

Example 5

EDG Summary  

Individual	NORA NICHOLSON	EDG#	36669
Benefit Month	01/01/2018-0: 	Category of Assistance	OHP Plus Adult
Eligibility Month	01/01/2018-0: 	EDG HH Size	1
CG Size	1	Family Size	1
Eligibility Result	Pending	Verification Status	Pending
Authorization Date		Authorization Status	Pending
Financial Result	Pass	Non Financial Result	Pass
Attested self-employment expenses or tax deductions meet reasonable compatibility?	N/A	Continuous Eligibility End Date	
Auto Authorize		Overridden	No
		Override Comment	
MMIS Program Code	P2	VLP Response Used to Determine Benefit Level	N/A

Budget Results

Benefit Period: 1/1/2018-1/31/2018

Individual	Certified Group	Relationship		Participation Status
NORA NICHOLSON	Yes	Self		Eligible Adult
Individual	Individual Info	Earned Income	Unearned Income	Total
NORA NICHOLSON	Filer	100.00	0.00	100.00
		Total Monthly Income:	<input type="text" value="100.00"/>	< 1387.00 < 138% FPL
		Total Annual Income:	<input type="text" value="1200.00"/>	

Eligibility Results: NORA NICHOLSON Individual #: 100100660

Reasons – Individual Level:

Reasons – EDG Level:

EDG Name: NORA NICHOLSON Individual #: 100100660

- Eligibility is Pending; no Medicaid benefits will be distributed until verification has been provided

Potential Non-MAGI Eligibility

<input type="text" value="APD"/>	<input type="text" value="No"/>	REFM	No
		EXT	No