

User ID
Primary Person:

User Name:
Case:

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Status: Open Mode: Ongoing

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Community Waivers Budget
Assistance Group Overview
Assistance Group: MCWW- COMMUNITY WAIVERS COP Sequence:
Benefit Begin Date: Benefit End Date:
Determination Date:
Results
Assistance Group Status: Eligibility Status:
Group Indicator: Community Waivers Eligibility Test:
Individuals
Community Waivers Name: Community Spouse:
Community Waivers Eligibility Determination –
Gross Earned Income: \$
Gross Unearned Income: +
Excess Self Employment Expenses: -
Student Disregard: -
Gross Income: \$
Categorically Needy Income Limit: \$
Community Waivers Cost Share Budget
Gross Income: \$
COLA/DAC/MW Disregard: +
Accumulated Gross Income: \$
\$65 & ½ Disregard: -
Special Exempt Income: -
Basic Needs Allowance: -
Special Housing Amount: -
Family Maintenance Allowance: -
Health Insurance Premium: -
Medical/Remedial Expenses: \$
Cost Share:

Assistance Group	Sequence	Updated on or by
MCWW- COMMUNITY WAIVERS COP		

Group B - Single (Who is Employed)

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▪ W-2
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* Confirmation Access
▶ Query
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Community Waivers Budget			
Assistance Group Overview			
Assistance Group:	MCWW- COMMUNITY WAIVERS COP	Sequence:	
Benefit Begin Date:	10/17/2008	Benefit End Date:	
Determination Date:	10/17/2008		
Results			
Assistance Group Status:	P-PEND	Eligibility Status:	PEND
Group Indicator:	B	Community Waivers Eligibility Test:	PEND
Individuals			
Community Waivers Name:	ANTHONY JONES 11M PP	Community Spouse:	
Community Waivers Eligibility Determination – Group B			
<p>Gross Earned Income: \$ 400.00</p> <p>Gross Unearned Income: + 869.00</p> <p>Excess Self Employment Expenses: -</p> <p>Student Disregard: - _____</p> <p>Gross Income: \$1,269.00</p> <p>Categorically Needy Income Limit: \$1,911.00</p>			
Community Waivers Cost Share Budget			
<p>Gross Income: \$</p> <p>COLA/DAC/MW Disregard: + _____</p> <p>Accumulated Gross Income: \$1,269.00</p> <p>\$65 & ½ Disregard: - 232.50</p> <p>Special Exempt Income: -</p> <p>Basic Needs Allowance: - 817.00</p> <p>Special Housing Amount: - 110.00</p> <p>Family Maintenance Allowance: -</p> <p>Health Insurance Premium: - 109.00</p> <p>Medical/Remedial Expenses: - <u>30.00</u></p> <p>Cost Share: \$</p>			

Assistance Group	Sequence	Updated on or by
MCWW- COMMUNITY WAIVERS COP		

Group B - Single (Who has a Cost Share)

Primary Person:TODD KING

Case:0000000000

Status: Open

Mode: Ongoing

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Determination Date: 10/17/2008	
Results	
Assistance Group Status:P - PEND	Eligibility Status:PASS
Group Indicator: B	Community Waivers Eligibility Test: PEND
Individuals	
Community Waivers Name: TODD KING	Community Spouse:
Community Waivers Eligibility Determination – Group B	
<p>Gross Earned Income: \$</p> <p>Gross Unearned Income: + 869.00</p> <p>Excess Self Employment Expenses: -</p> <p>Student Disregard: - _____</p> <p>Gross Income: \$ 869.00</p> <p>Categorically Needy Income Limit: \$1,911.00</p>	
Community Waivers Cost Share Budget	
<p>Gross Income: \$</p> <p>COLA/DAC/WW Disregard: + _____</p> <p>Accumulated Gross Income: \$869.00</p> <p>\$65 & ½ Disregard: -</p> <p>Special Exempt Income: -</p> <p>Basic Needs Allowance: -817.00</p> <p>Special Housing Amount: -</p> <p>Family Maintenance Allowance: -</p> <p>Health Insurance Premium: -</p> <p>Medical/Remedial Expenses: - 30.00</p> <p>Cost Share: \$ 22.00</p>	

Assistance Group	Sequence	Updated on or by		
MCWW- COMMUNITY WAIVERS COP				

Group B - Married (Only Participant Applying)

Primary Person: WILLIAM MAXWELL Case: 0000000000

Status: Open Mode: Ongoing

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Community Waivers Budget																										
Assistance Group Overview																										
Assistance Group: MCWW- COMMUNITY WAIVERS COP Sequence:																										
Benefit Begin Date: 04/17/2008 Benefit End Date:																										
Determination Date: 04/17/2008																										
Results																										
Assistance Group Status: PEND Eligibility Status: PENDED																										
Group Indicator: B Community Waivers Eligibility Test: PEND																										
Individuals																										
Community Waivers Name: WILLIAM MAXELL 72MPP Community Spouse: JOANNE MAXWELL 72Fwi																										
Community Waivers Eligibility Determination – Group B																										
<table> <tr><td>Gross Earned Income:</td><td>\$</td></tr> <tr><td>Gross Unearned Income:</td><td>+1,023.00</td></tr> <tr><td>Excess Self Employment Expenses:</td><td>-</td></tr> <tr><td>Student Disregard:</td><td>- _____</td></tr> <tr><td>Gross Income:</td><td>\$</td></tr> <tr><td>Categorically Needy Income Limit:</td><td>\$1,911.00</td></tr> </table>	Gross Earned Income:	\$	Gross Unearned Income:	+1,023.00	Excess Self Employment Expenses:	-	Student Disregard:	- _____	Gross Income:	\$	Categorically Needy Income Limit:	\$1,911.00														
Gross Earned Income:	\$																									
Gross Unearned Income:	+1,023.00																									
Excess Self Employment Expenses:	-																									
Student Disregard:	- _____																									
Gross Income:	\$																									
Categorically Needy Income Limit:	\$1,911.00																									
Community Waivers Cost Share Budget																										
<table> <tr><td>Gross Income:</td><td>\$1,023.00</td></tr> <tr><td>COLA/DAC/WW Disregard:</td><td>+ _____</td></tr> <tr><td>Accumulated Gross Income:</td><td>\$1,023.00</td></tr> <tr><td>\$65 & ½ Disregard:</td><td>-</td></tr> <tr><td>Community Spouse Income</td><td>932.00</td></tr> <tr><td>Allcation</td><td>-</td></tr> <tr><td>Special Exempt Income:</td><td>- 817.00</td></tr> <tr><td>Basic Needs Allowance:</td><td>-</td></tr> <tr><td>Special Housing Amount:</td><td>-</td></tr> <tr><td>Community Dep Income Allowance:</td><td>-</td></tr> <tr><td>Health Insurance Premium:</td><td>- <u>10.00</u></td></tr> <tr><td>Medical/Remedial Expenses:</td><td>\$</td></tr> <tr><td>Cost Share:</td><td></td></tr> </table>	Gross Income:	\$1,023.00	COLA/DAC/WW Disregard:	+ _____	Accumulated Gross Income:	\$1,023.00	\$65 & ½ Disregard:	-	Community Spouse Income	932.00	Allcation	-	Special Exempt Income:	- 817.00	Basic Needs Allowance:	-	Special Housing Amount:	-	Community Dep Income Allowance:	-	Health Insurance Premium:	- <u>10.00</u>	Medical/Remedial Expenses:	\$	Cost Share:	
Gross Income:	\$1,023.00																									
COLA/DAC/WW Disregard:	+ _____																									
Accumulated Gross Income:	\$1,023.00																									
\$65 & ½ Disregard:	-																									
Community Spouse Income	932.00																									
Allcation	-																									
Special Exempt Income:	- 817.00																									
Basic Needs Allowance:	-																									
Special Housing Amount:	-																									
Community Dep Income Allowance:	-																									
Health Insurance Premium:	- <u>10.00</u>																									
Medical/Remedial Expenses:	\$																									
Cost Share:																										

Assistance Group	Sequence	Updated on or by
<input type="text"/>	<input type="text"/>	<input type="text"/>

Group B - Married Couple on Waiver and both spouses are Group B eligible (Mr. Mudd)

User ID:
Primary Person: OLIVER MUDD

User Name:
Case:0000000000

Quick Select: CASE/RFA
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Community Waivers Budget

Assistance Group Overview		
Assistance Group:	MCWW- COMMUNITY WAIVERS COP	Sequence:
Benefit Begin Date:	10/17/2008	Benefit End Date:
Determination Date:	10/17/2008	

Results		
Assistance Group Status: PEND	Eligibility Status: PEND	
Group Indicator: B	Community Waivers Eligibility Test: PEND	

Individuals		
Community Waivers Name: OLIVER MUDD	Community Spouse: SONIA MUDD	
Community Waivers Eligibility Determination –		

Gross Earned Income:	\$1023.00
Gross Unearned Income:	+
Excess Self Employment Expenses:	-
Student Disregard:	-
Gross Income:	\$1023.00
Categorically Needy Income Limit:	\$1911.00

Community Waivers Cost Share Budget

Gross Income:	\$
COLA/DAC/MW Disregard:	+ _____
Accumulated Gross Income:	\$1023.00
\$65 & ½ Disregard:	-
Community Spouse Income Allocation	- 198.00
Special Exempt Income:	- 817.00
Basic Needs Allowance:	-
Special Housing Amount:	-
Community Dep Income Allowance:	-
Health Insurance Premium:	- 40.00
Medical/Remedial Expenses:	\$
Cost Share:	

Assistance Group	Sequence	Updated on or by
MCWW- COMMUNITY WAIVERS COP		

Group B - Married Couple on Waiver and both spouses are Group B eligible (Mrs. Mudd)

User ID:
Primary Person:

User Name:
Case:

Quick Select: CASE/RFA
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Community Waivers Budget	
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Determination Date: 10/17/2008	
Results	
Assistance Group Status:PEND	Eligibility Status:PEND
Group Indicator:B	Community Waivers Eligibility Test: PEND
Individuals	
Community Waivers Name: SONIA MUDD	Community Spouse: OLIVER MUDD
Community Waivers Eligibility Determination – B	
<p>Gross Earned Income: \$</p> <p>Gross Unearned Income: + 797.00</p> <p>Excess Self Employment Expenses: -</p> <p>Student Disregard: - _____</p> <p>Gross Income: \$ 797.00</p> <p>Categorically Needy Income Limit: \$1,911.00</p>	
Community Waivers Cost Share Budget	
<p>Gross Income: \$797.00</p> <p>COLA/DAC/WW Disregard: + _____</p> <p>Accumulated Gross Income: \$797.00</p> <p>\$65 & ½ Disregard: -</p> <p>Community Spouse income Allcation - _____</p> <p>Special Exempt Income: -</p> <p>Basic Needs Allowance: - 817.00</p> <p>Special Housing Amount: -</p> <p>Community Dep Income Allowance: -</p> <p>Health Insurance Premium: -</p> <p>Medical/Remedial Expenses: - <u>82.00</u></p> <p>Cost Share: \$</p>	

Assistance Group	Sequence	Updated on or by
MCWW- COMMUNITY WAIVERS COP		

Please note: Mrs. Mudd's actual income is \$599.00/month. The \$797.00 is a combination of \$599.00 + \$198 (what her husband allocated to her) = \$797.00

Note to IMW: The allocated amount must be entered on Unearned Income Page in CWW as OTMA for the spouse who is receiving an income allocation.

NOTES

Group C - Single (Applicant)

User ID: ABC 123

User Name: J DOE

Quick Select: CASE/RFA

Primary Person: PERRY SMITH

Case: 0000000000

Status: Open Mode: Ongoing

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Community Waivers Budget

Assistance Group Overview

Assistance Group:	MCWW- COMMUNITY WAIVERS COP	Sequence:
Benefit Begin Date:	04/17/2008	Benefit End Date:
Determination Date:	04/17/2008	

Results

Assistance Group Status:	P-PEND	Eligibility Status:	PENDED
Group Indicator:	C	Community Waivers Eligibility Test:	

Individuals

Community Waivers Name:	PERRY SMITH	Community Spouse:
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Community Waivers Eligibility Determination – Group B

Gross Earned Income:	\$
Gross Unearned Income:	+1,920.00
Excess Self Employment Expenses:	-
Student Disregard:	-
Gross Income:	\$1,920.00
Categorically Needy Income Limit:	\$1,911.00

Community Waivers Eligibility Determination – Group C

Gross Earned Income:	\$
\$65 & ½ Disregard:	-
Gross Unearned Income:	\$1,920.00
\$20 Disregard:	- 20.00
Health Insurance Cost:	- 170.00
Excess Self Employment Expenses:	-
Special Exempt Amount:	-
Countable Net Income:	-1,730.00
Medical/Remedial Expenses:	-1,000.00
MA Card Coverable Expenses:	- 500.00
Net Income:	\$ 230.00
Countable Net Income:	\$1,730.00
Medically Needy Income Limit:	- 591.67
Spend down Amount:	\$1,138.33

Assistance Group	Sequence	Updated on or by
MCWW- COMMUNITY WAIVERS COP		

User ID: ABC 123
 Primary Person: George Fuller

User Name: J DOE
 Case: 0000000000

Quick Select: CASE/RFA
 Status: Open Mode: Ongoing

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Community Waivers Budget

Assistance Group Overview

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Determination Date: 10/17/2008	

Results

Assistance Group Status: P-PEND	Eligibility Status: PENDED
Group Indicator: C	Community Waivers Eligibility Test:

Individuals

Community Waivers Name: GEORGE FULLER	Community Spouse: LOUISE FULLER
Community Waivers Eligibility Determination – Group B	

Gross Earned Income:	\$
Gross Unearned Income:	+1,930.00
Excess Self Employment Expenses:	-
Student Disregard:	-
Gross Income:	\$1,930.00
Categorically Needy Income Limit:	\$1,911.00

Community Waivers Eligibility Determination – Group C

Gross Earned Income:	\$
\$65 & ½ Disregard:	-
Gross Unearned Income:	\$1,930.00
\$20 Disregard:	- 20.00
Health Insurance Cost:	-
Excess Self Employment Expenses:	-
Special Exempt Amount:	-
Countable Net Income:	-1,910.00
Medical/Remedial Expenses:	-1,050.00
MA Card Coverable Expenses:	- 300.00
Net Income:	\$ 560.00
Countable Net Income:	\$1,910.00
Medically Needy Income Limit:	- 591.67
Spend down Amount:	\$1,318.33

Assistance Group	Sequence	Updated on or by
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Spousal Impoverishment Income Allocation Worksheet

Primary Person's Name & SSN George Fuller 123 56 1299

<u>Section A – Community Spouse Income Allocation</u>			
Spouse's Name Louise Fuller			
1. ENTER Maximum Community Spouse Income Allocation	\$ 2333.33		
2. MINUS Gross Income of Community Spouse	- 1310.00		
3. EQUALS Community Spouse Income Allocation	= \$1023.33		
<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	\$ 1930.00		
2. MINUS Personal Allowance	- 817.00		
3. EQUALS	= 1113.00		
4. MINUS Community Spouse Income Allocation	- 1023.33		
5. EQUALS	= 89.67		
6. MINUS Total Dependent Family Member Allocation	- 0.00		
7. EQUALS	= 89.67		
8. MINUS Any Court-Ordered Guardian or Attorney Fees	- 0.00		
9. EQUALS	= 89.67		
10. MINUS <u>Community Waivers Only: Medical/Remedial Costs and Cost of Community Waivers Person's Health Insurance Premiums</u>	- 92.00		
<u>Nursing Home Cases Only: Cost of Institutionalized Person's Health Insurance Premiums</u>			
11. EQUALS Nursing Home Liability Amount/ Community Waivers Cost Sharing Amount	= 0.00		

NOTE: The CWW budget screen combines all the separate old budget pages in the CARES Mainframe. Depending on group type (Group A, B or C), the appropriate M/R expenses dollar amount are displayed. It is only appropriate to put down those medical/remedial expenses that include over-the-counter items, co-pays, payments on past medical bills incurred by the participant.)