

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



August 11, 1987

TO: All County Welfare Directors
All County Administrative Officers

Letter: 87 - 46

SUBJECT: DRAFT SHARE OF COST BUDGET COMPUTATION FORM

Attached for your review and comment is a rough draft of the subject form. The revision is the result of comments received from the CWDA Medical Care forms subcommittee.

This form is designed to replace existing forms MC 176M, MC 176M-LTC, and MC 176W. As a result of combining the three existing forms into one 2-page form the following items have been removed:

1. The identifying information (name, date of birth, SSN, etc.) for each person in the MFBU.
2. The area for listing exempt income.
3. The part of the MC 176W used to calculate net unearned income in those rare instances in which a deduction is applied against such income.

The following items have been added to the form:

1. A line entry for the cost of IHSS deduction pursuant to 22 CAC Section 50551.6 (Part III, line 4).
2. A separate entry for Medicare premiums and other health insurance premiums (Part IV, line 3 and 4).
3. The deduction of court ordered child/spousal support is placed on the form to be applicable to all Medi-Cal beneficiaries (Part IV, line 5).
4. A line entry for the board and care person's unavailable income pursuant to 22 CAC Section 50515(a)(3) (Part IV, line 7).
5. Therapeutic wages pursuant to 22 CAC Section 50650(a)(2) is listed as a component in the maintenance need for persons in LTC (Part V, line 3b).
6. The community property division of income pursuant to 22 CAC Section 50512(b) is included on the form (Part A).

All County Welfare Directors
All County Administrative Officers
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Please provide your comments on format and content to us by September 15, 1987. The decision to proceed with this form or update the existing forms will be based upon the input received by this date. Send your comments to:

Ruthell Ussery
DHS, Eligibility Branch
714 P Street, Room 1650
Sacramento, CA 95814

If you have any questions, feel free to contact Ruthell at (916) 322-6238, ATSS 8-492-6238.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: September 30, 1987

E NAME		CASE NUMBER		Effective Date of Budget Mo. Yr.		Worker Name		Date Completed	
son									
moet									Total # in MFSU
oe									

UNEARNED INCOME			III TOTAL COUNTABLE INC.		A. Allocation to Excluded Childr.	
a. ABD-MN	b. spouse/parent	c. Others	1. Total Unearned Part I line 11		1. Maintenance need for MFSU plus excluded children	
e. Sec			2. Total Earned Part II line 15		2. Maintenance need for MFSU	
Other version			3. Combined total line 1 + 2		3. Excluded childrens share line 1 minus line 2	
F/DI			4. IF ABD, Cost of LTS		4. Net nonexempt income of excluded children	
id sup- t/Alim			5. Remainder - line 3 minus line 4		5. Allocation to excluded children - line 3 minus 4	
			6a IF LTC, enter total Deductions		Enter amt. in line 5, if any, in line 11	
			6b IF family at home enter alloc. from other			
TAL			7. Total Income line 5 + 6			

ABD- Total 78 & 7b not go to line 11	
g Income Deduct.	- 20
Subtotal - line 8 minus line 9	
10a Unearned - line 7c or lines 78 + 7b + 7c	

EARNED INCOME	
a. ABD-MN	b. spouse/parent
ross Earned	
Deductions	
ubtotal - line 1 minus line 2	
mbined earned - line 3a + 3b	
earned inc. deduc- 7 + 8 unused \$20	
mainder - line 4 minus line 5	
untable earned line 6 by 2	
Others	person #1 person #2
ross earned	
5 work expense independent care	
ubtotal - line 8 minus line 9	
30 deduction, applicable	
ubtotal - line 10 plus line 11	
ter 1/3 of line 12 if applicable	
ubtotal - line 12 minus line 13	
ubtotal Earned - lines 10, 12, 1 + 14, 12	

IV ALLOCATION/DEDUCTIONS	
1. Allocation to excluded children	
2. LTC/BTC Allocation to family at home	
3. Medicare Prem- inis	
4. Other Health Ins Premiums	
5. Ct. ordered child/ Spousal support	
6. Income Used to Determine PH/Other PH	
7. B&C Unavailable Inc.	
8.	
9. Total Allocations/ Deductions - add 1-8	

V SOC COMPUTATION	
1. Total Net Nonexempt Part III, 7 minus II, 9	
2. Total Rounded	
3. Maintenance Need	
4. MFSU members not in LTC #	
5. MFSU members in LTC - Personal needs - Therapeutic rays - Upkeep of home - Disabled dependents	
6. Total Main. Need lines 38 + 3b	
7. Share of Cost - line 2 minus 3c	
8. Underpayment Adjustment	
9. Adjusted SOC line 4 minus 5	

1. Enter LTC-spouse's total gross community income	
2. Enter at-home spouse's total gross community income	
earned + unearned	
If line 2 is greater than line 1, + at-home spouse's community int. is protected. Enter all income received by LTC spouse in Part I and Part II. Enter all income rec. by at-home spouse on a separate line 17b M.	
If line 2 is less than line 1, Complete lines 3 and 4 below.	
3. Total community income - line 1 + 2	
4. Each spouse's share ÷ line 3 by 2	
Enter the amount in line 4 on Part I, line 5 for the LTC spouse as "community income."	
If the at-home spouse has no earned income, enter the amount in line 4 on a separate line 17c Part I, line 5 as "community inc."	
If the at-home spouse has earned income, enter the gross earnings on a separate line 17b M, Part II. Enter the difference between the gross earnings and the amount in line 4 on Part I, line 5 as "community income."	
If at-home spouse is not a PH recipient complete Part D	

ESTABLISHMENT OF THE STEPPARENT UNIT

Maintenance for: stepparent parent stepparent's children # _____ Mutual children # _____	\$	
stepparent's gross earned income	\$	
Mandatory deductions (actual)	\$	
Net earned income (line 2 minus line 3)	\$	
stepparent's gross unearned income	\$	
stepparent's total income (line 4 plus line 5)	\$	
Court ordered child support	\$	
stepparent's net income (line 6 minus line 7)		\$
Is 1 greater than line 8? If NO, complete Part II <input type="checkbox"/> Yes <input type="checkbox"/> No		

LOCATION FROM LTC OR BOARD AND CARE PERSON TO USE AND/OR CHILDREN AT HOME

Maintenance need for spouse and/or children at home or than excluded children)	\$	
if countable income of spouse and/or nonexcluded children	\$	
if allocations/deductions of spouse and/or nonexcluded children	\$	
if net nonexempt income of spouse and/or excluded children (line 2 minus line 3)	\$	
net needs of spouse and/or nonexcluded children (line 1 minus line 5)	\$	
if countable income of person in LTC or board and care	\$	
health insurance for person in LTC or board and care	\$	
if net nonexempt income of person in LTC or board and care (line 6 minus line 7)	\$	
	\$	
Maintenance need for person in LTC or board and care	\$	
if amount needed for maintenance (lines 9 and 10)	\$	
amount available for allocation to spouse and/or children (line 8 minus line 11)	\$	
allocation to spouse and/or children (line 5 or line 12, whichever is less)	\$	
Share of cost determination of the ABD person or the spouse of the ABD person, enter above amount on Reverse, Part III, line 63. Share of cost determination of spouse and/or children at home, enter above amount on Reverse, Part III, line 66.		

C. II STEPPARENT COMPUTATION

1. Stepparent's gross earned income	\$	
2. Work expenses	\$ 75	
3. Net earned income (line 1 minus line 2)	\$	
4. Stepparent's gross unearned income	\$	
5. Stepparent's total income (line 3 plus line 4)	\$	
6. Contributions to tax dependents	\$	
7. Child support/alimony	\$	
8. Stepparent's deductions (line 6 plus line 7)	\$	
9. Stepparent's total net income (line 5 minus line 8)	\$	
10. Maintenance need for stepparent unit: Stepparent Stepparent's children # _____ Mutual children # _____	\$	
11. Stepparent's income deemed available (line 9 minus line 10). If less than 0, enter 0	\$	

Enter amount in line 11 on Reverse, Part I,
506 as "from stepparent."

E. SSI/SSP OR IHSS RECIPIENT(S) IN FAMILY—INCOME AVAILABLE/ ALLOCATED

1. SSI/SSP appropriate payment level (plus IHSS authorization for IHSS only)	\$	
2. Actual SSI/SSP payment (or IHSS payment)	\$	
3. Net nonexempt income used to determine grant (or IHSS) (line 1 minus line 2)	\$	
4. Gross unearned income of SSI/SSP or IHSS recipient (other than grant or IHSS payment)	\$	
5. SSI/SSP unearned income deductions and exemptions	\$	
6. Net nonexempt unearned income (line 4 minus line 5)	\$	
7. Gross earned income of SSI/SSP or IHSS recipient	\$	
8. SSI/SSP earned income deductions and exemptions	\$	
9. Net nonexempt earned income (line 7 minus line 8)	\$	
10. Total net nonexempt income (add lines 6 and 9)	\$	
11. If line 10 is greater than line 3, the difference is income available to the MFBU and is entered here and on Reverse, Part I, line 506, as "income available from PA"	\$	
12. If line 10 is less than line 3, the difference is the allocation to the SSI/SSP or IHSS recipient and is entered here on Reverse, Part IV, line 61 and	\$	