

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



February 26, 1992

Letter No.: 92-12

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: SNEEDE V. KIZER:

- (1) REVISED WORKSHEETS,
- (2) EXAMPLES OF HOW TO COMPLETE WORKSHEETS,
- (3) CASE PROCESSING CHART,
- (4) NOTICES OF ACTION

*(Due to the length of the enclosed examples, this letter will be mailed out in two parts.)*

Enclosed are the Sneede V. Kizer worksheets and examples of how to complete them. The examples are based upon Examples 1 through 6, and 8 on pages 52 - 71 in ACWDL 90-91. (Example 7 is not included as it does not differ substantially from the other examples.) Please note that corrections were made to Examples 4 and 9 from the earlier drafts issued to the counties in March 1991. Example 9 is new and illustrates what to do when there is a public assistance (PA/Other PA) person in the household and other family members want Medi-Cal benefits. Due to staff shortages and the need to issue the worksheets and notices as quickly as possible, we did not prepare an example to illustrate how to complete the MC 175-7 when there is a board and care or long-term care spouse who is temporarily away from home and not ABD-MN. For the same reasons, the examples have not been updated to reflect the 100 Percent program or Continued Eligibility.

Also enclosed are the Sneede v. Kizer notices of action. Some of the forms and all of the notices are not yet in camera-ready format. Nor do the notices have Spanish translations yet. Due to staff shortages at both the Department of Social Services and this department, it will take approximately another 2 months to obtain them in translated, camera-ready format. The worksheets and notices are to be reproduced locally by the counties until they are available in the forms warehouse (approximately an additional 3 months after the camera-ready forms are produced).

**PLEASE REVIEW THE ENCLOSED FORMS AND NOTICES CAREFULLY: THEY HAVE BEEN REVISED. DESTROY ALL PRIOR VERSIONS OF SNEEDE WORKSHEETS AND NOTICES.** County liaisons will receive a separate set of the enclosed Sneede

All County Welfare Directors  
All County Administrative Officers  
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worksheets and notices that will not be stapled together so that clean copies can be reproduced.

Please note that the language on the notices of action is not mandatory. The counties may feel free to improve or modify the notices, however the changes must be approved by my staff. Also, the counties may wish to incorporate some of the forms by condensing them onto less paper for ease of administration. Your ideas may be reflected in future versions of the Department's Sneede forms and notices.

We wish to thank the following county liaisons (in alphabetical order) for their valuable time and assistance in developing and/or reviewing the worksheets:

1. Pat Evans, Sutter County
2. Karen Kazlauckas, Santa Clara County
3. Ruth Kenworthy, Ventura County
4. Stevie Leppard, San Bernardino County
5. Fran Meister, San Diego County Health Department
6. Toni-Jo Mosley, Los Angeles County
7. Mary Potter, Sacramento County
8. Raquel Raden, San Bernardino County
9. Mary Turner, Santa Cruz County

Additional kudos to Pat Evans from Sutter County for developing the Sneede Case Processing Chart and the Sneede MFBU/MBU Reference Chart.

Lastly, Yvonne Lee wishes to extend her thanks to all of the counties who have helped her develop the very difficult Sneede procedures. The counties' kindness, understanding, and care have helped to shape the procedures into a more manageable format.

If you have any questions, please contact Marge Buzdas at (916) 657-0726 for general Sneede issues, Sharyl Shanen-Raya at (916) 657-2942 for Sneede property issues, and Dave Rappolee at (916) 657-0163 for Sneede income issues.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martuŋci, Chief  
Medi-Cal Eligibility Branch

Enclosures

Enclosure

- o MC 175 SN-1 (9/90)\*..... Important Notice - Sneede v. Kizer  
(English and Spanish)
- o MC 239 SN-1 (2/19/91)..... Medi-Cal Information Notice to Sneede Class Members Who Are  
(English and Spanish) Responsible Relatives (The State May Owe You Money)
- o MC 239 SN-2 (12/90)..... Excluded Child Statement from Parent or Caretaker Relative  
(English and Spanish) (Class members identified through status report or class notice)
- o MC 239 SN-3 (2/91)..... Excluded Child Statement from Parent or Caretaker Relative  
(English and Spanish) (New Application and Annual Redetermination)
- o MC 239 SN-4 (New)..... Notice of Action, Approval for Benefits or Change in Share of Cost  
(English and Spanish)\*\*
- o MC 239 SN-5 (New)..... Notice of Action, Denial/Discontinuance of Benefits Due to  
(English and Spanish)\*\* Excess Property (Mini Budget Unit)
- o MC 239 SN-6 (8/91)..... How to List Medical Expenses on Your Share of Cost Form (Record of  
(English and Spanish)\*\* Health Care Costs)

\*\*Spanish version not yet available.

**Example #1: Excluded Child Case - Parents Provide Information on the Excluded Child's Income.**

A household consists of a married couple and their three mutual children: Child A, Child B, and Child C. The parents do not wish to file for Child C. Assume the family is property eligible. Their monthly income is as follows:

Husband: **John Doe** \$1500 gross earnings  
 Wife: **Mary** \$ 700 UIB  
 Child A: **Tim** no income  
 Child B: **Tony** \$ 100 trust income  
 Child C (excluded): \$ 59 interest income

Teri

**I. Regular Non-Sneede Method**

**A. Excluded Child Allocation**

\$ 1259	MNIL for 5 persons (with the excluded child)
- 1100	MNIL for 4 persons (without the excluded child)
\$ 159	difference
- 59	Child C's own income
\$ 100	excluded child allocation

**B. Share of Cost Computation**

**Net Nonexempt Income**

\$ 1410	Husband's net earnings
+ 700	Wife's UIB
+ 100	Child B's trust income
\$ 2210	combined net income
- 100	excluded child allocation
\$ 2110	total net nonexempt
- 1100	MNIL for 4 (without the excluded child)
\$ 1010	share of cost

Since there is a share of cost, apply Sneede procedures.

**II. Sneede Method**

**A. Responsible Relative Determination (Include the excluded child)**

Parent/Spouse:	Husband	Wife
Others for Whom The Parent/Spouse Is Responsible:	Wife Child A - Tim Child B - Tony Child C - Teri	Husband Child A - Tim Child B - Tony Child C - Teri
	(5)	(5)

B. Mini Budget Units DeterminationMBU #1

Husband

Wife

Child A (Tim)

(3)

MBU #2

Child B - \$

(Tony)

(1)

C. Income AllocationHusband

\$1500 gross earnings

- 90 earned income deduction

\$1410 net earnings

divided by 5 = \$282 per person

Wife

\$700 UIB

divided by 5 = \$140 per person

D. Net Nonexempt Income for Each PersonHusband

\$ 282 own  
 + 140 from wife  
\$ 422 net

Wife

\$ 140 own  
 + 282 from husband  
\$ 422 net

Child A (Tim)

\$ 282 from dad  
 + 140 from mom  
\$ 422 net

Child B (Tony)

\$ 282 from dad  
 + 140 from mom  
 + 100 own  
\$ 522 net

E. Share of Cost DeterminationMBU #1

\$ 422 husband  
 + 422 wife  
 + 422 Child A  
\$1266 net nonexempt  
 - 934 MNIL for 3  
\$ 332 SOC

MBU #2

\$ 100 Child B's own  
 + 140 from mom  
 + 282 from dad  
\$ 522 net nonexempt  
 - 312 MNIL  
\$ 210 SOC

## ALLOCATION/SPECIAL DEDUCTION WORKSHEET A

County Use		Date This Form Effective
		04/91
Case name <b>John Doe</b>		Case number <b>77-123456789</b>
		Number in MFBU <b>4</b>

  

CHILDREN WITH SEPARATE INCOME OR PROPERTY EXCLUDED FROM THE MFBU NO.	
1. Maintenance need for MFBU plus excluded child(ren)	\$ <b>1259</b>
2. Maintenance need for MFBU	\$ <b>1100</b>
3. Excluded child(ren)'s share of maintenance need (line 1 minus line 2)	\$ <b>159</b>
4. Net nonexempt income of excluded child(ren)	\$ <b>59</b>
5. Allocation to excluded child(ren) (line 3 minus line 4)	\$ <b>100</b>

Enter above amount on MC 176 M, column III, line 5

  

(Parents provided income info on the excluded child)

  

DO NOT USE PART III FOR LTC PERSONS WITH A COMMUNITY SPOUSE - GO TO PARTS VII THROUGH X

  

III. ALLOCATION FROM BOARD AND CARE PERSON TO SPOUSE AND/OR CHILDREN AT HOME, OR FROM LTC PERSON WITH A COMMUNITY SPOUSE TO CHILDREN AT HOME.	
1. Maintenance need for spouse and/or children at home (other than excluded children)	\$
2. Total countable income of spouse and/or nonexcluded children	\$
3. Total allocations/deductions of spouse and/or nonexcluded children	\$
4. Total net nonexempt income of spouse and/or nonexcluded children (line 2 minus line 3)	\$
5. Unmet needs of spouse and/or nonexcluded children (line 1 minus line 4)	\$
6. Total countable income of person in LTC or board and care	\$
7. Health insurance for person in LTC or board and care	\$
8. Total net nonexempt income of person in LTC or board and care (line 6 minus line 7)	\$
9.	\$
10. Maintenance need for person in LTC or board and care	\$
11. Total amount needed for maintenance (add lines 9 and 10)	\$
12. Amount available for allocation to spouse and/or children (line 8 minus line 11)	\$
13. Allocation to spouse and/or children (line 5 or line 12, whichever is less)	\$
A For share of cost determination of the ABD person or the spouse ABD person, enter above amount on MC 176 M, column III, line 4	
B For share of cost determination of spouse and/or children at home, enter above amount on MC 176 M, column II, line 4	

  

SSI/SSP OR IHSS RECIPIENT(S) IN FAMILY—INCOME AVAILABLE/ALLOCATED	
1. SSI/SSP appropriate payment level (plus IHSS authorization for IHSS only)	\$
2. Actual SSI/SSP payment (or IHSS payment)	\$
3. Net nonexempt income used to determine grant (or IHSS) (line 1 minus line 2)	\$
4. Gross unearned income of SSI/SSP or IHSS recipient (other than grant or IHSS payment)	\$
5. SSI/SSP unearned income deductions and exemptions	\$
6. Net nonexempt unearned income (line 4 minus line 5)	\$
7. Gross earned income of SSI/SSP or IHSS recipient	\$
8. SSI/SSP earned income deductions and exemptions	\$
9. Net nonexempt earned income (line 7 minus line 8)	\$
10. Total net nonexempt income (add lines 6 and 9)	\$
11. If line 10 is greater than line 3, the difference is income available to the MFBU and is entered here and on MC 176 M, column I or II, line 3, as "PA recipient income available"	\$
12. If line 10 is less than line 3, the difference is the allocation to the SSI/SSP or IHSS recipient and is entered here and on MC 176 M, column III, line 6.	\$

  

Eligibility Worker Signature **Y. Lee**

Worker Number **0123**

Date of Completion **4/3/91**

MC 176 W (1/90)

IV. AFDC MN/MI EARNED INCOME

Ex.1

1. Name	a. John Doe	b.	c.
2. Gross earnings	\$ 1500	\$	\$
3. Work expenses	\$ 90	\$	\$
4. Net earnings (line 2 minus line 3)	\$ 1410	\$	\$
5. Enter \$30 if applicable	\$	\$	\$
6. Subtotal (line 4 minus line 5)	\$	\$	\$
7. Enter 1/3 of line 6 if applicable	\$	\$	\$
8. Subtotal (line 6 minus line 7)	\$	\$	\$
9. Dependent care	\$	\$	\$
10. Countable earnings (line 8 minus line 9)	\$ 1410	\$	\$
11. Total countable earnings of AFDC MN/MI persons (add lines 10a, b, and c)	\$	Enter this amount in line 6, column II on the MC 176 M or MC 176 M—LTC, column II, line 8	

V. A. ESTABLISHMENT OF THE STEPPARENT UNIT

1. Maintenance for: Stepparent Parent Stepparent's children # _____ Mutual children # _____	\$
2. Stepparent's gross earned income	\$
3. Mandatory deductions (actual)	\$
4. Net earned income (line 2 minus line 3)	\$
5. Stepparent's gross unearned income	\$
6. Stepparent's total income (line 4 plus line 5)	\$
7. Court ordered child support	\$
8. Stepparent's net income (line 6 minus line 7)	\$

Is line 1 greater than line 8? If NO, complete Part B. ☐ Yes ☐ No

B. STEPPARENT COMPUTATION

1. Stepparent's gross earned income	\$
2. Work expenses (\$90)	\$
3. Net earned income (line 1 minus line 2)	\$
4. Stepparent's gross unearned income	\$
5. Stepparent's total income (line 3 plus line 4)	\$
6. Contributions to tax dependents	\$
7. Child support/alimony	\$
8. Stepparent's deduction (line 6 plus line 7)	\$
9. Stepparent's total net income (line 5 minus line 8)	\$
10. Maintenance need for stepparent unit: Stepparent Stepparent's children # _____ Mutual children # _____	\$
11. Stepparent's income deemed available (line 9 minus line 10). If less than 0, enter 0	\$

Enter amount in line 11, on MC 176 M or MC 176 M—LTC in column I or II, line 3 or 4 as "from stepparent."

VI. ABD INCOME DEDUCTIONS (for use with MC 176 M only)

A. NONEXEMPT UNEARNED INCOME

	a. ABD—MN	b. Sp Pan
1. Social Security	\$	\$
2. Net income from property		
3. Other — itemize	\$	\$
4.	\$	\$
5. Total (add lines 1 through 4)	\$	\$
6. Deductions	\$	\$
7. Remainder (line 5 minus line 6)	\$	\$
8. Combined unearned income (add lines 7a and 7b)	\$	

Enter amount in line 8 on MC 176 M, column I, line 6.

B. NONEXEMPT EARNED INCOME

	a. ABD—MN	b. Sp Pa
1. Gross earned income	\$	\$
2. Deductions	\$	\$
3. Remainder (line 1 minus line 2)	\$	\$
4. Combined unearned income (add lines 3a and 3b)	\$	

Enter amount in line 4 on MC 176 M, column I, line 10.

Specify type of deduction(s) shown in B—2:

Eligibility Worker Signature And Date

*U. Lee*

Worker Num

0123

Ex. 1

## SHARE OF COST DETERMINATION — MFBU'S WHICH DO NOT INCLUDE LTC PERSONS

Case Name <b>John Doe</b>				County District <b>77</b>		County Use	
New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Elig. <input type="checkbox"/> Correction <input type="checkbox"/>				Effective Eligibility Date for this Budget Mo. <b>04</b> Yr. <b>91</b>			
State Number		Name — First, Middle, Last		Birthdate		Sex	
Co.	Aid	7 Digit Serial No.	MFBU No.		Mo. Day Yr.	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Coverage
				<b>John Doe</b>	<b>2-17-48</b>	<b>M</b>	(1) ..... (2) .....
				<b>Mary Doe</b>	<b>3-17-51</b>	<b>F</b>	(1) ..... (2) .....
				<b>Tim Doe</b>	<b>8-9-73</b>	<b>M</b>	(1) ..... (2) .....
				<b>Tony Doe</b>	<b>10-31-75</b>	<b>M</b>	(1) ..... (2) .....
							(1) ..... (2) .....
							(1) ..... (2) .....
							(1) ..... (2) .....

I. Income of MFBU members applying as aged, blind, or disabled plus income of spouse or parent (except PA or other PA)			II. Income of MFBU members not listed in I. (except PA or other PA)			III. Share of cost computation		
A. NONEXEMPT UNEARNED INCOME			A. NONEXEMPT UNEARNED INCOME			1. Countable Income from I 14		
	a. ABD—MN	b. Spouse or Parent	1. OASDI			2. Countable Income from II 9	<b>2210</b>	
1. OASDI			2. Net Income from Property			3. Income allocated from LTC/B&C person to family members at home (176W, Part III)		
2. Net Income from Property			3. Other—Itemize			4. Combined Countable Income (add 1, 2, and 3)	<b>2210</b>	
3. Other—Itemize			<b>Tony-Trust inc.</b>	<b>100.00</b>		ALLOCATIONS AND DEDUCTIONS		
4.			<b>Mary-WB</b>	<b>700.00</b>		5. Allocation to excluded children (176W, Part I)	<b>100</b>	
5. Total unearned income (add 1 thru 4)			<b>800.00</b>			6. Income to determine PA Eligibility		
6. Combined unearned income (add 5a and 5b)			B. NONEXEMPT EARNED INCOME			7. Health Insurance		
7. Any Income deduction		—\$20	6. Total Net Earned Income (176W, Part IV, Line 11.)	<b>1410</b>		8.		
8. Countable unearned Income (6 minus 7)			C. TOTAL COUNTABLE INCOME			9.		
B. NONEXEMPT EARNED INCOME			7. Subtotal (add 5 and 6)	<b>2210</b>		10. Total allocations/deductions (add 5 through 9)	<b>100</b>	
9. Gross Earned Income	a.	b.	8. Child Support/Alimony Paid			11. Total net nonexempt Income (4 minus 10)	<b>2110</b>	
10. Combined earned Income (add 9a and 9b)			9. Total Countable Income (7 minus 8)	<b>2210</b>		12. Total net nonexempt Income rounded	<b>2110</b>	
11. \$65 earned Inc. deduction plus \$ unused \$20			NOTE:			13. Maintenance need		
12. Remainder (10 minus 11)			If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.			a. MFBU members not in LTC No. <b>4</b>	<b>1100</b>	
13. Countable earned Income (divide 12 by 2)			Total income for educational purpose			b. MFBU members in LTC		
14. Total countable Income (add 8 and 13)			Less total educational expenses			c. Total maintenance need (13a + 13b)	<b>1100</b>	
NOTE:			Net countable income			14. Share of cost (12 minus 13c)	<b>1010</b>	
If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:						15. Underpayment adjustment	<b>0</b>	
Educational Expenses	Section 50547					16. Adjusted Share of Cost (14 minus 15)	<b>1010</b>	
Absent Parent Support	Section 50541							
Student Deduction	Section 50551							
\$30 plus 1/3	Section 50551.1							
Work Expenses for the Blind	Section 50551.4							
Income for Self-Support	Section 50551.5							

xempt Income

Eligibility Worker Signature <b>11/26</b>	Worker Number <b>0123</b>	Computation Date <b>4/13/91</b>	County Use
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## SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case Name <i>John Doe</i>	County District <i>77</i>	County Use
Case Number	Effective Date	Mo. <i>04</i> Year <i>91</i>
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Eligibility <input type="checkbox"/> Correction		

DOES THE MFBU INCLUDE:	YES	NO
a. A stepparent?		<input checked="" type="checkbox"/>
b. An unmarried couple with mutual child(ren)?		<input checked="" type="checkbox"/>
c. A child with his/her own nonexempt income (including <u>unearned</u> in-kind income provided by someone outside of the MFBU) and there are other persons in the MFBU?	<input checked="" type="checkbox"/>	
d. A non-parent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?		<input checked="" type="checkbox"/>

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
  - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
  - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

Eligibility worker signature <i>Y Lee</i>	Worker Number <i>0123</i>	Date <i>4/3/91</i>
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**SNEEDE V. KIZER**  
**RESPONSIBLE RELATIVE DETERMINATION**  
 (Complete Only If Parent Is In MFBU)

Case Name <b>John Doe</b>	County District <b>77</b>	County Use
Case Number	Effective Date <b>04</b>	Mo. Year <b>91</b>

**INSTRUCTIONS:**

- 1) Complete only when MFBU exceeds Property Limits or has a Share of Cost.
- 2) Property and Income allocations are only from Spouse to Spouse and from Parent to Natural/Adoptive Child(ren).
- 3) Complete only Column A when the household consists of only a single parent.
- 4) Complete Columns A and B in all other situations.

Enter name(s) of PARENT/SPOUSE (do not list PA/Other PA):  List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.          * Leave blank if unmarried.	(A) <b>John Doe</b>	(B) <b>Mary Doe</b>
	spouse* <b>Mary</b>	spouse* <b>John</b>
	<b>Tim</b>	<b>Tim</b>
	<b>Tony</b>	<b>Tony</b>
	<b>Teri</b>	<b>Teri</b>
	<b>5</b> TOTAL # PERSONS IN COLUMN A	<b>5</b> TOTAL # PERSONS IN COLUMN B

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature <b>U Lu</b>	Worker Number <b>0123</b>	Date <b>4/3/91</b>
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# SNEEDE V. KIZER

## NET NONEXEMPT INCOME DETERMINATION

CASE NAME <b>John Doe</b>	COUNTY DISTRICT <b>77</b>	COUNTY USE
CASE NUMBER	EFFECTIVE DATE MO. <b>04</b> YR. <b>91</b>	

**Instructions:**

- **Child/Spousal Support Payments Received:** Child support is income to the child, not to the parent or caretaker relative.  
For AFDC-MN/MI only: Divide the \$50 per month child/spousal support deduction by the # 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.  
For ABD-MN only: Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.
- \*\* **Unearned In-Kind Income:** Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. Add an unborn's share of in-kind income to the pregnant woman's share. If pregnant woman is PA/Other PA and not in the MFBU, give unborn's share to father of the unborn if he is in the MFBU.
- \*\*\* **ABD-MN Deductions:** Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.  
Allow each ABD-MN adult, or spouse of an ABD-MN adult, or parent of an ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

<b>I. ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)</b>	<b>John</b>	<b>Mary</b>	<b>Tim</b>	<b>Tony</b>
PERSON TYPE	<input checked="" type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Rel.	<input checked="" type="checkbox"/> Parent B or Spouse	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Child

<b>A. NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN</b>				
1. RSDI				
2. Net Income from Property				
3. *Net Child/Spousal Support Received				
4. **In-kind Income				
5. Income available from PA or other PA (MC 175-6, line A. 4)				
6. <b>Trust income</b>				<b>100</b>
7. <b>WIA</b>		<b>700</b>		
8. Total (add 1 thru 7)	<b>0</b>	<b>700</b>		<b>100</b>
9. ***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)				
10. Countable Unearned Income (8 minus 9; also enter on section D, line 16)	<b>0</b>	<b>700</b>	<b>0</b>	<b>100</b>

<b>B. ***NONEXEMPT EARNED INCOME - ABD-MN or spouse/parent of ABD-MN</b>				
11. Gross Earned Income				
12. \$65 Earned Inc. Deduction PLUS \$ unused \$20 (line 9)				
13. Remainder (11 minus 12)				
14. Countable earned income (divide line 13 by 2) (enter on section D, line 17)				

<b>C. NONEXEMPT EARNED INCOME - AFDC-MN/MI ONLY</b>				
15. Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 17)	<b>1410</b>	<b>0</b>	<b>0</b>	<b>0</b>

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

**NOTE:**

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses	Section 50547
Student Deduction	Section 50551
\$30 plus 1/3	Section 50551.1

Ex. 1

D. TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: John	NAME: Mary	NAME: Tim	NAME: Tony
16. Countable unearned income (from line 10)	0	700	0	100
17. Countable earned income (from line 14 or 15)	1410	0	0	0
18. Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C. 2)	0	0	0	0
19. Total countable income (add lines 16, 17, 18)	1410	700	0	100

E. OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20. Health Insurance				
21. Child Support/Alimony Paid				
22. Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)				
23.				
24. Total deductions (add 20 through 23)	0	0	0	0
25. Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	1410	700	0	100

F. PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				
26. Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	1410	700		
27. Number of persons for whom Parent A is responsible. (section A of MC175-2)	5			
28. Number of persons for whom Parent B is responsible (section B of MC175-2)		5		
29. Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			(A) (B)	(A) (B)
30. Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent B if unmarried.	282	282	282	282
31. Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.	140	140	140	140
32. Enter child's net countable income (from line 25)			0	100
33. Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			422	522
34. Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	422	422		

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE U Lee	WORKER NUMBER 0123	COMPUTATION DATE 4/3/91
---------------------------------------	-----------------------	----------------------------

Ex. 1

**SNEEDE v. KIZER MINI BUDGET UNITS AND:**

(CHECK ONLY ONE)

- ☒ SHARE OF COST DETERMINATIONS  
☐ PROPERTY DETERMINATIONS

Case Name <u>John Doe</u>	County District <u>77</u>	County Use
Case Number	Effective Date Mo. <u>04</u> Yr. <u>91</u>	

**Instructions:**

1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If 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 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU # <u>1</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input checked="" type="checkbox"/> Income
1. <u>John</u>		<u>422</u>	
2. <u>Mary</u>		<u>422</u>	
3. <u>Tim</u>		<u>422</u>	
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>1266</u>	
MBU's <input type="checkbox"/> Property Limit (Check one) <input checked="" type="checkbox"/> Maintenance Need		<u>934</u>	
(Check one) <input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons		<u>332</u>	
Rounded Share of Cost		<u>332</u>	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input checked="" type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # <u>2</u>			
Person Name	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input checked="" type="checkbox"/> Income
1. <u>T</u>		<u>522</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>522</u>	
MBU's <input type="checkbox"/> Property Limit (Check one) <input checked="" type="checkbox"/> Maintenance Need		<u>312</u>	
(Check one) <input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons		<u>210</u>	
Rounded Share of Cost		<u>210</u>	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input checked="" type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

EX. 1

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Eligibility Worker Signature <i>y. Lee</i>	Worker Number <i>0123</i>	Date of Computation <i>4/3/91</i>
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Ex-1

State of California - Health and Welfare Agency

Ex-1

Department of Health Services

Case Name John Doe

Case Number \_\_\_\_\_

**Sneede v. Kizer****Excluded Child Statement from Parent or Caretaker Relative  
(New Application and Annual Redetermination)**

I understand that Teri Doe can get Medi-Cal,  
(Child's Name)  
and that his or her income and property will not affect the Medi-Cal benefits  
which I and my family receive. I do not want to apply for Medi-Cal for this child.

Signature of Parent or Caretaker Relative <u>John Doe</u>	Date <u>4/1/91</u>
Signature of person acting for applicant and relationship (guardian, conservator, etc.)	Date
Signature of Witness (required if applicant signed by mark)	Date

**MEDI-CAL INFORMATION NOTICE TO  
SNEEDE CLASS MEMBERS WHO ARE  
RESPONSIBLE RELATIVES**

County Stamp

John Doe

State No.: \_\_\_\_\_

District: \_\_\_\_\_

Case Name: John Doe

**THE STATE MAY OWE YOU MONEY! !**

Under a case called Sneede v. Kizer, the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.

You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986.

SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or any member of your family since May 1, 1986.

The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice.

If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.

U Lee

(Eligibility worker)

(Phone Number)

4/3/91

(Date)



**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**APPROVAL FOR BENEFITS OR**  
**CHANGE IN SHARE OF COST**

(County Stamp)

John Doe

Notice Date:

Case No.:

Worker Name/No.:

Worker Telephone No.:

This Affects:

4/3/91  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
John Doe  
Mary Doe  
Tim Doe

This case has been affected by a law suit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the income of certain family members when figuring the share of cost of someone who receives Medi-Cal. This means that some family members may have different shares of cost.

- ☐ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of \_\_\_\_\_. They have no share of cost.
- ☒ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 4/91. Their share of cost is \$ 332.
- ☐ The Medi-Cal share of cost for people listed above has changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.
- ☐ The people listed above will receive their Medi-Cal card soon.
- ☒ The income used to figure the share of cost is as follows:

Person	Net Amount
John	\$ 422
Mary	\$ 422
Tim	\$ 422
_____	\$ _____
_____	\$ _____
Total net nonexempt income	\$ 1266
Maintenance Need	\$ 934
Excess Income	\$ 332
Adjustment	\$ _____
Share of cost	\$ 332

Follow the instruction sheet called Sneede v. Kizer: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**APPROVAL FOR BENEFITS OR**  
**CHANGE IN SHARE OF COST**

(County Stamp)

John Doe

Notice Date:

4/3/91

Case No.:

Worker Name/No.:

Worker Telephone No.:

This Affects:

Tony Doe

This case has been affected by a law suit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the income of certain family members when figuring the share of cost of someone who receives Medi-Cal. This means that some family members may have different shares of cost.

- ☐ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of \_\_\_\_\_. They have no share of cost.
- ☒ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 4/91. Their share of cost is \$ 210.
- ☐ The Medi-Cal share of cost for people listed above has changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.
- ☐ The people listed above will receive their Medi-Cal card soon.
- ☒ The income used to figure the share of cost is as follows:

Person	Net Amount
Tony	\$ 522
	\$
	\$
	\$
	\$
	\$
Total net nonexempt income	\$ 522
Maintenance Need	\$ 312
Excess Income	\$ 210
Adjustment	\$
Share of cost	\$ 210

Follow the instruction sheet called Sneede v. Kizer: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

Ex.

**SNEEDE V. KIZER**  
**HOW TO LIST MEDICAL EXPENSES**  
**ON YOUR SHARE OF COST FORM**  
**(RECORD OF HEALTH CARE COSTS)**

Your Medi-Cal case has been affected by a lawsuit called Sneede v. Kizer. This lawsuit limits which family members can use their medical expenses that are not billed to Medi-Cal.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

MC 239 SN-6 (8/91)

**SNEEDE V. KIZER**  
**COMO ANOTAR GASTOS MEDICOS**  
**EN SU FORMULARIO DE PARTE DEL COSTO**  
**(REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)**

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado Sneede v. Kizer. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en un solo formulario, o puede dividir el cobro y mencionarlo en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un menor, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte del costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

**Example #2: Excluded Child Case - Parents Refuse to Provide Information On the Excluded Child's Income**

A household consist of a married couple and their three mutual children: Child A, Child B, and Child C. The parents do not wish to file for Child C and they refuse to provide any information about that child's income. Their monthly income is as follows:

Husband:	<b>John Doe</b>	\$ 1500	earnings
Wife:	<b>Mary</b>	700	UIB
Child A:	<b>Tim</b>		no income
Child B:	<b>Tony</b>	100	trust income
Child C (excluded):	<b>Teri</b>		unknown

**I. Regular Non-Sneede Method**

Since the parents refuse to provide any information on the excluded child's income and property, do NOT give an income allocation.

**A. Share of Cost Determination**

\$ 1410	Husband's net earnings
+ 700	Wife's UIB
+ 100	Child B's trust income
\$ 2210	combined net income
- 0	excluded child allocation
\$ 2210	total net nonexempt income
- 1100	MNIL for 4 persons
\$ 1110	SOC

Since there is a SOC, apply Sneede procedures.

**II. Sneede Procedures**

**A. Responsible Relative Determination (Include the Excluded Child)**

Parent/Spouse:	Husband	Wife
Other for Whom The Parent/Spouse Is Responsible:	Wife Child A - Tim Child B - Tony Child C - Teri  (5)	Husband Child A - Tim Child B - Tony Child C - Teri  (5)

B. Mini Budget Units Determination

MBU #1

Husband  
Wife  
Child A - **Tim**

(3)

MBU #2

Child B - **#**  
**Tony**

(1)

C. Income AllocationHusband

\$ 1500 gross earnings  
- 90 earned income deduction  
\$ 1410 net earnings  
divided by 5 = \$ 282.00 per person

Wife

\$ 700 UIB

divided by 5 = \$140 per person

D. Net Nonexempt Income for Each PersonHusband

\$ 282.00 own  
+ 140.00 from wife  
\$ 422.00 net

Wife

\$140.00 own  
+282.00 from husband  
\$422.00 net

Child A**(Tim)**

\$ 282.00 from dad  
+140.00 from mom  
\$ 422.00 net

Child B **(Tony)**

\$ 282.00 from dad  
+140.00 from mom  
+100.00 own  
\$ 522.00 net

E. Share of Cost Determination

MBU #1

\$ 422.00 husband  
+422.00 wife  
+422.00 Child A  
\$1266.00 net  
- 934.00 MNIL for 3  
\$ 332.00

MBU #2

\$ 100.00 Child B's own income  
+282.00 from dad  
+140.00 from mom  
\$ 522.00 net  
-312.00 MNIL  
\$ 210.00 share of cost

# Example #2

State of California—Health and Welfare Agency

Department of Health Service

## SHARE OF COST DETERMINATION — MFBUs WHICH DO NOT INCLUDE LTC PERSONS

Case Name <b>John Doe</b>					County District <b>77</b>	County Use	
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Elig. <input type="checkbox"/> Correction					Effective Eligibility Date for this Budget Mo. <b>04</b> Yr. <b>91</b>		
State Number			Name — First, Middle, Last	Birthdate Mo. Day Yr.	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Covers
Co.	Aid	7 Digit Serial No.					
			<b>John Doe</b>	<b>2-17-48</b>	<b>M</b>	(1) ..... (2) .....	
			<b>Mary "</b>	<b>3-17-51</b>	<b>F</b>	(1) ..... (2) .....	
			<b>Tim "</b>	<b>8-9-73</b>	<b>M</b>	(1) ..... (2) .....	
			<b>Tony "</b>	<b>10-31-75</b>	<b>M</b>	(1) ..... (2) .....	
						(1) ..... (2) .....	
						(1) ..... (2) .....	
						(1) ..... (2) .....	

I. Income of MFBUs members applying as aged, blind, or disabled plus income of spouse or parent (except PA or other PA)			II. Income of MFBUs members not listed in I. (except PA or other PA)			III. Share of cost computation		
A. NONEXEMPT UNEARNED INCOME			A. NONEXEMPT UNEARNED INCOME			1. Countable Income from I 14		
	a. ABD—MN	b. Spouse or Parent	1. OASDI			2. Countable Income from II 9		<b>2210</b>
1. OASDI			2. Net Income from Property			3. Income allocated from LTC/B&C person to family members at home (176W, Part III)		
2. Net Income from Property			3. Other—Itemize			4. Combined Countable Income (add 1, 2, and 3)		<b>2210</b>
3. Other—Itemize			<b>Tony - Trust inc.</b>	<b>100.00</b>		ALLOCATIONS AND DEDUCTIONS		
4.			<b>Mary - UIB</b>	<b>700.00</b>		5. Allocation to excluded children (176W, Part I)		
5. Total unearned income (add 1 thru 4)			<b>800.00</b>			6. Income to determine PA Eligibility		
6. Combined unearned income (add 5a and 5b)			B. NONEXEMPT EARNED INCOME			7. Health Insurance		
7. Any income deduction		<b>-\$20</b>	6. Total Net Earned Income (add 6W, Part IV, Line 11.)	<b>1410</b>		8.		
8. Countable unearned income (6 minus 7)			C. TOTAL COUNTABLE INCOME			9.		
B. NONEXEMPT EARNED INCOME			7. Subtotal (add 5 and 6)	<b>2210</b>		10. Total allocations/deductions (add 5 through 9)		<b>*</b>
9. Gross Earned Income	a.	b.	8. Child Support/Alimony Paid			11. Total net nonexempt income (4 minus 10)		<b>2210</b>
10. Combined earned income (add 9a and 9b)			9. Total Countable Income (7 minus 8)	<b>2210</b>		12. Total net nonexempt income rounded		<b>2210</b>
11. \$65 earned inc. deduction plus \$ unused \$20			NOTE:			13. Maintenance need		
12. Remainder (10 minus 11)			If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.			a. MFBUs members not in LTC No. <b>4</b>		<b>1100</b>
13. Countable earned income (divide 12 by 2)			Total income for educational purpose			b. MFBUs members in LTC		
14. Total countable income (add 8 and 13)			Less total educational expenses			• Personal needs		
NOTE:			Net countable income			• Upkeep of home		
If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:						• Needs of disabled dependents		
Educational Expenses Section 50547						c. Total maintenance need (13a + 13b)		<b>1100</b>
Absent Parent Support Section 50541						14. Share of cost (12 minus 13c)		<b>1110</b>
Student Deduction Section 50551						15. Underpayment adjustment		<b>0</b>
\$30 plus 1/3 Section 50551.1						16. Adjusted Share of Cost (14 minus 15)		<b>1110</b>
Work Expenses for the Blind Section 50551.4								
Income for Self-Support Section 50551.5								

Exempt Income

No allocation to excluded child as parents did not provide info on her income.

Eligibility Worker Signature <b>U Lee</b>	Worker Number <b>0122</b>	Computation Date <b>4/2/91</b>	County Use
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# SNEEDE V. KIZER

## NET NONEXEMPT INCOME DETERMINATION

CASE NAME <b>John Doe</b>	COUNTY DISTRICT <b>77</b>	COUNTY USE
CASE NUMBER	EFFECTIVE DATE <b>04/91</b>	

**Instructions:**

- **Child/Spousal Support Payments Received:** Child support is income to the child, not to the parent or caretaker relative.  
 For AFDC-MN/MI only: Divide the \$50 per month child/spousal support deduction by the # 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.  
 For ABD-MN only: Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.
- \*\* **Unearned In-Kind Income:** Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. Add an unborn's share of in-kind income to the pregnant woman's share. If pregnant woman is PA/Other PA and not in the MFBU, give unborn's share to father of the unborn if he is in the MFBU.
- \*\*\* **ABD-MN Deductions:** Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.  
 Allow each ABD-MN adult, or spouse of an ABD-MN adult, or parent of an ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

<b>I. ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)</b>	<b>John</b>	<b>Mary</b>	<b>Tim</b>	<b>Tony</b>
<b>PERSON TYPE</b>	<input checked="" type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Rel.	<input checked="" type="checkbox"/> Parent B or Spouse	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Child

<b>A. NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN</b>				
1. RSDI				
2. Net Income from Property				
3. *Net Child/Spousal Support Received				
4. **In-kind Income				
5. Income available from PA or other PA (MC 175-6, line A. 4)				
6. <b>Trust Income</b>				<b>100</b>
7. <b>UIB</b>		<b>700</b>		
8. Total (add 1 thru 7)	<b>0</b>	<b>700</b>		<b>100</b>
9. ***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)				
10. Countable Unearned Income (8 minus 9; also enter on section D, line 16)	<b>0</b>	<b>700</b>	<b>0</b>	<b>100</b>

<b>B. ***NONEXEMPT EARNED INCOME - ABD-MN or spouse/parent of ABD-MN</b>				
11. Gross Earned Income				
12. \$65 Earned Inc. Deduction PLUS \$ unused \$20 (line 9)				
13. Remainder (11 minus 12)				
14. Countable earned income (divide line 13 by 2) (enter on section D, line 18)				

<b>C. NONEXEMPT EARNED INCOME - AFDC-MN/MI ONLY</b>				
15. Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 17)	<b>1410</b>	<b>0</b>	<b>0</b>	<b>0</b>

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

**NOTE:**

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses

Section 50547

Student Deduction

Section 50551

Section 173

Section 50551.1

EX.

## SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case Name <i>John Doe</i>	County District <i>77</i>	County Use
Case Number	Effective Date Mo. <i>04</i> Year <i>91</i>	
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Eligibility <input type="checkbox"/> Correction		

DOES THE MFBU INCLUDE:	YES	NO
a. A stepparent?		✓
b. An unmarried couple with mutual child(ren)?		✓
c. A child with his/her own nonexempt income (including <u>unearned</u> in-kind income provided by someone outside of the MFBU) and there are other persons in the MFBU?	✓	
d. A non-parent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?		✓

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
  - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
  - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

Eligibility worker signature <i>Y. Lee</i>	Worker Number <i>0123</i>	Date <i>4/3/91</i>
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IV. AFDC MN/MI EARNED INCOME

Ex. 2

1. Name	a. John Doe	b.	c.
2. Gross earnings	\$ 1500	\$	\$
3. Work expenses	\$ 90	\$	\$
4. Net earnings (line 2 minus line 3)	\$ 1410	\$	\$
5. Enter \$30 if applicable	\$	\$	\$
6. Subtotal (line 4 minus line 5)	\$	\$	\$
7. Enter 1/3 of line 6 if applicable	\$	\$	\$
8. Subtotal (line 6 minus line 7)	\$	\$	\$
9. Dependent care	\$	\$	\$
10. Countable earnings (line 8 minus line 9)	\$ 1410	\$	\$
11. Total countable earnings of AFDC MN/MI persons (add lines 10a, b, and c)	\$	Enter this amount in line 6, column II on the MC 176 M or MC 176 M—LTC, column II, line 8	

V. A. ESTABLISHMENT OF THE STEPPARENT UNIT

1. Maintenance for: Stepparent Parent Stepparent's children # _____ Mutual children # _____	\$
2. Stepparent's gross earned income	\$
3. Mandatory deductions (actual)	\$
4. Net earned income (line 2 minus line 3)	\$
5. Stepparent's gross unearned income	\$
6. Stepparent's total income (line 4 plus line 5)	\$
7. Court ordered child support	\$
8. Stepparent's net income (line 6 minus line 7)	\$

Is line 1 greater than line 8? If NO, complete Part B. ☐ Yes ☐ No

B. STEPPARENT COMPUTATION

1. Stepparent's gross earned income	\$
2. Work expenses (\$90)	\$
3. Net earned income (line 1 minus line 2)	\$
4. Stepparent's gross unearned income	\$
5. Stepparent's total income (line 3 plus line 4)	\$
6. Contributions to tax dependents	\$
7. Child support/alimony	\$
8. Stepparent's deduction (line 6 plus line 7)	\$
9. Stepparent's total net income (line 5 minus line 8)	\$
10. Maintenance need for stepparent unit: Stepparent Stepparent's children # _____ Mutual children # _____	\$
11. Stepparent's income deemed available (line 9 minus line 10). If less than 0, enter 0	\$

Enter amount in line 11, on MC 176 M or MC 176 M-LTC in column I or II, line 3 or 4 as "from stepparent."

VI. ABD INCOME DEDUCTIONS (for use with MC 176 M only)

A. NONEXEMPT UNEARNED INCOME

	a. ABD—MN	b. Spousal Parent
1. Social Security	\$	\$
2. Net income from property	\$	\$
3. Other — itemize	\$	\$
4.	\$	\$
5. Total (add lines 1 through 4)	\$	\$
6. Deductions	\$	\$
7. Remainder (line 5 minus line 6)	\$	\$
8. Combined unearned income (add lines 7a and 7b)	\$	

Enter amount in line 8 on MC 176 M, column I, line 6.

B. NONEXEMPT EARNED INCOME

	a. ABD—MN	b. Spousal Parent
1. Gross earned income	\$	\$
2. Deductions	\$	\$
3. Remainder (line 1 minus line 2)	\$	\$
4. Combined unearned income (add lines 3a and 3b)	\$	

Enter amount in line 4 on MC 176 M, column I, line 10.

Specify type of deduction(s) shown in B—2:

Eligibility Worker Signature And Date

Worker Number

Y Lee

0123

Ex. 2

## ALLOCATION/SPECIAL DEDUCTION WORKSHEET A

County Use	Date This Form Effective 04/91
Case number 77-123456789	Number in MFBU 4

Case name John Doe

## I. CHILDREN WITH SEPARATE INCOME OR PROPERTY EXCLUDED FROM THE MFBU NO.

1. Maintenance need for MFBU plus excluded child(ren)	\$
2. Maintenance need for MFBU	\$
3. Excluded child(ren)'s share of maintenance need (line 1 minus line 2)	\$
4. Net nonexempt income of excluded child(ren)	\$
5. Allocation to excluded child(ren) (line 3 minus line 4)	\$

Enter above amount on MC 176 M, column III, line 5

DO NOT USE PART III FOR LTC PERSONS WITH A COMMUNITY SPOUSE - GO TO PARTS VII THROUGH X

## III. ALLOCATION FROM BOARD AND CARE PERSON TO SPOUSE AND/OR CHILDREN AT HOME, OR FROM LTC PERSON WITH NO COMMUNITY SPOUSE TO CHILDREN AT HOME.

1. Maintenance need for spouse and/or children at home (other than excluded children)	\$
2. Total countable income of spouse and/or nonexcluded children	\$
3. Total allocations/deductions of spouse and/or nonexcluded children	\$
4. Total net nonexempt income of spouse and/or nonexcluded children (line 2 minus line 3)	\$
5. Unmet needs of spouse and/or nonexcluded children (line 1 minus line 4)	\$
6. Total countable income of person in LTC or board and care	\$
7. Health insurance for person in LTC or board and care	\$
8. Total net nonexempt income of person in LTC or board and care (line 6 minus line 7)	\$
9.	\$
10. Maintenance need for person in LTC or board and care	\$
11. Total amount needed for maintenance (add lines 9 and 10)	\$
12. Amount available for allocation to spouse and/or children (line 8 minus line 11)	\$
13. Allocation to spouse and/or children (line 5 or line 12, whichever is less)	\$

- A For share of cost determination of the ABD person or the spouse of ABD person, enter above amount on MC 176 M, column III, line 3  
B For share of cost determination of spouse and/or children at home, enter above amount on MC 176 M, column II, line 4

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

1. SSI/SSP appropriate payment level (plus IHSS authorization for IHSS only)	\$	
2. Actual SSI/SSP payment (or IHSS payment)	\$	
3. Net nonexempt income used to determine grant (or IHSS) (line 1 minus line 2)	\$	
4. Gross unearned income of SSI/SSP or IHSS recipient (other than grant or IHSS payment)	\$	
5. SSI/SSP unearned income deductions and exemptions	\$	
6. Net nonexempt unearned income (line 4 minus line 5)	\$	
7. Gross earned income of SSI/SSP or IHSS recipient	\$	
8. SSI/SSP earned income deductions and exemptions	\$	
9. Net nonexempt earned income (line 7 minus line 8)	\$	
10. Total net nonexempt income (add lines 6 and 9)	\$	
11. If line 10 is greater than line 3, the difference is income available to the MFBU and is entered here and on MC 176 M, column I or II, line 3, as "PA recipient income available"	\$	
12. If line 10 is less than line 3, the difference is the allocation to the SSI/SSP or IHSS recipient and is entered here and on MC 176 M, column III, line 5.	\$	

Eligibility Worker Signature

Y Lee

Worker Number

0123

Date of Computation

4/3/91

**SNEEDE V. KIZER**  
**RESPONSIBLE RELATIVE DETERMINATION**  
 (Complete Only If Parent Is In MFBU)

Case Name <b>John Doe</b>	County District <b>77</b>	County Use
Case Number	Effective Date <b>04</b>	Mo. Year <b>91</b>

**INSTRUCTIONS:**

- 1) Complete only when MFBU exceeds Property Limits or has a Share of Cost.
- 2) Property and Income allocations are only from Spouse to Spouse and from Parent to Natural/Adoptive Child(ren).
- 3) Complete only Column A when the household consists of only a single parent.
- 4) Complete Columns A and B in all other situations.

Enter name(s) of PARENT/SPOUSE (do not list PA/Other PA):  List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.          * Leave blank if unmarried.	(A)	(B)
	<b>John Doe</b>	<b>Mary Doe</b>
	spouse* <b>Mary</b>	spouse* <b>John</b>
	<b>Tim</b>	<b>Tim</b>
	<b>Tony</b>	<b>Tony</b>
	<b>Teri</b>	<b>Teri</b>
	<b>5</b> TOTAL # PERSONS IN COLUMN A	<b>5</b> TOTAL # PERSONS IN COLUMN B

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature <b>Y Lee</b>	Worker Number <b>0123</b>	Date <b>4/3/91</b>
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D. TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: John	NAME: Mary	NAME: Tim	NAME: Tany
16. Countable unearned income (from line 10)	0	700	0	100
17. Countable earned income (from line 14 or 15)	1410	0	0	0
18. Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C, 2)	0	0	0	0
19. Total countable income (add lines 16, 17, 18)	1410	700	0	100

E. OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20. Health Insurance				
21. Child Support/Alimony Paid				
22. Income to determine PA Eligibility (MC 175-6, line B, 3 or B, 4)				
23.				
24. Total deductions (add 20 through 23)	0	0	0	0
25. Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	1410	700	0	100

F. PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				
26. Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	1410	700		
27. Number of persons for whom Parent A is responsible. (section A of MC175-2)	5			
28. Number of persons for whom Parent B is responsible (section B of MC175-2)		5		
29. Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			(A) (B)	(A) (B)
30. Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent B if unmarried.	282	282	282	282
31. Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.	140	140	140	140
32. Enter child's net countable income (from line 25)			0	100
33. Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			422	522
34. Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	422	422		

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE <i>U Lu</i>	WORKER NUMBER 0123	COMPUTATION DATE 4/3/91
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**SNEEDE v. KIZER MINI BUDGET UNITS AND:**

(CHECK ONLY ONE)

☒ SHARE OF COST DETERMINATIONS☐ PROPERTY DETERMINATIONS

Case Name <b>John Doe</b>	County District <b>77</b>	County Use
Case Number	Effective Date Mo. <b>04</b>	Yr. <b>91</b>

**Instructions:**

1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If 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 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU # <b>1</b>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Nonexempt <input checked="" type="checkbox"/> Income
1. <b>John</b>		<b>422</b>	
2. <b>Mary</b>		<b>422</b>	
3. <b>Tim</b>		<b>422</b>	
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<b>1266</b>	
MBU's <input type="checkbox"/> Property Limit (Check one) <input checked="" type="checkbox"/> Maintenance Need		<b>934</b>	
(Check one) <input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons		<b>382</b>	
Rounded Share of Cost		<b>332</b>	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input checked="" type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # <b>2</b>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Nonexempt <input checked="" type="checkbox"/> Income
1. <b>Tony</b>		<b>522</b>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<b>522</b>	
MBU's <input type="checkbox"/> Property Limit (Check one) <input checked="" type="checkbox"/> Maintenance Need		<b>312</b>	
(Check one) <input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons		<b>210</b>	
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input checked="" type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Ex 2

Case Name John Doe Case Number \_\_\_\_\_

**Sneede v. Kizer**  
**Excluded Child Statement from Parent or Caretaker Relative**  
**(New Application and Annual Redetermination)**

I understand that Teri Doe can get Medi-Cal,  
(Child's Name)  
and that his or her income and property will not affect the Medi-Cal benefits  
which I and my family receive. I do not want to apply for Medi-Cal for this child.

Signature of Parent or Caretaker Relative <u>John Doe</u>	Date <u>4/1/91</u>
Signature of person acting for applicant and relationship (guardian, conservator, etc.)	Date
Signature of Witness (required if applicant signed by mark)	Date

**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**APPROVAL FOR BENEFITS OR**  
**CHANGE IN SHARE OF COST**

(County Stamp)

John Doe

Notice Date:

4/3/91

Case No.:

Worker Name/No.:

Worker Telephone No.:

This Affects:

Tony Doe

This case has been affected by a law suit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the income of certain family members when figuring the share of cost of someone who receives Medi-Cal. This means that some family members may have different shares of cost.

- ☐ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of \_\_\_\_\_. They have no share of cost.
- ☒ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 4/91. Their share of cost is \$ 210.
- ☐ The Medi-Cal share of cost for people listed above has changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.
- ☐ The people listed above will receive their Medi-Cal card soon.
- ☒ The income used to figure the share of cost is as follows:

Person	Net Amount
Tony	\$ 522
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total net nonexempt income	\$ 522
Maintenance Need	\$ 312
Excess Income	\$ 210
Adjustment	\$ _____
Share of cost	\$ 210

Follow the instruction sheet called Sneede v. Kizer: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**APPROVAL FOR BENEFITS OR**  
**CHANGE IN SHARE OF COST**

(County Stamp)

John Doe

Notice Date:

4/3/91

Case No.:

Worker Name/No.:

Worker Telephone No.:

This Affects:

John Doe  
Mary Doe  
Tim Doe

This case has been affected by a law suit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the income of certain family members when figuring the share of cost of someone who receives Medi-Cal. This means that some family members may have different shares of cost.

- ☐ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of \_\_\_\_\_. They have no share of cost.
- ☒ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 4/91. Their share of cost is \$ 332.
- ☐ The Medi-Cal share of cost for people listed above has changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.
- ☐ The people listed above will receive their Medi-Cal card soon.
- ☐ The income used to figure the share of cost is as follows:

Person	Net Amount
John	\$ 422
Mary	\$ 422
Tim	\$ 422
	\$
	\$
Total net nonexempt income	\$ 1266
Maintenance Need	\$ 934
Excess Income	\$ 332
Adjustment	\$
Share of cost	\$ 332

Follow the instruction sheet called Sneede v. Kizer: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.



**Example #3: Only the Separate Child(ren) of One Parent Wants Medi-Cal**

(Do not complete section II of the MC 176 W; do not complete 176 M.)

A household consists of a married couple, the wife's separate child, the husband's separate child, and the couple's two mutual children. The couple only want Medi-Cal for the wife's separate child.

The MFBU shall consists of the following:

<Ineligible Mother> - Janice Smith  
Mother's separate child - \$ - Sarah Johnson

The child receives \$150 per month child support; the mother has earned income of \$2500 per month.

New  
I. Regular Non-Sneed Method

There will be an allocation of income from the mother to those persons for whom she is responsible. (NOTE: The same procedures are followed for the property determination, but only the share of cost determination is discussed below.)

A. Responsible Relative Determination

<u>Parent:</u>	<u>Mother</u> - Janice Smith
<u>Others for Whom The Parent Is Responsible:</u>	Husband - Dean Smith Mutual Child A - Peggy Smith Mutual Child B - Sue Smith Wife's Separate Child - Sarah Johnson

(5)

see page 32 for property information (non-Sneed).

B. Income Allocation

\$2500 Mother's earned income  
- 90 work deduction  
\$2410 net earnings  
divided by 5 = \$482.00 per person

C. Share of Cost Computation

\$ 482.00 mother's allocation to herself  
+482.00 mother's allocation to separate child  
+100.00 separate child's child support after \$50 deduction  
\$1064.00 total net nonexempt income  
-750.00 MNIL for 2  
314.00 SOC

Since there is a share of cost, Sneed procedures will be applied.

NOTE: Income is name on the <sup>56</sup>check rule; do not consider communal income (i.e. disregard spouse's income).

**STEPPARENT COMPUTATION**  
**WHEN ONLY THE SEPARATE CHILDREN OF ONE SPOUSE WANT MEDI-CAL**  
 (for use on non-Sneede cases)

CASE NAME <b>Janice Smith</b>	COUNTY DISTRICT <b>77</b>	COUNTY USE
CASE NUMBER	EFFECTIVE DATE MO. <b>04</b> YR. <b>91</b>	

**INSTRUCTIONS:**

- This worksheet is to be used when only the separate children of one spouse want Medi-Cal. The MFBU will consist of only the natural/adoptive parent (as an ineligible person) and his/her separate children who want Medi-Cal. **IMPORTANT: IF PARENT IS PA/OTHER PA, DO NOT COMPLETE THIS FORM; THE MFBU WILL CONSIST OF ONLY THE SEPARATE CHILDREN WHO WANT MEDI-CAL.**

Do not include in this MFBU the parent's spouse, mutual children, spouse's separate children, or the parent's other separate children who do not want Medi-Cal.

- Only a portion of the natural/adoptive parent's income and property will be used in these determinations. The rest will be considered as allocations to the spouse and to the parent's other natural/adopted children who do not want Medi-Cal.
- Enter exempt property and/or income on a separate sheet of paper.

**I. RESPONSIBLE RELATIVE DETERMINATION -- Do not list PA/Other PA, Unborns, or Stepchildren**

A. Enter name of parent who wants Medi-Cal for only his/her separate children:

**Janice Smith**

B. Enter name of spouse:

**Dean**

C. Enter the names of the ALL the parent's natural/adopted children (include both the children who do and who do not want Medi-Cal):

**Peggy****Sue****Sarah**

D. Total number of persons in lines I.A through I.C

**5**

## II. PROPERTY DETERMINATION

## A. Allocation from Natural/Adoptive Parent

- Consider only the natural/adoptive parent's separate and 1/2 community property; enter the total amount under Column II.
- If property is owned by more than one person, equally divide the net market value by the number of owners unless evidence is provided to rebut the division.
- Joint bank accounts: If available to the MFBU, do not count the money in a joint account against the MFBU more than once. Equally divide the bank account by the number of owners in the MFBU (subject to rebuttal).

I. List Only the Parent's Nonexempt Property	II. Value
1. Excess Other Real Property	
2. Checking (1/2 of 1000)	\$ 500
3. Savings separate	- 200
4. Life Insurance (CSV)	
5. Cash	
6. Nonexempt Vehicle	
7. Other	
8.	
9.	
10.	
11. Total Net Nonexempt Property	\$ 700
12. Number of persons for whom parent is responsible (Enter total from section I.D.)	5
13. Allocation to each person for whom parent is responsible (divide line 11 by line 12).	\$ 140

## B. Net Nonexempt Property of Children in MFBU (Janice's vehicle is exempt.)

Enter Name of Each Child in the MFBU	1. Sarah Johnson	2.	3.
14. Checking			
15. Savings	\$	\$	\$
16. Nonexempt vehicle			
17. Nonexempt ORP			
18. Other			
19.			
20.			
21. TOTAL	\$		
22. Allocation from Parent (enter amount from line 13 in each child's box)	140		
23. Subtotal net nonexempt property for MFBU (add lines 21 and 22)	140		
24. Total net Nonexempt Property for MFBU (add all the subtotals from lines 13 & 23)	280		
25. Enter property limit for MFBU	- 3000		
26. Excess Property	0		

If ineligible due to excess property and the separate child(ren) who want Medi-Cal has own nonexempt property, Sneed case exists. Complete MC 175-4 next. Establish a single mini budget unit for the parent and his/her separate children who have no (or only exempt) property of his/her own. Establish a separate mini budget unit for each child with own nonexempt property. Enter amount from line 13 as Parent's net nonexempt property on MC 175S-4. Enter amount from line 23 as child's net nonexempt property on MC 175S-4.

If property eligible, continue.

## III. SHARE OF COST DETERMINATION

**INSTRUCTIONS:** Do not consider community income; use "name on the check" rule. Consider only the Parent's income and income of the separate child who wants Medi-Cal.

- \* **Child/Spousal Support Payments Received:** Child support is income to the child, not to the parent or caretaker relative.

For AFDC-MN/MI only: Divide the \$50 per month deduction by the # 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.

For ABD-MN only: Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.

- \*\* **Unearned In-Kind Income:** Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. If pregnant minor in MFBU, add unborn's share to the pregnant minor's share of in-kind income.

- \*\*\* **ABD-MN Deductions:** Allow the ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

I. ENTER NAME OF EACH MFBU MEMBER	Janice	Sarah		
PERSON TYPE	<input checked="" type="checkbox"/> Parent	<input checked="" type="checkbox"/> Child	<input type="checkbox"/> Child	<input type="checkbox"/> Child

A. NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN				
1. RSDI				
2. Net Income from Property				
3. *Net Child/Spousal Support Received		100		
4. **In-kind Income				
5.				
6.				
7. Total (add 1 thru 6)	0	100		
8. ***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)				
9. Countable Unearned Income (7 minus 8; enter on section D, line 15)	0	100		

B. ***NONEXEMPT EARNED INCOME-- ABD-MN ONLY				
10. Gross Earned Income				
11. \$65 Earned Inc. Deduction PLUS \$ unused \$20 (line 8)				
12. Remainder (10 minus 11)				
13. Countable earned income (divide line 12 by 2) (enter on section D, line 16)	0	0		

C. NONEXEMPT EARNED INCOME-- AFDC-MN/MI ONLY				
14. Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 16)	2410*	0		

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

\$ 150 C.S. - Sarah  
- 50  
\$ 100 net C.S.

\* 2500 gross earnings

## NOTE:

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses	Section 50547
Student Deduction	Section 50551
\$30 plus 1/3	Section 5055
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5

## III. SHARE OF COST DETERMINATION (CONT.)

D. TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	Name: <i>Janice</i>	Name: <i>Sarah</i>	Name:	Name:
15. Countable unearned income (from line 9)	$\emptyset$	100		
16. Countable earned income (from line 13 or 14)	2410	$\emptyset$		
17. Total countable income (add lines 15 and 16)	2410	100		

E. OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
18. Health Insurance				
19. Child Support/Alimony Paid				
20.				
21.				
22. Total Allocation/ deductions (add 18 through 21)	0	0		
23. Total net countable income (line 17 minus line 22) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	2410	100		

F. PARENTAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				
24. Parent's total net nonexempt income LESS in-kind income (line 23 minus line 4)	2410			
25. Number of persons for whom Parent is responsible. (See Section I.D.)	5			
26. Parent's allocation to self and separate children who want Medi-Cal (divide line 24 by line 25) (enter in each applicable box)	482	482		
27. Enter child's net nonexempt income (from line 23)		100		
28. Child's total net nonexempt income (add lines 26 and 27)		582		
29. Parent's total net nonexempt income (add lines 4 and 26)	482			
30. Total Net Nonexempt Income for MFBU (add all totals from lines 28 and 29)	1064			
31. Maintenance Need for MFBU	750			
32. Share of Cost (line 30 minus line 31)	314			
33. Underpayment Adjustment				
34. Rounded Share of Cost	314			

- c If SOC and separate children have own income, Sneed case exists. Next complete MC 175-4 and establish separate mini budget unit for parent and her children who have no (or exempt) income of their own. Establish a separate mini budget unit for each child with own nonexempt income. Enter amount from line 29 as Parent's net nonexempt income. Enter amount from line 28 as child's net nonexempt income.
- o If SOC & separate children are under 6, or age 6 through 18 (born after 9/30/83), and do not have separate income, consider 100, 133, 185, and 200 Percent Programs. Use parent's income after allocations to persons outside of the MFBU (i.e., only consider income which is used in determining the share of cost).

Eligibility Worker Signature <i>U.P.</i>	Worker Number <i>0122</i>	Date of Computation <i>4/2/01</i>
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EX. 3

## SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

- ☒ SHARE OF COST DETERMINATIONS  
☐ PROPERTY DETERMINATIONS

Case Name <u>Janice Smith</u>	County District <u>77</u>	County Use
Case Number	Effective Date Mo. <u>04</u> Yr. <u>91</u>	

## Instructions:

1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If 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 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU # <u>1</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1. <u>Janice Smith</u>		<u>Ineligible</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one)		<input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need	
(Check one)		<input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons	
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # <u>2</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input checked="" type="checkbox"/> Income
1. <u>Sarah Johnson</u>		<u>582.00</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>582.00</u>	
MBU's (Check one)		<input type="checkbox"/> Property Limit <input checked="" type="checkbox"/> Maintenance Need	
(Check one)		<input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons	
Rounded Share of Cost		<u>207</u>	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input checked="" type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Ex. 3

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Eligibility Worker Signature <i>Y Lee</i>	Worker Number <i>0123</i>	Date of Computation <i>4/3/91</i>
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County Stamp

**MEDI-CAL INFORMATION NOTICE TO  
SNEEDE CLASS MEMBERS WHO ARE  
RESPONSIBLE RELATIVES**

Janice Smith

State No.: \_\_\_\_\_

District: \_\_\_\_\_

Case Name: \_\_\_\_\_

**THE STATE MAY OWE YOU MONEY! !**

Under a case called Sneede v. Kizer, the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.

You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986.

SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or any member of your family since May 1, 1986.

The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice.

If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.

Y Lee  
(Eligibility worker)

\_\_\_\_\_  
(Phone Number)

4/3/91  
(Date)



Ex. 3

**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**APPROVAL FOR BENEFITS OR**  
**CHANGE IN SHARE OF COST**

(County Stamp)

Janice Smith

Notice Date:

4/3/91

Case No.:

Worker Name/No.:

Worker Telephone No.:

This Affects:

Sarah Johnson

This case has been affected by a law suit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the income of certain family members when figuring the share of cost of someone who receives Medi-Cal. This means that some family members may have different shares of cost.

☐ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of \_\_\_\_\_. They have no share of cost.

☒ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 4/91. Their share of cost is \$ 207.

☐ The Medi-Cal share of cost for people listed above has changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

☐ The people listed above will receive their Medi-Cal card soon.

☐ The income used to figure the share of cost is as follows:

Person	Net Amount
<u>Sarah</u>	\$ <u>582</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total net nonexempt income	\$ <u>582</u>
Maintenance Need	\$ <u>375</u>
Excess Income	\$ <u>207</u>
Adjustment	\$ _____
Share of cost	\$ <u>207</u>

Follow the instruction sheet called Sneede v. Kizer: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

Ex.

**SNEEDE V. KIZER**  
**HOW TO LIST MEDICAL EXPENSES**  
**ON YOUR SHARE OF COST FORM**  
**(RECORD OF HEALTH CARE COSTS)**

Your Medi-Cal case has been affected by a lawsuit called Sneede v. Kizer. This lawsuit limits which family members can use their medical expenses that are not billed to Medi-Cal.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

MC 239 SN-6 (8/91)

**SNEEDE V. KIZER**  
**COMO ANOTAR GASTOS MEDICOS**  
**EN SU FORMULARIO DE PARTE DEL COSTO**  
**(REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)**

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado Sneede v. Kizer. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en un solo formulario, o puede dividir el cobro y mencionarlo en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un menor, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte del costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

LL

iii. Net Nonexempt PropertyUnmarried Man

\$ 800

Unmarried Woman

\$ 600

Mutual Child under 1

\$ 800 from dad  
 +600 from mom  
 + 25 own  
\$1425 total

Unmarried Man's Separate Child

\$ 800 from dad (total net)

iv. MBU and Property DeterminationMBU #1

Unmarried Man  
 Separate Child

\$ 800 dad's  
 + 800 from dad  
\$ 1600 net property  
 -3000 limit for 2\*  
\$ 0 excess

MBU #2

Unmarried Woman  
 Unborn

\$ 600 net property  
-3000 limit for 2\*  
\$ 0 excess

MBU #3

Mutual child

\$ 25 own  
 + 800 from father  
 + 600 from mother  
\$ 1425 net property  
-1050 limit\*  
\$ 375 excess property

\*See Sneede Property Limit Chartv. Share of Cost Determination (Existing procedures)

\$1315 unmarried man's gross earnings  
- 90 work deductions  
 \$1225  
+300 woman's UIB  
 \$1525  
+150 net child support for man's separate child  
 \$1675 net nonexempt income  
-1259 MNIL for 5  
\$ 416 SOC

Since there is a SOC under existing regulations, the county will apply Sneede to the SOC determination.

The MC 177S for the unmarried man's separate child (MBU #3) will list the child as an eligible person and the unmarried father as a responsible relative. The father may use his medical expenses not covered by Medi-Cal in his separate child's MBU.

The property ineligible mutual child cannot apply his/her medical expenses towards anyone's share of cost because he/she is in his/her own MBU.

viii. Sneede Procedures and the Special Zero Share of Cost Programs

The pregnant woman (and unborn) had no SOC under step vii above; therefore, they will not be evaluated under the special zero share of cost program since they are eligible for full (or emergency/pregnancy related) scope benefits under the regular MI/MN program.

The unmarried man's separate five year old child has a SOC of \$183. Since the father (unmarried man) is financially responsible for this child, the full, net nonexempt income of the father and his separate child must be used to determine the child's eligibility to the zero share of cost programs. This income is compared to the 133% of federal poverty level for the number of persons in the MFBU; ~~except for the unmarried woman.~~ \*

~~Father + his separate child + mutual child + mutual unborn = FPL for 4~~

Special Zero SOC Program Computation

\$1225	unmarried man's net nonexempt earned income
+ 150	separate child's net child support
\$1375	total net nonexempt family income

compared to

133% federal poverty level for family of 4 ~~= \$1400~~ = \$1736

Therefore, the separate child is eligible for the 133 Percent program.

If the family's nonexempt income had exceeded 133% of federal poverty level, the separate child would have been ineligible for the 133 Percent program. The county would have sent a notice to the applicant advising him/her that the separate child has a share of cost of \$283 per month and is ineligible to the 133 Percent program due to excess income.

\* Since this example was originally written in 1990, the procedure for determining family size for the federal poverty level has been changed. The family size for the federal poverty level programs is now the same as the number of persons in the MFBU.

Name Becky Benson Case Number \_\_\_\_\_ Month 06/91

# PERIOD OF INELIGIBILITY WORK SHEET

THIS ONLY APPLIES TO TRANSFERS MADE BY INSTITUTIONALIZED INDIVIDUALS OCCURRING BEFORE 1/1/90.

- Period of ineligibility can be reduced at any time applicant/beneficiary receives additional compensation.
- Period of ineligibility terminates if property is transferred back.

## A. DETERMINE NET UNCOMPENSATED VALUE

1. Net Market Value (MV) \$ \_\_\_\_\_
2. Amount of Compensation Received in Excess of Encumbrances and Closing Costs \$ \_\_\_\_\_
3. Uncompensated Value (line 1 minus line 2) \$ \_\_\_\_\_
4. Amount Available in Property Reserve \$ \_\_\_\_\_
  - a. Property Reserve for MFBU at the Time of the Transfer \$ \_\_\_\_\_
  - b. Total Property Reserve at the Time of the Transfer \$ \_\_\_\_\_
  - c. Line a Minus Line b \$ \_\_\_\_\_
5. Net Uncompensated Value (line 3 minus line 4c) \$ \_\_\_\_\_

## B. PERIOD OF INELIGIBILITY

1. Net Uncompensated Value\* \$ \_\_\_\_\_
2. Total amount of the following expenses incurred since transfer of property: \$ \_\_\_\_\_
  - a. Medical expenses
  - b. Out-of-home care costs in excess of maintenance needs
  - c. Major home repairs needed to put home in livable condition
3. Adjusted Net Uncompensated Value (line B1 minus B2) \$ \_\_\_\_\_
4. Computation of Months of Ineligibility
 

Month/Year	to	Month/Year	=	No. of Months	x	Maintenance Need	=	
(1) _____		_____		_____		_____		\$ _____
(2) _____		_____		_____		_____		\$ _____
(3) _____		_____		_____		_____		\$ _____
								\$ _____
5. Total number of months \_\_\_\_\_ Total Amount \$ \_\_\_\_\_
6. Line 3 minus line 5 dollar amount \$ \_\_\_\_\_
7. Line 6 divided by current maintenance need for MFBU = remaining months \_\_\_\_\_
8. Add line 7 to current month = date ineligibility expires \_\_\_\_\_  
Month/Year

\* If Net Uncompensated Value is \$12,000 or less, Period of Ineligibility CANNOT exceed 24 months.

## III. SNEEDE: PROPERTY SCREENING

If excess property and MFBU includes child(ren) complete the following:

DOES THE MFBU INCLUDE:	YES	NO
a. A stepparent with property?		✓
b. An unmarried couple with mutual child(ren)	✓	
c. A child with own nonexempt property?	✓	
d. A nonparent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?		✓
<ul style="list-style-type: none"> <li>• If "NO" to all of the above, stop here.</li> <li>• If "YES" to any of the above and:               <ol style="list-style-type: none"> <li>(1) the MFBU includes a parent, complete MC175-2, MC175-3P, &amp; MC175-4.</li> <li>(2) the MFBU does <u>not</u> include a parent, complete MC175-3P &amp; MC175-4.</li> </ol> </li> </ul>		

9 Lee

01/23

6/3/91  
Computation Date

County Use

**SNEEDE V. KIZER**  
**RESPONSIBLE RELATIVE DETERMINATION**  
(Complete Only If Parent Is In MFBU)

Case Name <b>Becky Benson</b>	County District <b>77</b>	County Use
Case Number	Effective Date <b>06 / 91</b>	Mo. Year

**INSTRUCTIONS:**

- 1) Complete only when MFBU exceeds Property Limits or has a Share of Cost.
- 2) Property and Income allocations are only from Spouse to Spouse and from Parent to Natural/Adoptive Child(ren).
- 3) Complete only Column A when the household consists of only a single parent.
- 4) Complete Columns A and B in all other situations.

Enter name(s) of PARENT/SPOUSE (do not list PA/Other PA):  List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.   * Leave blank if unmarried.	(A)	(B)
	<b>Becky Benson</b>	<b>Bill Bates</b>
	spouse*	spouse*
	<b>Bobby Bates</b>	<b>Bobby Bates</b>
		<b>Burt Bates</b>
	<b>2</b> TOTAL # PERSONS IN COLUMN A	<b>3</b> TOTAL # PERSONS IN COLUMN B

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature <b>Y. Lu</b>	Worker Number <b>0123</b>	Date <b>6/3/91</b>
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## SNEEDE V. KIZER PROPERTY WORKSHEET

Case Name <b>Becky Benson</b>	County District <b>77</b>	County Use
Case Number	Effective Date Mo. <b>06</b> Yr. <b>91</b>	

**INSTRUCTIONS:**

- List all nonexempt property from MC 176P.
- If property is owned by more than one person, equally divide the net market value by the number of owners unless evidence is provided to rebut the division.
- Joint bank accounts: If available to anyone in the MFBU, do not count the money in a joint account against the MFBU more than once. Equally prorate the bank account among the owners in the MFBU (subject to rebuttal).
- Other real property (ORP) must be evaluated to determine if the utilization requirement is met. The \$6,000 exemption for utilized ORP may be spread out over multiple pieces of utilized ORP to maximize eligibility for the multiple mini budget units.
- If excess property is determined for only some of the mini budget units and Medi-Cal is needed for someone in a property-ineligible mini budget unit, the EW may need to exempt a different vehicle or spread the \$6,000 exemption in a different manner to determine if eligibility can be established for the property-ineligible mini budget unit.
- Motor Vehicle and \$6,000 Utilized Other Real Property Exemptions:
  - The MFBU of a MARRIED couple or SINGLE PARENT is allowed only one of each exemption.
  - Each UNMARRIED partner is allowed one of each exemption. His/her exemption may be passed on to a natural/adopted child if the unmarried parent has no such property or wishes to pass the exemption on to his/her child. However, both unmarried parents cannot pass on their exemptions to the same mutual child.
  - A CARETAKER RELATIVE who chooses to be in the same MFBU with the children for whom care is provided is allowed one set of exemptions. In addition, the CHILDREN for whom care is provided are allowed one set of exemptions as a group.

**I. ALLOCATION FROM SPOUSE/PARENT**

1. For a married couple, enter their total community property in Column II. Enter each spouse's separate property in Column III.
2. For an unmarried couple or a single parent, enter their separate property in Column III; leave Column II blank.

List exempt property and name of owner:

I. List Only the Parent's Nonexempt Property	II. COMMUNITY PROPERTY	III. SEPARATE PROPERTY PARENT A	PARENT B
1. Nonexempt Other Real Property			
2. Checking			
3. Savings		1200	2400
4. CSV of nonexempt life insurance			
5. Cash			
6. Nonexempt Vehicle			
7. Other			
8.			
9.			
10.			
11. Subtotal Net Nonexempt Property	\$	\$ 1200	\$ 2400
12. Enter each spouse's share of community property (divide line 11, Column II by 2)		\$	\$
13. Parent's total net nonexempt property (add lines 11 and 12)		1200	2400
14. Number of persons for whom each parent is responsible (see totals on MC 175-2).		2	3
15. Allocation to each person for whom parent is responsible (divide line 13 by line 14).		(A) \$ 600 <small>enter on line 27</small>	(B) \$ 800 <small>enter on line 28</small>



Ex. 4

II. ALLOCATION FROM SPOUSE TO SPOUSE (skip if MFBU does not contain a married couple)		
16. Enter line 15A in both boxes.	\$	\$
17. Enter line 15B in both boxes.	\$	\$
18. Total (add lines 16 and 17). This is each spouse's total share of their net nonexempt property. (Enter this amount on MC 175-4 in the married couple's mini budget unit.)	\$	\$

III. NET NONEXEMPT PROPERTY FOR CHILDREN OR NON-PARENT CARETAKER RELATIVE (Do not list unborns)					
Name of Child or Caretaker Relative	1. Bobby	2. Burt	3.	4.	5.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	(A) (B)	A (B)	A B	A B	A B
List Only the Child's or Caretaker Relative's Property:					
19. Checking	\$	\$	\$	\$	\$
20. Savings	25				
21. Nonexempt vehicle					
22. Nonexempt ORP					
23. Other					
24.					
25.					
26. TOTAL	25	0			
27. Allocation from Parent A*	600				
28. Allocation from Parent B*	800	800			
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4	1425	800			

\* Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent.  
Leave blank if caretaker relative household.

III. NET NONEXEMPT PROPERTY FOR CHILDREN OR NON-PARENT CARETAKER RELATIVE (CONT.)					
Name of Child or Caretaker Relative	6.	7.	8.	9.	10.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	A B	A B	A B	A B	A B
List Only the Child's or Caretaker Relative's Property:					
19. Checking	\$	\$	\$	\$	\$
20. Savings					
21. Nonexempt vehicle					
22. Nonexempt ORP					
23. Other					
24.					
25.					
26. TOTAL					
27. Allocation from Parent A*					
28. Allocation from Parent B*					
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4					

\* Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent.  
Leave blank if caretaker relative household.

NEXT COMPLETE MC 175-4

Eligibility Worker Signature <i>Y Lu</i>	Worker Number 0123	Date of Computation 6/3/91
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## SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

☐ SHARE OF COST DETERMINATIONS☒ PROPERTY DETERMINATIONS

Case Name <u>Becky Benson</u>	County District <u>77</u>	County Use
Case Number	Effective Date Mo. <u>06</u> Yr. <u>91</u>	

## Instructions:

1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If 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 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU # <u>1</u>		
Person Name/No.	Orig Aid	Net Nonexempt <input checked="" type="checkbox"/> Property Income
1. <u>Bill Bates</u>		<u>800</u>
2. <u>Burt Bates</u>		<u>800</u>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		<u>1600</u>
MBU's (Check one)	<input checked="" type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need	<u>3000</u>
(Check one)	<input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons	<u>0</u>
Rounded Share of Cost		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5		

MBU # <u>2</u>		
Person Name/No.	Orig Aid	Net Nonexempt <input checked="" type="checkbox"/> Property Income
1. <u>Becky Benson</u>		<u>600</u>
2. <u>unborn</u>		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		<u>600</u>
MBU's (Check one)	<input checked="" type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need	<u>3000</u>
(Check one)	<input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons	<u>0</u>
Rounded Share of Cost		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5		

Ex 4

MBU # <u>3</u>		
Person Name/No.	Orig Aid	Net Nonexempt <input type="checkbox"/> Property Income <input type="checkbox"/>
1. <u>Bobby Bates</u>		<u>1425</u>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		<u>1425</u>
MBU's (Check one) <input checked="" type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need		<u>1050</u>
(Check one) <input checked="" type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons		<u>375</u>
Rounded Share of Cost		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5		

MBU # _____		
Person Name/No.	Orig Aid	Net Nonexempt <input type="checkbox"/> Property Income <input type="checkbox"/>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need		
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons		
Rounded Share of Cost		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5		

MBU # _____		
Person Name/No.	Orig Aid	Net Nonexempt <input type="checkbox"/> Property Income <input type="checkbox"/>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need		
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons		
Rounded Share of Cost		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5		

MBU # _____		
Person Name/No.	Orig Aid	Net Nonexempt <input type="checkbox"/> Property Income <input type="checkbox"/>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
TOTAL		
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need		
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons		
Rounded Share of Cost		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5		

Eligibility Worker Signature <u>Y Lee</u>	Worker Number <u>0123</u>	Date of Computation <u>6/3/91</u>
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Ex.4

Department of Health Service

State of California—Health and Welfare Agency

## SHARE OF COST DETERMINATION — MFBUs WHICH DO NOT INCLUDE LTC PERSONS

Case Name <b>Becky Benson</b>						County District <b>77</b>		County Use	
Effective Eligibility Date for this Budget Mo. <b>06</b> Yr. <b>91</b>									
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Elig. <input type="checkbox"/> Correction									
State Number				Name — First, Middle, Last		Birthdate		Sex	
Co.	Aid	7 Digit Serial No.	MFBU	Pers. No.		Mo.	Day	Yr.	
					<b>Becky Benson</b>	<b>8-9-68</b>			<b>F</b>
					<b>Bill Bates</b>	<b>9-17-66</b>			<b>M</b>
					<b>Bobby Bates</b>	<b>8-30-90</b>			<b>M</b>
					<b>Burt Bates</b>	<b>2-14-86</b>			<b>M</b>
					<b>unborn (EDC 12/91)</b>				

I. Income of MFBUs members applying as aged, blind, or disabled plus income of spouse or parent (except PA or other PA)			II. Income of MFBUs members not listed in I. (except PA or other PA)			III. Share of cost computation		
A. NONEXEMPT UNEARNED INCOME			A. NONEXEMPT UNEARNED INCOME			1. Countable Income from I 14		
a. ABD—MN			b. Spouse or Parent			2. Countable Income from II 9		
1. OASDI			1. OASDI			3. Income allocated from LTC/B&C person to family members at home (176W, Part III)		
2. Net Income from Property			2. Net Income from Property			4. Combined Countable Income (add 1, 2, and 3)		
3. Other—Itemize			3. Other—Itemize			ALLOCATIONS AND DEDUCTIONS		
4.			4. <b>Child support - Burt</b>			5. Allocation to excluded children (176W, Part I)		
5. Total (add 1 thru 4)			5. Total unearned Income (add 1 thru 4)			6. Income to determine PA Eligibility		
6. Combined unearned income (add 5a and 5b)			B. NONEXEMPT EARNED INCOME			7. Health Insurance		
7. Any Income deduction			6. Total Net Earned Income (MC 176W, Part IV, Line 11.)			8.		
8. Countable unearned Income (6 minus 7)			C. TOTAL COUNTABLE INCOME			9.		
B. NONEXEMPT EARNED INCOME			7. Subtotal (add 5 and 6)			10. Total allocations/deductions (add 5 through 9)		
9. Gross Earned Income			8. Child Support/Alimony Paid			11. Total net nonexempt Income (4 minus 10)		
10. Combined earned Income (add 9a and 9b)			9. Total Countable Income (7 minus 8)			12. Total net nonexempt Income rounded		
1. \$65 earned Inc. deduction plus \$ unused \$20			NOTE:			13. Maintenance need		
2. Remainder (10 minus 11)			If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.			a. MFBUs members not in LTC No.		
3. Countable earned Income (divide 12 by 2)			Total income for educational purpose			b. MFBUs members in LTC		
4. Total countable Income (add 8 and 13)			Less total educational expenses			• Personal needs		
NOTE:			Net countable income			• Upkeep of home		
If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:						• Needs of disabled dependents		
Educational Expenses Section 50547						c. Total maintenance need (13a + 13b)		
Absent Parent Support Section 50541						14. Share of cost (12 minus 13c)		
Student Deduction Section 50551						15. Underpayment adjustment		
\$30 plus 1/3 Section 50551.1						16. Adjusted Share of Cost (14 minus 15)		
Work Expenses for the Blind Section 50551.4								
Income for Self-Support Section 50551.5								

(Bill: 1315 gross earnings - 90 deducts = \$1225 net earnings)

Ex. 4

## SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case Name <i>Bucky Benson</i>	County District <i>77</i>	County Use
Case Number	Effective Date Mo. <i>06</i> Year <i>91</i>	
<input type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Eligibility <input type="checkbox"/> Correction		

DOES THE MFBU INCLUDE:	YES	NO
a. A stepparent?		✓
b. An unmarried couple with mutual child(ren)?	✓	
c. A child with his/her own nonexempt income (including <u>unearned</u> in-kind income provided by someone outside of the MFBU) and there are other persons in the MFBU?	✓	
d. A non-parent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?		✓

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
  - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
  - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

Eligibility worker signature <i>Y Lee</i>	Worker Number <i>0123</i>	Date <i>6/3/91</i>
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# SNEEDE V. KIZER

## NET NONEXEMPT INCOME DETERMINATION

CASE NAME <b>Becky Benson</b>	COUNTY DISTRICT <b>77</b>	COUNTY USE
CASE NUMBER	EFFECTIVE DATE MO. <b>06</b> YR. <b>91</b>	

**Instructions:**

- \* **Child/Spousal Support Payments Received:** Child support is income to the child, not to the parent or caretaker relative.  
**For AFDC-MN/MI only:** Divide the \$50 per month child/spousal support deduction by the # 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.  
**For ABD-MN only:** Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.
- \*\* **Unearned In-Kind Income:** Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. Add an unborn's share of in-kind income to the pregnant woman's share. If pregnant woman is PA/Other PA and not in the MFBU, give unborn's share to father of the unborn if he is in the MFBU.
- \*\*\* **ABD-MN Deductions:** Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.  
 Allow each ABD-MN adult, or spouse of an ABD-MN adult, or parent of an ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

<b>I. ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)</b>	<b>Becky</b>	<b>Bill</b>	<b>Bobby</b>	<b>Burt</b>
<b>PERSON TYPE</b>	<input checked="" type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Rel.	<input checked="" type="checkbox"/> Parent B or Spouse	<input checked="" type="checkbox"/> Child	<input checked="" type="checkbox"/> Child

<b>A. NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN</b>				
1. RSDI				
2. Net Income from Property				
3. *Net Child/Spousal Support Received				
4. **In-kind Income				<b>150</b>
5. Income available from PA or other PA (MC 175-6, line A. 4)				
6. <b>UIB</b>	<b>300</b>			
7.				
8. Total (add 1 thru 7)	<b>300</b>	<b>0</b>	<b>0</b>	<b>150</b>
9. ***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)				
10. Countable Unearned Income (8 minus 9; also enter on section D, line 16)	<b>300</b>	<b>0</b>	<b>0</b>	<b>150</b>

<b>B. ***NONEXEMPT EARNED INCOME - ABD-MN or spouse/parent of ABD-MN</b>				
11. Gross Earned Income				
12. \$65 Earned Inc. Deduction PLUS \$ unused \$20 (line 9)				
13. Remainder (11 minus 12)				
14. Countable earned income (divide line 13 by 2) (enter on section D, line 17)				

<b>C. NONEXEMPT EARNED INCOME - AFDC-MN/MI ONLY</b>				
15. Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 17)	<b>0</b>	<b>1225</b>	<b>0</b>	<b>0</b>

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

**Burt: 200 Child Suppt.**  
**- 50**  
**150 net**

**NOTE:**

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses	Section 50547
Student Deduction	Section 50551
\$30 plus 1/3	Section 50551.1

D. TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: <i>Becky</i>	NAME: <i>Bill</i>	NAME: <i>Bobby</i>	NAME: <i>Burt</i>
16. Countable unearned income (from line 10)	<i>300</i>	<i>0</i>	<i>0</i>	<i>150</i>
17. Countable earned income (from line 14 or 15)	<i>0</i>	<i>1225</i>	<i>0</i>	<i>0</i>
18. Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C. 2)				
19. Total countable income (add lines 16, 17, 18)	<i>300</i>	<i>1225</i>	<i>0</i>	<i>150</i>

E. OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20. Health Insurance				
21. Child Support/Alimony Paid				
22. Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)				
23.				
24. Total deductions (add 20 through 23)	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
25. Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	<i>300</i>	<i>1225</i>	<i>0</i>	<i>150</i>

F. PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				
26. Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	<i>300</i>	<i>1225</i>		
27. Number of persons for whom Parent A is responsible. (section A of MC175-2)	<i>2</i>			
28. Number of persons for whom Parent B is responsible (section B of MC175-2)		<i>3</i>		
29. Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			<i>(A) (B)</i>	<i>A (B)</i>
30. Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent B if unmarried.	<i>150</i>		<i>150</i>	
31. Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.		<i>408.33</i>	<i>408.33</i>	<i>408.33</i>
32. Enter child's net countable income (from line 25)			<i>0</i>	<i>150</i>
33. Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			<i>558.33</i>	<i>558.33</i>
34. Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	<i>150</i>	<i>408.33</i>		

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE <i>U Lee</i>	WORKER NUMBER <i>0123</i>	COMPUTATION DATE <i>10/3/91</i>
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## SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE) ☒ SHARE OF COST DETERMINATIONS  
☐ PROPERTY DETERMINATIONS

Case Name <u>Becky Benson</u>	County District <u>77</u>	County Use
Case Number	Effective Date Mo. <u>06</u> Yr. <u>91</u>	

## Instructions:

1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If 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 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-31.
7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU # <u>1</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Income
1. <u>Bill Bates</u>		<u>408.33</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>408.33</u>	
MBU's (Check one) <input type="checkbox"/> Property Limit <input checked="" type="checkbox"/> Maintenance Need		<u>600</u>	
(Check one) <input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons		<u>0</u>	
Rounded Share of Cost		<u>0</u>	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input checked="" type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # <u>2</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Income
1. <u>Becky Benson</u>		<u>150</u>	
2. <u>unborn</u>			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>150</u>	
MBU's (Check one) <input type="checkbox"/> Property Limit <input checked="" type="checkbox"/> Maintenance Need		<u>750</u>	
(Check one) <input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons		<u>0</u>	
Rounded Share of Cost		<u>0</u>	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input checked="" type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			



EX. 4

MBU # <u>3</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Income
1. <u>Burt Bates</u>		<u>558.33</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>558.33</u>	
MBU's <input type="checkbox"/> Property Limit (Check one) <input checked="" type="checkbox"/> Maintenance Need		<u>375.00</u>	
(Check one) <input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons		<u>183.33</u>	
Rounded Share of Cost		<u>183</u>	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input checked="" type="checkbox"/> Yes; go to MC 175-5			

MBU # <u>4</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Income
1. <u>Bobby Bates</u>		<u>ineligible</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Eligibility Worker Signature <u>Y Lee</u>	Worker Number <u>0123</u>	Date of Computation <u>6/3/91</u>
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Ex-4

**SNEEDE V. KIZER**  
**FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR**  
**PREGNANT WOMEN AND INFANTS (185/200%),**  
**CHILDREN AGES 1 THROUGH 5 (133%), AND**  
**CHILDREN AGES 6 THROUGH 18 BORN AFTER 9/30/83 (100%)**

Case Name <b>Becky Benson</b>	County District <b>77</b>	County Use
Case Number	Effective Date <b>06</b>	Mo. Year <b>91</b>

**INSTRUCTIONS:**

1. Complete this form for all of the potential percentage program eligibles whose MBU has a share of cost.
2. **Net Nonexempt Family Income:** enter the full net nonexempt income of the % program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the Sneed allocations.
  - A. If the potential % program eligible is:
    - an unmarried pregnant woman, use only her income;
    - a pregnant minor, use her income and her parents' income, if they are in the home;
    - a married pregnant woman, use her and her spouse's income;
    - a child, use the child's and natural/adoptive parents' income, if they're in the MFBU.
  - B. If the potential % program eligible and/or his/her responsible relatives are:
    - AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
    - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 & 25.
  - C. When only the separate children of one spouse want Medi-Cal, full net nonexempt family income does not include income allocations to persons outside of the MFBU.

**A. NET NONEXEMPT FAMILY INCOME DETERMINATION**

1. Name of potential % Program Eligible in MBU with SOC	<b>Burt</b>				
2. Name of Responsible Relative #1	<b>Bill</b>				
3. Name of Responsible Relative #2	<b>N/A</b>				
4. Full Net Nonexempt Income of % Program Eligible	\$ <b>150</b>	\$	\$	\$	\$
5. Full Net Nonexempt Income of Responsible Relative #1	\$ <b>1225</b>	\$	\$	\$	\$
6. Full Net Nonexempt Income of Responsible Relative #2	\$ <b>—</b>	\$	\$	\$	\$
7. Total Net Nonexempt Family Income (add lines 4, 5, 6 & enter on B.4)	\$ <b>1375</b>	\$	\$	\$	\$

## B. ELIGIBILITY DETERMINATION

No. of Persons in MFBU 5

1. Name of potential % Program Eligible	Burt				
2. Potential % Program (check one)	185% <input type="checkbox"/> 133% <input checked="" type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>
3. Enter FPL for % Program shown in B. 2 based on # of persons in MFBU.	\$ 1736	\$	\$	\$	\$
4. Enter total net nonexempt family income (from A. 7)	\$ 1375	\$	\$	\$	\$
5. Is total net nonexempt family income (B. 4) less than or equal to amount in B. 3?	<input checked="" type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue
6. Is person potential 200% program eligible (i.e., pregnant woman or infant under age 1)?	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program
7. Enter 200% of FPL for family size equal to # of persons in MFBU.	\$	\$	\$	\$	\$
8. Is total net nonexempt family income equal to or less than 200% FPL?	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program
9. Person # (optional)	2				
10. Aid Code (optional)					
11. MBU # (optional)					

Eligibility Worker Signature <u>Y. Lee</u>	Worker Number <u>0123</u>	Computation Date <u>6/3/91</u>
---	------------------------------	-----------------------------------

**MEDI-CAL INFORMATION NOTICE TO  
SNEEDE CLASS MEMBERS WHO ARE  
RESPONSIBLE RELATIVES**

County Stamp

Becky Benson

State No.: \_\_\_\_\_

District: \_\_\_\_\_

Case Name: \_\_\_\_\_

**THE STATE MAY OWE YOU MONEY! !**

Under a case called Sneede v. Kizer, the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.

You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986.

SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or any member of your family since May 1, 1986.

The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice.

If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.

Y. Lee  
(Eligibility worker)

\_\_\_\_\_  
(Phone Number)

6-3-91  
(Date)

**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**DENIAL/DISCONTINUANCE OF BENEFITS**  
**DUE TO EXCESS PROPERTY**  
**(MINI BUDGET UNIT)**

(County Stamp)

*Becky Benson*

Notice Date: 6/3/91  
Case No.: 2  
Worker Name/No.: 2  
This Affects: Bobby Bates

This case has been affected by a lawsuit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the property of certain family members when figuring someone's Medi-Cal eligibility. This means that some family members may be eligible and others may not be eligible due to excess property.

- ☒ The application for Medi-Cal benefits for the people listed above has been denied due to excess property.
- ☐ Medi-Cal benefits for the people listed above will stop the last day of \_\_\_\_\_ due to excess property.  
(month/year)
- ☐ The people listed above are not eligible for Medi-Cal because your family owns more than one car or piece of real property. These people may be able to get Medi-Cal if you want to make the other car or other real property exempt. If you do that, some people who are in your family who can now get Medi-Cal may become ineligible. Call your worker within 10 days if you want advice about changing your exemptions.

I. Mini Budget Unit

Persons	Net Amount
<u>Bobby</u>	\$ <u>1425</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Net Nonexempt Property \$ 1425  
Property Limit - \$ 1050  
Excess Property \$ 375

II. Medi-Cal Family Budget Unit

Family's Total Net Nonexempt Property: \$ 3625  
Family's Property Limit: - \$ 3450  
Family's Total Excess Property: \$ 175

Your entire family may be eligible for Medi-Cal if they meet all other eligibility requirements and reduce the excess property by the amount shown above in Column II under Family's Total Excess Property. If your family reduces the excess property on any day of the month, they will be property eligible for that entire month.

If you have any questions, please contact your worker. The regulations which require this action are California Code of Regulations, Title 22, Sections 50401 through 50489 and Sneede v. Kizer.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

(County Stamp)

Notice Date: 6/3/91  
Case No.:                       
Worker Name/No.:                       
Worker Telephone No.:                       
This Affects: Brockir Bens

☒ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 6/91. They have no share of cost.

☐ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of \_\_\_\_\_. Their share of cost is \$\_\_\_\_\_.

☐ The Medi-Cal share of cost for people listed above has changed from \$\_\_\_\_\_ to \$\_\_\_\_\_.

☒ The people listed above will receive their Medi-Cal card soon.

☐ The income used to figure the share of cost is as follows:

<u>Person</u>	<u>Net Amount</u>
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total net nonexempt income</b>	\$
<b>Maintenance Need</b>	\$
<b>Excess Income</b>	\$
<b>Adjustment</b>	\$
<b>Share of cost</b>	\$

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

EX. 4

**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**APPROVAL FOR BENEFITS OR**  
**CHANGE IN SHARE OF COST**

(County Stamp)

Bill Bates

Notice Date:

6/3/91

Case No.:

Worker Name/No.:

Worker Telephone No.:

This Affects:

Bill Bates

This case has been affected by a law suit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the income of certain family members when figuring the share of cost of someone who receives Medi-Cal. This means that some family members may have different shares of cost.

- ☒ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 6/91. They have no share of cost.
- ☐ The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of \_\_\_\_\_. Their share of cost is \$\_\_\_\_\_.
- ☐ The Medi-Cal share of cost for people listed above has changed from \$\_\_\_\_\_ to \$\_\_\_\_\_.
- ☒ The people listed above will receive their Medi-Cal card soon.
- ☐ The income used to figure the share of cost is as follows:

<u>Person</u>	<u>Net Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total net nonexempt income	\$ _____
Maintenance Need	\$ _____
Excess Income	\$ _____
Adjustment	\$ _____
Share of cost	\$ _____

Follow the instruction sheet called Sneede v. Kizer: HOW TO LIST MEDICAL EXPENSES ON YOUR RECORD OF HEALTH CARE (SHARE OF COST) FORM. If the medical expenses are more than the share of cost for any period, a Medi-Cal card will be issued after the form has been completed and approved.

When the people listed above receive their Medi-Cal card, they must always take their card to their doctor or to any other Medi-Cal provider who give or has given medical care in that month.

If there are any changes in address, income, property, family members, living arrangements, or if you have any questions, please write or phone your worker within 10 days.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50653 and Sneede v. Kizer.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

64

**MEDI-CAL  
NOTICE OF ACTION  
APPROVAL FOR THE  
133 PERCENT (%) PROGRAM**

(County Stamp)

Becky Benson

Case No. \_\_\_\_\_

District: \_\_\_\_\_

This affects: Burt Bates

Names(s)

Beginning 6/91, your child(ren) is eligible to receive Medi-Cal benefits without a share of cost under the 133% program for children from one to six years of age. Under this program, the child's Medi-Cal card will provide:



Full Medi-Cal benefits.



Restricted Medi-Cal benefits (services for treatment of emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements. You must let your worker know about any changes within 10 days to see if your child(ren) is still eligible under this program.

The regulation which requires this action is California Code of Regulations (CCR), Title 22, Section 50262.5.

Lee  
(Eligibility Worker)

\_\_\_\_\_  
(Phone)

6/3/91  
(Date)

**PLEASE READ THE REVERSE SIDE OF THIS NOTICE**



**SNEEDE V. KIZER**  
**HOW TO LIST MEDICAL EXPENSES**  
**ON YOUR SHARE OF COST FORM**  
**(RECORD OF HEALTH CARE COSTS)**

Your Medi-Cal case has been affected by a lawsuit called Sneede v. Kizer. This lawsuit limits which family members can use their medical expenses that are not billed to Medi-Cal.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

**SNEEDE V. KIZER**  
**COMO ANOTAR GASTOS MEDICOS**  
**EN SU FORMULARIO DE PARTE DEL COSTO**  
**(REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)**

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado Sneede v. Kizer. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en un solo formulario, o puede dividir el cobro y mencionarlo en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un menor, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte del costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

**Example #5: STEPPARENT HOUSEHOLD**

A family of four (a pregnant woman, her husband, their mutual unborn and the woman's separate child under age one year) apply for Medi-Cal on April 2, 1991.

The husband has earnings of \$3015 per month and the wife's separate child receives child support of \$450 per month. The wife has no income. The couple has community property of \$3000 in a savings account and the husband has separate property of \$1000 (stocks).

Since the MFBU contains a class member and the MFBU's net nonexempt property of \$4000 exceeds the property limit of \$3300, the interim Snee procedures apply to the property determination.

The MFBU also has a SOC under existing regulations:

\$3325 net nonexempt income  
~~-1100~~ MNIL for 4  
 \$2225 SOC

Therefore, the Snee procedures also apply to the share of cost determination.

**Snee Procedures****i. Responsible Relative Determination for Income/Property Allocation**

<u>Parent/Spouse:</u>	<u>Husband</u> <b>Marty Mason</b>	<u>Wife</u> <b>Marian Mason</b>
<u>Others for Whom</u> <u>The Parent/Spouse</u> <u>Is Responsible:</u>	<u>Wife</u>  (2)	<u>Husband</u> <u>Separate Child</u> <b>Max Marsh</b>  (3)

**ii. Property Allocation (DO NOT ALLOCATE TO UNBORNS)**

<u>Husband</u>	<u>Wife</u>
\$1000 separate property	\$1500 1/2 community property
+1500 1/2 community property	
\$2500 net nonexempt property	
Divided by 2 = \$1250	Divided by 3 = \$500

Net Nonexempt Property

<u>Husband</u>	<u>Wife</u>	<u>Wife's Separate Child</u>
\$ 1250 own	\$ 500 own	\$ 500 from mom
+ 500 from wife	+ 1250 from husband	
<u>\$ 1750 total net</u>	<u>\$ 1750 total net</u>	<u>\$ 500 total net</u>

iii. MBUs and Property Determination

<u>MBU #1</u>	Husband Mother Unborn	\$1750 +1750 <u>\$3500</u> -3150 <u>\$ 350</u>	(They are together because they are married and the unborn stays with the mother.) total property limit for 3* excess property
<u>MBU #2</u>	Wife's Separate Child	\$-500 -1500 <u>0</u>	(Separate Child is in own MBU) limit for 1* property eligible

\*See Sneede Property Limit Chartiv. Income Allocation (DO NOT ALLOCATE TO UNBORNS)

<u>Husband</u>	<u>Wife</u>
\$3015 earnings	no income
- 90 work deductions	
<u>\$2925 net nonexempt</u>	
Divided by 2 = \$1462.50	

v. Net Nonexempt Income

<u>Husband</u>	<u>Wife</u>	<u>Wife's Separate Child</u>
\$1462.50	\$1462.50	\$450 child support
		-50 child support deduction
		<u>\$400 net income</u>

vi. MBUs and Share of Cost Determinations

<u>MBU #1</u>	Husband	Excess Property
	Wife	Excess Property
	Mutual unborn	Excess Property
<u>MBU #2</u>	Wife's	\$400 net nonexempt income
	Separate Infant	-375 MNIL*
	Under 1	\$ 25 SOC

\*See Sneede MNIL chart

The first MBU will receive a denial notice advising them they are property ineligible. Since the second MBU has a SOC, the county will evaluate the infant under the 185/200 Percent program.

viii. Interim Sneede Procedures and the Special Zero Share of Cost Program

The stepfather's income cannot be used to determine eligibility to the special zero share of cost program for the wife's separate infant. The wife's full, net nonexempt income (in this case, she has none) and the infant's full net nonexempt income (\$400) will be compared to 185/200% of the federal poverty level for a family of 4 (the entire MFBU).

Special Zero SOC Computation

\$400 separate child's net nonexempt income

compared to

185% of federal poverty level for 4 = \$1958

Since the net nonexempt family income does not exceed 185% of the federal poverty level, the infant is eligible for the 185 Percent program. The county will send an approval notice.

If the infant had been ineligible for the 185/200 Percent program, the county would have sent two notices: (1) an approval notice advising the family of the infant's \$25 SOC, and (2) a denial notice under the 200 Percent program advising the family that they have excess income. The separate infant's MC 177S would list himself as an eligible and his mother as a responsible relative.

Ex. 5

## PROPERTY WORK SHEET

Name Marian Mason Case Number \_\_\_\_\_ Month 04/91

REAL PROPERTY				II. PROPERTY RESERVE: USE REVERSE TO ITEMIZE OR TO PROVIDE DETAILS																							
<b>A. PRINCIPAL RESIDENCE (PR)</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Real Prop. <input type="checkbox"/> Pers. Prop. <input type="checkbox"/>				<b>A. NUMBER OF PERSONS IN MFBU</b> <u>4</u>																							
<b>B. OTHER REAL PROPERTY (ORP)</b> Determine market value and encumbrances of ORP on reverse, and list in B1 and B2. Note: If ORP owned jointly with persons not in MFBU, list only the share of market value and encumbrances of persons in MFBU.				<b>B. PROPERTY INCLUDED IN PROPERTY RESERVE</b>																							
1. Market Value per Section 50412 \$ _____				1. Excess value ORP a. Enter from Col I, line D1 b. Enter from Col I, line D5 c. Line 1a-1b \$ _____																							
2. Encumbrances per Section 50413 \$ _____				2. Notes, mortgages, deeds of trust NOT from the sale of real property owned by MFBU members. \$ _____																							
3. Net Market Value (line 1 minus line 2) \$ _____				3. Liquid assets [money, checking/savings accounts, stocks, bonds, etc. (other than for business)] \$ <u>3000 (com)</u> \$ <u>1000 (Mar)</u>																							
4. Life Estate (determine value per Section 50442 and procedure 9A) \$ _____				4. CSV of nonexempt life insurance \$ _____																							
5. Net Market Value of notes, mortgages, deeds of trust from sale of real property owned by MFBU member. \$ _____				5. Burial plots, vaults, or crypts not for family use and not exempt as other real property. \$ _____																							
6. Total net other real property (add lines 3, 4, and 5) Enter in Col. I, line D1 \$ _____				6. Value of burial reserves in excess of \$1,500 and/or \$1,800 if irrevocable for each person. \$ _____																							
<b>C. INCOME FROM PROPERTY</b>				7. Vehicles, boats, campers, or trailers; other than one exempt for transportation.																							
1. Rental Income <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly, if yes, \$ _____ + 12 \$ _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Item</th> <th style="width: 30%;">Market Value e.g., DMV license fee x 50 or appraised value</th> <th style="width: 30%;">Encumbrance</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td>\$ _____</td></tr> <tr><td> </td><td> </td><td> </td><td>\$ _____</td></tr> <tr><td> </td><td> </td><td> </td><td>\$ _____</td></tr> <tr><td> </td><td> </td><td> </td><td>\$ _____</td></tr> </tbody> </table>				Item	Market Value e.g., DMV license fee x 50 or appraised value	Encumbrance					\$ _____				\$ _____				\$ _____				\$ _____
Item	Market Value e.g., DMV license fee x 50 or appraised value	Encumbrance																									
			\$ _____																								
			\$ _____																								
			\$ _____																								
			\$ _____																								
2. Upkeep and Repair a. \$ _____ x .15 Line C 1 \$ _____ b. + \$4.17 \$ 4.17 c. Line a + b \$ _____ d. Actual upkeep and repair \$ _____ e. Greater of line 2c or 2d \$ _____				8. Jewelry, not exempt and valued over \$100. \$ _____																							
3. Interest <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly, if yes, \$ _____ + 12 \$ _____				9. Business property																							
4. Taxes and Assessments <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly, if yes, \$ _____ + 12 \$ _____				a. Property necessary for employment or rehabilitation that is NOT exempt. \$ _____																							
5. Utilities <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly, if yes, \$ _____ + 12 \$ _____				b. Property necessary for self-support																							
6. Insurance <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly, if yes, \$ _____ + 12 \$ _____				<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 70%;">(1) Net value of property for self-support (list on separate sheet)</td> <td style="width: 30%;">\$ _____</td> </tr> <tr> <td>(2) 6% per year return</td> <td>\$ x.005</td> </tr> <tr> <td>(3) Reasonable rate of return</td> <td>\$ _____</td> </tr> <tr> <td>(4) Monthly income</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">               (5) Is 9b(4) equal to or greater than 9b(3)? Yes <input type="checkbox"/> No <input type="checkbox"/>                If yes, enter 0.                If no, determine if property will earn reasonable rate of return per Section 50485. If no, enter line 9b(1)             </td> </tr> </tbody> </table>				(1) Net value of property for self-support (list on separate sheet)	\$ _____	(2) 6% per year return	\$ x.005	(3) Reasonable rate of return	\$ _____	(4) Monthly income	\$ _____	(5) Is 9b(4) equal to or greater than 9b(3)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter 0. If no, determine if property will earn reasonable rate of return per Section 50485. If no, enter line 9b(1)											
(1) Net value of property for self-support (list on separate sheet)	\$ _____																										
(2) 6% per year return	\$ x.005																										
(3) Reasonable rate of return	\$ _____																										
(4) Monthly income	\$ _____																										
(5) Is 9b(4) equal to or greater than 9b(3)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter 0. If no, determine if property will earn reasonable rate of return per Section 50485. If no, enter line 9b(1)																											
7. Total expenses (add lines 2e through 6) \$ _____				10. a. Liquid assets for means of self support \$ _____																							
8. Net rental income (line 1 minus line 7) Enter on MC 176 M Column I or II \$ _____				b. Average monthly expenditures for means of self-support _____ x 3. \$ _____																							
9. Income from ORP other than rental income (Section 50508) (Enter on MC 176 M Column I or II) \$ _____				c. Countable liquid assets from means of self-support (line 10a minus line 10b) \$ _____																							
10. Total income from ORP (line 8 plus line 9) \$ _____				11. Other countable property \$ _____																							
<b>D. UTILIZATION</b>				12. Total property reserve (add lines 1 through 11) \$ <u>4000</u>																							
1. Total net market value of ORP (from Col I, line B6)				13. Property limit for MFBU (from line II A above) \$ <u>3300</u>																							
2. 6% per year utilization requirement x .005				14. Is line 13 greater than or equal to line 12? <input type="checkbox"/> Yes - property eligible; <input checked="" type="checkbox"/> No - excess property - ineligible. * Explain property requirements. * If "NO", complete Sneed's Screening on back.																							
3. Income needed				4. a. Is C10 greater than D3? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, utilization met. If no, recompute rental income with actual upkeep and repair, if lower.																							
4. b. Is C10 now greater than or equal to D3? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, utilization met.				c. If still no, is utilization period implemented? Yes <input type="checkbox"/> No <input type="checkbox"/>																							
5. Exemption: If 4a, b, or c is yes, enter lesser of \$6,000 or line D1. Otherwise, enter 0.				5.																							

## PERIOD OF INELIGIBILITY WORK SHEET

THIS ONLY APPLIES TO TRANSFERS MADE BY INSTITUTIONALIZED INDIVIDUALS OCCURRING BEFORE 1/1/90.

- Period of ineligibility can be reduced at any time applicant/beneficiary receives additional compensation.
- Period of ineligibility terminates if property is transferred back.

## A. DETERMINE NET UNCOMPENSATED VALUE

1. Net Market Value (MV)	\$	_____
2. Amount of Compensation Received in Excess of Encumbrances and Closing Costs	\$	_____
3. Uncompensated Value (line 1 minus line 2)	\$	_____
4. Amount Available in Property Reserve	\$	_____
a. Property Reserve for MFBU at the Time of the Transfer	\$	_____
b. Total Property Reserve at the Time of the Transfer	\$	_____
c. Line a Minus Line b	\$	_____
5. Net Uncompensated Value (line 3 minus line 4c)	\$	_____

## B. PERIOD OF INELIGIBILITY

1. Net Uncompensated Value*	\$	_____
2. Total amount of the following expenses incurred since transfer of property:	\$	_____
a. Medical expenses		
b. Out-of-home care costs in excess of maintenance needs		
c. Major home repairs needed to put home in livable condition		
3. Adjusted Net Uncompensated Value (line B1 minus B2)	\$	_____
4. Computation of Months of Ineligibility	\$	_____
Month/Year to Month/Year = No. of Months x Maintenance Need =	\$	_____
(1) _____	\$	_____
(2) _____	\$	_____
(3) _____	\$	_____
5. Total number of months _____	\$	_____
6. Line 3 minus line 5 dollar amount	\$	_____
7. Line 6 divided by current maintenance need for MFBU = remaining months		_____
8. Add line 7 to current month = date ineligibility expires		_____
		Month/Year

\* If Net Uncompensated Value is \$12,000 or less, Period of Ineligibility CANNOT exceed 24 months.

## III. SNEEDE: PROPERTY SCREENING

If excess property and MFBU includes child(ren) complete the following:

DOES THE MFBU INCLUDE:	YES	NO
a. A stepparent with property?	✓	
b. An unmarried couple with mutual child(ren)		✓
c. A child with own nonexempt property?		✓
d. A nonparent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?		✓

• If "NO" to all of the above, stop here.  
 • If "YES" to any of the above and:  
 (1) the MFBU includes a parent, complete MC175-2, MC175-3P, & MC175-4.  
 (2) the MFBU does not include a parent, complete MC175-3P & MC175-4.

4 Lee

0123

4/3/91

County Use

**SNEEDE V. KIZER**  
**RESPONSIBLE RELATIVE DETERMINATION**  
 (Complete Only If Parent Is In MFBU)

Case Name <b>Marian Mason</b>	County District <b>77</b>	County Use
Case Number	Effective Date Mo. <b>04</b> Year <b>91</b>	

**INSTRUCTIONS:**

- 1) Complete only when MFBU exceeds Property Limits or has a Share of Cost.
- 2) Property and Income allocations are only from Spouse to Spouse and from Parent to Natural/Adoptive Child(ren).
- 3) Complete only Column A when the household consists of only a single parent.
- 4) Complete Columns A and B in all other situations.

Enter name(s) of PARENT/SPOUSE (do not list PA/Other PA):  List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.          * Leave blank if unmarried.	(A)	(B)
	<b>Marian</b>	<b>Marty</b>
	spouse* <b>Marty</b>	spouse* <b>Marian</b>
	<b>Max</b>	
	<b>3</b> TOTAL # PERSONS IN COLUMN A	<b>2</b> TOTAL # PERSONS IN COLUMN B

Next complete the MC 175-3P for Property Determinations or the MC 175-3I for Share of Cost Determinations.

Eligibility Worker Signature <b>Y Lee</b>	Worker Number <b>0123</b>	Date <b>4/3/91</b>
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# SNEEDE V. KIZER PROPERTY WORKSHEET

Case Name <b>Marian Mason</b>	County District <b>77</b>	County Use
Case Number	Effective Date Mo. <b>04</b> Yr. <b>91</b>	

**INSTRUCTIONS:**

- List all nonexempt property from MC 176P.
- If property is owned by more than one person, equally divide the net market value by the number of owners unless evidence is provided to rebut the division.
- Joint bank accounts: If available to anyone in the MFBU, do not count the money in a joint account against the MFBU more than once. Equally prorate the bank account among the owners in the MFBU (subject to rebuttal).
- Other real property (ORP) must be evaluated to determine if the utilization requirement is met. The \$6,000 exemption for utilized ORP may be spread out over multiple pieces of utilized ORP to maximize eligibility for the multiple mini budget units.
- If excess property is determined for only some of the mini budget units and Medi-Cal is needed for someone in a property-ineligible mini budget unit, the EW may need to exempt a different vehicle or spread the \$6,000 exemption in a different manner to determine if eligibility can be established for the property-ineligible mini budget unit.
- Motor Vehicle and \$6,000 Utilized Other Real Property Exemptions:
  - The MFBU of a MARRIED couple or SINGLE PARENT is allowed only one of each exemption.
  - Each UNMARRIED partner is allowed one of each exemption. His/her exemption may be passed on to a natural/adopted child if the unmarried parent has no such property or wishes to pass the exemption on to his/her child. However, both unmarried parents cannot pass on their exemptions to the same mutual child.
  - A CARETAKER RELATIVE who chooses to be in the same MFBU with the children for whom care is provided is allowed one set of exemptions. In addition, the CHILDREN for whom care is provided are allowed one set of exemptions as a group.

**I. ALLOCATION FROM SPOUSE/PARENT**

1. For a married couple, enter their total community property in Column II. Enter each spouse's separate property in Column III.
2. For an unmarried couple or a single parent, enter their separate property in Column III; leave Column II blank.

List exempt property and name of owner:

I. List Only the Parent's Nonexempt Property	II. COMMUNITY PROPERTY	III. SEPARATE PROPERTY	
		PARENT A	PARENT B
1. Nonexempt Other Real Property	<b>3000</b>		
2. Checking			
3. Savings			
4. CSV of nonexempt life insurance			
5. Cash			
6. Nonexempt Vehicle			
7. Other			
8. <b>stocks</b>			<b>1000</b>
9.			
10.			
11. Subtotal Net Nonexempt Property	<b>\$ 3000</b>	<b>\$ 0</b>	<b>\$ 1000</b>
12. Enter each spouse's share of community property (divide line 11, Column II by 2)		<b>\$ 1500</b>	<b>\$ 1500</b>
13. Parent's total net nonexempt property (add lines 11 and 12)		<b>1500</b>	<b>2500</b>
14. Number of persons for whom each parent is responsible (see totals on MC 175-2).		<b>3</b>	<b>2</b>
15. Allocation to each person for whom parent is responsible (divide line 13 by line 14).		(A) <b>\$ 500</b> enter on line 27	(B) <b>\$ 1250</b> enter on line 28



**II. ALLOCATION FROM SPOUSE TO SPOUSE (skip if MFBU does not contain a married couple)**

16. Enter line 15A in both boxes.	\$ 500	\$ 500
17. Enter line 15B in both boxes.	\$ 1250	\$ 1250
18. Total (add lines 16 and 17). This is each spouse's total share of their net nonexempt property. (Enter this amount on MC 175-4 in the married couple's mini budget unit.)	\$ 1750	\$ 1750

**III. NET NONEXEMPT PROPERTY FOR CHILDREN OR NON-PARENT CARETAKER RELATIVE (Do not list unborns)**

Name of Child or Caretaker Relative	1. Max	2.	3.	4.	5.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	(A) B	A B	A B	A B	A B
List Only the Child's or Caretaker Relative's Property:					
19. Checking	\$	\$	\$	\$	\$
20. Savings					
21. Nonexempt vehicle					
22. Nonexempt ORP					
23. Other					
24.					
25.					
26. TOTAL	0				
27. Allocation from Parent A*	500				
28. Allocation from Parent B*	0				
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4	500				

\* Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent.  
Leave blank if caretaker relative household.

**III. NET NONEXEMPT PROPERTY FOR CHILDREN OR NON-PARENT CARETAKER RELATIVE (CONT.)**

Name of Child or Caretaker Relative	6.	7.	8.	9.	10.
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	A B	A B	A B	A B	A B
List Only the Child's or Caretaker Relative's Property:					
19. Checking	\$	\$	\$	\$	\$
20. Savings					
21. Nonexempt vehicle					
22. Nonexempt ORP					
23. Other					
24.					
25.					
26. TOTAL					
27. Allocation from Parent A*					
28. Allocation from Parent B*					
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4					

\* Enter an allocation from Section I, line 15 only if this is the child's natural/adoptive parent.  
Leave blank if caretaker relative household.

NEXT COMPLETE MC 175-4

Eligibility Worker Signature <i>Y Lee</i>	Worker Number <i>0123</i>	Date of Computation <i>4/3/91</i>
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# SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

- ☐ SHARE OF COST DETERMINATIONS  
☒ PROPERTY DETERMINATIONS

Case Name <u>Marian Mason</u>	County District <u>77</u>	County Use
Case Number	Effective Date Mo. <u>04</u> Yr. <u>91</u>	

## Instructions:

1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If 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 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU # <u>1</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input checked="" type="checkbox"/> Property <input type="checkbox"/> Income
1. <u>Marian</u>		<u>1750</u>	
2. <u>Marty</u>		<u>1750</u>	
3. <u>unborn</u>			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>3500</u>	
MBU's (Check one)	<input checked="" type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need	<u>3150</u>	
(Check one)	<input checked="" type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons	<u>250</u>	
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # <u>2</u>			
Person Name/No.	Orig Aid	Net Nonexempt	<input checked="" type="checkbox"/> Property <input type="checkbox"/> Income
1. <u>Max</u>		<u>500</u>	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		<u>500</u>	
MBU's (Check one)	<input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need	<u>1500</u>	
(Check one)	<input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons	<u>0</u>	
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Ex 5

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one) <input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Eligibility Worker Signature <i>Y. Lee</i>	Worker Number <i>0123</i>	Date of Computation <i>4/3/91</i>
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State of California—Health and Welfare Agency

SHARE OF COST DETERMINATION — MFBUs WHICH DO NOT INCLUDE LTC PERSONS

Case Name <b>Marian Mason</b>						County District <b>77</b>		County Use			
Effective Eligibility Date for this Budget Mo. <b>04</b> Yr. <b>91</b>											
<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Elig. <input type="checkbox"/> Correction											
State Number					Birthdate		Sex		(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.		Other Covera
Co.	Aid	7 Digit Serial No.	MFBU	Pers. No.	Name — First, Middle, Last		Mo.	Day	Yr.		
					Marian Mason		5	10	68	F	(1) (2)
					Marty Mason		7	4	66	M	(1) (2)
					Max Marshall		12	25	90	M	(1) (2)
					unborn (EDC: 01/92)						(1) (2)
											(1) (2)
											(1) (2)
											(1) (2)
											(1) (2)
											(1) (2)

I. Income of MFBUs members applying as aged, blind, or disabled plus income of spouse or parent (except PA or other PA)				II. Income of MFBUs members not listed in I. (except PA or other PA)				III. Share of cost computation			
<b>A. NONEXEMPT UNEARNED INCOME</b>				<b>A. NONEXEMPT UNEARNED INCOME</b>				1. Countable Income from I 14			
		a. ABD—MN	b. Spouse or Parent	1. OASDI				2. Countable Income from II 9		<b>332</b>	
1. OASDI				2. Net Income from Property				3. Income allocated from LTC/B&C person to family members at home (176W, Part III)			
2. Net Income from Property				3. Other—Itemize				4. Combined Countable Income (add 1, 2, and 3)		<b>332</b>	
3. Other—Itemize				Max- Child support		<b>400</b>		<b>ALLOCATIONS AND DEDUCTIONS</b>			
4.				4.				5. Allocation to excluded children (176W, Part I)			
5. Total (add 1 thru 4)				5. Total unearned Income (add 1 thru 4)		<b>400</b>		6. Income to determine PA Eligibility			
6. Combined unearned income (add 5a and 5b)				<b>B. NONEXEMPT EARNED INCOME</b>				7. Health Insurance			
7. Any Income deduction			—\$20	6. Total Net Earned Income (176W, Part IV, Line 11.)		<b>2925</b>		8.			
8. Countable unearned Income (6 minus 7)				<b>C. TOTAL COUNTABLE INCOME</b>				9.			
<b>B. NONEXEMPT EARNED INCOME</b>				7. Subtotal (add 5 and 6)		<b>3325</b>		10. Total allocations/deductions (add 5 through 9)		<b>0</b>	
9. Gross Earned Income		a.	b.	8. Child Support/Alimony Paid				11. Total net nonexempt Income (4 minus 10)		<b>332</b>	
10. Combined earned Income (add 9a and 9b)				9. Total Countable Income (7 minus 8)		<b>3325</b>		12. Total net nonexempt Income rounded		<b>332</b>	
11. \$65 earned Inc. deduction plus \$ unused \$20				<b>NOTE:</b>							
12. Remainder (10 minus 11)				If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.							
13. Countable earned Income (divide 12 by 2)				Total income for educational purpose _____							
14. Total countable Income (add 8 and 13)				Less total educational expenses _____							
<b>NOTE:</b>				Net countable income _____							
If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:											
Educational Expenses		Section 50547									
Absent Parent Support		Section 50541									
Student Deduction		Section 50551									
\$30 plus 1/3		Section 50551.1									
Work Expenses for the Blind		Section 50551.4									
Income for Self-Support		Section 50551.5									
<b>IV. Exempt Income</b>											

(Marty's wages: 3015 gross  
- 90  
2925 net)

Eligibility Worker Signature <b>114..</b>	Worker Number	Computation Date	County Use
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EX 5

## SNEEDE V. KIZER INCOME SCREENING QUESTIONS

If the MFBU has a share of cost and includes child(ren), complete the following:

Case Name <i>DD Tamar Mason</i>	County District <i>77</i>	County Use
Case Number	Effective Date Mo. <i>04</i> Year <i>91</i>	
<input type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Retroactive Eligibility <input type="checkbox"/> Correction		

DOES THE MFBU INCLUDE:	YES	NO
a. A stepparent?	✓	
b. An unmarried couple with mutual child(ren)?		✓
c. A child with his/her own nonexempt income (including <u>unearned</u> in-kind income provided by someone outside of the MFBU) and there are other persons in the MFBU?	✓	
d. A non-parent caretaker relative in the same MFBU with the child(ren) for whom care is provided and the caretaker wants Medi-Cal?		✓

- If "NO" to all of the above, determine if eligibility exists for pregnant woman or infant under 1 (185/200%), child under 6 (133%), or child age 6 through 18 born after 9/30/83 (100%).
- If "YES" to any of the above and:
  - (1) the MFBU includes a parent, complete MC 175-2, MC 175-3I, and MC 175-4.
  - (2) the MFBU does not include a parent, complete MC 175-3I and MC 175-4.

Eligibility worker signature <i>Y Lee</i>	Worker Number <i>0123</i>	Date <i>4/3/91</i>
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10

# SNEEDE V. KIZER

## NET NONEXEMPT INCOME DETERMINATION

CASE NAME <i>Marion Mason</i>	COUNTY DISTRICT <i>77</i>	COUNTY USE
CASE NUMBER	EFFECTIVE DATE MO. <i>04</i> YR. <i>91</i>	

**Instructions:**

- \* **Child/Spousal Support Payments Received:** Child support is income to the child, not to the parent or caretaker relative.  
 For AFDC-MN/MI only: Divide the \$50 per month child/spousal support deduction by the # 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.  
 For ABD-MN only: Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 deduction from this income.
- \*\* **Unearned In-Kind Income:** Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of 4 gets free housing. Use in-kind income for 4 and each person gets 1/4 of the in-kind income. Add an unborn's share of in-kind income to the pregnant woman's share. If pregnant woman is PA/Other PA and not in the MFBU, give unborn's share to father of the unborn if he is in the MFBU.
- \*\*\* **ABD-MN Deductions:** Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.  
 Allow each ABD-MN adult, or spouse of an ABD-MN adult, or parent of an ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction.

I. ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	<i>Marion</i>	<i>Marty</i>	<i>Max</i>	
PERSON TYPE	<input checked="" type="checkbox"/> Parent A or <input type="checkbox"/> Caretaker Rel.	<input checked="" type="checkbox"/> Parent B or Spouse	<input checked="" type="checkbox"/> Child	<input type="checkbox"/> Child

A. NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN				
1. RSDI				
2. Net Income from Property				
3. *Net Child/Spousal Support Received			<i>400</i>	
4. **In-kind Income				
5. Income available from PA or other PA (MC 175-6, line A. 4)				
6.				
7.				
8. Total (add 1 thru 7)	<i>0</i>	<i>0</i>	<i>400</i>	
9. ***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)				
10. Countable Unearned Income (8 minus 9; also enter on section D, line 16)	<i>0</i>	<i>0</i>	<i>400</i>	

B. ***NONEXEMPT EARNED INCOME-- ABD-MN or spouse/parent of ABD-MN				
11. Gross Earned Income				
12. \$65 Earned Inc. Deduction PLUS \$ _____ unused \$20 (line 9)				
13. Remainder (11 minus 12)				
14. Countable earned income (divide line 13 by 2) (enter on section D, line 17)				

C. NONEXEMPT EARNED INCOME-- AFDC-MN/MI ONLY				
15. Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 17)	<i>0</i>	<i>2925</i>	<i>0</i>	

ENTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEARNED IN-KIND INCOME:

**NOTE:**

If any of the following deductions apply, complete MC 176W, Part VI before completing Sections A or B.

Educational Expenses	Section 50547
Student Deduction	Section 50551
\$30 plus 1/3	Section 50551.1
Widow's Pension for the Blind	Section 50551.4

D. TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: <i>Marian</i>	NAME: <i>Marty</i>	NAME: <i>Max</i>	NAME:
16. Countable unearned income (from line 10)	<i>0</i>	<i>0</i>	<i>400</i>	
17. Countable earned income (from line 14 or 15)	<i>0</i>	<i>2925</i>	<i>0</i>	
18. Income allocated from LTC/B&C person to family members at home (from MC176W, Part B OR from MC 175-7, line C. 2)				
19. Total countable income (add lines 16, 17, 18)	<i>0</i>	<i>2925</i>	<i>0</i>	

E. OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20. Health Insurance				
21. Child Support/Alimony Paid				
22. Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)				
23.				
24. Total deductions (add 20 through 23)	<i>0</i>	<i>0</i>	<i>0</i>	
25. Total net countable income (line 19 minus line 24) Enter this on MC 175-4 if no parent in MFBU; otherwise continue.	<i>0</i>	<i>2925</i>	<i>400</i>	

F. PARENTAL/SPOUSAL ALLOCATION: AFDC-MN/MI and/or ABD-MN (skip if no parent in MFBU)				
26. Parent's total net nonexempt income LESS in-kind income and income from PA/Other PA, LTC, or B&C spouse (line 25 minus lines 4, 5, 18)	<i>0</i>	<i>2925</i>		
27. Number of persons for whom Parent A is responsible. (section A of MC175-2)	<i>3</i>			
28. Number of persons for whom Parent B is responsible (section B of MC175-2)		<i>2</i>		
29. Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			(A) B	A B
30. Parent A's allocation to self, spouse (if any) & natural/adopted children (divide Parent A's line 26 by line 27) (Enter in each applicable box.) Do not enter under Parent B if unmarried.	<i>0</i>	<i>0</i>	<i>0</i>	
31. Parent B's allocation to self, spouse (if any) & natural/adopted children (divide Parent B's line 26 by line 28) (Enter in each applicable box.) Do not enter under Parent A if unmarried.	<i>1462.50</i>	<i>1462.50</i>	<i>0</i>	
32. Enter child's net countable income (from line 25)			<i>400</i>	
33. Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			<i>400</i>	
34. Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	<i>1462.50</i>	<i>1462.50</i>		

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE <i>11/10/11</i>	WORKER NUMBER <i>0112</i>	COMPUTATION DATE <i>4/2/11</i>
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SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

- ☒ SHARE OF COST DETERMINATIONS
- ☐ PROPERTY DETERMINATIONS

Case Name	Marian Mason	County District	77	County Use	
Case Number		Effective Date	Mo. 04	Yr. 91	

Instructions:

1. Include unborn in the mother's mini budget unit (MBU) and property limit/maintenance need income level, unless mother is married and only her separate children want Medi-Cal. If 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 175-3P, line 18. Enter the net nonexempt property for each child and/or caretaker relative from MC 175-3P, line 29.
6. Share of Cost Determinations: Enter each person's net nonexempt income from MC 175-3I.
7. If only the separate children of one spouse want Medi-Cal, enter the amounts from lines 13 and 23 of MC 176W.1 for property determinations and the amounts from lines 28 and 29 of MC 176W.1 for share of cost determinations.

MBU # 1			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1. Marian }		ineligible	
2. Marty }			
3. unborn }			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's (Check one)	<input type="checkbox"/> Property Limit <input type="checkbox"/> Maintenance Need		
(Check one)	<input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons		
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # 2			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input checked="" type="checkbox"/> Income
1. Max		400	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL		400	
MBU's (Check one)	<input type="checkbox"/> Property Limit <input checked="" type="checkbox"/> Maintenance Need		
(Check one)	<input type="checkbox"/> Excess Property <input checked="" type="checkbox"/> Share of Cost for property-eligible persons	375	
Rounded Share of Cost		25	
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input checked="" type="checkbox"/> Yes; go to MC 175-5			



MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

MBU # _____			
Person Name/No.	Orig Aid	Net Nonexempt	<input type="checkbox"/> Property <input type="checkbox"/> Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's <input type="checkbox"/> Property Limit (Check one) <input type="checkbox"/> Maintenance Need			
(Check one) <input type="checkbox"/> Excess Property <input type="checkbox"/> Share of Cost for property-eligible persons			
Rounded Share of Cost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? <input type="checkbox"/> No; stop here. <input type="checkbox"/> Yes; go to MC 175-5			

Eligibility Worker Signature <i>y Lee</i>	Worker Number <i>0123</i>	Date of Computation <i>4/3/91</i>
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**SNEEDE V. KIZER**  
**FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR**  
**PREGNANT WOMEN AND INFANTS (185/200%),**  
**CHILDREN AGES 1 THROUGH 5 (133%), AND**  
**CHILDREN AGES 6 THROUGH 18 BORN AFTER 9/30/83 (100%)**

Case Name <i>Marian Mason</i>	County District <i>77</i>	County Use
Case Number	Effective Date <i>04</i>	Mo. Year <i>91</i>

**INSTRUCTIONS:**

1. Complete this form for all of the potential percentage program eligibles whose MBU has a share of cost.
2. **Net Nonexempt Family Income:** enter the full net nonexempt income of the % program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the Sneede allocations.
  - A. If the potential % program eligible is:
    - an unmarried pregnant woman, use only her income;
    - a pregnant minor, use her income and her parents' income, if they are in the home;
    - a married pregnant woman, use her and her spouse's income;
    - a child, use the child's and natural/adoptive parents' income, if they're in the MFBU.
  - B. If the potential % program eligible and/or his/her responsible relatives are:
    - AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
    - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 & 25.
  - C. When only the separate children of one spouse want Medi-Cal, full net nonexempt family income does not include income allocations to persons outside of the MFBU.

**A. NET NONEXEMPT FAMILY INCOME DETERMINATION**

1. Name of potential % Program Eligible in MBU with SOC	<i>Max Marshall</i>				
2. Name of Responsible Relative #1	<i>Marian mason</i>				
3. Name of Responsible Relative #2	<i>N/A</i>				
4. Full Net Nonexempt Income of % Program Eligible	\$ <i>400</i>	\$	\$	\$	\$
5. Full Net Nonexempt Income of Responsible Relative #1	\$ <i>0</i>	\$	\$	\$	\$
6. Full Net Nonexempt Income of Responsible Relative #2	\$ <i>N/A</i>	\$	\$	\$	\$
7. Total Net Nonexempt Family Income (add lines 4, 5, 6 & enter on B.4)	\$ <i>400</i>	\$	\$	\$	\$

(over)

Ex 5

ELIGIBILITY DETERMINATION		No. of Persons in MFBU <u>4</u>			
1. Name of potential % Program Eligible	<u>max</u>				
2. Potential % Program (check one)	185% <input checked="" type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>	185% <input type="checkbox"/> 133% <input type="checkbox"/> 100% <input type="checkbox"/>
3. Enter FPL for % Program shown in B. 2 based on # of persons in MFBU.	\$ <u>2066</u>	\$	\$	\$	\$
4. Enter total net nonexempt family income (from A. 7)	\$ <u>400</u>	\$	\$	\$	\$
5. Is total net nonexempt family income (B. 4) less than or equal to amount in B. 3?	<input checked="" type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue	<input type="checkbox"/> Yes, eligible (go to #9) <input type="checkbox"/> No, continue
6. Is person potential 200% program eligible (i.e., pregnant woman or infant under age 1)?	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program	<input type="checkbox"/> Yes, continue <input type="checkbox"/> No, deny FPL program
7. Enter 200% of FPL for family size equal to # of persons in MFBU.	\$	\$	\$	\$	\$
8. Is total net nonexempt family income equal to or less than 200% FPL?	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program	<input type="checkbox"/> Yes, eligible <input type="checkbox"/> No, deny 200% Program
9. Person # (optional)					
10. Aid Code (optional)					
11. MBU # (optional)					

Eligibility Worker Signature <u>Y Lee</u>	Worker Number <u>0123</u>	Computation Date <u>4/3/91</u>
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**MEDI-CAL INFORMATION NOTICE TO  
SNEEDE CLASS MEMBERS WHO ARE  
RESPONSIBLE RELATIVES**

County Stamp

*Marion Mason*

State No.: \_\_\_\_\_

District: \_\_\_\_\_

Case Name: \_\_\_\_\_

**THE STATE MAY OWE YOU MONEY! !**

Under a case called Sneede v. Kizer, the county has found that you (or a member of your family) may have been wrongly denied benefits or had a share of cost which may have been too high.

You MAY be paid back for medical expenses which you or a member of your family paid on or after May 1, 1986. Also, Medi-Cal MAY pay bills which you still owe for medical services, drugs, etc. you or your family member got on or after May 1, 1986.

SAVE YOUR BILLS, RECEIPTS AND CANCELLED CHECKS which show that you had medical bills for yourself or any member of your family since May 1, 1986.

The court case is not done yet. You will be notified at the end of the case if you can get the benefits described in this notice.

If you move, be sure to tell the county your new address and phone number. Call or write your Medi-Cal worker.

*Y Lee*  
\_\_\_\_\_  
(Eligibility worker)

\_\_\_\_\_  
(Phone Number)

*4/3/91*  
\_\_\_\_\_  
(Date)

**MEDI-CAL  
NOTICE OF ACTION**  
Approval For Special Zero Share-of-Cost  
Program for Pregnant Women and  
Babies Up To One Year Old

(County Stamp)

Marian Mason

State No:                     District:                     Approval for: Max Marshall

(Names)

- ☐ Beginning \_\_\_\_\_, you are eligible to receive limited Medi-Cal services without a share-of-cost under a special program for pregnant women. Under this program, you can receive only pregnancy-related services which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning.
- ☐ You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. When your share-of-cost is met, you will receive a regular Medi-Cal card, which may be used for services not related to your pregnancy.
- ☒ Beginning 4/91, your baby is eligible to receive Medi-Cal benefits without a share of cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal card will provide:

- ☒ full medical services.
- ☐ services for treatment of emergency medical conditions.

In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income. You must let your worker know about income and other changes within 10 days to see if you or your baby is still eligible under this program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

4 Lee  
(Eligibility Worker)                      
(Phone)4/3/91  
(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

**Sneede v. Kizer**  
**MEDI-CAL**  
**NOTICE OF ACTION**  
**DENIAL/DISCONTINUANCE OF BENEFITS**  
**DUE TO EXCESS PROPERTY**  
**(MINI BUDGET UNIT)**

(County Stamp)

*Marian Mason*

Notice Date: 4/13/91  
Case No.:                       
Worker Name/No.:                       
This Affects: Marian Mas.  
Marty Mas.

This case has been affected by a lawsuit called Sneede v. Kizer. A federal court ruled that Medi-Cal can only use the property of certain family members when figuring someone's Medi-Cal eligibility. This means that some family members may be eligible and others may not be eligible due to excess property.

- ☐ The application for Medi-Cal benefits for the people listed above has been denied due to excess property.
- ☐ Medi-Cal benefits for the people listed above will stop the last day of \_\_\_\_\_ due to excess property.  
(month/year)
- ☐ The people listed above are not eligible for Medi-Cal because your family owns more than one car or piece of real property. These people may be able to get Medi-Cal if you want to make the other car or other real property exempt. If you do that some people who are in your family who can now get Medi-Cal may become ineligible. Call your worker within 10 d if you want advice about changing your exemptions.

**I. Mini Budget Unit**

Persons	Net Amount
<u>Marian</u>	\$ <u>1750</u>
<u>Marty</u>	\$ <u>1750</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Net Nonexempt Property	\$ <u>3500</u>
Property Limit	- \$ <u>3150</u>
Excess Property	\$ <u>350</u>

**II. Medi-Cal Family Budget Unit**

Family's Total Net Nonexempt Property:	\$ <u>4000</u>
Family's Property Limit:	- \$ <u>3300</u>
Family's Total Excess Property:	\$ <u>700</u>

Your entire family may be eligible for Medi-Cal if they meet all other eligibility requirements and reduce the excess property by the amount shown above in Column II under Family's Total Excess Property. If your family reduces the excess property on any day of the month, they will be property eligible for that entire month.

If you have any questions, please contact your worker. The regulations which require this action are California Code of Regulations, Title 22, Sections 50401 through 50489 and Sneede v. Kizer.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

**SNEEDE V. KIZER**  
**HOW TO LIST MEDICAL EXPENSES**  
**ON YOUR SHARE OF COST FORM**  
**(RECORD OF HEALTH CARE COSTS)**

Your Medi-Cal case has been affected by a lawsuit called Sneede v. Kizer. This lawsuit limits which family members can use their medical expenses that are not billed to Medi-Cal.

If you are a spouse or a parent, you have the choice of listing your medical expenses on any share of cost form in which your name appears. You may list all of your medical expenses on a single form, or you may divide up a bill and list it on two or more forms in which your name appears. However, the total reported for a single service cannot be more than the original bill.

If you are a child, your medical expenses can only be listed on the share of cost form in which your name appears.

If you are a caretaker relative such as a grandparent, aunt, uncle, etc., your medical expenses can only be listed on the share of cost form in which your name appears.

If you have any questions about how to list medical expenses on the share of cost form, please call or write your Medi-Cal worker.

MC 239 SN-6 (8/91)

**SNEEDE V. KIZER**  
**COMO ANOTAR GASTOS MEDICOS**  
**EN SU FORMULARIO DE PARTE DEL COSTO**  
**(REGISTRO DE CONTROL DE SUS GASTOS MEDICOS)**

Su caso respecto a beneficios de Medi-Cal ha sido afectado por la demanda legal en el caso llamado Sneede v. Kizer. Este juicio establece cuales miembros de la familia pueden usar sus gastos médicos que no se cobran a Medi-Cal.

Si usted es el esposo(a) o padre/madre, tiene la opción de anotar los gastos médicos en cualquier formulario para parte del costo en el cual aparezca su nombre. Puede anotar todos los gastos médicos en un solo formulario, o puede dividir el cobro y mencionarlo en dos o más formularios en el cual aparece el nombre suyo. Sin embargo, el total que se reporte por un solo servicio, no puede ser mayor que el cobro original.

Si usted es un menor, los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte del costo donde aparezca el nombre suyo.

Si usted es un pariente encargado del cuidado de alguien, como un abuelo(a), tío(a), etc., los gastos médicos suyos solamente pueden ser anotados en el formulario de parte del costo en que aparezca el nombre de suyo.

Si tiene preguntas sobre cómo anotar gastos médicos en el formulario de parte del costo, por favor escríbale o llame a su trabajador(a) de Medi-Cal.

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



February 28, 1992

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 92-13

SUBJECT: STATEWIDE AVERAGE PRIVATE PAY RATE (APPR) FOR NURSING FACILITY SERVICES

The information contained in this letter was previously issued via EMAIL (DHS # 92020) on February 7, 1992.

The primary purpose of this letter is to officially announce the 1992 statewide average private pay rate (APPR) for nursing facility services to be used in calculating the period of ineligibility for transfers of nonexempt property for less than fair market value is \$2,791.00. Counties should use this figure whenever the most recent of the two: the date of application, or the date of institutionalization, occurs in 1992, and a disqualifying transfer has occurred. Existing periods of ineligibility are not updated annually so counties should not use this figure to recalculate periods of ineligibility.

The second purpose is to inform counties that the Department does not expect completion of the system changes necessary to provide for the issuance of cards which limit the scope of benefits to all services except nursing facility services until June 1, 1992, at the earliest. This new delay is due to the need for system changes relating to Edwards which must be completed first. Counties should continue to issue full scope Medi-Cal cards to those individuals who have made disqualifying transfers until further notice. Beneficiaries will not be held accountable for nursing facility services incorrectly paid for by Medi-Cal as a result of the issuance of full scope Medi-Cal cards.

If you have any questions on this issue, please call Sharyl Shanen-Raya of my staff at (916) 657-2942.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci  
Chief



## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



February 28, 1992

Letter No.: 92-14

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program specialists/Liaisons

SUBJECT: Family Planning Services for IRCA/OBRA

The purpose of this letter is to share information about Medi-Cal eligibility for family planning services received by women eligible for Medi-Cal under the provisions of the Immigration Reform and Control Act of 1986 (IRCA) and the Federal Omnibus Budget Reconciliation Act of 1986 (OBRA).

Department staff have recently been advised that women with IRCA/OBRA status are routinely being denied Medi-Cal for family planning services requested subsequent to the sixty-day postpartum period. As a point of clarification, recipients with IRCA/OBRA status are eligible for emergency and pregnancy-related services. Family planning services are included in the definition of pregnancy-related services. Thus, providing she is otherwise Medi-Cal eligible, a woman with IRCA/OBRA status (Aid Codes 51, 52, 56, 57, or 58) would be eligible for pregnancy-related services extending beyond the sixty-day postpartum period. As with emergency Medi-Cal services, the woman may incur a share of cost for pregnancy-related services received beyond the postpartum period.

If you have questions or need further information about the IRCA/OBRA program, please contact Marlene King of my staff at (916) 657-0712.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



February 28, 1992

Letter No.: 92-15

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: 1992 MEDICARE CATASTROPHIC COVERAGE ACT (MCCA) SPOUSAL  
IMPOVERISHMENT AND FAMILY MEMBER ALLOCATION CAPS

The purpose of this memo is to provide County Welfare Departments with the new maximum income and resource caps under MCCA. Effective January 1, 1992, the community spouse resource allowance (CSRA) is \$68,700, the new maximum spousal income allocation/minimum monthly maintenance need allowance is \$1718.00 per month, and the new family member allocation is \$985.00. The family member allocation may change during 1992 based upon an increase in the federal poverty level.

This information was provided to the County Welfare Directors in EMC2 DHS #91187, on December 3, 1992, and EMC2 DHS #92017, on January 29, 1992.

If you have any questions on this issue, please call Sharyl Shanen-Raya regarding property, at (916) 657-2942, or Dave Rappolee regarding income, at (916) 657-0163.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch