

**Work Around for MAGI Eligible Former Foster Care Children under 26
(Only if the MHC Screening Tool shows the customer as MAGI-eligible)**

1. Enter 'MH' in the Special Circumstances field on the ADDR screen.

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CHANGE                               HOUSEHOLD ADDRESSES - ADDR                ADDR 01
Month 02 14                          01 03 14

DO 000   EW ID RAD28A   Client ID 474000647   Prev DO       PPI Group
HOH F Name MICHAEL     M Name        L Name JORDAN       Sfx

Authorized Rep N   Prim Lang E   Visually Impaired N   Hearing Impaired N
                                Interpreter Needed N

Residential Address   Addr Chng   DJJ Ind
Address Line 1       Line 2
Street Number Dir   Name        Type        Apt
City 1212           ANYWHERE   ST          Zip 21215   Phone
BALTIMORE           ST MD      Message Phone

Mailing Address Del
Address Line 1       Line 2
Street Number Dir   Name        Type        Apt
City                SAME       ST          Zip

Previous Addresses in last 2 years N   Special Circumstances MH _
Message

15-lett                               20-alwg 21-narr 23-alau 24-Del
[4]B ■                               09 8                               21/72
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2. Enter 'AH' in the Living Arrangement field on the DEM1 screen.

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CHANGE                                CLIENT DEMOGRAPHIC 1 - DEM1                                DEM1 01
Month 02 14                            01 03 14

Client Name MICHAEL                      JORDAN                      CL ID 474000647
Statewide FIP Group
CSB Notification Date:
Client Ethnicity N CIS Primary Race B Race(s) B                      V O
Alt SSN          SSN APPL          More          DOB
Name Referral   Date              SSN1          V          SSNs      (MM DD YYYY) V Sex
-----
                285 90 4855 CA          04 05 1990 BC M

----- Place of Birth ----- MD Mar Living V Dest Boarder Amt Paid
                               Res Stat Arrgmt Migrant Num Meals for Meals
City                            St          Y N AH CC
Hospital

Concurrent Parental V ----- Pregnant ----- Prenatal V
Out of State Status Due Date V Unborn Num V Care
CA FS MA Eligible Expect
N N N

Message

15-lett                                20-CRS                                23-ala
4B :00.5                                10/03
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- Enter 'SF' (State Subsidized Foster Care) in the **Source** field, \$1.00 in the **AMT** field and AC in the frequency field on the **UINC** screen. This allows the FC/AU to be certified. Remember, income is not considered for former foster care applicants up to age 26.

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CHANGE                                     UNEARNED INCOME - UINC
Month 02 14                               01 03 14
                                           UINC 01
                                           01

Client Name MICHAEL                      JORDAN                      Client ID 474000647
Pickle Potential (SSI/SSA Combo)
Source   Claim Number                     Exp      Prosp Amt V      Retro Amt V
SF
Del ----- Prospective 02 14 -----
  Amt 1 V      Amt 2 V      Amt 3 V      Amt 4 V      Extra V      Freq
  1.00 OT      1.00 OT      1.00 OT      1.00 OT      1.00 OT      AC
Del ----- Retrospective 01 14 -----
  1.00 OT      1.00 OT      1.00 OT      1.00 OT      1.00 OT      AC

Del ----- Prospective 02 14 -----
  Amt 1 V      Amt 2 V      Amt 3 V      Amt 4 V      Extra V      Freq
Del ----- Retrospective 01 14 -----

MORE
Appl Type      Stat      Date      Appl Type      Stat      Date
Message
14-educ      15-lett      20-cscp      23-alau      24-del
IB :01.0
05/35

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4. The ELIG screen shows the E02 active.

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CHANGE          NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG  A
Month 02 14          01 03 14          01

AU ID 950000473   Prog MA      Prog Type E      Med Cvrgr Grp E02
Confirm          Two Parent   MOE Reason Codes DHMH Ref

  AU      AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat      Reasons     Date      Date   Date    Date     Type  End Date
A          A          010314   010314 010114

-----
First  Last Rel V Finl  --Stat-- Rsn  Appl  Begin  Pd Thru  St Penalty
Name   Name      SE OT  RE   A  Date   Date   Date   Date   MA Type Date
MICHAE JOR  SE OT  RE   A  010314 010314 010114

Message

4B  :00.7 01/70
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5. The MAFI shows no income counted for the household. Narrate all actions taken in CARES.

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CHANGE          *** FINANCIAL ELIGIBILITY - MAFI          MAFI  A
Month 02 14          01 03 14
AU ID 950000473   Prog MA   Prog Type E   Med Cvrgr Grp E02   HH Size 01

Assets                                     Net Income Test
  Asset Limit                               2500.00   Gross Unearned Income      .00
  Preserved Amount                          .00         Case Deemed Income         .00
  Total Assets                              .00         Net Unearned Income        .00
  Available Income                          .00         Gross Earned Income         .00
  Gross Income                              .00         Deduction                   .00
  Person Needs Allowance                    .00         Net Earned Income           .00
  Spouse/Family Amt                         .00         Net Income                   .00
  Maintenance Allowance                    .00         Net Income Standard         350.00
  Non-covered Med Exp                       .00         Excess                       .00
  Available Income Amt                      .00         Spnddown Amount
                                         Medical Expense Amt
                                         Net Spnddown Amt

Bnft Eff Date 010314  Bnft Confirm      Reasons          Budgeting Method P
Notice Type          Waive Advr Action Period  Notice Override
Redet Begin Date 01 14  Redet End Date 12 14  Strat N
Message

13-note              17-mo< 18-mo>

4B  :00.7          01/71
  
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