Iowa Department of Human Services

MAIT Waiver Worksheet

Case number: _____ Case name: _____

1. Central office/local office approval date _____
2. Execution date (date trust was signed and notarized) _____
3. Date trust was established (first day of the month in which income is used to fund the executed trust (effective date)) _____
4. Member's level of care _____
5. Charge for care (see 8-I, 125 Percent of the Statewide Average Charge for Care) _____
6. Gross income:

Income Source in the Trust	Gross Amount
Total gross income	
Adjusted gross income	

Gross income:

Do not list sources that are third-party medical payments or that are not considered income, e.g., Veterans' A & A, nursing facility payments, and Veterans' UME.

7. Is member's adjusted gross income greater than 125% of the statewide average charge for care?

8. Waiver type: _____
9. Months: _____
10. Client participation:

Maintenance allowance (300% of SSI benefit)	
Needs allowance for spouse or spouse & dependents	
Unmet medical: medical insurance premium	
Unmet medical: Medicare Part D expenses	
Unmet medical: Medicare Part B	
Unmet medical: other	
Client participation	
Plus aid and attendance	
Plus nursing facility insurance payments	
Total client participation	

Dependent diversion:

Needs allowance for spouse and dependents living with the waiver recipient to raise their income to the Medically Needy Income (MNIL).

System entries: Currently waiver cases require manual system entries.
TD05

1st CP Amount	Ongoing CP
Amount determined by worker	Amount determined by worker