

MEDI-CAL SPECIAL TREATMENT PROGRAMS—PERCENTAGE OBLIGATION COMPUTATION

County District	County Use
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PART I. IDENTIFICATION

A. Special Treatment Program Application					D. Date of Eligibility			F. Percentage Obligation					
Name (first, middle, last)					/			%					
Address (number, street)					E. Redetermination Date			G. Program					
(city, state, ZIP code)					/			<input type="checkbox"/> Dialysis <input type="checkbox"/> TPN <input type="checkbox"/> Supplement					
B. MN/MI Medi-Cal Case Name:													
C. MN/MI Medi-Cal ID Number					Medi-Cal Special Treatment Program ID Number					Birth Date		Other Cov. Code	(1) SSN
Co.	Aid	7-digit Serial Number	FBU	Pers.	Co.	Aid	7-Digit Serial Number	FBU	Pers.	Month/Day/Year	Sex		
													(2) HIC or RR Number

PART II. ELIGIBILITY REQUIREMENTS—SUMMARY

SPECIAL TREATMENT—ONLY, PROGRAM					SPECIAL TREATMENT—SUPPLEMENT, PROGRAMS									
Percentage Obligation Rate—2% per \$5,000 Annual Net Worth					Percentage Obligation Rate 1% per \$5,000 Annual Net Worth									
Dialysis—Only—Aid Code 71					Parenteral Hyperalimentation—Only—Aid Code 73					Dialysis Supplement—Aid Code 71				
The applicant must meet all of the following: 1. Needs dialysis and related services 2. Ineligible for Medi-Cal under any other program due to excess resources 3. Meets Medi-Cal requirements of citizenship/immigration, residence, institutional status, linkage, and cooperation 4. \$250,000 maximum annual net worth 5. Ineligible for Medicare if under age 65					The applicant must meet <i>all</i> of the following: 1. Needs parenteral hyperalimentation and related services 2. Ineligible for Medi-Cal under any other program due to excess resources 3. \$250,000 maximum annual net worth 4. Be otherwise eligible for Medi-Cal except that linkage requirements are not necessary 5. Meets Medi-Cal requirements of citizenship/immigration, residence, institutional status, and cooperation					TPN Supplement Aid Code 73 The applicant must meet <i>all</i> of the following: 1. Needs dialysis or TPN and related services 2. Approved as Medi-Cal with a share of cost 3. Employed or self-employed 4. Earns an individual gross income in excess of the (regular) one-person maintenance need				

PART III. ANNUAL NET WORTH COMPUTATIONS

A. Real Property					C. Income				
1. Property use as a home: (a) Full market value \$ _____ (b) Exempted value \$ <u>-40,000</u> (c) Pro rata encumbrances \$ _____ (d) Excess market value (a-b+c) \$ _____ 2. Property not used as a home: (a) Full market value \$ _____ (b) Encumbrances \$ _____ (c) Net market value \$ _____ Total Real Property (1(d)+2(c)) \$ _____					5. Gross earned income for 12 months \$ _____ 6. Gross unearned income for 12 months \$ _____ 7. Total gross income (add lines 5 and 6) \$ _____ 8. Allowable adjustment deductions (per federal tax law) \$ _____ 9. Total adjusted gross income (line 7 – line 8) \$ _____				
B. Personal Property					D. Percentage Obligation Determination				
3. Liquid Assets—Itemize: _____ \$ _____ _____ \$ _____ _____ \$ _____ Total \$ _____ 4. Other—Itemize: _____ \$ _____ _____ \$ _____ _____ \$ _____ Total Personal Property (3+4) \$ _____					10. Annual net worth (total of A+B+C rounded down to nearest multiple of \$5,000) \$ _____ 11. Percentage obligation factor (line 10 divided by \$5,000) \$ _____ 12. Percentage obligation rate _____ % 13. Percentage obligation— (line 11 multiplied by line 12) Enter in Block F, Part I above _____ %				

PART IV. COMMENTS AND SIGNATURE

Medicare effective: / /	Ineligible Medicare	Discontinued from Aid Code	Effective: / /
Aid Code discontinued because:			
Eligibility Worker's signature			Date