

DATE: August 27, 2024

Medi-Cal Eligibility Division Information Letter

Letter No.: I 24-16

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: UPDATED SCREENING TOOL FOR APPLYING SPOUSAL
IMPOVERISHMENT PROVISIONS TO THE HOME AND COMMUNITY-
BASED SERVICES POPULATION

(References: All County Welfare Directors Letters [21-18](#), [18-19](#) and [17-25](#))

Purpose

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties about the updated Spousal Impoverishment Screening Tool and accompanying guidelines for applying the Spousal Impoverishment (SI) provisions when determining Medi-Cal eligibility for a Home and Community-Based Services (HCBS) population individual. The tool has been revised to reflect the elimination of the asset test and recent updates related to SI in the California Statewide Automated Welfare System (CalSAWS). It is designed to assist County Eligibility Workers (CEWs) in identifying when and how the SI provisions apply.

In addition, DHCS has developed supplementary resources to guide counties through the process of applying SI provisions, including detailed steps and a companion guide.

Background

Under the Affordable Care Act (ACA), effective January 1, 2014 the definition of an “institutionalized spouse” was expanded to include HCBS spouses. HCBS spouses are applicants or beneficiaries who have community spouses or registered domestic partnerships (RDPs) and:

- Are enrolled in an HCBS waiver; or
- Have requested In Home Supportive Services (IHSS) or HCBS and have provided the MC 604 MDV form as verification they require nursing facility level of care (NFLOC) as of a certain date.

The spousal impoverishment provisions allow the community spouse/RDP to retain more income and resources upon submission of a Medi-Cal application for an institutionalized spouse/RDP or a spouse/RDP who requests HCBS.

Screening Tool

As part of DHCS's ongoing commitment to providing counties with comprehensive support and training on Spousal Impoverishment (SI) provisions, an updated screening tool has been developed for county use. This tool, along with accompanying resources, offers step-by-step instructions for identifying when SI provisions should be applied, as well as general information and reminders about the process.

The screening tool is designed for use by County Eligibility Workers (CEWs) to determine whether SI eligibility should be applied during the application process, at renewal, or when there is a reported change in circumstances. CEWs may reference information from application forms, In-Home Supportive Services (IHSS)/waiver referrals, or details reported by the applicant/member or their representative to assess the applicability of SI provisions.

Additionally, CEWs can use this tool to identify cases that need to be entered as HCBS waiver or program cases in CalSAWS to initiate an SI budget.

For married individuals or registered domestic partners who are requesting, receiving, or on a waitlist for HCBS programs, the screening tool should be used to determine whether SI provisions should be applied when assessing the eligibility of the HCBS spouse or registered domestic partner.

Process and Steps for Applying the Spousal Impoverishment Provisions

DHCS has developed a comprehensive tool that outlines the process and steps for applying SI provisions. This tool includes detailed instructions for income calculations, determining community spouse/RDP eligibility, retroactive eligibility, and managing the annual renewal process. It guides users through applying the SI provisions in both the CalSAWS system and through a manual budget.

Spousal Impoverishment Companion Guide

DHCS has developed an SI Companion Guide to provide additional information and resources related to SI. This guide is intended to support CEWs in understanding and applying SI provisions and current policies. The SI Companion Guide includes:

- Additional information and terminology related to SI
- Guidance on identifying potential SI candidates
- Instructions for determining the need for HCBS
- Medi-Cal eligibility determinations in relation to SI provisions
- Steps for determining the date to apply SI provisions
- Important reminders about SI

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- Eligibility guidelines for community spouses/RDPs
- Instructions for retroactive eligibility
- Procedures for the annual renewal process
- Key resources for HCBS SI

Counties will find the following resources enclosed in this letter:

- HCBS SI Screening Tool
- Process and Steps for Applying the SI Provisions
- SI Companion Guide
- Budget Steps for HCBS SI

If you have any questions, or if we can provide further information, please contact:

- Michael Allen at (916) 345-7554 or by email at Michael.Allen@dhcs.ca.gov.
- Andrey Bodrov at (916) 345-8675 or by email at Andrey.Bodrov@dhcs.ca.gov.

Sincerely,

Theresa Hasbrouck
Chief, Policy Development Branch
Medi-Cal Eligibility Division
Department of Health Care Services

Enclosure

HCBS Spousal Impoverishment Screening Tool for Eligibility Determinations after January 1, 2024

Case Name:	Case Number:	
Date:	Month of Eligibility:	
Section 1: Determining If SI Rules Apply	Yes	No
1. Is the applicant/member married or in a registered domestic partnership (RDP)? <i>If “Yes”, proceed to the next item. If “No”, SI does not apply.</i>		
2. Has the applicant/member requested or indicated a need for home and community based services, or is currently enrolled, or on a waitlist for a home and community-based services program? <i>Review the Spousal Impoverishment Companion Guide, page 2, section, <u>Determining Need for Home and Community Based Services</u>, for further guidance.</i> <i>If “Yes”, proceed to the next item. If “No”, SI does not apply.</i>		
3. Does the applicant have any linkage to Non-MAGI Medi-Cal by age or disability? <i>If “Yes”, SI provisions may be applied.</i>		
<p>If any of the answers above are “No”, and the SI provisions do not apply to the applicant/member, please document in the journal or case file.</p> <p>If the answers to all three questions above are “Yes”, then the applicant/member is potentially eligible to have the SI provisions applied.</p> <p>Once a case has been screened for SI, use the following checklist to apply the SI provisions when determining the HCBS spouse’s/RDP’s Medi-Cal eligibility. Please include all supporting forms/documentation/verification in the case file, e.g., Budget Worksheet, if not completed in CalSAWS.</p>		
Section 2: Potential SI Candidates	Yes	No
1. Does the applicant need help at home and in the community in order to live safely in their home and avoid entering a nursing facility or need nursing facility level of care (NFLOC)? <i>The following can be used to verify NFLOC:</i> <ul style="list-style-type: none"> • The individual is enrolled in IHSS CFCO • The individual is enrolled in an HCBS waiver or program • MC 604 MDV <ul style="list-style-type: none"> ○ Currently, no substitute forms are permitted to verify NFLOC <p><i>If the individual has not yet had needs assessment as part of the IHSS/waiver enrollment process:</i></p> <ul style="list-style-type: none"> • Provide the individual with a MC 604 MDV form 		

Section 2: Potential SI Candidates	Yes	No
2. Has the MC 604 MDV been provided to the applicant/member? (if applicable) <i>Reminder: the MC 604 MDV must be provided to the applicant/member at the time of the request for services.</i>		
3. Is the applicant/member potentially eligible for a Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal program? <i>If no, evaluate the applicant for Non-MAGI Medi-Cal based on a Medi-Cal disability determination.</i>		
If the answers to all three questions above are “Yes”, then the applicant/member is potentially eligible to have the SI provisions applied.		
Section 3: Determining the Date on Which to Apply SI Provisions (This will not necessarily be the date of the Medi-Cal application)	Date	
1. Date of the first request for either IHSS or HCBS <i>This request can be made verbally, in writing, or by answering “Yes” to the IHSS/HCBS question from the Medi-Cal application.</i> <i>Review the Spousal Impoverishment Companion Guide, page 3, section, <u>Determining the Date on Which to Apply SI Provisions</u>, for further guidance.</i>		
2. Date the applicant needs help at home and in the community in order to live safely in their home and avoid entering a nursing facility or need nursing facility level of care (NFLOC)? <i>Established by:</i> <ul style="list-style-type: none"> • <i>Date of enrollment in IHSS CFCO/HCBS or</i> • <i>Date indicated by doctor on signed MC 604 MDV</i> 		
3. SI Eligibility Date <i>(Date on which both of above criteria are met)</i>		

Process and Steps for Applying the Spousal Impoverishment Provisions in CalSAWS and Manual Budget

Process and Steps for Applying the Spousal Impoverishment Provisions in CalSAWS	
Process	Steps
Income calculations	<ol style="list-style-type: none"> 1) Determine countable income. 2) Determine allowable deductions and appropriate allocation. Complete data entries and confirm the outcome.
Community Spouse/Registered Domestic Partnership (RDP) eligibility	<ol style="list-style-type: none"> 1) Confirm/verify if the community spouse/RDP is requesting Medi-Cal. 2) Confirm the community spouse/RDP is not requesting In-Home Supportive Services (IHSS) or waiver services with a nursing facility level of care (NFLOC). <ol style="list-style-type: none"> a. If the community spouse/RDP is also receiving or requesting IHSS or waiver services with a NFLOC, the spouse/RDP should be screened for possible institutional deeming. 3) If the discontinuance of Spousal Impoverishment (SI) provisions will result in a negative action, follow noticing requirements and send the appropriate Notice of Action (NOA).
Retroactive eligibility	<ol style="list-style-type: none"> 1) Verify whether retroactive eligibility applies. 2) For any months of eligibility prior to January 1, 2024, complete property eligibility determination following the steps in the screening tool published in Medi-Cal Eligibility Information Letter (MEDIL) 22-35. 3) The Medi-Cal Out-of-Pocket Expense Reimbursement (Conlan) notice may be used for Medi-Cal reimbursements. The notice is available here on the DHCS website.
Annual renewal process	<ol style="list-style-type: none"> 1) Confirm continued Home and Community-Based Services (HCBS) participation or continued waitlist for HCBS. 2) Re-verify income eligibility at renewal.

Process and Steps for Applying the SI provisions with Manual Budget	
Process	Steps
Income calculations	<ol style="list-style-type: none"> 1) Determine countable income. 2) Determine allowable deductions and appropriate allocation.
Manual budgets	<ol style="list-style-type: none"> 1) Complete the manual budget worksheet. 2) Retain a copy of the manual budget for the case file. 3) Complete a journal entry.
CalSAWS	<ol style="list-style-type: none"> 1) Complete data entries and perform appropriate overrides as needed.
MEDS	<ol style="list-style-type: none"> 1) Check MEDS and complete online transactions as needed. 2) Verify necessary transactions are sent to MEDS.
Community Spouse/RDP eligibility	<ol style="list-style-type: none"> 1) Confirm/verify if the community spouse/RDP is requesting Medi-Cal. 2) Confirm the community spouse/RDP is not requesting IHSS or waiver services with a NFLOC. <ol style="list-style-type: none"> a. If the community spouse/RDP is also receiving or requesting IHSS or waiver services with a NFLOC, the spouse/RDP should be screened for possible institutional deeming. 3) If the discontinuance of SI provisions will result in a negative action, follow noticing requirements and send the appropriate NOA.
Retroactive eligibility	<ol style="list-style-type: none"> 1) Verify whether retroactive eligibility applies. 2) For any months of eligibility prior to January 1, 2024, complete property eligibility determination following the steps in the screening tool published in MEDIL 22-35. 3) The Medi-Cal Out-of-Pocket Expense Reimbursement (Conlan) notice may be used for Medi-Cal reimbursements. The notice is available here on the DHCS website.
Annual renewal process	<ol style="list-style-type: none"> 1) Confirm continued HCBS participation or continued waitlist for HCBS. 2) Re-verify income eligibility at renewal.

Spousal Impoverishment Companion Guide

<u>Additional Information and Terminology</u>	
Spousal Impoverishment (SI) Provisions	Financial methodologies that allow the community spouse/registered domestic partner (RDP) to retain more income when their spouse/RDP needs nursing facility level of care (NFLOC) and Medi-Cal.
Community Spouse	A person who is married or is in a registered domestic partnership (RDP) to an institutionalized or HCBS spouse/RDP and is not an inpatient in a medical or nursing facility, or a participant in a Home and Community-Based Services waiver or program.
Home and Community Based Services (HCBS)	<p>A Medi-Cal program that allows states to provide services to help Medi-Cal beneficiaries live in the community instead of in institutions.</p> <p>Examples of HCBS programs include:</p> <ul style="list-style-type: none"> • Assisted Living Waiver (ALW) • California Community Transitions (CCT) • Community-Based Adult Services (CBAS) • Home and Community Based Alternatives (HCBA) • In-Home Supportive Services (IHSS) • Community First Choice Option (CFCO) • Multipurpose Senior Services Program (MSSP) • Program of All-Inclusive Care for the Elderly (PACE)
HCBS Spouse	The spouse or RDP who is requesting HCBS Medi-Cal.
Spousal/Family Member Income Allocation	The amount of monthly income that may be allocated to the community spouse/RDP or family member(s).
Minimum Monthly Maintenance Needs Allowance (MMMNA)	<p>The standard amount (determined annually) used in determining the amount of the spousal income allocation from the HCBS spouse/RDP to the community spouse/RDP. The HCBS spouse/RDP may choose to allocate a lower amount to the community spouse/RDP.</p> <p>This amount is not used if there is a fair hearing or court-ordered amount for a higher spousal income allocation.</p>

Potential SI Candidates

- There are certain life scenarios that may indicate a need for HCBS. County Eligibility Workers (CEWs) should screen for these circumstances and contact the individual to confirm whether they would like to request services or enroll in a waiver.
 - Being discharged from Long-Term Care (LTC)
 - Wanting to stay in home and avoid LTC
 - Declining health
 - Becoming disabled
 - Existing disability worsened
 - Needing assistance at home
 - An Authorized Representative (AR) or spouse/RDP may indicate a need for assistance with home care.
 - Common medical conditions such as dementia, Alzheimer's, cancer, Parkinson's Disease, etc may indicate a need for assistance at home.
- The MC 604 MDV must be signed by a licensed medical provider stating that the applicant/member would likely require nursing facility level of care for at least 30 consecutive days unless he/she receives in-home care and support services that will permit him/her to reside safely at home.
- CEWs should establish communication with IHSS program staff for any cases where a request for IHSS is indicated.
- CEWs should familiarize themselves with the HCBS waivers and programs available in their county.
 - For a list of HCBS waivers and programs, please see the waiver page on the DHCS website: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Co-OPS-Sup/HCBS-Elig.pdf>
- When determining whether an individual is receiving CFCO, check MEDS for the presence of aid code 2K, which verifies that the applicant/member meets a nursing facility level of care. If the 2K aid code is not on MEDS, the CEW shall communicate with the IHSS EW regarding the needs assessment, and document the final decision in the case record. A copy of the needs assessment from IHSS is not necessary before applying the SI provisions.

Determining Need for Home and Community Based Services

The following can be used to determine if the applicant/member requested or indicated a need for home and community-based services, or if they are currently enrolled or on a waitlist for a home and community-based services program.

May Be Enrolled In/Receiving Services:

- Participation in IHSS Community First Choice Option (CFCO) is verified by checking for:
 - Reviewing aid code 2K (in MEDS)
- Enrollment in an HCBS waiver or program can be verified by presence of a waiver aid code, SI case flag in SAWS, referral from care coordinator or waiver agency.

Needs or is Requesting Services/Waitlisted:

Applicant/member can request or indicate a need for IHSS or HCBS through:

- the Medi-Cal Single Streamlined Application (SSApp),
 - Review Question: Do you need help with long-term care or home and community-based services?
- the SAWS 2 Plus question 6j,

Determining Need for Home and Community Based Services

- Form MC 216,
 - Review Questions:
 - Does anyone in your household have a physical, mental, emotional, or developmental disability?
 - Does anyone in your household need help with long-term care or home and community-based services?
- Form MC 210 RV,
 - Review Question: Does anyone in your household need help with long-term care or home and community-based services?
- An indication of a disability, or a written attestation of need such as a cover letter,
- A needs assessment for an HCBS waiver or program,
- Written or verbal request, or
- a waiver referral or application.

Medi-Cal Eligibility Determination

- SI provisions can only be applied when the applicant/member is potentially eligible for a Non-MAGI Medi-Cal program.
- All County Welfare Director's Letter (ACWDL) [18-19](#) states CEWs must review for Pickle eligibility before evaluating for Non-MAGI program eligibility. As outlined in Medi-Cal Eligibility Division Information Letter (MEDIL) [22-08](#), SI provisions may be applied to individuals who are eligible for Pickle.

Determining the Date on Which to Apply SI Provisions

The date of the first request for either IHSS or HCBS can be made verbally, in writing, or by answering "Yes" to the IHSS/HCBS question from the Medi-Cal application.

An individual may request IHSS or HCBS using the following methods:

- Applies for a waiver
- Being on a waiver waitlist
- Completing a waiver assessment
- Referral from a Waiver Agency
- Applies for IHSS
- Referral from IHSS
- Indicates the need on their application
- Provides a copy of a waiver application, whether or not it has been submitted yet
- Provides the MC 604 MDV
- Discharge from a LTC facility
- Asking about services which may be available to keep them in the home

The SI eligibility date is when both the request for HCBS and need for nursing facility level of care (NFLOC) are met.

Example: Applicant applied for the Home and Community-Based Alternatives (HCBA) waiver on May 10, 2024, and the waiver agency advises them they need to apply for Medi-Cal. The application for Medi-Cal is received on June 2, 2024. The applicant provides a copy of the HCBA application with the Medi-Cal application. The county provides the MC 604 MDV to the applicant. The applicant takes the form to their primary care physician, who certifies that the applicant

Determining the Date on Which to Apply SI Provisions

required nursing facility level of care for at least 30 consecutive days starting March 15, 2024. **May 10, 2024, is the SI eligibility date. May 2024 is the first month the SI provisions apply.**

SI Reminders

- The spouses/RDPs are in separate Medi-Cal Family Budget Units (MFBUs), meaning the community spouse's/RDP's income is NOT counted toward the HCBS spouse's/RDP's eligibility.
- The spousal income allocation is optional and may be adjusted to best fit the spouses'/RDP's circumstances (e.g., to preserve Medi-Cal eligibility for the community spouse/RDP).
- Use all applicable Non-MAGI program income deductions and disregards, including the board and care deduction, if applicable.
- Compare the applicant's countable income to the Federal Poverty Level (FPL) for a household of one person since they are in their own MFBU.
- When calculating a share of cost (SOC), use the \$600 maintenance need income level for a person living in the community.
- Spousal and dependent family member income allocations apply.
- Budgets for SI/HCBS cases shall be completed in the California Statewide Automated Welfare System (CalSAWS).
- Please use the enclosed Budget Steps for HCBS Spousal Impoverishment to complete a manual SI/HCBS budget, if necessary.
- The CEW shall retain a copy of the manual budget and complete a journal entry to that effect.
- The CEW shall ensure that any necessary overrides are completed, and all necessary transactions are sent to MEDS to ensure eligibility for the correct Non-MAGI program starting with the first month the SI provisions apply and ongoing.
- In CalSAWS, the default automated spousal allocation will be the maximum allocation. CEWs shall adjust the spousal allocation as needed to preserve Medi-Cal eligibility for the community spouse.
- Reminder: the MC 604 MDV must be provided to the applicant/member at the time of the request for HCBS.

Community Spouse/RDP Eligibility

- If the community spouse/RDP requests Medi-Cal eligibility subsequent to the HCBS spouse's/RDP's eligibility, SI provisions continue to apply, and the spousal income allocation is still permitted.
- The spousal income allocation amount may be adjusted.
- If the community spouse/RDP also requests HCBS at a NFLOC, there is no longer a community spouse/RDP, and the SI provisions may no longer be applied.
 - If the community spouse/RDP is also requesting HCBS with a NFLOC please refer to ACWDL [23-13](#) for directions on institutional deeming.

Retroactive Eligibility

Counties must apply the SI provisions retroactively under any of the following circumstances in cases where there is an HCBS spouse/RDP:

- At application
- At annual renewal
- Who is a CFCO recipient in the 2K aid code with a SOC on or after January 1, 2014 (see below)
- Who requests a retroactive redetermination

Retroactive Eligibility

- Who requests a fair hearing
- For more information, please see section 7 on page 13 of ACWDL [18-19](#).

Per ACWDL [18-19](#), retroactive evaluations may go back to January 1, 2014, if all the criteria are met.

- The county shall issue letters of Electronic Letter of Authorization (E-LOA) and share of cost letters (MC 1054) for members to seek reimbursement for out-of-pocket expenses.
- DHCS released ACWDL [20-15](#) regarding reimbursement for retroactive IHSS claims. HCBS SI retroactive applications will often lead to claims for reimbursement, particularly for IHSS.

Spousal Impoverishment prior to January 1, 2024

- Applications by institutionalized spouses/RDPs, or requests for in-home care or HCBS waiver and program services, submitted prior to January 1, 2024, and any requests for retroactive coverage for months prior to January 1, 2024, will still be subject to all the property eligibility determinations and verification requirements for the initial month when the Community Spouse Resource Allowance (CSRA) is being determined.
- In addition, members who are institutionalized spouses/RDPs and HCBS spouses/RDPs will still be subject to property limits for any months of eligibility prior to January 1, 2024, except for months covered by the asset waiver in accordance with MEDIL [23-19](#).

Annual Renewal Process

The same processes used for determining eligibility at the time of the original application are also required at renewal, with the following exceptions:

- The HCBS spouse/RDP, community spouse/RDP, authorized representative, administrator, or care coordinator need only confirm continued HCBS participation or waitlist status.
- NFLOC shall not be verified; all that is needed is an indication in the renewal packet that the applicant/member continues to receive HCBS.
- If needed, counties should continue to manually apply SI provisions.

Application of the SI provisions should be entered in the case notes.

HCBS SI Key Resources

ACWDL 17-25	Home and Community-Based Services and Spousal Impoverishment Provisions
ACWDL 18-19	Supplement to Home and Community-Based Services and Spousal Impoverishment
ACWDL 20-15	Retroactive eligibility and reimbursement under Spousal Impoverishment for In-Home Supportive Services/Community First Choice Option
ACWDL 23-07	Information and Instructions Regarding the Home and Community-Based Alternatives Waiver and the Role of the County Eligibility Worker
ACWDL 23-13	Possible Institutional Deeming of Two home and Community-Based Services Spouses and Eligibility Determinations for Registered Domestic Partners When Both Request Home and Community Based Services
ACWDL 23-16	Spousal Impoverishment Under Elimination of Asset Limits Beginning January 1, 2024
MEDIL 22-08	Frequently Asked Questions (FAQs) related to HCBS Spousal Impoverishment
MEDIL 21-07	Updated Budget Steps Worksheet for HCBS Spousal Impoverishment Evaluations

Case Name:**Case Number:****Current Date:****Month of Eligibility:**

Budget Steps for HCBS Spousal Impoverishment

For Spousal Impoverishment Evaluations effective December 1, 2020 or after

Effective December 1, 2020 the income limit for the Aged, Blind, and Disabled Federal Poverty Level (ABD FPL) program increased from 100% to 138% of the FPL. The standard income disregard of \$230 for an individual and \$310 for a couple will no longer be allowed in the ABD FPL program.

Effective December 1, 2020 Medicare premiums of the HCBS spouse in the ABD FPL program become an on-going Medicare exemption, equal to the amount of the Medicare premium, that starts in the month in which Buy-In is expected to occur.

STEP 1 – DETERMINE POTENTIAL SPOUSAL INCOME ALLOCATION

Potential Spousal Income Allocation		Community Spouse
	Gross Nonexempt Income	
1	RSDI (Social Security Title II)	
2	Net Income from Rental Property (22 CCR Section 50508)	
3	In-Kind Income (22 CCR 50511)	
4	Other Nonexempt Unearned Income (identify)	
5	Other Nonexempt Unearned Income (identify)	
6	Gross Nonexempt Earned Income (includes Net Income from Self-Employment 22 CCR Section 50505)	
7	Subtotal Gross Nonexempt Income - Add Lines 1 through 6 and enter the result here.	
8	Enter Medicare Premiums and OHC Costs paid by the Community Spouse	–
9	Total Gross Nonexempt Income - Subtract Line 8 from Line 7 and enter the result here.	
10	Enter the MMMNA Standard Amount	
11	Enter Total Gross Nonexempt Income from Line 9	–
12	<p>Amount of Potential Spousal Income Allocation - Subtract Line 11 from Line 10 and enter the result here. This amount may be lowered if the spouses want a lower amount allocated to the community spouse to, for example, preserve eligibility for the community spouse.</p> <ul style="list-style-type: none"> • If result is = 0 or < 0, then there is no potential spousal income allocation, unless... (see note below). • If the result is > 0, then the result is the spousal income allocation, unless... (see note below). <p>NOTE: If a fair hearing or a court order for support has established a greater spousal income allocation or a spousal support amount, then the ordered amount shall be deducted from the HCBS spouse's income.</p>	

Case Name:

Case Number:

Current Date:

Month of Eligibility:

STEP 2 – DETERMINE HCBS SPOUSE’S ELIGIBILITY FOR ABD FPL

ABD FPL Eligibility		HCBS Spouse
	Gross Unearned Nonexempt Income	
1	Gross RSDI (Social Security Title II)	
2	Net Income from Rental Property (22 CCR Section 50508)	
3	In-Kind Income (22 CCR 50511)	
4	Other Gross Nonexempt Unearned Income (identify)	
5	Other Gross Nonexempt Unearned Income (identify)	
6	Total Gross Nonexempt Unearned Income - Add Lines 1 through 5 and enter the result here.	
7	Enter Any Income Deduction (\$20)	–
8	Countable Unearned Income - Subtract Line 7 from Line 6 and enter the result here.	
	Earned Nonexempt Income	
9	Enter Gross Nonexempt Earned Income (includes Net Income from Self-Employment 22 CCR Section 50505)	
10	Enter Unused \$20 Any Income Deduction	–
11	Enter Earned Income Deduction (\$65)	–
12	Remaining Earned Income - Subtract Line 10 and 11 from Line 9 and enter result here.	
13	Divide Remaining Earned Income by 2 and enter result here	–
14	Countable Earned Income - Subtract Line 13 from Line 12 and enter result here.	
15	Total Countable Unearned and Earned Income - Add Line 8 and Line 14 and enter the result here.	
16	Enter Medicare Premiums and OHC costs (For ABD FPL - The Medicare Part B Premium Disregard will continue even after the State begins paying the Part B premium.)	–
17	Income used to determine PA eligibility	–
18	Other deductions, if any (for example, Board & Care Deduction (See Title 22, CCR, Section 50515(a)(3) and ACWDL 00-56).	–
19	If a fair hearing order or a court order for support sets a spousal income allocation that is greater than the spousal income allocation calculated in Step 1, enter that amount here. If not, enter 0.	–
20	Net Nonexempt Income Subtract Lines 16 through 19 from Line 15. Round 49 cents or less down to the next whole dollar, round 50 cents or more up to the next whole dollar. Enter result here.	
21	Enter 138% FPL for one person	–

Case Name:

Case Number:

Current Date:

Month of Eligibility:

ABD FPL Eligibility		HCBS Spouse
Earned Nonexempt Income [continued]		
22	Subtract Line 21 from Line 20 and enter the result here. <ul style="list-style-type: none"> If result is = 0 or < 0, then the HCBS spouse is eligible. If there was no amount entered in Line 19 above as set by fair hearing or court order, there is nothing available to allocate. If result is > 0 and there was no amount entered in Line 19 above as set by fair hearing or court order, then the result is Excess Income. Proceed to Line 23. If the result is > 0 and there was an amount entered in Line 19 above as set by fair hearing or court order, then the result is Excess Income. Proceed to and enter the result in Line 24. 	<input type="checkbox"/> Eligible
23	Enter the amount of the potential spousal income allocation calculated in Step 1 here	–
24	Excess Income - Subtract Line 23 from Line 22 and enter the result here, unless entering Excess Income directly from Line 22. <ul style="list-style-type: none"> If result is = 0 or < 0, then HCBS spouse is eligible. If the result is >0 and there are: <ul style="list-style-type: none"> No dependent family members residing with the community spouse, proceed to Step 3. Dependent family members residing with the community spouse, proceed to Line 25. 	<input type="checkbox"/> Eligible
25	Enter Family Member Base Allocation	
26	Enter the number of dependent family members residing with the community spouse	X
27	Multiply Line 25 by Line 26 and enter the result here	
28	Enter Total Gross Nonexempt Earned and Unearned Income of all dependent family members identified in Line 26.	–
29	Potential Family Member Allocation – Subtract Line 28 from Line 27 and enter the result here	
30	Enter Excess Income from Line 24	
31	Enter potential family member allocation from Line 29	–

Case Name:

Case Number:

Current Date:

Month of Eligibility:

	ABD FPL Eligibility	HCBS Spouse
32	<p>Remainder - Subtract Line 31 from Line 30. Round 49 cents or less down to the next whole dollar, round 50 cents or more up to the next whole dollar. Enter result here.</p> <ul style="list-style-type: none">• If the remainder is = 0 or < 0, then the HCBS spouse is eligible. The Excess Income from Line 24 equals the Total Family Member Allocation. The spouses will need to decide how to divide the family member allocation between any family members who also apply.• If the remainder is > 0, then go to Step 3.	<input type="checkbox"/> Eligible

Case Name:

Case Number:

Current Date:

Month of Eligibility:

Step 3 – DETERMINE HCBS SPOUSE’S ELIGIBILITY FOR 250% Working Disabled Program**Complete only if the HCBS spouse is working. If not working, move to Step 4.**

250% Working Disabled Program Eligibility		HCBS Spouse
1	Enter Total Gross Nonexempt Unearned Income from Step 2, Line 6	
2	Enter Gross Disability Income (this includes SSDI and Title II Retirement Income that used to be SSDI)	–
3	Enter Any Income Deduction \$20	–
4	Countable Unearned Income - Subtract Lines 2 and 3 from Line 1 and enter the result here.	
5	Enter Gross Nonexempt Earned Income from Step 2, Line 9	
6	Enter Unused \$20 Any Income Deduction	–
7	Enter Impairment-Related Work Expenses (IRWEs)	–
8	Enter Earned Income Deduction (\$65)	–
9	Remainder - Subtract Lines 6, 7 and 8 from Line 5 and enter result here.	
10	Divide Remainder by 2 - Divide Line 9 by 2 enter result here.	–
11	Countable Earned Income - Subtract Line 10 from Line 9 and enter result here.	
12	Subtotal Countable Earned and Unearned Income - Add Line 4 and Line 11 and enter result.	
13a	Other deductions, if any (identify)	–
13b	Other deduction, if any (identify)	–
14	Total Countable Earned and Unearned Income - Subtract Line 13a and 13b from Line 12 and enter result here.	
15	If a fair hearing order or a court order for support sets a spousal income allocation that is greater than the potential spousal income allocation calculated in Step 1, enter that amount here. If not, enter 0.	–
16	Net Nonexempt Income - Subtract Line 15 from Line 14 and enter result here. Round 49 cents or less down to the next whole dollar, round 50 cents or more up to the next whole dollar. Enter result here. Calculate premium based upon this amount.	
17	Enter 250% FPL for one person	–

Case Name:**Case Number:****Current Date:****Month of Eligibility:**

250% Working Disabled Program Eligibility		HCBS Spouse
18	Subtract Line 17 from Line 16 and enter result here <ul style="list-style-type: none"> If result = 0 or is < 0, then the HCBS spouse is eligible. If there was no amount entered in Line 15 above as set by fair hearing or court order, there is nothing available to allocate. If result is > 0 and there was no amount entered in Line 15 above as set by fair hearing or court order, then the result is Excess Income. Proceed to Line 19. If the result is > 0 and there was an amount entered in Line 15 above as set by Fair Hearing or Court Order, then the result is Excess Income. Proceed to and enter the result in Line 20. 	<input type="checkbox"/> Eligible
19	Enter the potential spousal income allocation if there was no fair hearing or court order calculated in Step 1 here	–
20	Excess Income - Subtract Line 19 from Line 18 and enter the result here, unless entering Excess Income directly from Line 18. <ul style="list-style-type: none"> If result is = 0 or < 0, then HCBS spouse is eligible. If the result is >0 and there are: <ul style="list-style-type: none"> No dependent family members residing with the community spouse, proceed to Step 4. Dependent family members residing with the community spouse, proceed to Line 21. 	<input type="checkbox"/> Eligible
21	Enter Family Member Base Allocation	
22	Enter the number of dependent family members residing with the community spouse.	X
23	Multiply Line 21 by Line 22 and enter the result here.	
24	Enter Total Gross Nonexempt Earned and Unearned Income of all dependent family members identified in Line 22.	–
25	Potential Family Member Allocation – Subtract Line 24 from Line 23 and enter result here.	
26	Enter Excess Income from Line 20.	
27	Enter potential family member allocation from Line 25.	–

Case Name:

Case Number:

Current Date:

Month of Eligibility:

250% Working Disabled Program Eligibility		HCBS Spouse
28	<p>Remainder - Subtract Line 27 from Line 26. Round 49 cents or less down to the next whole dollar, round 50 cents or more up to the next whole dollar. Enter result here.</p> <ul style="list-style-type: none">• If the remainder is $= 0$ or < 0, then the HCBS spouse is eligible. The Excess Income from Line 26 is \leq the Total Family Member Allocation. The spouses will need to decide how to divide the family member allocation between any family members who also apply.• If the remainder is > 0, then go to Step 4.	<input type="checkbox"/> Eligible

Case Name:

Case Number:

Current Date:

Month of Eligibility:

STEP 4 – DETERMINE HCBS SPOUSE’S ELIGIBILITY FOR Medically Needy Program

Medically Needy Program Eligibility		HCBS Spouse	
1	Enter Total Countable Unearned and Earned Income from Step 2, Line 15.		
2	Enter Income Used to Determine Public Assistance Eligibility.	–	
3a	Enter Medicare Premiums and OHC Costs - Buy-In is predicted to occur in the third month from the current month.	Pre-Buy-In –	Post Buy-In –
3b	Other deductions, if any (identify (for example, Board & Care Deduction, (See Title 22, CCR, Section 50515(a)(3) and ACWDL 00-56).	–	–
3c	Other deductions, if any (identify)	–	–
4	If a fair hearing or a court order for support sets a spousal income allocation that is greater than the potential spousal income allocation calculated in Step 1, enter that amount here. If not, enter 0.	–	
5	Net Nonexempt Income - Subtract Lines 2 through 4 from Line 1. Round 49 cents or less down to the next whole dollar, round 50 cents or more up to the next whole dollar. Enter result here.	Pre-Buy-In	Post Buy-In
Maintenance Need/Share of Cost (SOC)			
6	Enter \$600 MNL for one person	–	
7	Subtract Line 6 from Line 5 and enter result here. <ul style="list-style-type: none"> If result is = 0 or < 0, then the HCBS spouse is eligible. If there was no amount entered in Line 4 above as set by fair hearing or court order, there is nothing available to allocate. If result is > 0 and there was no amount entered in Line 4 above as set by fair hearing or court order, then the result is Excess Income. Proceed to Line 8. If the result is > 0 and there was an amount entered in Line 4 above as set by fair hearing or court order, then the result is Excess Income. Proceed to and enter the result in Line 9. 	Pre-Buy-In <input type="checkbox"/> Eligible	Post Buy-In <input type="checkbox"/> Eligible
8	Enter the amount of the potential spousal income allocation calculated in Step 1 here.	–	

Case Name:

Case Number:

Current Date:

Month of Eligibility:

Medically Needy Program Eligibility		HCBS Spouse	
	Maintenance Need/Share of Cost (SOC) [continued]		
9	Excess Income - Subtract Line 8 from Line 7 and enter the result here, unless Excess Income was entered directly from Line 7. <ul style="list-style-type: none"> If result is = 0 or < 0, then HCBS spouse is eligible and there is no SOC. If the result is > 0 and there are: <ul style="list-style-type: none"> No dependent family members residing with the community spouse, then the HCBS spouse is eligible and the result is the SOC. Dependent family members residing with the community spouse, proceed to Line 10. 	Pre-Buy-In <input type="checkbox"/> Eligible	Post Buy-In <input type="checkbox"/> Eligible
10	Enter Family Member Base Allocation		
11	Enter the number of family members residing with the community spouse.	X	
12	Multiply Line 10 by Line 11 and enter the result here.		
13	Enter Total Gross Nonexempt Earned and Unearned Income of all dependent family members identified in Line 11.	-	
14	Potential Family Member Allocation – Subtract Line 13 from Line 12 and enter result here.		
15	Enter Excess Income from Line 9.	Pre-Buy-In	Post-Buy-In
16	Enter potential family member allocation from Line 14.	Pre-Buy-In -	Post-Buy-In -
17	Remainder is SOC - Subtract Line 16 from Line 15. Round 49 cents or less down to the next whole dollar, round 50 cents or more up to the next whole dollar. Enter result here. <ul style="list-style-type: none"> If the remainder is = 0 or < 0, then the HCBS spouse is eligible with a Zero SOC. The Excess Income from Line 9 equals the Total Family Member Allocation. The spouses will need to decide how to divide the family member allocation between any family members who also apply. If the remainder is > 0, then the remainder is the SOC. The HCBS spouse is eligible with a SOC and there will be no Medicare Part B Buy-In unless SOC is met. 	Pre-Buy-In <input type="checkbox"/> Eligible	Post-Buy-In <input type="checkbox"/> Eligible
18	Underpayment Adjustment, if any (22 CCR 50653.3)	-	-
19	Adjusted SOC - Subtract Line 18 from Line 17. Enter result here.		