

State of California—Health and Human Services Agency
Department of Health Services



GRAY DAVIS
Governor



California
Department of
Health Services

DIANA M. BONTÁ, R.N., Dr. P.H.
Director

July 3, 2003

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 280

TO: ALL HOLDERS OF THE MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SUBJECT: 5S--SECTION 1931(b) PROGRAM

Enclosed are updates and clarifications to the Section 1931(b) program. The Notices of Action and updated forms which include the \$240 deduction for certain applicants and recipients who are being determined using Alternative B are now included in this Article. The information about "care and control" has been deleted because it already exists in Article 8D - Caretaker Relatives section of the Procedures Manual. For more information about the Medi-Cal Family Budget Unit, please see Article 8G. A revised flow chart will be sent out at a later date.

Changes to previous text are identified by a black line in the right margin.

Filing Instructions:

Remove Pages:

Article 5S
Pages 5S-1 through 12

Insert Pages:

Article 5S
Pages 5S-1 through 28

If you have any questions, please contact Margie Buzdas, of my staff, at (916) 657-0726.

A handwritten signature in cursive script that reads "Beth Fife".

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosures



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

714 P STREET, ROOM 1692, P.O. BOX 942732, SACRAMENTO, CA 94234-7320
(916) 657-2941

Internet Address: www.dhs.ca.gov



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5S – SECTION 1931(b) PROGRAM

A. BACKGROUND

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193) established a new mandatory coverage group at Section 1931(b) of the Social Security Act. Section 1931(b) requires that Medi-Cal be provided to low-income families, who meet the provisions of the July 16, 1996, Aid to Families with Dependent Children (AFDC) State plan requirements for income, resources and deprivation, (income and resources subject to modification at State option). PRWORA also deleted many of the requirements for establishing deprivation based on unemployment and allows States to modify some changes to the definition of unemployment.

Section 161 of AB 1542 (Chapter 270, Statutes of 1997) established the California Work Opportunity and Responsibility to Kids (CalWORKs) program and provided that it was to be implemented January 1, 1998. This law also provided that to the extent federal financial participation is available, the Department of Health Services shall extend eligibility for health care services under Medi-Cal to all recipients of aid under CalWORKs. This law adopted Section 14005.30 of the Welfare and Institutions (W&I) Code and also established Section 1931(b)-only for families who met the former AFDC rules.

For purposes of establishing requirements for the Section 1931(b) group, the July 16, 1996, AFDC provisions have been modified as of January 1, 1998, to the extent possible as permitted by PRWORA, in order to align the Section 1931(b) program with CalWORKs. Therefore, former AFDC rules will be referred to as the Section 1931(b) rules.

B. PURPOSE OF THE SECTION 1931(b) PROGRAM

It is important to determine eligibility under the Section 1931(b) because:

1. Families that are discontinued from CalWORKs or Section 1931(b) due to excess earnings from employment or increased child/spousal support are eligible for either the Transitional Medi-Cal (TMC) or the Four-Month Continuing program. Medically Needy (MN) persons are not.
2. Recipients may work over 100 hours and remain eligible if the family income is below the limit.
3. There are no time limits under this program. Families not eligible for CalWORKs solely because the time limit on their CalWORKs eligibility has expired qualify for the Section 1931(b) program.
4. Families may choose to separately apply for the Section 1931(b) program because they do not wish to be CalWORKs recipients or because they are not eligible for CalWORKs.
5. A family may not be eligible for CalWORKs but may be eligible for the Section 1931(b) program due to certain less restrictive AFDC rules which continue to apply to the Section 1931(b) program but are no longer applicable to CalWORKs. For example, families who have too much income to qualify for CalWORKs, but who have deductible child care costs, may qualify for the Section 1931(b) program.

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-1

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTE: Persons who are not eligible for CalWORKs such as those who are GAIN sanctioned, fleeing felons, and aliens without satisfactory immigration status are eligible for Section 1931(b) without a separate determination if other family members remain eligible for CalWORKs. Exceptions are (1) non-needy caretaker relatives whose income is not considered by CalWORKs and (2) a minor mother when she and her child are living with a senior parent. The minor mother is ineligible due to the senior parent's income and/or resources; but the minor's baby is eligible for CalWORKs. These persons must have a regular 1931(b) determination.

C. IMPLEMENTATION DATES

New Applications: All new Medi-Cal applications for families and children were to be evaluated for the Section 1931(b) program beginning no later than January 1, 1999. As counties handled these cases, they were to be evaluated for current and future Section 1931(b) eligibility.

Ongoing Cases: Because CalWORKs was effective January 1, 1998, the new Section 1931(b) provisions also went into effect on January 1, 1998. For this reason, retroactive eligibility for all AFDC-MN, MI children, federal poverty level cases with infants and children and Aid Code 38 (Edwards) with or without a share of cost (SOC) were evaluated back to January 1, 1998. This was important in the event eligibility for Transitional Medi-Cal needs to be established at a later date.

Counties were to complete their evaluation of Aid Code 38 cases for Section 1931(b) eligibility by April 30, 1999. Counties were to complete their evaluation of all other cases for Section 1931(b) within one year, i.e., no later than December 31, 1999.

Those MFBU's which had a SOC in a retroactive month but had no SOC for the month after the Section 1931(b) evaluation were entitled to:

1. Having future SOC amounts adjusted; or
2. Seeking reimbursement from the provider.

Counties were to follow procedures outlined in Medi-Cal Procedures Manual Section 12-C (Processing Cases When a SOC Has Been Reduced Retroactively).

D. SECTION 1931(b) ELIGIBILITY REQUIREMENTS

Persons applying separately for the Section 1931(b)-only program must first meet residency, age, deprivation, and family requirements. After these non-financial requirements have been met, persons must meet the income and property financial requirements.

1. DEPRIVATION

Unemployed Parent

The MN and Section 1931(b) programs follow similar rules for determining the unemployed parent as in the former AFDC program. The principal wage earner (PWE) is the parent who has earned the greater amount of income in the 24-month period immediately preceding either of the following: (1) The month of application, reapplication or restoration or (2) the date of a redetermination that a family's circumstances have changed in such a way as to meet the requirements for deprivation due to the unemployment of a parent. (See Section 50215(c). The only exception to this rule is if the PWE is unemployed, becomes incapacitated, and then returns to work. The PWE is not redetermined. Section 1931(b) will continue to follow these rules. Therefore, if an absent parent returns to the home, deprivation may no longer exist if the PWE is not unemployed or a parent is not incapacitated.

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-2

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The deprivation rules for the Section 1931(b) program are the same as those for the medically needy (MN) program with the following exceptions:

The 100-Hour Rule:

The 100-hour rule requirement that the unemployed parent PWE work less than 100 hours in a month for unemployment to exist applies to applicants for Section 1931(b) and to applicants and beneficiaries applying for or receiving coverage under the AFDC-MN program. However, as of March 1, 2000, the definition of unemployment was expanded. If the PWE works 100 hours or more, but the parents or parent and spouse's earned income is not more than 100 percent of the federal poverty level, the PWE is still determined to be unemployed. (AB 1107, Chapter 146, Statutes of 1999, Section 14008.85). Note: Effective May 1, 2001, all earned income of the children in the family is exempt in this determination. Only the net nonexempt earned income of the parents or the parent and the parent's spouse will be counted.

The 100-hour rule does not apply to Section 1931(b) PWE recipients. A recipient for purposes of disregarding the 100-hour rule is a person who receives Section 1931(b) the month after the person became eligible as an applicant and who has no break in eligibility or change in deprivation whether he/she received CalWORKs or Section 1931(b)-only in that prior month. If the family did not return requested information from the county such as the MC 210E and did not have good cause for the termination to be rescinded, the PWE must be redetermined as he/she is not considered a recipient. For more information, see Article 5C.

2. Pregnant Women

- (a) A pregnant woman in her last trimester (last four months) who has no other eligible children (but the unborn who when born would be deprived) may not be aided under the Section 1931(b) program until her last trimester which is defined by the CalWORKs program as the last four months of pregnancy. If the father of the unborn is living in the home, he may not be aided under this program until the baby is born and the baby is deprived. The father can be aided under the Medically Needy (MN) program because he has linkage. The spouse's income is counted in the Section 1931(b) Medi-Cal Family Budget Unit (MFBU) of the pregnant woman and the unborn, even though he is an ineligible member of that MFBU until the child is born. The unmarried father may be an ineligible member of the MFBU or opt out of the MFBU if he provides information (when required) to establish deprivation for the unborn.
- (b) If the pregnant woman is in her first or second trimester, the unborn may be counted in the maintenance need prior to the last trimester if there are other deprived children. For more information on the MFBU, see Article 8G.

3. The Definition of a Child

Section 1931(b) children are only covered up to their eighteenth birthday except that children up to age 19 may be covered if they are attending school as discussed in the next sentence. As in the former AFDC program, a child 18 years of age is eligible only if he/she is enrolled as a full-time student (as defined by the school) in high school, or if he/she has not completed high school, is in a vocational or technical training program which cannot result in a college degree, provided he/she can reasonably be expected to complete either program before reaching age 19. If the applicant is considered an adult and has a deprived child in the home, the applicant may apply separately from the senior parent even if the senior parent is in the home as long as the senior parent does not have care and control of the minor's child.

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-3

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. Deprived Child With No Share of Cost

To be eligible for Section 1931(b), there must be at least one deprived child in the family who is eligible for any no cost Medi-Cal program, e.g., PA, 1931(b), MN, MI, CE, CEC, Bridging, or the Percent programs. If the only eligible child has a share of cost (SOC), the parent is not eligible for Section 1931(b).

5. Essential Stepparent

A stepparent may be aided as an "essential person" in the Section 1931(b) program which is similar to rules under the former AFDC and the current CalWORKs program regardless of whether he/she has deprived children or non deprived mutual children of his or her own. His/her linkage may be based only on the fact he/she is a spouse of a parent who has a separate child deprived by an absent parent. The MN program only allows a stepparent to be linked if he/she is a spouse of a parent who has a separate child who is deprived by that parent's incapacity. However, regardless of whether or not the stepparent wishes to be aided under Section 1931(b), he/she is included in the budget unit as an eligible or ineligible person depending on his/her choice. The exception would be when only the separate children of the parent wish to be aided and the parent does not. The parent is an ineligible member of the MFBU. The stepparent would not be in the budget unit; however, the parent would deem some income to the stepparent and any mutual children. This is also similar to the MN program.

6. Adult Parent, Minor Child, and Caretaker Relative Living in the Home

The CalWORKs program will allow an otherwise eligible adult parent, his/her minor child, and a caretaker to all be aided when they reside in the same home. The parent is still financially responsible even if the caretaker has care and control. Therefore, we will follow those rules for the Section 1931(b) program. However, the MN program (Section 50085 of the California Code of Regulations) does not aid a caretaker relative if there is an adult parent and his/her minor child in the home.

7. MFBU COMPOSITION

The (Medi-Cal Family Budget Unit) MFBU, including unborns, for Section 1931(b) shall be the basic unit for persons considered in determining an individual's or family's eligibility and share of cost. Note: Sneede is applicable to the Section 1931(b) determination.

A family (or an individual, if Sneede applies) must pass both the property and income tests specified below in order to meet the financial eligibility requirements of Section 1931(b). More information about MFBU composition for Section 1931(b) is provided in Section 8G.

8. INCOME

A family's countable income must be less than the Section 1931(b) income limit for that size family in order for the family to be income eligible for the Section 1931(b) program. A family cannot become eligible for Section 1931(b) by meeting their share of cost since Section 1931(b) has no share of cost process. A family's countable income is determined by subtracting certain income exclusions from the family's gross income. If the family is not income eligible for Section 1931(b), they should be evaluated for the AFDC-MN program or any other Medi-Cal program for which they may be eligible.

Pending

SECTION NO.: 50226

MANUAL LETTER NO.:280

DATE: 07/03/2003 5S-4

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

To meet federal and state law requirements, the Section 1931(b) program must provide income eligibility for a family or individual who would meet either the income eligibility criteria of the CalWORKs program or the former AFDC program. While most of the income rules for the CalWORKs program are unchanged from those of the former AFDC program, there are instances where CalWORKs rules have changed or are dissimilar from a corresponding AFDC rule. In these instances, the Section 1931(b) program adopts the more liberal of the two corresponding rules. Except for these changes, the computation of net nonexempt income for the Section 1931(b) program is very similar to AFDC and the Medi-Cal AFDC-MN program computations of net nonexempt income. More information on income will be provided in future procedures under Income. Counties should review the appropriate All County Welfare Director's Letters (ACWDLs).

9. PROPERTY

PRWORA requires that the property methodologies of the Section 1931(b) program be no more restrictive than the rules of the former AFDC program as in effect July 16, 1996. State law requires that the Section 1931(b) regulations be expanded to ensure that all CalWORKs recipients are eligible for Medi-Cal under Section 1931(b). The CalWORKs program is using the Food Stamps property rules for personal property, motor vehicles and property limits, but is using the rules of the former AFDC program for real property. Generally, personal property shall be determined, defined, counted, and valued in accordance with the Food Stamps rules while real property shall be determined, defined, counted and valued in accordance with the July 16, 1996 AFDC rules.

The property limits are based on those in CalWORKs, i.e., the Food Stamps limits since they are higher than the limit in the July 16, 1996 AFDC program. The property limit is \$3,000 for MFBU's of one. For all other family sizes, the Medically Needy resource limits are used. More information about property rules may be reviewed in ACWDLs on this subject and future procedures under Property.

Note: A family which is not eligible for the Section 1931(b) program only because it had excess income or property should be evaluated for eligibility for the MN program which, for some families, has less restrictive financial eligibility requirements.

10. NON-FINANCIAL INELIGIBILITY FOR CalWORKs

CalWORKs looks at the entire family's income and resources in terms of evaluating a child's continued eligibility for CalWORKs. If a child is eligible for CalWORKs, but the parents are not aided for a non-financial reason such as time limits, then the parents still meet the Section 1931(b) requirements which do not impose time-limit requirements. This means the parents can be put into Section 1931(b) aid codes (as described below) without a separate Medi-Cal-Only determination. Counties may find it easier to allow CalWORKs workers to put parents into Section 1931(b) without a separate Medi-Cal determination or a separate Medi-Cal case.

E. AID CODES FOR THE SECTION 1931(b) PROGRAM

Aid Code 3N: [(1931(b).] Individuals who are not CalWORKs recipients but who meet the Section 1931(b) requirements will be identified on Medi-Cal Eligibility Data System (MEDS) under Aid Code 3N which will provide full-scope benefits with no share of cost (SOC).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Aid Code 3V: (1931(b)-Only - Restricted). Not Qualified Aliens who are not CalWORKs recipients but who meet the Section 1931(b) requirements will be identified on MEDS under Aid Code 3V which will provide benefits restricted to pregnancy-only and emergency services with no SOC.

These aid codes will not roll into Aid Code 38 when terminated.

F. SNEEDE REQUIREMENTS

The requirements of the Sneede lawsuit apply to the Section 1931(b) determination. That is, there is a mandatory exception to using the modified July 16, 1996 AFDC methodology. This exception relates to the Medi-Cal Sneede lawsuit which limits financial responsibility to a spouse for a spouse or a parent for a child. Such prohibitions did not exist in the AFDC program, but the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) indicated that Sneede must apply to the Section 1931(b) program as it does for all other Medi-Cal programs.

This means that if a family is determined ineligible for Section 1931(b) rules because of excess property or failure to meet the MBSAC income test, Sneede provisions apply if there is a Sneede class member.

Generally, the same Sneede methodology used in the regular Medi-Cal program is followed under Section 1931(b) except for the following:

Income exceptions: Under regular Sneede, deductions for the aged, blind, and disabled are applicable. These deductions are not permitted in the Section 1931(b) Sneede determination. Under regular Sneede, the SOC is based on the Maintenance Need Income Level (MNIL) (or prorated amount), and a parental needs amount of \$600 (which relates to the MNIL for one) is allowed for the parent before the parent allocates to others for whom that parent is responsible.

Under Section 1931(b) Sneede, income eligibility is based on the MBSAC minus \$1 (or its prorated amount) and the parent is allowed a \$389 parental needs deduction as of July 1, 1999 (which relates to the MBSAC for one as specified in the AFDC Title IV-A State Plan in effect on July 16, 1996) before allocating to others. This amount changes based on the CalWORKs income limit.

Note: The \$240 deduction and the "½" earned income deduction are not applied to applicants; however, under Sneede, each recipient may receive these deductions if applicable, which is similar to regular Sneede rules described in Section 8F of the Medi-Cal Eligibility Procedures Manual. As of March 1, 2000, recipients had a choice between the \$240 and ½ deduction and the current 1931(b) income limit (Alternative A) or a \$90 deduction and an income limit of 100 percent of the FPL (Alternative B). Applicant income limits were raised to 100% of the FPL. Effective November 1, 2002, applicants began receiving a \$240 deduction from Social Security or private disability benefits plus the \$90 deduction from earned income (Alternative B).

Property exception: The property limits under Section 1931(b) and Sneede are the same as for the MN program with the exception of a single adult who has a limit of \$3,000. For more information see the Procedures Article 8G.

G. TRANSITIONAL MEDI-CAL (TMC) PROGRAM

Previously, TMC only applied to certain persons terminated from AFDC for employment related reasons. PRWORA now provides TMC to recipients of the Section 1931(b) program who are discontinued for the same reasons as before. To be eligible for the TMC program the individual must: (1) have been eligible for the CalWORKs program or Section 1931(b)-only program in three of the six months preceding the month of discontinuance and (2) have lost CalWORKs or Section 1931(b)-only program eligibility for increased earnings from employment. While PRWORA includes loss of a time-limited earned income disregard or hours of employment as employment related reasons, there are no time-limited earned income disregards that apply to California's Section 1931(b) program, nor

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-6

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

does the 100-hour rule apply to Section 1931(b)-only recipients. Therefore, these two reasons are not applicable. Persons who have been terminated from CalWORKs must be first evaluated for Section 1931(b)-only before placing them into the TMC program. If they are eligible for Section 1931(b)-only, they remain in that program until their earnings causes them to be ineligible. Only then should the family be evaluated for TMC. See Section 5B in Medi-Cal Procedures for more information.

H. FOUR-MONTH CONTINUING (AID CODE 54)

Four-month Continuing Medi-Cal applies to Section 1931(b) recipients as well as CalWORKs if they are terminated due to the collection or increased collection of child or spousal support payments. See Section 5B in Medi-Cal Procedures for more information.

I. NOTICES OF ACTION (NOA)

There are two approval Section 1931(b) NOAs and one denial Section 1931(b) NOA:

1. Continuation of Section 1931(b) Benefits (MC 349)
2. Continuation of Section 1931(b) Benefits - Spanish (MC 345 SP)
3. Section 1931(b) Approval for Benefits (MC 339)
4. Section 1931(b) Approval for Benefits - Spanish (MC 339 SP)
5. Denial or discontinuance of Section 1931(b) Benefits (MC 340)
6. Denial or discontinuance of Section 1931(b) Benefits - Spanish (MC 340 SP)

J. FORMS and CHARTS

1. Section 1931(b) Applicant and Recipient (Alternative B) Budget Form MC 176 MA - 1931 Group
2. Section 1931(b) Recipient Budget Form MC 176 MA (Alternative A)- 1931 Group
3. Section 1931(b) Recipient Worksheet (MC 176M- 1931Group 3+earner)
4. Section 1931(b) *Sneede v. Kizer* Net Nonexempt Income Determination - Applicant and Recipient (Alternative B) MC 175-31.2A - 1931 Group
5. Section 1931(b) *Sneede v. Kizer* Net Nonexempt Income Determination - Recipient MC 175-31.2R - 1931 Group
6. 2003 Federal Poverty Level Chart
7. Section 1931(b) *Sneede v. Kizer* Prorated FPL Income Standard and Property Levels -4/1/03
8. Section 1931(b) Recipient Income Limits (MBSAC)
9. Section 1931(b) *Sneede v. Kizer* Prorated Income Standard and Property Limits (MBSAC)



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION CONTINUATION OF SECTION 1931(b) BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Although your cash benefits for the California Work Opportunity and Responsibility to Kids (CalWORKs) program have stopped, your Medi-Cal will continue under the Section 1931(b) program. This program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

You do not have to fill out monthly or quarterly status reports to keep Medi-Cal; however, if your cash benefits stopped because you did not return your CalWORKs monthly report *and* you had changes that you haven't reported to your cash worker, you must report those to your Medi-Cal worker now.

Receiving these Medi-Cal benefits does not count against any CalWORKs program time limits.

In order to remain eligible for this Medi-Cal program, you must:

- o Have an eligible child living in the home who qualifies for Medi-Cal with no share-of-cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.
- o Have income and property under a certain limit.
- o Continue to meet all other Medi-Cal requirements.
- o Report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition, or household situation.
- o Complete the form for your Medi-Cal annual review when it is sent to you.

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MC 349 (3/01)

Pending
SECTION NO.: 50226

MANUAL LETTER NO.: 280

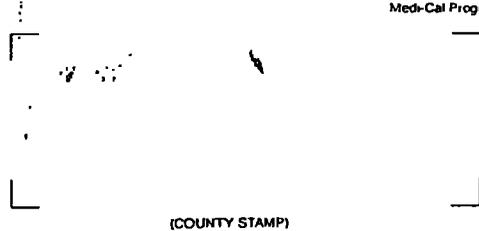
DATE: 07/03/2003 5S-8

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL CONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECCION 1931(b)



[] []
[] []

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Aunque sus beneficios de dinero en efectivo del programa de Oportunidades de Empleo y Responsabilidad hacia los Hijos de California (*California Work Opportunity and Responsibility to Kids—CalWORKs*) han parado, sus beneficios de Medi-Cal continuarán bajo el programa de la Sección 1931(b). Este programa proporciona beneficios de Medi-Cal, sin costo alguno, a ciertas personas de bajos ingresos con niños que reúnen los requisitos.

Usted no tiene que llenar reportes mensuales o trimestrales sobre su situación para retener la Medi-Cal. Sin embargo, si sus beneficios en efectivo pararon porque usted no regresó su informe mensual de *CalWORKs* y tuvo cambios en su situación que no ha reportado, a su trabajador(a) encargado(a) del efectivo, usted tiene que reportárselos ahora a su trabajador(a) de Medi-Cal.

— recibir estos beneficios de Medi-Cal no se toman en cuenta para cualesquier límites de tiempo del programa de *CalWORKs*.

A fin de seguir reuniendo los requisitos para este programa de Medi-Cal, usted tiene que:

- Tener un(a) niño(a) que reúne los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo, porque uno de sus padres ha muerto, está ausente, incapacitado(a), desempleado(a), (o trabaja con ingresos limitados), o usted tiene que ser un(a) niño(a) que reúne los requisitos, que vive con un(a) pariente.
- Tener ingresos y bienes por debajo de cierto límite.
- Continuar reuniendo todos los otros requisitos de Medi-Cal.
- Reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, bienes, condición médica o situación en el hogar.
- Completar el formulario para su evaluación anual de Medi-Cal, cuando éste se le envíe.

Siempre presente su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU *BIC* DE PLÁSTICO.**

— regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones de California.

MC 349 (SP) (3/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION SECTION 1931(b) APPROVAL FOR BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Section 1931(b) program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

- You are entitled to full benefits beginning _____.
- Your benefits cover only emergency and pregnancy-related services beginning _____.

In order to remain eligible for this program, you must:

Have an eligible child living in the home who qualifies for Medi-Cal with no share-of-cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.

- o Have income and property under a certain limit.
- o Continue to meet all other Medi-Cal requirements.
- o Report within ten days any significant changes that could affect your eligibility, such as changes in your income, property, medical condition, or household situation.
- o Complete the form for your Medi-Cal annual review when it is sent to you.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MC 339 (3/01)

Pending
SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-10

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECCIÓN 1931(b)

[]

[]

(COUNTY STAMP)

[]

[]

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de la Sección 1931(b) proporciona beneficios de Medi-Cal, sin costo alguno, a ciertas personas de bajos ingresos que tengan niños que reúnan los requisitos.

Usted tiene derecho a beneficios completos, a partir del _____.

Sus beneficios cubren sólo los servicios de emergencia y los relacionados con el embarazo, a partir del _____.

A fin de seguir reuniendo los requisitos para este programa, usted tiene que:

- Tener un(a) niño(a) que reúna los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo, porque uno de sus padres ha muerto, está ausente, incapacitado(a), desempleado(a) (o trabaja con ingresos limitados), o usted tiene que ser un(a) niño(a) que reúne los requisitos, que vive con un(a) pariente.
- Tener ingresos y bienes por debajo de cierto límite.
- Continuar reuniendo todos los otros requisitos de Medi-Cal.
- Reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, bienes, condición médica o situación en el hogar.
- Completar el formulario para su evaluación anual de Medi-Cal, cuando éste se le envíe.

Siempre presente su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU *BIC* DE PLÁSTICO.**

La regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones California.

MC 339 (SP) (3/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION SECTION 1931(b) DENIAL OR DISCONTINUANCE OF BENEFITS

[]
[]
(COUNTY STAMP)

[]
[]

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Your benefits under the Section 1931(b) program will be discontinued effective the last day of _____.

You are not eligible for the Section 1931(b) program.

Here is/are the reason(s) why:

Your income is over the limit.

Your property is over the limit. The limit is _____.

You do not have an eligible child living in the home who qualifies for Medi-Cal without a share-of-cost.

You are working 100 hours or more and your family's earned income is over the limit.

Your child is over the age limit.

Other: _____

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MC 340 (3/01)

Pending
SECTION NO.: 50226 MANUAL LETTER NO.: 280 DATE: 07/03/2003 5S-12

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECCIÓN 1931(b)

[]

[]

(COUNTY STAMP)

[]

[]

Fecha de la notificación: _____
Número del caso: _____
Nombre del/de la trabajador(a): _____
Número del/de la trabajador(a): _____
Número de teléfono del/de la trabajador(a): _____
Horas hábiles: _____
Notificación para: _____

Sus beneficios bajo el programa de la Sección 1931(b) se descontinuarán, a partir del último día de _____.

Usted no reúne los requisitos bajo el programa de la Sección 1931(b).

Ésta(s) es/son la(s) razón(es):

Sus ingresos están por encima del límite.

Sus bienes están por encima del límite. El límite es de _____.

Usted no tiene un(a) niño(a) que reúna los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo.

Usted está trabajando 100 horas o más, y los ingresos ganados de su familia están por encima del límite.

Su niño(a) sobrepasa la edad límite.

Otra razón: _____

Usted recibirá otra notificación, si reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO (BIC). Usted puede usarla de nuevo, si vuelve a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones de California.

MC 340 (SP) (3/01)

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-13

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California – Health And Human Services Agency

Department of Health Services

SEC. 1931 APPLICANT AND RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR APPLICANTS; AND FOR RECIPIENTS UNDER ALTERNATIVE B

CASE NAME		COUNTY DISTRICT:	COUNTY USE:
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION		EFFECTIVE ELIG DATE FOR THIS BUDGET, MONTH: _____ YEAR: _____	
NAME MFBU MEMBER #1		NAME MFBU MEMBER #6	
NAME MFBU MEMBER #2		NAME MFBU MEMBER #7	
NAME MFBU MEMBER #3		NAME MFBU MEMBER #8	
NAME MFBU MEMBER #4		NAME MFBU MEMBER #9	
NAME MFBU MEMBER #5		NAME MFBU MEMBER #10	
		OTHER COVERAGE:	
1	ENTER NON-EXEMPT UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE DISABILITY INCOME HERE)	TOTAL MFBU UNEARNED INCOME \$ _____	UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + UNEARNED INCOME MFBU MEMBER # _____ \$ _____ +
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	- \$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE)
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	- \$ _____	
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____	
5	ENTER NON-EXEMPT DISABILITY INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT ENTER SDI & TWC HERE BECAUSE THEY ARE CONSIDERED EARNINGS)	TOTAL MFBU DISABILITY-BASED INCOME: \$ _____	DBI OF MFBU MEMBER # _____ \$ _____ + DBI OF MFBU MEMBER # _____ \$ _____ +
6	\$240 DEDUCTION	- \$240	
7	REMAINING NON-EXEMPT DISABILITY INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER '0')	BOX 7 = \$ _____	
8	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT \$90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU	TOTAL MFBU EARNINGS \$ _____	EARNINGS, MFBU MEMBER # _____ \$ _____ - \$90 WRK EXP DED - \$90 WRK EXP DED - \$90 WRK EXP DED - \$90 WRK EXP DED = \$ _____ = \$ _____ = \$ _____ = \$ _____
9	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	\$ _____	13 <input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50556) - \$ _____
10	REMAINING NON-EXEMPT EARNED INCOME	BOX 10 = \$ _____	14 <input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557) + \$ _____
11	TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (LINES 4 + 7 + 10)	\$ _____	15 TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR). = \$ _____
12	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	- \$ _____	16 SEC 1931 FPL INCOME LIMIT FOR FAMILY \$ _____ (ENTER FPL INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)
IF INCOME FROM LINE 15 IS LESS THAN OR EQUAL TO LIMIT FROM LINE 16, FAMILY IS INCOME ELIGIBLE		<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDI-CAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.
ELIGIBILITY WORKERS SIGNATURE:		WORKER NUMBER:	COMPUTATION DATE:
			COUNTY USE:

MC 176 MA – 1931 Group – APPL/RECI (11/02)

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-14

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California – Health And Human Services Agency

Department of Health Services

SEC. 1931 RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR RECIPIENTS UNDER ALTERNATIVE A

CASE NAME		COUNTY DISTRICT	COUNTY USE.
<input type="checkbox"/> NEW APP. <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> CHANGE <input type="checkbox"/> RETRO ELIG. <input type="checkbox"/> CORRECTION		EFFECTIVE ELIG DATE FOR THIS BUDGET, MONTH: _____ YEAR: _____	
NAME MFBU MEMBER #1		NAME MFBU MEMBER #6	
NAME MFBU MEMBER #2		NAME MFBU MEMBER #7	
NAME MFBU MEMBER #3		NAME MFBU MEMBER #8	
NAME MFBU MEMBER #4		NAME MFBU MEMBER #9	
NAME MFBU MEMBER #5		NAME MFBU MEMBER #10	
		OTHER COVERAGE	
1	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE)	TOTAL MFBU UNEARNED INCOME	UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + \$ _____ +
		\$ _____	UNEARNED INCOME MFBU MEMBER # _____ \$ _____ + \$ _____ +
2	<input type="checkbox"/> EDUCATIONAL EXPENSE (§50547)	-\$ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE)
3	<input type="checkbox"/> \$50 SUPPORT RECEIVED (§50554.5)	-\$ _____	
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = \$ _____	
5	ENTER DISABILITY-BASED INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU	TOTAL MFBU DISABILITY-BASED INCOME. \$ _____	
6	\$240 DEDUCTION	-\$240	
7	REMAINING NON-EXEMPT DISABILITY - BASED INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = \$ _____	7A UNUSED \$240 (LINE 6 - LINE 5, IF NEGATIVE ENTER 0) \$ _____ (UNUSED \$240)
8	ENTER EARNINGS FOR UP TO TWO MFBU MEMBERS, THEN TOTAL FOR MFBU (IF 3 OR MORE PERSONS WITH EARNINGS, SKIP LINES 8 & 9 AND PROCEED TO WORKSHEET FOR 3+ EARNERS)	TOTAL MFBU EARNINGS: \$ _____	EARNINGS OF MFBU MEMBER # _____ \$ _____ + \$ _____ +
9	<input type="checkbox"/> UNUSED \$240 DEDUCTION (FROM BOX 7A)	-\$ _____	
10	REMAINING NON-EXEMPT EARNED INCOME (OR FROM LINE 12 WORKSHEET), IF DEDUCTION EXCEEDS EARNED INCOME, ENTER "0"	= \$ _____	
11	50% DEDUCTION (DIVIDE AMOUNT IN LINE 10 BY 2)	= \$ _____	
12	<input type="checkbox"/> DEPENDENT CARE DEDUCTION (§50553.5)	-\$ _____	
13	REMAINING NON-EXEMPT EARNED INCOME	BOX 13 \$ _____	
14	<input type="checkbox"/> UNUSED \$240 DEDUCTION (FROM BOX 7A)	-\$ _____	TOTAL REMAINING NON-EXEMPT UNEARNED INCOME, NON-EXEMPT DISABILITY-BASED INCOME & NON-EXEMPT EARNED INCOME (TOTAL FROM BOX 4, 7 & 13) \$ _____
15	<input type="checkbox"/> CHILD/SPOUSAL SUPPORT PYMTS (§50554)	-\$ _____	
16	<input type="checkbox"/> ALLOCATION TO EXCLUDED CHILDREN (§50558)	-\$ _____	
17	<input type="checkbox"/> ALLOCATION TO PA FAMILY MEMBER (§50557)	± \$ _____	
18	REMAINING NON-EXEMPT EARNED INCOME	BOX 13 \$ _____	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR) = \$ _____
19	IF INCOME FROM LINE 18 IS LESS THAN LIMIT FROM LINE 19, FAMILY IS INCOME ELIGIBLE.	<input type="checkbox"/> ELIGIBLE	SEC. 1931 MBSAC INCOME LIMIT FOR FAMILY \$ _____ <input type="checkbox"/> NOT ELIGIBLE: IF NO SNEEDE - ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDICAL PROGRAMS; IF SNEEDE - ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC 1931 UNDER SNEEDE.
ELIGIBILITY WORKERS SIGNATURE:		WORKER NUMBER:	COMPUTATION DATE:
			COUNTY USE:

MC 176 MA - 1931 Group - RECIP (2/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health And Human Services Agency

Department of Health Services

SEC 1931 PROGRAM WORKSHEET: APPLYING THE \$240 & ½ DEDUCTION TO RECIPIENT FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

NAME:					
1	Family's Non-exempt earned income	\$ _____	\$ _____	\$ _____	\$ _____
2	Non-exempt earned income of two highest earners	\$ _____			
3	Unused \$240 deduction (from box 7a Recipient Budget Sheet [MC 176M 1931 RECIPIENT] if result is 0 or less, enter 0)	- \$ _____			
4	Remaining Non-exempt earned income of two highest earners (if deduction exceeds earned income, enter "0")	= \$ _____			
5	Non-exempt earned income of 3rd highest earner	\$ _____			
6	\$120 deduction	- \$120			
7	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0.")	= \$ _____			
8	Non-exempt earned income of 4th highest earner	\$ _____			
9	\$120 deduction	- \$120			
10	His/her remaining Non-exempt earned income (if deduction exceeds earned income, enter "0")	= \$ _____			
11	Other remainder Non-exempt earned income (if 5 or more persons with earnings, enter Total of their remainder earned income after subtracting \$120 from earnings of each.) (if deduction exceeds earned income, enter "0")	= \$ _____			
12	Non-exempt earned income Subtotal (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 10)	= \$ _____			

MC 176M-A – 1931Group – 3+ earner (5/99)

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-16



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – APPLICANT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

CASE TYPE: APPLICANT OR RECIPIENT USING FEDERAL POVERTY LEVEL (FPL) (ALTERNATIVE B)

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided in Section 50547, Title 22, California Code of Regulations

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	<input type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Parent B or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ①					
3. In-kind income (IKI). ②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

① Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. Divide the \$50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.
② Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.
Child/Spousal support and/or IKI computations:	

B. DISABILITY-BASED INCOME					
6. Source and amount of disability-based income.					
7. Section 1931(b) \$240 deduction					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

C. NONEXEMPT EARNED INCOME					
9. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI)					
10. \$90 work expense deduction					
11. Child care deduction					
12. Other deductions.					
13. Total deductions (add lines 10, 11 and 12).					
14. Total net nonexempt earned income (subtract line 13 from line 9).					

D. TOTAL COUNTABLE INCOME					
15. Total countable nonexempt unearned income (line 5).					
16. Total countable disability-based income (line 8).					
17. Total countable nonexempt earned income (line 14).					
18. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C 2).					
19. Total countable income (add lines 15, 16, 17 and 18).					

E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
20. Court-ordered child support or alimony.					
21. Income used to determine PA eligibility (see MC 175-6, Section B).					
22. Other deductions.					
23. Total deductions (add lines 20, 21 and 22).					
24. Total net countable income (subtract line 23 from line 19). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					

F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
25. P/S own needs (use FPL for one person).					
26. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 18).					
27. Parent's total net nonexempt income (subtract line 26 from line 24).					
28. Parent's net nonexempt income less P/S own needs (subtract line 25 from line 27); if negative, enter 0.					
29. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
30. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
31. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> B
32. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 28 by line 29 and enter in applicable box). Do not enter under Parent B if unmarried.					

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

33. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 28 by line 30 and enter in applicable box). Do not enter under Parent A if unmarried.					
34. Enter the lesser of either line 25 or 27.					
35. Parent's total net nonexempt income (add lines 26, 34 and 32 or 33).					
36. Child's total net nonexempt income (add lines 24, 32 and 33); enter in Part 2.					

PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME	
<input type="checkbox"/> Section 1931(b) Income Test	<input type="checkbox"/> Section 1931(b) Property Determination
<p>Instructions:</p> <ol style="list-style-type: none"> 1. Include unborn in the mother's MBU and property limit/FPL income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU. 2. Do not include an excluded child. 3. Do not list MBU members in more than one MBU. 4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members. 5. Property determinations: enter the allocation for each spouse from MC 324, line 29. 6. Enter each person's net nonexempt income from lines 35 or 36. 	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU <input type="checkbox"/> Property Limit <input type="checkbox"/> FPL	
Check one:	
<input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility – exceeds FPL – Property eligible – FAIL <input type="checkbox"/> Income eligible – at or below FPL – Property eligible – PASS	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – RECIPIENT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

CASE TYPE: RECIPIENT (ALTERNATIVE A)

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	<input type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Parent B or <input type="checkbox"/> Caretaker Relative	<input type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ⓐ					
3. In-kind income (IKI). ⓑ					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

ⓐ Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. Divide the \$50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.
ⓑ Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.
Child/Spousal support and/or IKI computations:	

B. DISABILITY-BASED INCOME					
6. Source and amount of disability-based income. (Continue to line 7, even if no disability income.)					
7. Section 1931(b) \$240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					
9. Unused Section 1931(b) deduction. (If line 6 is 0, enter \$240. Otherwise, subtract line 6 from line 7.) Enter 0 if negative					

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

C. NONEXEMPT EARNED INCOME					
10. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
11. Section 1931(b) deduction from line 9					
12. Remaining nonexempt earned income (subtract line 11 from line 10).					
13. 50% earned income deduction (one-half of line 12).					
14. Child care deduction.					
15. Other deductions.					
16. Total deductions (add lines 13, 14 and 15)					
17. Total net nonexempt earned income (subtract line 16 from line 12)					

D. TOTAL COUNTABLE INCOME					
18. Total countable nonexempt unearned income (line 5).					
19. Total countable disability-based income (line 8).					
20. Total countable nonexempt earned income (line 17).					
21. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
22. Total countable income (add lines 18, 19, 20 and 21).					

E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
23. Court-ordered child support or alimony.					
24. Income used to determine PA eligibility (see MC 175-6, Section B).					
25. Other deductions:					
26. Total deductions (add lines 23, 24 and 25).					
27. Total net countable income (subtract line 26 from line 22). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					

F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
28. P/S own needs (subtract \$1 from MBSAC for one person).					
29. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 21).					
30. Parent's total net nonexempt income (subtract line 29 from line 27).					
31. Parent's net nonexempt income less P/S own needs (subtract line 28 from line 30); if negative, enter 0.					
32. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
33. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
34. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> A <input type="checkbox"/> B

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

35. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 31 by line 32 and enter in applicable box). Do not enter under Parent B if unmarried.					
36. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 31 by line 33 and enter in applicable box). Do not enter under Parent A if unmarried.					
37. Enter the lesser of either line 28 or 30.					
38. Parent's total net nonexempt income (add lines 29, 37 and 35 or 36).					
39. Child's total net nonexempt income (add lines 27, 35 and 36); enter in Part 2.					

PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME

 Section 1931(b) MBSAC Income Test

 Section 1931(b) Property Determination

Instructions:

1. Include unborn in the mother's MBU and property limit/MBSAC income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU.
2. Do not include an excluded child.
3. Do not list MBU members in more than one MBU.
4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members
5. Property determinations: enter the allocation for each spouse from MC 324, line 29.
6. Enter each person's net nonexempt income from lines 38 or 39.

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one:	
<input type="checkbox"/> Excess property – FAIL	
<input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL	
<input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MBU NUMBER	
Person name/number	Net Nonexempt <input type="checkbox"/> Property <input type="checkbox"/> Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs <input type="checkbox"/> Property Limit <input type="checkbox"/> MBSAC	
Check one: <input type="checkbox"/> Excess property – FAIL <input type="checkbox"/> Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL <input type="checkbox"/> Income eligible – below MBSAC – Property eligible – PASS	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2003 FEDERAL POVERTY LEVEL CHART

Effective 4/1/03

Persons	Monthly MMNL(\$)	MMNL as % of FPL	100%(\$) Monthly	Annual(\$) 100% FPL	120% Monthly (\$)	133% Monthly (\$)	185% Monthly (\$)	200% Monthly (\$)	250% Monthly (\$)
1	600	81	749	8980	898	996	1385	1497	1871
2	750	75	1010	12120	1212	1344	1869	2020	2525
2 Adults	934	93	1010	12120	1212	1344	1869	2020	2525
3	934	74	1272	15260	1526	1692	2353	2544	3180
4	1100	72	1534	18400	1840	2040	2837	3067	3834
5	1259	71	1795	21540	2154	2388	3321	3590	4488
6	1417	69	2057	24680	2468	2736	3805	4114	5142
7	1550	67	2319	27820	2782	3084	4289	4637	5796
8	1692	66	2580	30960	3096	3432	4773	5160	6450
9	1825	65	2842	34100	3410	3780	5258	5684	7105
10	1959	64	3104	37240	3724	4128	5742	6207	7759
For each additional member add:	14		262	3140	314	349	485	524	655

\$35: = for Resident in LTC Facilities

MMNL: = for Medically Needy Program

100% FPL: = for Qualified Medicare Beneficiary (QMB) Program, and
 = for Children Ages 6 Up To 19 Percent Program; and
 = for FPL Program for Aged and Disabled; and
 < for Section 1931 Applicants and for Certain Recipient's

133% FPL: = for Children Ages 1 Up To Age 6
 185% FPL: = for Transitional Medi-Cal (TMC)
 200% FPL: = for Qualified Working Disabled Individuals; and
 = for Pregnant Women and Infants Up To Age 1 (disregard is in the 200% FPL)
 250% FPL: = for Healthy Families Program, and for Working Disabled Program

120% FPL < for Specified Low Income Beneficiaries

Notes:

"=" means: eligibility if budget unit income is equal to or less than income limit;
 "<" means: eligibility if budget unit income is less than income limit
 Figures in above chart are rounded up to next dollar where necessary.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**Section 1931(b) Determinations: Sneede v. Kizer
Prorated FPL Income Standard and Property Levels
- April 1, 2003 -**

I. MBU Contains an Adult - May also Include an Unborn

Person Type	1931(b) Income	Property
Single Parent	\$ 749	\$3,000
Single Parent with Unborn	1,010	3,000
Married Couple -Two Adults	1,010	3,000
Married Couple with Unborn	1,272	3,150
Unmarried Couple - Each Unmarried Partner	749	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA or Not in the MBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparen(s) and They Are in the Same MFBU - (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	\$ 505	\$1,500	\$ 424	\$1,050
2	848	2,100	767	1,650
3	1,151	2,475	1,077	2,070
4	1,436	2,760	1,372	2,400
5	1,715	3,000	1,657	2,679
6	1,988	3,215	1,935	2,925
7	2,258	3,413	2,211	3,150
8	2,527	3,600	2,484	3,360
9	2,794	3,780	2,754	3,437
10*	3,060	3,819	3,024	3,500

***NOTE:** Add \$262 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.
$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU} = \text{Prorated income}$$

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-26

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

TABLE 1: SECTION 1931(b) INCOME LIMITS EFFECTIVE JULY 1, 1999

Family Size	Effective Section 1931 Income Limit**
1	\$390
2	\$639
3	\$793
4	\$942
5	\$1,074
6	\$1,208
7	\$1,327
8	\$1,445
9	\$1,567
10	\$1,701*

*Add \$14 dollars for each additional needy person over 10.

** The figures in this column will be used for purposes of determining Section 1931(b) income eligibility. If the family's net non-exempt income is less than the amount in this column appropriate for that size family, the family is eligible for the Section 1931(b) program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Section 1931(b) Determinations: Sneede v. Kizer Prorated MBSAC Income Standard and Property Levels - July 1, 1999 -

I. MBU Contains an Adult - May also include an Unborn

Person Type	1931(b) Income	Property
Single Parent	\$ 390	\$3,000
Single Parent with Unborn	639	3,000
Married Couple - Two Adults	639	3,000
Married Couple with Unborn	793	3,150
Unmarried Couple - Each Unmarried Partner	390	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA and Not in the MFBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	\$ 397	\$1,500	\$ 314	\$1,050
2	628	2,100	537	1,650
3	806	2,475	725	2,070
4	967	2,760	885	2,400
5	1,106	3,000	1,033	2,679
6	1,239	3,215	1,176	2,925
7	1,371	3,413	1,323	3,150
8	1,512	3,600	1,372	3,360
9	1,543	3,780	1,415	3,437
10*	1,571	3,819	1,453	3,500

*NOTE: Add \$14 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \frac{\text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU}}{\text{Parent(s) + Child(ren) in MBU}} = \text{Prorated income}$$

Pending

SECTION NO.: 50226

MANUAL LETTER NO.: 280

DATE: 07/03/2003 5S-28