100

MORE ...

Cost Share

- ◆ The care manager must monitor , at least every three months, that the correct monthly cost share has been paid on a monthly basis.
- ◆ In addition, the care manager must document within the participant's case file that the cost share has been paid.
- ◆ It is not necessary to keep copies of receipts or checks for the file.
- ◆ If a county fiscal person tracks the cost share, the care manager must document that the fiscal person successfully monitored the cost share and that all the requirements were met.
- ◆ The cost share obligation amount is listed on the ECSC screen print and needs to be listed on the ISP.

COST SHARE BUDGET 1 / 23 / 06 08:47

WORKER: XDA673 XDA101 K JUDD

AG STATUS: OPEN ELIGIBILITY STATUS: PASS

PAYMENT END DATE:

SSN 999 99 9999
SSN 999 99 9999

SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

WR / 01 / 090100

MORE ...



ECSC

As a reminder...

If the cost share exceeds the cost of waiver services, **the participant is allowed to keep the difference.** As per Chapter III, Page III-7 of the Medicaid Waivers Manual reads: "The participant is not required to pay any amount of a cost share which is in excess of the cost of the Medicaid waiver services received in that month."

Group C - Example 2

Married, resides with spouse in own home. Income of waiver applicant = \$2,159.00/month.

The care manager, in conjunction with the applicant, has developed the following service plan:

- ◆ Care Management- 2 hrs/month @ \$43.00/hr
- ◆ PERS-monthly @ \$30.00/month
- ◆ Adult Day Care – 5 days/week @ \$50.00/day
- ◆ Transportation – 5 days/week @ \$3.00/trip
- ◆ Residential Respite – 1 weekend/month @ \$96.00

Group C - Example 2

Married, resides with spouse in own home. Income of waiver applicant = \$2,159.00/month.

The care manager, in conjunction with the applicant, has developed the following service plan:

- ◆ Care Management- 2 hrs/month @ \$43.00/hr
- ◆ PERS-monthly @ \$30.00/month
- ◆ Adult Day Care – 5 days/week @ \$50.00/day
- ◆ Transportation – 5 days/week @ \$3.00/trip
- ◆ Residential Respite – 1 weekend/month @ \$96.00

In addition, the applicant will be paying \$40.00/month to two different clinics on past medical bills (\$80.00 total), basic phone service (\$20), and \$20.00/month in co-payments for medications and over-the-counter supplies.



Group C - Example 2



The service plan also consists of services that will be provided by Medicaid. This includes:

Doctor Visits - 1 time per month @ \$67.00/visit

Medical Transportation - 1 time per month @ \$45.00/round trip

Note: Medication costs are not calculated because of the participant being dually entitled. In other words, the participant is on both Medicare and Medicaid. As a result, the participant's medication costs will be paid by his Medicare Part D plan.

Group C - Example 2

Medical/Remedial

\$86.00 (CM)

\$1, 075.00 (ADC)

\$30.00 (PERS)

\$129.00 (trans to ADC)

\$96.00 (residential respite)

\$120.00 (co-pays & OTC's;
basic phone – he will have
PERS; and monthly payments
on 2 past medical bills)

Total : \$1,536.00

Medicaid Card Expenses

\$67.00 (Dr Visits)

\$45.00 (Med trans)

Total: \$112.00



Group C - Example 2



- ◆ As a result, the care manager will give the following two-dollar amounts to the IM Worker: \$1,536.00 and \$112.00.
- ◆ However, the care manager will point out to the IM worker that of the \$1,536.00 for the medical/remedial expenses, \$120.00 is for “true” or real out-of-pocket medical/remedial expenses.

MA WAIVER ELIGIBILITY AND COST SHARING WORKSHEET
 Completion of this form meets the requirements of the Federal Regulations 42 CFR 435.

Name George Brown		Medicaid ID Number:	
Check One: <input type="checkbox"/> Application <input type="checkbox"/> Review/Recertification <input type="checkbox"/> Change		Medicaid Eligibility Date	
Care Manager	ESS	ESS#	Date

SECTION I – FINANCIAL RESOURCES (Complete for all Applicants)

1. Nonexempt Assets	\$
2. Gross Earned Income	\$
3. Total Unearned Income	\$
4. Total Income (2 + 3)	\$

Group A (Applicant is currently eligible for Medicaid) **Care Manager checks eligible category and completes sections II and V for the following types:**
 _____ SSI Recipient _____ SSI-E _____ 1619 _____ Katie Beckett
 Other Medicaid Eligibility: Economic Support Specialist writes in Type and Category Code:

 Other Medicaid Type (Specify) _____
 CARES Category code (Specify) _____

NOTE: This form may be used for a Group B or Group C applicant only if the applicant is institutionalized at the time of application
 ___ **Group B** Special Income Limit (ESS completes Sections III and V)
 ___ **Group C** Medically Needy (ESS completes Sections IV and V)

SECTION II – SPECIAL DECLARATION REGARDING DIVESTMENT FOR GROUP A WAIVER APPLICANTS WHO RECEIVE SSI

Care Manager: Ask the applicant **both** of the following questions:
 1. "Have you or your spouse sold, traded, transferred or given away property, land stocks, bonds, cash, vehicles, or anything of value in the past 36 months?"
 2. "Have you or your spouse created a trust or added funds to a trust within the last 5 years?"

 Yes. Complete DDE-919-D and Refer Applicant to Economic Support Specialist for Investigation and Determination. After Economic Support Specialist Makes Determination, Proceed to Section V.
 No. Proceed to SECTION V.

SECTION III – COST SHARING/GROUP B UNDER "SPECIAL INCOME LIMIT" "When Spousal Impoverishment Protections Apply", Substitute Income Allocation Worksheet for Section III

1. Total Income	\$
2. Personal Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
3. Family Maintenance Allowance (Compute on Page 2 and Enter Here)	\$
4. Special Exempt Income	\$
5. Health Insurance Premium	\$

SECTION IV – FOR GROUP C MEDICALLY NEEDY

1. Gross Earned Income (2)	\$ 0
2. \$65 and ½ Disregard	\$ 0
3. (1 – 2)	\$ 0
4. Total Unearned Income (3)	\$ 2159.00
5. (3 + 4)	\$ 2159.00
6. \$20 Disregard	\$ 20.00
7. Balance (5 – 6)	\$ 2139.00
8. Special Exempt Income	\$ 0
9. Countable Income (7 – 8)	\$ 2139.00
10. Health Insurance Premium	\$ 0
11. Balance (9 – 10)	\$ 2139.00
12. Monthly Medical/Remedial Expenses Obtain this figure from case manager	\$ 1536.00
13. Balance (11 – 12)	\$ 603.00
14. MA Card Coverable Services	\$ 112.00
15. Balance (13 – 14)	\$ 491.00

If the Balance on line 15 is greater than the current medically needy income limit, the applicant is ineligible for MA Waivers. Proceed with all eligible Group C Applicants.

SPENDDOWN DETERMINATION FOR ALL ELIGIBLE GROUP C APPLICANTS

16. Balance (from line 11)	\$ 2139.00
17. Current Medically Needy Income Limit	\$ 591.67
18. Spenddown Amount (16 - 17)	\$ 1547.33

The amount on line 18 must be incurred by the applicant on a monthly basis to sustain eligibility. This is monitored and documented by the case manager. **Now**

Group C - Married (Only Applicant Applying)

ECED COMMUNITY WAIVERS ELIGIBILITY DETERMINATION 01/23/06
14:19

CASE: 000000000 CAT: MCWW SEQ: 01 WORKER: 123ABC 123ABC J
ROGERS

DETERMINATION DATE: 01 23 06 AG STATUS: OPEN ELIGIBILITY
STATUS: PASS
PAYMENT BEGIN DATE: 01 23 06 PAYMENT END DATE:
GROUP INDICATOR: C
GROUP B TEST

	GROUP B TEST	GROUP C TEST
GROSS EARNED INCOME:		0.00
GROSS UNEARNED INCOME:		\$65 AND ½ DISREGARD: 0.00
EXCESS SELF EMP EXPENSE:		GROSS UNEARNED INCOME: 2159.00
STUDENT DISREGARD:		\$20 DISREGARD: 20.00
GROSS INCOME:		HEALTH INSURANCE COST: 0.00
CAT NEEDY INCOME LIMIT:		EXCESS SELF EMP EXPENSE: 0.00
		SPECIAL EXEMPT INCOME: 0.00
		COUNTABLE NET INCOME: 2139.00
		MEDICAL/REMEDIAL EXPENSES: 1536.50
		MA CARD COVERABLE EXPENSES: 112.00
		NET INCOME: 491.00
		COUNTABLE NET INCOME: 2139.00
		MED NEEDY INCOME LIMIT: 591.67
		SPENDDOWN AMOUNT: 1547.33

THE AG HAS PASSED THE GROUP C COMMUNITY WAIVERS ELIGIBILITY

ECSC SCREEN

^AECSC ^BCOMMUNITY WAIVERS COST SHARE BUDGET ^C 1 / 23 / 06 08:47

^DCASE: ^ECAT: MCWR SEQ: 01 ^FWORKER: XDA673 ^GXDA101 K JUDD

^HDETERMINATION DATE: 01 23 06 ^IAG STATUS: OPEN ^JELIGIBILITY STATUS: PASS

^KPAYMENT BEGIN DATE: 01 23 06 ^LPAYMENT END DATE:

^UCMTY WAIVER NAME: GEORGE BROWN

^WSSN 999 99 9999

^VCOMMUNITY SPOUSE: LOUISE BROWN

^XSSN 999 99 9999

^YNON SPOUSAL IMPOVERISHMENT:

^ZSPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARDS: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
FAMILY MAINT.
ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION: -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

^RNEXT TRAN: ____ ^SPARMS: 8373002 / MCWR / 01 / 090100

^TMORE ...

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN

George Brown

999 99 9999

Section A - Community Spouse Income Allocation			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse		-	796.33
3. EQUALS Community Spouse Income Allocation		=	1342.00
Section B - Dependent Family Member Income Allocation			
0	Name	Name	Name
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS Dependent Family Member's Income	-	-	-
3. EQUALS Individual Allowance	=	=	=
4. ENTER Total Dependent Family Member Allocation	\$	0	
Section C - Cost of Care/Cost Sharing Collection			
1. ENTER Institutionalized Spouse's Gross Income		\$	2159.00
2. MINUS Personal Allowance		-	783.00
3. EQUALS		=	1376.00
4. MINUS Community Spouse Income Allocation		-	1342.00
5. EQUALS		=	34.00
6. MINUS Total Dependent Family Member Allocation		-	0
7. EQUALS		=	34.00
8. MINUS Any Court-Ordered Guardian or Attorney Fees		-	0
9. EQUALS		=	34.00
10. MINUS	<u>Community Waivers Only: Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums</u>	-	120.00
	Nursing Home Cases Only: Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS	Nursing Home Liability Amount/Community Waivers Cost Sharing Amount	=	0

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN _____

George Brown

999 99 9999

Section A - Community Spouse Income Allocation			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse	-		796.33
3. EQUALS Community Spouse Income Allocation	=		1342.00
Section B - Dependent Family Member Income Allocation			
0	Name	Name	Name
		\$	\$
	-		-
	=		=
Expense/Cost Sharing Collection			
		\$	2159.00
	-		783.00
3. EQUALS	=		1376.00
4. MINUS Community Spouse Income Allocation	-		1342.00
5. EQUALS	=		34.00
6. MINUS Total Dependent Family Member Allocation	-		0
7. EQUALS	=		34.00
8. MINUS Any Court-Ordered Guardian or Attorney Fees	-		0
9. EQUALS	=		34.00
10. MINUS		-	120.00
	<u>Community Waivers Only:</u> Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums		
	<u>Nursing Home Cases Only:</u> Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS		=	0
	Nursing Home Liability Amount/Community Waivers Cost Sharing Amount		

Maximum Community Spouse Income Allocation

There is a maximum amount of income that a community spouse can have. This amount is set annually and is determined in the month of March. The waiver participant may only allocate enough income to bring the community spouse up to that maximum amount.

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN

George Brown

999 99 9999

<u>Section A - Community Spouse Income Allocation</u>			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse		-	796.33
3. EQUALS Community Spouse Income Allocation		=	1342.00
<u>Section B - Dependent Family Member Income Allocation</u>			
	Name	Name	Name
0			
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
Equals Community Spouse Income Allocation After doing the math, this is the maximum dollar amount the waiver participant may allocate to his/her spouse.		-	-
		=	=
<u>Cost Sharing Collection</u>			
		\$	2159.00
		-	783.00
3. EQUALS		=	1376.00
4. MINUS Community Spouse Income Allocation		-	1342.00
5. EQUALS		=	34.00
6. MINUS Total Dependent Family Member Allocation		-	0
7. EQUALS		=	34.00
8. MINUS Any Court-Ordered Guardian or Attorney Fees		-	0
9. EQUALS		=	34.00
10. MINUS	<u>Community Waivers Only:</u> Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums	-	120.00
	<u>Nursing Home Cases Only:</u> Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS	Nursing Home Liability Amount/Community Waivers Cost Sharing Amount	=	0

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN

George Brown

999 99 9999

<u>Section A - Community Spouse Income Allocation</u>			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse		-	796.33
3. EQUALS Community Spouse Income Allocation		=	1342.00
<u>Section B - Dependent Family Member Income Allocation</u>			
0	Name	Name	Name
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS Dependent Family Member's Income	-	-	-
3. EQUALS Individual Allowance	=	=	=
4. ENTER Total Dependent Family Member Allocation	\$	0	
<u>Section C - Cost of Care/Cost Sharing Collection</u>			
1. ENTER Institutionalized Spouse's Gross Income		\$	2159.00
2. MINUS Personal Allowance		-	783.00
		=	1376.00
		-	1342.00
		=	34.00
		-	0
		=	34.00
8. MINUS Any Court-Ordered Guardian or Attorney Fees		-	0
9. EQUALS		=	34.00
10. MINUS	<u>Community Waivers Only:</u> Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums	-	120.00
	<u>Nursing Home Cases Only:</u> Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS	Nursing Home Liability Amount/Community Waivers Cost Sharing Amount	=	0

Dependent Family Member Income Allocation

The income maintenance worker will complete this section if a waiver participant has a dependent family member to whom he/she can allocate.

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN _____

George Brown

999 99 9999

<u>Section A - Community Spouse Income Allocation</u>			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse		-	796.33
3. EQUALS Community Spouse Income Allocation		=	1342.00
<u>Section B - Dependent Family Member Income Allocation</u>			
	Name	Name	Name
0			
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS Dependent Family Member's Income	-	-	-
3. EQUALS Individual Allowance	=	=	=
4. ENTER Total Dependent Family Member Allocation	\$		0
<u>Section C - Cost of Care/Cost Sharing Collection</u>			
1. ENTER Institutionalized Spouse's Gross Income		\$	2159.00
2. MINUS Personal Allowance		-	783.00
3. EQUALS		=	1376.00
4. Waiver Participant's Monthly Gross Income		-	1342.00
5. Waiver Participant's Monthly Gross Income		=	34.00
6. MINUS Total Dependent Family Member Allocation		-	0
7. EQUALS		=	34.00
8. MINUS Any Court-Ordered Guardian or Attorney Fees		-	0
9. EQUALS		=	34.00
10. MINUS <u>Community Waivers Only:</u> Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums		-	120.00
	<u>Nursing Home Cases Only:</u> Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS Nursing Home Liability Amount/Community Waivers Cost Sharing Amount		=	0

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN _____

George Brown

999 99 9999

<u>Section A - Community Spouse Income Allocation</u>			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse		-	796.33
3. EQUALS Community Spouse Income Allocation		=	1342.00
<u>Section B - Dependent Family Member Income Allocation</u>			
	Name	Name	Name
0			
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS Dependent Family Member's Income	-	-	-
3. EQUALS Individual Allowance	=	=	=
4. ENTER Total Dependent Family Member Allocation	\$		0
<u>Section C - Cost of Care/Cost Sharing Collection</u>			
1. ENTER Institutionalized Spouse's Gross Income		\$	2159.00
2. MINUS Personal Allowance		-	783.00
3. EQUALS		=	1376.00
4. MINUS Community Spouse Income Allocation		-	1342.00
5. Personal Allowance		=	34.00
6.		-	0
7. This is the waivers Basic Needs Allowance. In addition it can include the other 2 deductions (special housing and 65 1/2 disregard) if applicable. Reminder: This dollar amount cannot exceed the Maximum Personal maintenance Allowance amount (\$1, 809 for year 2006).		=	34.00
8.		-	0
9.		=	34.00
10	al Costs Health	-	120.00
	rance		
11. EQUALS	Nursing Home Liability Amount/ Community Waivers Cost Sharing Amount	=	0

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN

George Brown

999 99 9999

<u>Section A - Community Spouse Income Allocation</u>			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse		-	796.33
3. EQUALS Community Spouse Income Allocation		=	1342.00
<u>Section B - Dependent Family Member Income Allocation</u>			
0	Name	Name	Name
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS Dependent Family Member's Income	-	-	-
3. EQUALS Individual Allowance	=	=	=
4. ENTER Total Dependent Family Member Allocation	\$		0
<u>Section C - Cost of Care/Cost Sharing Collection</u>			
1. ENTER Institutionalized Spouse's Gross Income		\$	2159.00
2. MINUS Personal Allowance		-	783.00
3. EQUALS		=	1376.00
4. MINUS Community Spouse Income Allocation		-	1342.00
5.		=	34.00
6.		-	0
7.		=	34.00
8.	ees	-	0
9.		=	34.00
10.	Medical Costs on's Health	-	120.00
	Nursing Home Cases Only: Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS	Nursing Home Liability Amount/ Community Waivers Cost Sharing Amount	=	0

Community Spouse Income Allocation

This is the dollar amount the waiver participant is actually going to allocate. This amount can range from \$0 to the whatever the dollar amount is that is listed in Section A, Line 3 of this form.

Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN _____

George Brown

999 99 9999

<u>Section A - Community Spouse Income Allocation</u>			
Spouse's Name Louise Brown			
1. ENTER Maximum Community Spouse Income Allocation		\$	2138.33
2. MINUS Gross Income of Community Spouse		-	796.33
3. EQUALS Community Spouse Income Allocation		=	1342.00
<u>Section B - Dependent Family Member Income Allocation</u>			
0	Name	Name	Name
1. ENTER Dependent Family Member Income Allocation	\$	\$	\$
2. MINUS Dependent Family Member's Income	-	-	-
3. EQUALS Individual Allowance	=	=	=
4. ENTER Total Dependent Family Member Income Allocation			
		Cost Sharing Collection	
1		\$	2159.00
2		-	783.00
3		=	1376.00
4		-	1342.00
5		=	34.00
6. MINUS Total Dependent Family Member Allocation		-	0
7. EQUALS		=	34.00
8. MINUS Any Court-Ordered Guardian or Attorney Fees		-	0
9. EQUALS		=	34.00
10. MINUS	<u>Community Waivers Only:</u> Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums	-	120.00
	<u>Nursing Home Cases Only:</u> Cost of Institutionalized Person's Health Insurance Premiums		
11. EQUALS	Nursing Home Liability Amount/Community Waivers Cost Sharing Amount	=	0

This dollar amount is the amount of the participant's actual "true out of pocket" expenses. You will note if the participant is also responsible for paying a Health Insurance premium, this is where the IM worker will include this expense.



Group C Example 2

- ◆ The Income Maintenance Worker will write the dollar amounts listed on the Spousal Impoverishment Income Allocation Worksheet onto the ECSC screen print.

ECSC SCREEN

^A ECSC ^B COMMUNITY WAIVERS COST SHARE BUDGET ^C 1 / 23 / 06 08:47

^D CASE: ^E CAT: MCWR SEQ: 01 ^F WORKER: XDA673 ^G XDA101 K JUDD

^H DETERMINATION DATE: 01 23 06 ^I AG STATUS: OPEN ^J ELIGIBILITY STATUS: PASS

^K PAYMENT BEGIN DATE: 01 23 06 ^L PAYMENT END DATE:

^U CMTY WAIVER NAME: GEORGE BROWN

^W SSN 999 99 9999

^V COMMUNITY SPOUSE: LOUISE BROWN

^X SSN 999 99 9999

^Y NON SPOUSAL IMPOVERISHMENT:

^Z SPOUSAL IMPOVERISHMENT:

GROSS INCOME:
COLA/DAC/WW DISREGARDS: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: -
SPECIAL HOUSING AMOUNT: -
FAMILY MAINT.
ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: -
COST SHARE: =

GROSS INCOME:
COLA/DAC/WW DISREGARD: +
ACCUM GROSS INCOME: =
\$65 & 1/2 DISREGARD: -
CMTY SPS INC ALLOCATION - 1342.00
SPECIAL EXEMPT INCOME: -
BASIC NEEDS ALLOWANCE: - 783.00
SPECIAL HOUSING AMOUNT: -
CMTY DEP INC ALLOWANCE: -
HEALTH INSURANCE
PREMIUM: -
MEDICAL/REMEDIAL
EXPENSES: - 120.00
COST SHARE: =

^R NEXT TRAN: ^S PARMS: 8373002 / MCWR / 01 / 090100

^T MORE ...

SPENDDOWN TRACKING TOOL

Developed by Green Lake County HSD

Modified by BLTS and TMG

<i>Participant's Name</i> George Brown		<i>Month/Year</i> February 2006
<i>Case Manager's Name</i> Sharon Miller		<i>Spenddown Amount on ECED</i> \$1547.33/month Does the participant still have wages from employment?; private health insurance that he/she is responsible for paying, or is a covered member?; excess self-employment expenses?; or special exempt income? Yes No NA
EXPENSES	TOTAL	DESCRIPTION
<i>Out-of-Pocket Medical/Remedial</i>	\$ 20.00 20.00 40.00 <u>40.00</u> \$ 120.00	Co-pays on medications, Metamucil Basic phone service (has PERS) Payment to Dean Clinic Payment to Gunderson Clinic
<i>COP Services</i>	\$ 0.00	
<i>Waiver Services</i>	\$ 86.00 30.00 1,075.00 129.00 <u>96.00</u> \$1,416.00	Care management PERS Adult Day Care Transportation to/from ADC Residential Respite at Sunset Manor
<i>MA Card Services</i>	\$ 67.00 <u>45.00</u> \$ 112.00	Visit to Dr. Spelling Medical Van Transportation
TOTAL	\$1648.00	

Commonly Asked Questions

What should the care manager do if a participant does not incur their monthly Spenddown?

Because the care manager must monitor whether the participant incurred the Spenddown amount on a monthly basis, this situation will be identified right away.

The first thing a care manager should do is determine *why* the participant did not incur the Spenddown. Was it because a service has stopped, or, were there extenuating circumstances that prevented the participant from incurring the Spenddown amount in full? Some examples of these circumstances include: the participant went to a relative's home. Or, perhaps the participant was ill and cancelled home delivered meals and supportive home care services for a few days. In other words, there was a reason why the person did not incur the Spenddown but the care manager expects that in the current month the Spenddown will be incurred.

Commonly Asked Questions

What should the care manager do if a participant does not incur their monthly Spenddown?

If it is determined that there were extenuating circumstances that impacted whether or not the participant incurred the Spenddown, the care manager should:

For a single participant: 1) Send a formal notice to the participant and 2) have the participant pay up to the amount of services (OTC's, COP (*except room/board expenses*), Waiver and Medicaid) they did receive in that month.

For a married participant with a community spouse and no cost share:
Send a formal notice to the participant

For a married participant with a community spouse and a cost share:
1) Send a formal notice to the participant and 2) collect the cost share up to the amount of waiver services the participant received.

For a married participant whose spouse resides in a medical institution and therefore spousal impoverishment rules do not apply: 1) Send a formal notice to the participant and 2) have the participant pay up to the amount of services (OTC's, COP [*except for room/board expenses*], Waiver, and Medicaid the participant received in that month.



Commonly Asked Questions

What should the care manager do if a participant does not incur their monthly Spenddown?

Important note for all Group C participants: If it is determined that there has been an end to a service(s) or a change in over the counter expenses, or perhaps the participant paid off a past medical bill that was being counted towards medical/remedial expenses, etc., the care manager should revisit the service plan and determine the correct amount for medical/remedial expenses and Medicaid Card costs. This information should be relayed to the IM Worker to determine if the participant is still eligible for the waiver program.



Commonly Asked Questions

What should the care manager do if a Group C single participant does not pay, or is not being financially responsible for their monthly Spenddown?

Because the care manager must monitor whether the single Group C participant has paid his/her Spenddown amount on a monthly basis, this situation will be identified right away.

If a single Group C participant misses a Spenddown payment, the care manager should review the participant's budget and assess his or her ability to make financial decisions. Reminder: It is allowable for the participant to "make up" his Spenddown amount over time if need be. The key thing to remember is that neither COP nor Waiver funds can be used to pay for services that the participant is responsible for.

Commonly Asked Questions

What should the care manager do if a Group C single participant does not pay, or is not being financially responsible for their monthly Spenddown?

However, if it is determined that the participant will not pay the Spenddown amount, failure to pay the Spenddown may result in termination of waiver services.

If the Spenddown obligation is not met by the end of the month, the care manager should follow the instructions outlined in DDES Action Memo 2005-18.

The care manager notifies the IM Worker via Form DDE 2637 stating that Medicaid Waiver services are going to be terminated for non-payment of the Spenddown. The IM Worker will then complete Form HCF 10142 informing the care manager what the Medicaid Waiver Termination Date is. The care manager can then send a written notice to the participant relaying the date Waiver services and Medicaid eligibility will end.

In Summary

- ◆ 2-phase process: 1) Is the applicant/participant financially eligible (did he/she have enough service needs that if he/she had to pay for the services he/she would be below \$591.67 and 2) Determining the actual spenddown amount.
- ◆ Think baseball – 3 opportunities to see if applicant/participant is eligible
- ◆ Care Manager has to give 2 figures to IM worker
 - 1) Medical/Remedial and 2) Medicaid Card Coverable
- ◆ Care Manager is responsible for monitoring each month that spenddown amount was incurred
- ◆ Marital status and spousal impoverishment rules impact whether or not applicant/participant has to pay the spenddown amount
- ◆ Call TMG with any questions 😊