DEPARTMENT OF HEALTH SERVICES 714/744 P STREET 10. 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: <u>SNEEDE</u> V. <u>KIZER</u>:

- (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 <u>Sneede</u> V. <u>Kizer</u> 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 <u>Sneede</u> v. <u>Kizer</u> 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).

<u>PLEASE REVIEW THE ENCLOSED FORMS AND NOTICES CAREFULLY: THEY HAVE BEEN</u> <u>REVISED. DESTROY ALL PRIOR VERSIONS OF SNEEDE WORKSHEETS AND NOTICES.</u> County liaisons will receive a separate set of the enclosed <u>Sneede</u> All County Welfare Directors All County Administrative Officers Page 2

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 <u>Sneede</u> 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 <u>Sneede</u> Case Processing Chart and the <u>Sneede</u> 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 <u>Sneede</u> 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 <u>Sneede</u> issues, Sharyl Shanen-Raya at (916) 657-2942 for <u>Sneede</u> property issues, and Dave Rappolee at (916) 657-0163 for <u>Sneede</u> income issues.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief Medi-Cal Eligibility Branch .

Enclosures

#### Enclosure

- o MC 175 SN-1 (9/90)\*..... Important Notice <u>Sneede</u> v. <u>Kizer</u> (English and Spanish)
- o MC 239 SN-1 (2/19/91)..... Medi-Cal Information Notice to <u>Sneede</u> 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)
- MC 239 SN-4 (New)...... Notice of Action, Approval for Benefits or Change in Share of Cost (English and Spanish)\*\*
- MC 239 SN-5 (New)...... Notice of Action, Denial/Discontinuance of Benefits Due to (English and Spanish)\*\* Excess Property (Mini Budget Unit)

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## 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 Wife: Mary	\$1500 \$ 700	UIB
Child A: Tim Child B: Tour	\$ 100	no income
Child B: Tony Child C (excluded):	\$ 59	interest income

## I. Regular Non-Sneede Method

Teri

sec:

#### A. Excluded Child Allocation

<b>\$ 1259</b>	MNIL for 5 persons (with the excluded child)
-1100	MNIL for 4 persons (without the excluded child)
\$ 159	difference
<u> </u>	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 <u>Sneede</u> procedures.

#### II. Sneede Method

A. <u>Responsible Relative Determination</u> (Include the excluded child)

Parent/Spouse:	Husband	Wife
Others for Whom The Parent/Spouse Is Responsible:	Wife Child A - T(m Child B - Tony Child C - Ter(	Husband Child A • T(M Child B • Toxy Child C • Teri
	(5)	(5)

#### B. Mini Budget Units Determination

<u>MBU #1</u> <u>MBU #2</u> Husband Child B - \$ Wife (Tony) Child A (Tim) (3) (1)

C. Income Allocation

#### Husband

\$700 UIB \$1500 gross earnings - 90 earned income deduction \$1410 net earnings divided by 5 - \$140 per person

divided by 5 - \$282 per person

D. Net Nonexempt Income for Each Person

Husband	<u>Wife</u>	<u>Child A</u> (Tim)	<u>Child B</u> (Tonv)
\$ 282 own + 140 from wife \$ 422 net	\$ 140 own + 282 from husband \$ 422 net	\$ 282 from dad + 140 from mom \$ 422 net	\$ 282 from dad + 140 from mom + 100 own \$ 522 net

<u>Wife</u>

#### E. Share of Cost Determination

MBU #1	<u>MBU</u> #2
<pre>\$ 422 husband + 422 wife + 422 Child A</pre>	\$ 100 Child B's own + 140 from mom + 282 from dad
\$1266 net nonexempt - 934 MNIL for 3 \$ 332 SOC	\$ 522         net nonexempt           - 312         MNIL           \$ 210         SOC

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									Form Effect	<u> </u>
158	John Doe			Ca 7	se nu 7•	123 456789	ľ	Number in 4		
	CHILDREN WITH SEPARATE INC FROM THE MFBU NO.		YEXCLUDED						_	
1	Maintenance need for MFBU plus	excluded child(ren)	1259			Parents pr	dvi	ded	incon	
Ζ.	Maintenance need for MFBU		° 1100			(Parents pr info on 4	k	exc	luded	1 
Э.	Excluded child(ren)'s share of mail (line 1 minus line 2)	nienance need	\$ 159			child)				
4.	Net nonexempt income of exclude	d child(ren)	* 59							
5.	Allocation to excluded child(ren) (line 3 minus line 4)		\$ 100							
	Enter above amount on MC 176 M	I, column III, line 5								
					1	XO NOT USE PART III FOR SPOUSE - GO TO PARTS V	LTC I	PERSONS ROUGH X	S WITH A C	OMMU
				18		ALLOCATION FROM BOAF AND/OR CHILDREN AT HO COMMUNITY SPOUSE TO	ME, C	A FROM	LTC PERS	o spoi DN Wi
					1.	Maintenance need for spouse (other that excluded children)	and/or	children a	t home	\$
	SSI/SSP OR IHSS RECIPIENT(S)	) IN FAMILY—INCON	AE AVAILABLE/			Total countable income of spouse and/or nonexcluded children	F	\$		
	ALLOCATED SI/SSP appropriate payment leve (plus IHSS authorization for IHSS				•••	Total allocations/deductions spouse and/or nonexcluded children		\$		
2.	Actual SSI/SSP payment	\$	-1		4.	Total net nonexempt incom nonexcluded children (line	e ol si 2 mini	pouse and us line 3)	vor	\$
3.	(or IHSS payment) Net nonexempt income used to	<b>\$</b>	/		5.	Unmet needs of spouse an (line 1 minus line 5)	d/or n	onexclude	ed children	\$
	determine grant (or IHSS) (line 1 minus line 2) Gross unearned income of SSI/SSP		<b>S</b>		6.	Total countable income of person in LTC or board and	care	\$		
	or IHSS recipient (other than grant or IHSS payment)	•			7.	Health insurance for perso LTC or board and care	n in	\$		
<b>5</b> .	SSI/SSP unearred income deductions and exemptions				8.	Total net nonexempt incom board and care (line 6 mir	Ne of p	person in l	LTC or	5
<b>\$</b> .	Net nonexempt unsamed incom (line 4 minus line 5)	X			9.			•		
7.	Gross earned income of SSI/SSI or IHSS recipient	° • \			10.	Maintenance need for per	ion in			
8.	SSI/SSP earned income desuctions and exemptions	' .		<u> </u> -	11.	LTC or board and care Total amount needed for m	nainte	\$ mance		1
9.	Net nonexempt eached income (line 7 minus line 6)	5	$\overline{}$		12	(add lines 9 and 10) Amount available for alloca	ation 1		and/or	<b> *</b>
10	0. Total net nonskempt income (add lines Gand 9)					children (line 8 minus line)	1) 			\$
11	1. If line 10 is greater than line 3, th income available to the MFBU a	ne difference is nd is entered here				Allocation to spouse and/ (line 5 or line 12, whichev	er is H	8 <b>8</b> \$}		\$ 7 Ebe 50
1	and in MC 176 M, column I or II respirat income available" 2. If line 10 is less than line 3, the allocation to the SSI/SSP or IHS	l, line 3, as "PA difference is the SS recipient and		$\overline{}$	A B	For share of cost determi ABD person, enter above For share of cost determi enter above amount on M	Joms notec	ant on MG a of spoule	e and/or chi	<b></b> .
_	is entered here and on MC 175	M, column III, line 6.			Wori	er Number			Date of Co	mpyias
	yibility Worker Signature / 8	Lu	•			0123			1/3	<u> </u> A

#### IV. AFOC MINIME EARNED INCOME

Ex.1

1	Name	<b>a</b> .	John	Dre	ь		c.		
2	Groes earnings	1		* 1500		5	<u> </u>		s
3	Work expenses	\$	90	500	\$		5		<u> </u>
4	Net earnings (line 2 minus line 3)			\$ 1410		\$		·	5
5	Enter \$30 if applicable	1	···	\$					5
6	Subtotal (line 4 minus line 5)			<b>s</b>					\$
7	Enter 1/3 of line 6 if applicable		· · · · ·	\$		\$			s
9	Subtotal (line 6 minus line 7)			s		\$		····	s
9.	Dependent care	\$			<b>\$</b>		5		
	Countable earnings (line 8 minus line 9)								\$
	Total countable earnings of AFDC MN/MI persons (add lines 10a, b, and c)	5	<u> </u>		it in line 6, colum	n II on the MC 176 M or	MC 176 M-	-LTC, colur	<u>, l</u> mn II, lin
	A. ESTABLISHMENT OF THE STE	PPARE	NT UNET		VL ABD IN	COME DEDUCTIONS (	or use with	MC 176 M	only)
1.	Maintenance for:				A. NONEX	EMPT UNEARNED INC	OME		
	Stepparent Parent						a. A	BD-MN	b. 5
	Stepparent's children #			5	1. Social S	ecurity	5		5
2.	Stepperent's gross earned income	s			2. Net inco	me from property			+
3.	Mandatory/deductions (actual)	5			3. Other —	· itemize	\$	. <u> </u>	\$
	Net earned income (line 2 minus line 3)	\$							
	Stepparent's gross unearned income	s		1	4.		5		s
6.	Stepperent's total income (line 4 plus line 5)	\$							
7.	Court ordered child support	\$			5. Total (ac	d lines 1 through 4)	\$		\$
	Stepperent's net income (line 6 minus line 7)			\$	6. Deduction	206	\$		\$
line	1 greater than line 8? If NO, comple	He Part	<b>e</b> . 🗆	Yes 🗆 No	7. Remain	der (line 5 minus line 6)	\$		\$
	STEPPARENT COMPUTATION				8. Combin	ed unserned income is 7a and 7b)	<b>ļ</b>	\$	
1.	Supparent's gross earned income			\$		in line 8 on MC 176 M,	, column 1, lie	ne 6.	
2.	Work expenses (\$90)		····	5	B. NONEX	EMPT EARNED INCOM	Æ		
3.	Net earned income (line 1 minus line	2)		\$			a. A	BD-MN	b.
4.	Supparent's gross unearned income			\$	1. Gross e	amed income	\$		5
5.	Stepparent's total income (line 3 plus	line 4)		\$	2. Deducti	ona	\$	· <u> </u>	\$
<b>6</b> .	Contributions to tax dependents	\$			3. Remain	ider (line 1 minus line 2)	) 5		\$
7.	Child support/slimony	3		1		ed unserned income es 3a and 3b)		\$	<u></u>
8.	Stepperent's deduction (line 6 plus lin	<b>10</b> 7)		5		t in line 4 on MC 175 M	, column 1, 1	ine 10.	
9.	Stepparent's total net income (line 5 i	minus li	ne 8)	\$	Specify type	of deduction(s) shown i	in 8—2:		
	Maintenance need for stepperent uni	t							
	Sispperent's children #								
	Mutual children #			\$					
	Supportent's income deemed availabline 10), if less than Ø, enter Ø	ie (iine	9 minus	\$					
		10 4 20	Mul TC in on	lunn Lor	Eligibility W	orker Signature And Da	••	- N	forker N
	ramount in line 11, on MC 176 M or M	AC 170				-		1	

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Ex. I

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Department	of	Health	Service
Conditionant	21	r ican ci	

	TDETERM	NATION		US WHICH DO NOT INCLU	DE LTC PERSONS	 			
Case Name	he D	e				Cour	77 Clistrict	ounty Use	
lew Applicat			ation [	Change 🗌 Retroactive	Elig. Correction		Ctive Eligibility Date fo	Yr. 9	get
State	Number				Birthdate	Sex	(1) Social Security	No. and	Other
Co. Aid 7 Digit	Serial No. ME	Pers. BUI No.		Name – First, Middle, Last	Mo. Day Y	r.	(2) Health Insurance or Railroad Retirer		Coverag
			Joh	a Doe	2-17-41	P M	(1) (2)		-
		1	Mar	u Doe	3-17-51	F	(1)		
		<u> </u>		0	0.6.72		(1)		•
			-Tiw	Doe		m	(2)		
			lony	Doe	<u>10-31-7.</u>	5 <u>m</u>	(2)		
							(2)		
							(2)		
1. Income of MFBI or disabled pli				II. Income of MFBU member (except PA or other PA)	rs not listed în 1.	lli. Sha	(2)	n	<u></u>
(except PA or of A. NONEXEMPT U				A. NONEXEMPT UNEARNE		1. Cou	table Income from I	14	
	a, ABD-MN	b. Sp	OUSE OF	1. OASDI		2. Cour	table Income from II	9	2210
1. OASDI		F @		2. Net Income from Property	Y		me allocated from LT( on to family members	C/B&C	
2. Net Income from Property				3, Other-Itemize		hom	e (176W, Part III) bined Countable Incor		
3. Other-Itemize				Tony-Trust in	. 100.00	(add	1, 2, and 3) ATIONS AND DEDU	1	22/1
4.				4 Mary - UB	700.00		cation to excluded		100
tal add 1 thru 4)	1			5. Total unearned income (add 1 thru 4)	800.00		iren (176W, Part I) me to determine PA		100
6. Combined uneari (add 5a and 5b)	ned income			B. NONEXEMPT EARNED		Eligi	bility		
7. Any Income ded	uction	-\$20		6. Total Net Earned Income 000176W, Part IV, Line 1	1.) 1410	/. neal			
8. Countable unear (6 minus 7)	ned Income			C. TOTAL COUNTABLE IN		8.			
B. NONEXEMPT E	ARNED INCO	ME		7. Subtotal (add 5 and 6)	2210	9.	······································		
9. Gross Earned Income	a.	Þ,		8. Child Support/Alimony Pa	aid	10. Tota	allocations/deduction	n <b>s</b>	100
10. Combined earned (add 9a and 9b)	theome	<u>.</u>		9. Total Countable Income (7 minus 8)	2210		S through 9)	me	100
11.\$65 earned Inc. 4				NOTE:		(4 m	inus 10}		2//
plus \$ unu 12. Remainder (10 m				If there is income from which Expenses are deducted (S	Section 50547), show	1000	i net nonexempt inco deci	me	2110
13. Countable earned				calculations here. Enter net a	mount on line 3 or 4	13. Mair	tenance need		
(divide 12 by 2) 14. Total countable	ncome			Total income for educationa Less total educational expense			No	4	1100
(add 8 and 13)				Net countable income			U members in LTC	• }	•
NOTE: If any of the followi						• U(	rsonal needs okeep of home reds of disabled depend	dents	
MC 176W, Part VI b Educational Exp		ing Colum Section				c. Tota	maintenance need		1100
Absent Parent Su	pport	Section	50541			14. Shar	+ 13b) e of cost		
Student Deducti \$30 plus 1/3 Work Expenses f			50551.1 50551.4				ninus 13c) erpsyment adjustment		<u>010</u> 0
Income for Self-	Support	Section	50551.5				isted Share of Cost minus 15)		1010

'xempt Income

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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	hn Oce	······	County District	77	County Use
Case Number			Effective Date	Mo.	Year 94 91
New Application	Redetermination	🗌 Cha	nge 🗌	Retroactive Eligibility	Correction

DO	ES THE MFBU INCLUDE:	YES	NO
a.	A stepparent?		
b.	An unmarried couple with mutual child(ren)?		
¢.	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?	<u> </u>	
đ.	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	Worker Number	Date 4/3/91
		-

# SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

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

#### 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.	(A) John Joc spouse* Mary Tim Tony Teri	(B) Mary Doc spouse* John Tim Tony Teri
* Leave blank if unmarried.	5 TOTAL # PERSONS IN COLUMN A	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	Worker Number 0123	Date 4/3/91



## SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION

CASE NAME John Doc	COUNTY DISTRICT	7	COUNTY	USE	
CASE NUMBER	EFFECTIVE DATE				
	MO.	04	YR.	91	

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. Each ABD-MN child for whom absent parent support payments are intended will receive a 1/3 For ABD-MN only: deduction from this income. Prorate the unearned in-kind income among the persons who receive the income. Example: MFBU of \*\* Unearned In-Kind Income: 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. Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction. **ABD-MN Deductions:** ....

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</b> .	ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	John	Mary	Tim	Tony
	PERSON TYPE	Parent A or Caretaker Rel.	Parent B or Spouse	🖬 Child	😭 Child

<b>A</b> .	NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN	sť			
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.	Trust income				100
7	<b>UIB</b>		700		
8.	Total (add 1 thru 7)	0	700		100
9.	***ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI)				
10.	Countable Uncarned Income (8 minus 9; also enter on section D, line 16)	D	700	0	100

۱.	Gross Earned Income				
2.	\$65 Earned Inc. Deduction PLUS \$unused \$20 (line 9)				
3.	Remainder (11 minus 12)		<u> </u>	<u> </u>	
4.	Countable earned income (divide line 13 by 2) (enter on section D, line 17)		· · · · · · · · · · · · · · · · · · ·		
с.	NONEXEMPT EARNED INCOME AFDC-MN/MI ONLY	]			
15.		1410	0	0	0

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:	NAME:	NAME: Tonu
16.	Countable unearned income (from line 10)	0	- 700	0	100
17.	Countable camed 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.	Touil countable income (add lines 16, 17, 18)	1410	700	0	100

Е.	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	o	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 23) (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	\//////	X/////////////////////////////////////

Go to MC 175-4 next

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE
ULee.	0123	4/2/91



# SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS

Case Name	John	Doe	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.
- 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 #	Ζ			ſ	
Person Name/No.	Orig Aid	Net DP Nonexempt D-1	roperty come	ĺ	Perso
1. John	<u>†</u>	422		Ē	1.
2 mary		422			2.
3. Tim		422			3.
4.					4.
5.					5.
6.					6.
7.				ļļ	7.
8.					8.
9.	<u> </u>				9.
10.					10.
TOTAL		1266	-		
MBU's Desperty Limit (Check one) Demonstration		1264	¢.		MBU' (Chec
(Check one) Excess Property (Check one) Share of Cost & property-eligible pers	)r	33.	2		(Cheo
Rounded Share of C	ost	33	2		
If SOC, is there a property eligible p under 6 or 6 through 18 born after 9 2 No; stop h Yes; go to	regna /30/8 ere. MC 1	nt woman or child 3 in MBU? 75-5			It SO under

MBU #				
Person Nar	Orig Aid	Net Property Nonexempt Income		
1. 1. 1		522		
2.				
3.				
4.				
5.				
6.				
7.				
8.		[		
9	1	1		
10.				
TOTAL		522		
MBU's Property Limit (Check one) Winintenance Need		312		
(Check one) L Share of Cost for property-eligible persons 210				
Rounded Share of C	ost	210		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 box after 9/30/83 in MBU? No; stop here. Ves; go to MC 175-5				

# Ex.(

MBU #			1	MBU #		
Person Name/No.		Net C Property	ł	Person Name/No.	· · · ·	Net Property
	Aid	Nonexempt 🗆 Income	ļ		Aid	Nonexempt   Income
1.				1.	<b>—</b>	
2.				2.		
4.			}	3.	<b></b>	
5			ł	5	<b>}</b>	
6.			ł	6.	ł	
7.				7.		······································
8.				8.		
<u>9.</u> 10.	<b> </b>		K	9.		
	L		$  \rangle$	10.		
TOTAL			$  \rangle$	TOTAL		
MBU's  Property Limit (Check one)  Maintenance Need		· ·· ·····	+	MBU's -Property Limit (Check one) Maintenance Need		
Check one) Share of Cost fo property-eligible perso	r			Check one) Excess Propert (Check one) Share of Cost fo property eligible pers	ЪГ	
Rounded Share of Co	st		/	Rounded Share of Co	ost	
If SOC, is there a property-eligible pr under 6 or 6 through 18 born after 9/ No; stop he Yes; go to	30/83 Fe	in MBU?		If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9 No; stop h Yes; go to	ere.	
		/				
MBU #		- /*		MBU #		
Person Name/No.	Orig Aid	Net Property Nonexempt Income		Person Name/No.		Net  Property Nonexempt Income
1.				1.		
2.			]	2.		
3.			ĺ	3.	<u> </u>	<u> </u>
<u>4.</u> 5.		·····	4	<u>4.</u> 5.		-
6.		·		6.		
7.			1	7.	+	
8.		<u>_</u>		8.	<u>+</u>	······································
9.		· · · · · · · · · · · · · · · · · · ·		9.	+	
10.			1	10.	1	
TOTAL			] ``	TOTAL		
MBU's Property Limit (Check one) Maintenance Need				MBU's Property Limit (Check one) Maintenance Need		-
Check one) Share of Cost fo property-eligible perso	r i			Check one) Share of Cost f property-eligible pers	òr 👘	
Rounded Share of Co	st		Ī	Rounded Share of C	ost	
If SOC, is there a property-eligible pr under 6 or 6 through 18 born after 9/ No; stop he Yes; go to l	30/83 Me	in MBU?		If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9 No; stop h Yes; go to	/30/8 ere:	3 in MBU?

Eligibility Worker Signature	Worker Number	Date of Computation 4391

`ase Name _	John	Doe	Case Numb	er

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

I understand that <u>Teri Doc</u> can get Medi-Cal, 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 Filtrent or Caretaker Fielastve	Date 4/1/91
Signature of person acting for applicant and relationship (guardian, conservator, etc.)	Date
Signature of Witness (required if applicant signed by mark)	Date

Ex. 1

MEDI-CAL INFORMATION SNEEDE CLASS MEMBER RESPONSIBLE REL	RS WHO ARE		County Stamp	-
John Doe		State No.: District: Case Name:	John Doe	

#### THE STATE MAY OWE YOU MONEY!!

Under a case called <u>Sneede</u> v. <u>Kizer</u>, 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.

(Eligibility worker)

(Phone Number)

4/3/11

7

ornia - Heath and Weifare Agency Igram	Department of Health Services
<u>Sneede</u> v. <u>Kizer</u> MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST	(County Stamp)
John Dee	Notice Date: <u>4/3/9/</u> Case No.: Worker Name/No.: Worker Telephone No.: This Affects: John Doe Many Doe
•	v. <u>Kizer</u> . A federal court ruled that Medi-Cal can only use the income of t of someone who receives Medi-Cal. This means that some family
The application for Medi-Cal benefits for the people . They have no share of cost.	e listed above has been approved and benefits will begin the first day of

L'Y

The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 4/9/. 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	\$ <u>934</u>
Excess Income	\$ 332
Adjustment	\$
Share of cost	\$ <u>332</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-Ca 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.

California - Health and Welfare Agency Program		
<u>Sneede</u> v. <u>Kizer</u> MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS CHANGE IN SHARE OF CO		(County Stamp)
John Doe	Case Work Work	ce Date: 4/3/9/ e No.: ker Name/No.: ker Telephone No.: Affects: Tony Dae
This case has been affected by a law suit called <u>S</u> certain family members when figuring the share members may have different shares of cost.		
The application for Medi-Cal benefits for the		d and benefits will begin the first day of
The application for Medi-Cal benefits for the $4/9/$ . Their share of cost is \$		d and benefits will begin the first day of
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:  $\square$ 

Person	Net Amount
TONY	\$ 522
	\$
	\$
	\$
	\$
Total net nonexempt income	\$ 5.22
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-

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## 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 <u>Sneede</u> v. <u>Kizer</u>. 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 <u>cannot</u> 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 <u>only</u> 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 <u>Sneede</u> v. <u>Kizer</u>. 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 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.

0.44

Txi

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:

	John Doe	Ş	1500 700	earnings UIB	
Child A:	Tim		/00	no income	
Child B:	TONY (excluded):	•	100	trust income	
Child C	(excluded):	Teri		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
	combined net income
- 0.	excluded child allocation
	total net nonexempt income
	MNIL for 4 persons
	SOC

Since there is a SOC, apply <u>Sneede</u> procedures.

#### II. Sneede Procedures

#### A. <u>Responsible Relative Determination</u> (Include the Excluded Child)

Parent/Spouse:	Husband	<u>Wife</u>		
Other for Whom The Parent/Spouse Is Responsible:	Wife Child A - Tim Child B - Tony Child C - Teri	Husband Child A - Tim Child B - Teay Child C - Teri		
1	(5)	(5)		

d ordere

#### B. Mini Budget Units Determination

MBU #1MBU #2HusbandChild B - #WifeChild A - Tim(3)(1)

C. Income Allocation

#### Husband

<u>Wife</u>

- \$ 1500 gross earnings\$ 700 UIB- 90 earned income deduction\$ 1410 net earnings\$ 1410 net earningsdivided by 5 \$ 282.00 per persondivided by 5 \$ 282.00 per persondivided by 5 \$140 per person
- D. Net Nonexempt Income for Each Person

# Husband Wife \$ 282.00 own \$140.00 own + 140.00 from wife +282.00 from husband \$ 422.00 net \$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

#### <u>MBU #1</u>

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

child a (Tim)

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

<u>MBU #2</u>

\$ 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

State of California-Hearth and Welfare Agency Example #2 SHARE OF COST DETERMINATION - MFEUS WHICH DO NOT INCLUDE LTC PERSONS

New Application     Redetermination     Change     Retroactive Elig.     Correction     Mo.       State Number     Birthdate     Sex     12	Eligibility Date for this Budget O4 Yr. 91 1) Social Security No. and 1 Health Insurance Claim No. or Railroad Retirement No.
State Number     Mo.       Birthdate     Sex       Co     Aid     7 Digit Serial No     MFBU No     Name – First, Middle, Last     Mo.     Day     Yr.     12       Image: Co     Aid     7 Digit Serial No     MFBU No     Tope     2-17-48     M     11       Image: Co     Image: Co     Mary     Image: Co     Image: Co     3-17-51     F     12	1) Social Security No. and ) Health Insurance Claim No. Other or Railroad Retirement No. Coverag
Co         Aid         7 Digit Serial No         MFBU No.         Name - First, Middle, Last         Mo.         Day         Yr.         12           Image: Co         Aid         7 Digit Serial No         MFBU No.         Name - First, Middle, Last         Mo.         Day         Yr.         12           Image: Co         Aid         Tohn         Doe         2-17-48         M         [2]           Image: Co         Mary         Image: Co         3-17-51         F         [2]	Health Insurance Claim No. Other or Railroad Retirement No. Coverag
Co         Aid         7 Digit Serial No.         MFBU No.         Name - First, Middle, Last         Mo.         Day         Yr.           Image: Image of the serial No.         Image of the serial No.<	or Railroad Retirement No. Coverag
John Doe         2-17-48         M (2)           Mary         3-17-51         F (2)	
Mary " 3-17-51 F	
TONY " 10.31.75 M 12	
or disabled plus income of spouse or parent (except PA or other PA)	f cost computation
(except PA or other PA)	
A. NONEXEMPT UNEARNED INCOME A. NONEXEMPT UNEARNED INCOME 1. Countab	le Income from I 14
a. ABD-MN b. Spouse or 1. OASDI 2. Countab	le Income from II 9 23
	allocated from LTC/B&C
person t	o family members at 76W, Part III)
from Property 3. Other-Itemize 4. Combine	d Countable Income
3. Other-Itemize TOAN - Trust inc. 100.00 ALLOCATI	
	ONS AND DEDUCTIONS
MARY - UID 700.00 5. Allocation	on to excluded (176W, Part I)
dd 1 thru 4) {add 1 thru 4} \$00.00 6. Income	a determine PA
6. Combined unearned income B. NONEXEMPT EARNED INCOME	
- S20 6 Total Net Farned Income	Isurance
JOR 76W, Part IV, Line 11.)	
8. Countable unearned income (6 minus 7) C. TOTAL COUNTABLE INCOME	
B. NONEXEMPT EARNED INCOME 7. Subtotal (add 5 and 6) 2210 9.	
9 Cross Exceed a b	
Income 10. Total all	cations/deductions
(add 9a and 9b) 9. Total Countable Income 22/0 11. Total net	nonexempt Income
11.\$65 earned Inc. deduction I/4 minus	10)
If there is income from which Educational rounded	101620101 2210
2. Remainder (10 minus 11) Expenses are deducted (Section 50547), show calculations here, Enter net amount on line 3 or 4, 13. Maintena	nce need
3. Countable earned income (divide 12 by 2) Total income for educational purpose	embers not in 4 1/00
4 Total countable locome	
(add B and 13)	embers in LTC
Upkeep     Orecompany of the following deductions and the approximately and the following deductions and the approximately ap	o of home
AC 176W Past VI before completing Caluma to	ntenance need
Educational Expenses Section 50547	(b) //00
Absent Parent Support Section 50541 [14. Share of a student Deduction Section 50551 [12 minu	
\$30 plus 1/3 Section 50551 1	ment adjustment
Income for Self-Support Section 50551.5	0
16. Adjusted (14 minu)	Share of Cost ///0

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

Worker Number

712 2

Computation Date

County Use

Eligibility Worker Signature U Lu

# **SNEEDE V. KIZER** NET NONEXEMPT INCOME DETERMINATION

CASENAME JOHN DOC	COUNTY DISTRICT	COUNTY USE
CASE NUMBER	EFFECTIVE DATE 04/91	

#### Instructions:

*	Child/Spousal Support Payn	nents 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)	John	Mary	Tim	Tony
	PERSON TYPE	Parent A or Caretaker Rel.	Parent B or Spouse	🕅 Child	SY Child
А.	NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN				
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.	Trust income				100
7.	UIS HER		700		
8.	Total (add 1 thru 7)	0	700	-	
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)	0	700	0	100

	Part IV, Line 10) (enter on section D, line 17)	1410	0	0	0
15.	Net Earned Income (MC176W,	-	-		1.
Ċ.	NONEXEMPT EARNED INCOME AFDC-MN/MI ONLY				
14.	Countable earned income (divide line 13 by 2) (enter on section D, line 18)				
13.	Remainder (11 minus 12)	+			<u> </u>
12.	\$65 Earned Inc. Deduction PLUS \$unused \$20 (line 9)	1			
11.	Gross Earned Income		~		
В.	***NONEXEMPT EARNED INCOME - ABD-MN or spouse/parent of ABD-MN				

INTER COMPUTATION FOR CHILD/SPOUSAL SUPPORT and/or UNEA

#### UIE:

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

Educational Expenses Student Deduction	Section 50547 Section 50551 Section 50551 1
Cincher 1/3	Services \$(755) 1

# SNEEDE V. KIZER INCOME SCREENING QUESTIONS

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

Case Name TOP	hn Doe		County District	77	County Use
Case Number		-	Effective Date	Мо.	Year 4 9/
New Application	Redetermination	🗌 Cha	nge 🗌	Retroactive Eligibility	

DO	DOES THE MFBU INCLUDE:		NO
" a.	A stepparent?		~
ь.	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	Worker Number	Date 4/3/9/

#### IV. AFDC MN/MI EARNED INCOME

IV.	AFDC MN/MI EARNED INCOME							Ex	: <b>I</b>
۱	Name	. John	Dne	ь.					
2.	Gross earnings		\$ 1500			s	с		s
Э.	Work expenses	\$ 90	1.500	\$			5		- <b>-</b>
4	Net earnings (line 2 minus line 3)		\$ 1410		,	\$			5
5	Enter \$30 if applicable		\$		<u>а</u> 1 1. д. 1	\$	A LT	· · .	
6	Subtotal (line 4 minus line 5)		\$	+		\$			
7	Enter 1/3 of line 6 if applicable		\$			\$	<u> </u>		15
8	Subtotal (line 6 minus line 7)	.:	s	 		\$	<u>}</u>		
9.	Dependent care	\$		\$			<u> </u>	·····	
10.	Countable earnings (line 8 minus line 9)		s 1410			\$			\$
t1,	Total countable earnings of AFDC MN/MI persons (add lines 10a, b, and c)	\$		in line	6, column II on	the MC 176 M or MC	C 176 M-L	TC, coli	umn II, line 8
V.	A. ESTABLISHMENT OF THE STE	PPARENT UNIT		VL	ABD INCOME	DEDUCTIONS (for	use with Mi	C 176 M	l oniy)
1.	Maintenance for:	<u> </u>			NONEXEMPT	UNEARNED INCOM	Æ		
	Stepparent Parent					• • • • • • • • • • • • • • • • • • • •	a. ABD		b. Spou
	Stepparent's children # Mutual children #		s	1.	Social Security	1	s		Parer S
2.	Stepparent's gross earned income	S		2.	Net income fro	m property	<u> </u>		
З.	Mandatory/deductions (actual)	s		3	Other — itemi:	20	5		s
4.	Net earned income	\$							
5.	(line 2 minus line 3) Stepparent's gross unearned income	5	1	4			s		s
6.	Stepparent's total income	5	ł				-		
7.	(line 4 plus line 5) Court ordered child support	3		5	Total (add line		s		s
8.	Stepparent's net income		s		Deductions		S		
	(line 6 minus line 7)		1			e 5 minus line 6)			\$
<b>B</b> .	e 1 greater than line 8? If NO, comple STEPPARENT COMPUTATION			╣	Combined une		\$		S
		· · · · · · · · · · · · · · · · · · ·	1		add lines 7a i			\$	
	Sapparent's gross earned income		\$	Ente		8 on MC 176 M, co	tumn I, line	6.	
2.	Work expenses (\$90)		\$	8.	NONEXEMPT	EARNED INCOME	3		
3.	Net earned income (line 1' minus line -	2)	\$				e. ABC	<b>MN</b>	b. Spor Pare
4.	Stepparent's gross unearned income		\$	1.	Gross earned	income	\$		\$
5.	Stepparent's total income (line 3 plus	line 4)	\$	2.	Deductions		\$		\$
6.	Contributions to tax dependents	\$		3.	Remainder (li	ne 1 minus line 2)	\$		\$
7.	Child support/alimony	\$		4.	Combined un (add lines 3a			\$	
8.	Stepparent's deduction (line 6 plus lin	■ 7)	\$	Ent		e 4 on MC 176 M, a	olumn I, line	10.	
ş.	Stepparent's total net income (line 5 r	ninus line 8)	\$	Sp	city type of dec	luction(s) shown in E	3—2:		
10.	Maintenance need for stepparent unit Stepparent Stepparents children # Mutual children #	: 	5						
_	Supporents income deemed availabline 10). If less than Ø, enter Ø	·	\$	E	aibility Worker S	Signature And Date			Worker Numb
	r amount in line 11, on MC 176 M or N he 3 or 4 as "from stepparent."	IC 175 M-LIC IN CON	eini i Gf		1	The			0123

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.

Ex. 2

4

			ION WORKSHEET		Count	·	Date This Form Ef	91
lase n	**** Jo	ihn Doe			Çaşe	77. 123456789	Number in MFBU	4
	CHILDREN V		OME OR PROPERTY	EXCLUDED			• • • • • • • • • • • • • • • • • • •	<i>j</i>
1,	Maintenance	need to MFBU plus	excluded child(ren)	\$				
2	Maintenance	need for MFBU		\$				
	Excluded chil (line 1 minus	d(ren) s share of ma line 2)	ntenance need	\$				
4	Net nonexem	pt income of exclude	d child(ren)	\$				
	line 3 minus			\$				
	Enter above a	Imount on MC 176 N	f, column III, line 🌶				•••••••••••••••••	
						DO NOT USE PART III FOR LTC SPOUSE - GO TO PARTS VI TH		COMMUNITY
					10.	ALLOCATION FROM BOARD A AND/OR CHILDREN AT HOME, COMMUNITY SPOUSE TO CHIL	OR FROM LTC PEF	
					1.	Maintenance need for spouse and/c (other than excluded children)	r children at home	\$
	SSI/SSP OR		IN FAMILY-INCOME	AVALABLE/	2.	Total countable income of spouse and/or nonexcluded children	\$	
	SSI/SSP appr	opriate payment leve thorization for IHSS	s		3.	Total allocations/deductions of spouse and/or nonexcluded children	\$	
2.	Actual SSI/SS (or IHSS pay		s		4.	Total net nonexempt income of a nonexcluded children (line 2 min		\$
	determine gra	pt income used to ant (or IHSS)		<u> </u>	S.	(line 1 minus line 5)	tonexcluded childre	n <b>\$</b>
4.	or IHSS recipie	id income of SSI/SSP Int (other than	<u> </u>		<b>6</b> . 7.	person in LTC or board and care	\$	
5.		emed income amed income ad exemptions				LTC or board and care	\$	n žernini T
6.	Net nonexem	pt unearned income	\$ 		8.	Total net nonexempt income of board and care (line 6 minus lin		\$
7. (		income of SSI/SSP	\$ \$		9.		\$	
	SSI/SSP earn	ient Income deductions			10.	Maintenance need for person in LTC or board and care	\$	
	and exemption	ns	\$		11	Total amount needed for mainte (add lines 9 and 10)	nance	\$
	(line 7 minus	line 8)	S Tuler - Las appenden 14 un 2005 p		12	Amount available for allocation ( children (line 8 minus line11)	o spouse and/or	\$
	(add lines 6 a			8	13	Allocation to spouse and/or chill	dren	
i	income evaile and on MC 13	eater than line 3, the ble to the MFBU an 76 M, column I or II, me available*	d is entered here	5		(line 5 or line 12, whichever is it For share of cost determination ABD person, enter above smou	of the ABD person	or the spoule turn III, line 3
12.	If line 10 is is	as than line 3, the d the SSI/SSP or IHS re and on MC 176 h	5 recipient and	8	8		of appuse and/or cl	Nidren at hom
	is entered he		<b>^</b>	[*	Worl	er Number	Date of C	
		<u> </u>	<b>7</b> 11			0123	1 <b>4</b>	3/91

MC 176 W (1/90)

# SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

Case Name	County District	1	County Use
John Doe	77		
Case Number	Effective Date	Mo.	Year
		04	ମ /

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):	(A) John Doe	(B) Mary Doe
List others for whom Parent/Spouse is responsible. (List excluded and ineligible child(ren). DO NOT LIST UNBORN, PA/OTHER PA.	spouse* Mary Tim Tony Teri	spouse* John Tim Tony Teri
* Leave blank if unmarried.	TOTAL # PERSONS IN COLUMN A	5 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	0	Worker Number	Date
	1XIL	りにしろ	13/91

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: John	NAME: Mary	NAME: Tim	NAME:
16.	Countable unearned income (from line 10)	0	700	0	/00
17.	Countable carned 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

Е.	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)	D	D	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)	<b>∂ B</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 8 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)		X///////	0	100
33.	Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4		X///////	422	522
34.	Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	422	422		X/////////////////////////////////////

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE
118.	0/23	4/3/91



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## SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK	ONLY	ONE)
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SHARE OF COST DETERMINATIONS

Case Name	John	Doe	County District	7	County Use	
Case Number			Effective Date Mo.	H	Yr. C	7/

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 #				
Person Name/No.		Net Property Nonexempt Proceed		
1. John		422		
2. Mary		422		
3. TIM		422		
4		•		
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL		12/0/0		
MBU's Preperty Limit (Check one) Maintenance Need		934		
(Check one) Share of Cost for property-eligible persons 332				
Rounded Share of Cost 332				
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU?				

MBU #			
Person Name/No.	Orig Aid	Net Property Nonexempt Dincome	
1 TODY		522	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTA	L	522	
MBU's Property Limit (Check one) C Maintenance No	ed	312	
(Check one) Share of Cost for property-eligible persons 2/0			
Rounded Share of Cost			
II SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5			

State of California - Health and Welfare Agency

Name John Doe	Case Number
Excluded Child Statemen	eede v. <u>Kizer</u> at from Parent or Caretaker Relative and Annual Redetermination)
I understand that Ter and that his or her income and pro which I and my family receive. I d	can get Medi-Cal, (Child's Name) roperty will not affect the Medi-Cal benefits do not want to apply for Medi-Cal for this child.
	κ
Signature of Farent or Caretake Felative	Date 4/1/91
Signature of Witness (required if applicant algoed by mark)	Date Date

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	E	Х,
Department of	Heath	Sanica

alfornia - Health and Welfare Agency Program	Department of Health Services
Sneede v. <u>Kizer</u> MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST	(County Stamp)
John Doe	Notice Date: <u>4/3/9/</u> Case No.: Worker Name/No.: Worker Telephone No.: This Affects: <u>1000</u>
<ul> <li>This case has been affected by a law suit called <u>Sneede</u> v. <u>Kizer</u>. A for certain family members when figuring the share of cost of someon members may have different shares of cost.</li> <li>The application for Medi-Cal benefits for the people listed above. They have no share of cost.</li> <li>The application for Medi-Cal benefits for the people listed above. They have no share of cost.</li> <li>The application for Medi-Cal benefits for the people listed above. They have no share of cost.</li> <li>The application for Medi-Cal benefits for the people listed above. They have no share of cost.</li> <li>The Application for Medi-Cal benefits for the people listed above. They have no share of cost is \$</li></ul>	te who receives Medi-Cal. This means that some family e has been approved and benefits will begin the first day of e has been approved and benefits will begin the first day of 
Total net nonexempt income Maintenance Need Excess Income Adjustment	Net Amount

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-Ca 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.

rnia - Healti ram	h and Weifare Agency	Department of Health Services
	<u>Sneede</u> v. <u>Kizer</u> MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST	(County Stamp)
[	John De	Notice Date: 4/3/9/ Case No.: Worker Name/No.: Worker Telephone No.: This Affects: John Doc
L		Mary Dae Tim Dee

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.
- P The application for Medi-Cal benefits for the people listed above has been approved and benefits will begin the first day of 4/9/. Their share of cost is \$\_3.3.2.

The Medi-Cal share of cost for people listed above has changed from \$\_\_\_\_\_\_ to \$\_\_\_\_\_\_ 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	s <u> </u>
Tim/	\$ 422
	\$
	\$
Total net nonexempt income	\$ 12.66
Maintenance Need	\$ 934
Excess Income	\$ <u>332</u>
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 176W; do not complete 176M.) 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> - Janile Smith Mother's separate child - \$ - Sarah Johnson

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see page 32 for property Information (non-Sneede).

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

New

I. N Regular Non-Sneede 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. <u>Responsible Relative Determination</u>

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

(5)

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 <u>+100.00</u> separate child's child support after \$50 deduction \$1064.00 total net nonexempt income <u>-750.00</u> MNIL for 2 314.00 SOC

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

NOTE: Income is name on the check rule; do not consider commun income (i.e. disregard spouse's income).

## STEPPARENT COMPUTATION WHEN ONLY THE SEPARATE CHILDREN OF ONE SPOUSE WANT MEDI-CAL

(for use on non-<u>Sneede</u> cases)

- 4

CASE NAME	COUNTY DISTRICT	COUNTY USE
Janice Smith	77	
CASE NUMBER	EFFECTIVE DATE	
	мо. 04	yr. 91

#### **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. <u>IMPORTANT</u>: 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. A. B. C.		
D	Total number of persons in lines I.A through I.C	5

#### **II. PROPERTY DETERMINATION**

- 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)	<b>#</b> 500
3. Savings Separate	
4. Life Insurance (CSV)	
5. Cash	
6. Nonexempt Vehicle	
7. Other	
8.	
9.	
10.	
11. Total Net Nonexempt Property	A 700
12. Number of persons for whom parent is responsible (Enter total from section I.D.)	5
<ol> <li>Allocation to each person for whom parent is responsible (divide line 11 by line 12).</li> </ol>	串 140

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

Enter Name of Each Child in the MFBU	1. Sarah Johason	2.	3.
14. Checking			
15. Savings	S	S	5
16. Nonexempt vehicle			
17. Nonexempt ORP			
18. Other			<u>.</u>
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	- <del></del>		

If ineligible due to excess property and the separate child(ren) who want Medi-Cal has own nonexempt property, Sneede 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	🕅 Parent	🛠 Child	🗅 Child	🗆 Child

A.	NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN			
1.	RSDI			
2.	Net Income from Property			
3.	*Net Culd/Spousal Support Received	*	100	
4.	**In-kind Income			
5.				
6.				
7.	Total (add 1 thru 6)	D	100	
8.	*** ABD-MN \$20 Any Inc. Deduction (skip if AFDC-MN/MI) Countable Unearned Income (7 minus 8; enter on section D, line 15)	-		
9.	Countable Unearned Income (7 minus 8; enter on section D, line 15)	0	/00	

Β.	***NONEXEMPT EARNED INCOME ABD-MN ONLY		<b>.</b>	 <u></u>	
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		

AFDC-MN/MI ONLY			 
14. Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 16)	2410+	A	
(enter on section D, nuc Toy	ALYIVE	<u> </u>	 ·····

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

₽-150

2500 gross change

NOTE:

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

Section 50547
Section 50551
Section 5065
Section 50551.4
Section 50551.5

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

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	Name: Janice	Name: Sarah	Name:	Name:
15.	Countable uncarned income (from line 9)	<b>\$</b>	100		
16.	Countable earned income (from line 13 or 14)	2410	æ		
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		X/////////////////////////////////////	XIIIIA
25.	Number of persons for whom Parent is responsible. (See Section I.D.)	5		X/////////////////////////////////////	
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		X///////	X///////
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, Sneede 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.
- 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).

# SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK	ONLY	ONE)
--------	------	------

SHARE OF COST DETERMINATIONS

Case Name Janice Smith	County District	County Use
Case Number	Effective Date Mo. 04	6 <u>vr.</u> 9/

Instructions:

- 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.
- 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	Property Income	
1. Janice Smith		Inel	igible	
3.	ļ	· · -		
4.	<b> </b>			
5.	<u></u>			
6 7.	$\mathbf{h}$			
8.	+	· · · · ·		
9	+-'			
10.				
TOTAL				
MBU's Property Limit (Check one) Maintenance Need				
(Check one) C Excess Property Check one) Share of Cost for property-eligible persons				
Rounded Share of C	l			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes, go to MC 175-5				

MBU #				
Person Name/No.	Orig Aid	Net  Property Nonexempt  Income		
1. Sarah Johnson	n	582.00		
2.	<u> </u>			
3				
4.				
5.				
6.	_			
7				
8				
9.				
10.				
TOTAL	-	582.00		
MBU's Property Limit (Check one) Content Maintenance Net	ed	375.00		
(Check one) Check one)		207		
Rounded Share of Cost		207		
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? De-No; stop here. Yes; go to MC 175-5				

EX. 3

MBU #		- -
Person Name/No.	Orig Aid	Net Property Nonexempt Income
1.		
2.		
3.	1	
4.		
5.		
6,		
1		
B		
9		
10		
TOTAL		
MBU's C Property Limit (Check one) Maintenance Need		
Check one) Check one) Check one) Check one) Check one) Check one) Check one (Check one (Check one) Check one (Check one (	я	
Rounded Share of Co	ost	
If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9 No; stop h Yes; go to	/30/83	in MBU?
MBU #		
Person Name/No.		
	Aid	Nonexempt 🗆 Income
1.	ļ	
2.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
3		
4.		<del>\</del>
5.		<b>`</b> `
6.	+	
7.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
8.		
<u>9.</u> 10.		
TOTAL		
MBU's Property Limit (Check one) Maintenance Need		
Check one)	br 🛛	
Rounded Share of C	ost	
If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9 No; stop h Yes; go to	/30/8: ere.	3 In MBU?

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

		_ ·
Person Name/No.	Orig Aid	Net  Property Nonexempt Income
1.	1	
2.		
Э.		
4.		
5.		
6.	L	
7.		
8.	ļ	
9.	ļ	
10.	<u> </u>	
TOTAL		
MBU's Property Limit (Check one) Maintenance Need		
Check one) Check one check one check on the check on		
Rounded Share of Co		
If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9. No; stop h Yes; go to	3 in MBU?	

Date of Computation 4/3/9/ 26 Worker Number Eligibility Worker Signature

MEDI-CAL INFORMATION NOTICE TO SNEEDE CLASS MEMBERS WHO ARE RESPONSIBLE RELATIVES	, i <b>x</b>	l <del>,</del>	County Stamp	
Janice Smith		State No.: District: Case Name:		

### THE STATE MAY OWE YOU MONEY!!

Under a case called <u>Sneede</u> v. <u>Kizer</u>, 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.

(Eligibility worker)

---

.. . . .

<u>4/3/9/</u>

(Phone Number)

 $\square$ 

d Program		Department of Health Services
<u>Sneede</u> v. <u>Kizer</u> MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS CHANGE IN SHARE OF COS	(County Stamp)	
Janice Smith		Notice Date: <u>H/3/91</u> Case No.: <u>Worker Name/No.:</u> Worker Telephone No.: <u>This Affects:</u> <u>Savah Johns</u> c

 $\equiv X$ .

. .

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 \_\_\_\_\_\_. 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.

 $\square$ The income used to figure the share of cost is as follows:

Person	Net Amount
 Sarah	\$ 582
	\$
 	\$
 	\$
 	\$
Total net nonexempt income	\$ 582
Maintenance Need	\$375
Excess Income	\$_207_
Adjustment	\$
Share of cost	: 207

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 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 <u>Sneede</u> v. <u>Kizer</u>. 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 <u>cannot</u> 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. KORE 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 <u>Sneede</u> v. <u>Kizer</u>. 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 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 mer di los gastos médicos de usted, solamente pueden ser anotados en el formulario de parte de 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 escribale o llame a su trabajador(a) de Medi-Cal.

Ex.4

iii. <u>Net Nonexempt Property</u>		
Unmarried Man	Unmarried Woman	Mutual Child under 1
Ş 800	\$ 600	<pre>\$ 800 from dad +600 from mom + 25 own \$1425 total</pre>
Unmarried Man's Separate Chil	<u>d</u>	
\$ 800 from dad (total net)		
iv. MBU and Property Determi	nation	
<u>MBU #1</u>	<u>MBU #2</u>	<u>MBU #3</u>
Unmarried Man Separate Child	Unmarried Woman Unborn	Mutual child
<pre>\$ 800 dad's <u>+ 800</u> from dad \$ 1600 net property <u>-3000</u> limit for 2* \$ 0 excess</pre>	<pre>\$ 600 net property -3000 limit for 2* \$ 0 excess</pre>	<pre>\$ 25 own + 800 from father + 600 from mother \$ 1425 net property -1050 limit* \$ 375 excess property</pre>
*See <u>Sneede</u> Property Limit Cl	hart	
v. <u>Share of Cost Determinat</u>	ion (Existing procedure:	s )
<pre>\$1315 unmarried man's g: - 90 work deductions \$1225 +300 woman's UIB \$1525 +150 net child support \$1675 net nonexempt ince -1259 MNIL for 5</pre>	for man's separate chil	d

\$ 416 SOC

.

-

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

The MC 1775 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 <u>full</u>, 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 women:  $\frac{1}{2}$ 

#### Father + his separate child + autual child + autual 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 5 = #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. .

# PROPERTY WORK SHEET

RE/	AL PROPERTY					<b>( Reserve:</b> Use Rev Details	ERSE TO ITE	MIZE OR TO
Α.	PRINCIPAL RESIDENCE (PR) Y If yes, Real Prop. D Pers. Prop. D	'es 🛄 No	0			OF PERSONS IN MEBU	5	
8.	OTHER REAL PROPERTY (ORP) De encumbrances of ORP on reverse, ar Note: If ORP owned jointly with perso share of market value and encumbran	etermine market ad list in B1 and I ons not in MFBU	32. , list only the	1. E a b	xcess va . Enter fi	rom Col I, line D1 rom Col I, line D5		\$
1.	Market Value per Section 50412		\$			rigages, deeds of trust NO		
2.	Encumbrances per Section 50413	· · · · · · · · · · · · · · · · · · ·	\$			I property owned by MFBU		\$
3. 4.	Net Market Value (line 1 minus line 2) Life Estate (determine value per Sect		\$	S	tocks, bo	ets (money, checking/savin nds, etc. (other than for bu		\$ 3625
5.	and procedure 9A) Net Market Value of notes, mortgages trust from sale of real property owned member.	s, deeds of I by MFBU	\$	5. E n	Burial plot lot exem;	mexempt life insurance s, vaults, or crypts not for f bt as other real property. urial reserves in excess of	_	\$
6.	Total net other real property (add line: Enter in Col. I. line D1	s 3, 4, and 5)	\$	5	i1,800 if i	rrevocable for each person boats, campers, or trailers;	l.	\$
Ç.	INCOME FROM PROPERTY		<u>l</u>			pt for transportation.		
1. 2.	Monthly     Rental Income     G Yearly, if yes, \$     Upkeep and Repair     a. \$x.15			lter	m	Market Value e.g., DMV license fee x 50 or appraised value	Encumbrance	  s
	Line C 1	\$	· ·				<b>_</b>	5
	b. +\$4.17	\$ 4.17	1					\$
	c. Line a + b	\$	]	8	lewelry, r	iot exempt and valued over	r \$100.	\$
	d. Actual upkeep and repair	\$			Business			-
	e. Greater of line 2c or 2d		\$	ļ '		ty necessary for employme litation that is NOT exempt		s
3.	Monthly     Interest     D Yearly, if yes, \$	; + 12		ļi		ty necessary for self-suppo		
4.	Taxes and I Monthly Assessments I Yearly, if yes, \$		\$		t	let value of property or self-support (list on eparate sheet)	s	
5.	Utilities D Yearly, if yes, \$	;+ 12	\$	1 .	(2) 6	% per year return	\$ x.005	4
6.	Insurance I Yearly, if yes, \$	s+ 12	\$			leasonable rate of return Aonthly income	\$	
7.	Total expenses (add lines 2e through			1		s 9b(4) equal to or greater t	· ·	
8.	Net rental income (line 1 minus line 7 MC 176 M Column I or II)		\$		9			
9.	Income from ORP other than rental is (Section 50508) (Enter on MC 176 M	Column I or II)	\$	<u> </u>	n n	easonable rate of return pe 60485. If no, enter line 9b(1	r Section	\$
10. D.	Total income from ORP (line 8 plus 1 UTILIZATION	ine 9)	\$	- 10.		d assets for means of	\.	
1.	Total net market value of ORP (from	Col 1, line B6)	1	1		age monthly expenditures	\$	-1
2. 3.	6% per year utilization requirement Income needed		x .005			eans of self-	\$	
4.	<ul> <li>a. Is C10 greater than D3?</li> <li>If yes, utilization met. If no, reconsidered and repair, if lower.</li> <li>b. Is C10 now greater than or equal of the second second</li></ul>	to D3? Yes	ame with actual	11. 12.	self-: Other co Total pro	ntable liquid assets from me support (line 10a minus line untable property perty reserve (add lines 1 t limit for MFBU (from line 1)	9 10b) hrough 11)	s s s <u>3625</u> s 3450
5.	c. If still no, is utilization period imp Exemption: If 4a, b, or c is yes, entr of \$6,000 or line D1. Otherwise, en	er lesser		- 14. - 0 Y	is line 13 es – proj Explain j	a greater than or equal to lin perty eligible; <b>31</b> No - exc property requirements. Implete Sneede Screening	ne 12? ess property — in	eligible. *

### 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.

,		od of ineligibility can be reduced at any time applicant/beneficiary receives additional compe	nsa	tion.
• 		od of ineligibility terminates if property is transferred back.		
Α.	DE.		·	
	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 \$	\$	
	r	c. Line a Minus Line b	ф ф	
	5.	Net Uncompensated Value (line 3 minus line 4c)	φ	
в.	PE			
	1	Net Uncompensated Value*	\$	
	2.	Total amount of the following expenses incurred since transfer of property:	Ś	
	£	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		
	З.	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	\$	
		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
				MUTTUR ( 44)

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:

DO	ES THE MFBU INCLUDE:	YES	NO
a.	A stepparent with property?		V
ь.	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.	

9 Lec 0123

61

# SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

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

#### 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.	(A) Becky Benson spouse* Bobby Bates	(B) Bill Bates spouse* Bobby Bates Burt Bates
	L TOTAL # PERSONS	<u>3</u> TOTAL # PERSONS
* Leave blank if unmarried.	IN COLUMN A	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	Ø	Worker Number	Date
<u> </u>	Ku	0123	6/3/91

# SNEEDE V. KIZER PROPERTY WORKSHEET

Case Name	County District	County Use
Becky Bense	77	
Case Number		Effective Date
		Mo. 06 Yr. 91

#### 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 propertyineligible 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.
  - <u>Each</u> 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 PARENT A	PROPERTY PARENT B
and name of owner.	1. Nonexempt Other Real Property			
	2. Checking			
400 m − 10 g	3. Savings		1200	2400
	4. CSV of nonexempt life insurance			
	5. Cash			
	6. Nonexempt Vehicle			
······································	7. Other	· · · · · · · · · · · · · · · · · · ·		
	8.			
	9.			
	10.	- <u></u>		
	11. Subtotal Net Nonexempt Property 5	5	5 1200	s 2400
	12. Enter each spouse's share of community pro- (divide line 11, Column II by 2)	perty	s	\$
	13. Parent's total net nonexempt property (add li	ines 11 and 12)	ممدا	2,400
	14. Number of persons for whom each parent is (see totals on MC 175-2).	responsible	2	3
	15. Allocation to each person for whom parent i (divide line 13 by line 14).	is responsible	(A) \$ 600	s <b>800</b>
			enter on line 27	enter on line 28

# Ex. 4

II. ALLOCATION FROM SPOUSE TO SPOUSE (skip if MFBU does not co	ntain a mar	ried coupk	2)	
16. Enter line 15A in both boxes.	S	<u> </u>	s ,	
17. Enter line 15B in both boxes.	S		s	
<ol> <li>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.)</li> </ol>	\$		3	

III. NET NONEXEMPT PROPERTY FOR	CHILDREN OR N	ON-PARENT CAP	RETAKER RELAT	TIVE (Do not list a	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)	AB	A B	A B	A B	
List Only the Child's or Caretaker Relative's Property:					
19. Checking	IS S	Is s	S	4//////////////////////////////////////	<u> 4111111</u>
20. Savings	25				3
21. Nonexempt vehicle			<u>+</u>		
22. Nonexempt ORP			1		
23. Other					
24.	1	1	· · · · · · · · · · · · · · · · · · ·		
25.					· · · · · · · · · · · · · · · · · · ·
26. TOTAL	25	A			
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 Name of Child or Caretaker Relative	1.4				<b>.</b>					-
Name of Child of Caretaker Relative	<u>0.</u>		7.		8.		9.		10.	
Child's Natural/Adoptive Parent - see Section I (circle A or B or both)	A	В	A	в	A	В	A	B	A	В
List Only the Child's or Caretaker Relative's Property:			<del>M</del>		$\overline{X}$	$\square$	X	$\overline{}$	XIII	
19. Checking	\$		S		s		IS		4	
20. Savings			1							
21. Nonexempt vehicle	T		1		1	·	1		<del>1</del>	
22. Nonexempt ORP						<u> </u>	1			
23. Other			· · · ·			-	<u> </u>			
24.			1				1			
25.	1									<del></del>
26. TOTAL	1			- <b>A</b> -1						
27. Allocation from Parent A*	1		1		1					
28. Allocation from Parent B*	1		1							
29. Net Nonexempt Property (Add lines, 26, 27, 28) Enter on MC 175-4			-		1.					

\* 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** 

1

Eligibility Worker Signature	1. 1	Worker Number	Date of Computation
	Lu	0123	6/3/91
MC 175-3P - (1/18/91) Page 2			

# SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS PROPERTY DETERMINATIONS

Case Name	Becky Benson	County District	County Use
Case Number		Effective Date Mo. O	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.
- 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 #/						
Person Name/No.	Orig Aid	Net Property Nonexempt I Income				
1. Bill Bates		800				
2 Burt Bates		800				
3.						
4.	<u> </u>					
5.	<u> </u>					
6.						
7.	<b> </b>					
8.	ļ					
9.	1					
10.						
TOTAL		1600				
MBU's Property Limit (Check one) Maintenance Need		1600 3 <i>000</i>				
Check one) Check one	ЪГ	-0-				
Rounded Share of C	ost					
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? I No; stop here. Yes; go to MC 175-5						

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

EX 4

MBU #							
Person Name/No.	Orig Aid	Net Property Nonexempt D Income					
1. Bobby Bates		1425					
3.							
5.							
<u>6</u> . 7		·					
8.							
10.							
TOTAL		1425					
MBU's Property Limit (Check one) Agintenance Need		1050					
(Check one) Share of Cost for property-eligible persons 325							
Rounded Share of Co	st						
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5							

MBU #						
Person Name/No.	Orig Aid	Net  Property Nonexempt Income				
1.						
2.						
3.	Γ					
4.	1					
5.						
6.						
7.						
8.						
9.						
10.	1					
TOTAL						
MBU's  Property Limit (Check one)  Maintenance Need						
Check one) Excess Property (Check one) Share of Cost fo property-eligible perso	ar 👘					
Rounded Share of Co	ost					
If SOC, is there a property-eligible pi under 6 or 6 through 18 born after 9/ No; stop h Ves; go to	are.					

.

MBU #						
Person Name/No.	Orig Aid	Net Droperty Nonexempt Dincome				
1.						
2.						
3.						
4.	1					
5.	1					
6.						
7.	1					
8.						
9.						
10.	1					
TOTAL						
MBU's Property Limit (Check one) Maintenance Need						
Check one) Check one) Check one) Check one) Check one) Check one) Check one of Cost for property-eligible pers	70					
Rounded Share of Co	ost					
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5						

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

Eligibility Worker Signature Date of Computation Date of Computation Diale of Computation Dia

## Ex.4 Department of Health Servic

State of California-Health and Welfare Agency

SHARE OF COST	DETERMI	NATION	I - MFE	Js WHICH DO NOT INCLUDE	LTC PERSONS	Cou	nty District	County U	je
	بام	h.	ISDA				77		
	recky					ł	ctive Eligibility Dat	e for this Bu Yr.	1dge 91
New Applicatio	m ∐ Rec	determin	ation L	Change 🗌 Retroactive Elig		Mo. Sex	(1) Social Secu		
State N	lumber 	Pers.		Name – First, Middle, Last	Birthdate Mo. Day Y		(2) Health Insur	ance Claim N	ia Other
Co. Aid 7 Digit Se	rial No. ME	BU No.	0		8-9-11	PF	(1)		• •
			Bec				(1)		
			<u> </u>	Bates	9-17-6		(2)		
			Bob	by Bates	8-30-9		(2)		
			Bu	<u>ct Bates</u>	2-14-8	6 M	(2)		
			nn	born (EDC 12/0	10		(2)	• • • • • • • • • • • • • •	
					-		(1) (2)		
							(1) (2)		
or disabled plus	income of			II. Income of MFBU members n (except PA or other PA)	ot listed in I.	III. Sh	are of cost comput	ation	
(except PA or othe A. NONEXEMPT UN				A. NONEXEMPT UNEARNED	INCOME	1. Cou	ntable Income from	n I 14	0
	ABD-MN		ouse or arent	1. OASDI		2. Cou	ntable Income from	n II 9	1675
1. OASDI				2. Net Income from Property		pers	ome allocated from on to family memb		
2. Net Income from Property	·····			3. Other-Itemize			ie (176W, Part III) Inbined Countable I	ncome	11 45
3. Other-Itemize		+		UIB - Becky	300	(add	1, 2, and 3)		1675
4.		_		Ret 11 Aut		- 	ATIONS AND DE		
5. Total				4. Child Support - Dur 5. Total unearned Income	150	chil	cation to excluded dren (176W, Part I)		
(add 1 thru 4) 6. Combined unearne	dincome	<u> </u>		(add 1 thru 4)	450		ome to determine P ibility	A	
(add 5a and 5b)				B. NONEXEMPT EARNED INC	OME		Ith Insurance		
7. Any Income deduc	tion	-\$20		6. Total Net Earned Income (MC 176W, Part IV, Line 11.)	225				
8. Countable unearne (6 minus 7)	d Income			C. TOTAL COUNTABLE INCO	ME	8.			
3. NONEXEMPTEA				7. Subtotal (add 5 and 6)	1675	9.			
9. Gross Earned a Income	l.	b.		8. Child Support/Alimony Paid		10. Tot	al allocations/dedu	tions	Ð
<ol> <li>Combined earned I (add 9a and 9b)</li> </ol>	ncome			<ol> <li>Total Countable Income (7 minus 8)</li> </ol>	1675		I 5 through 9) Il net nonexempt I	ncome	
1.\$65 earned Inc. de plus \$ unuse				NOTE:			tinus 10) Il net nonexempt I.		1675
2. Remainder (10 min				If there is income from which Ed Expenses are deducted (Sect	ion 505471	rour	nded		1675
3. Countable earned I	ncome			Calculations nere. Enter net amou	int on line 3 or 4.	13. Man	stenance need		
(divide 12 by 2) 4. Total countable In	come			Total income for educational pu Less total educational expenses	rpose		No.	_5_	125
{add 8 and 13}			,	Net countable income			BU members in LTO risonal needs	c	
f any of the following AC 176W, Part VI bef						• U	skeep of home	pendents	0
Educational Expen	ses	Section	50547			c. Tou	I maintenance need		1259
Absent Parent Sup Student Deduction		Section	50541 50551			14. Shar	e of cost		416
\$30 plus 1/3 Work Expenses for		Section	50551.1 50551.4				minus 13c) erpayment adjustrr		
Income for Self-Su	pport	Section	50551.5						Ð
				1			isted Share of Cost minus 15)		4

V. Exempt Income

(Bill: 1315 gross earnings - 90 deducs = # 1225 net carnings)

~

DEPARTMENT OF HEALTH SERVIC

# SNEEDE V. KIZER INCOME SCREENING QUESTIONS

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

Case Name B	ichy Ben	ison	County District	7	County Use
Case Number			Effective Date	ма 06	Year 91
New Application	Redetermination	Chan	ge 🗆	Retroactive Eligibility	Correction

DO	DOES THE MFBU INCLUDE:		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	Worker Number	Date 4/3/91

Section 50551.1

Student Deduction \$30 plus 1/3

# **SNEEDE V. KIZER** NET NONEXEMPT INCOME DETERMINATION

CASENAME Becky Benson	COUNTY DISTRICT	COUNTY USE
CASE NUMBER	EFFECTIVE DATE	
	мо. 06	YR. 91

#### Instructions:

•	Child/Spousal Support Paym	ents 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)	Becky	Bill	Bobby	Burt
	PERSON TYPE	Parent A or Caretaker Rel.	Parent B or Spouse	E Child	🐔 Child
<b>A</b> .	NONEXEMPT UNEARNED INCOME:	 			

А.	NONEXEMPT UNEARNED INCOME: AFDC-MN/MI and/or ABD-MN				
1.	RSDI				
2.	Net Income from Property				·····
3.	*Net Child/Spousal Support Received	1			150
4.	**In-kind Income	1		1	<b>, x y</b>
5.	Income available from PA or other PA (MC 175-6, line A. 4)				
6.	UB	300			
7.					
8.	Total (add 1 thru 7)	300	0	0	150
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)	300	0	D	150

ER C 2 2	t: LOO Child Support at : LOO Child Support.	d/or UNEARNED I	N-KIND INCOME:	NOTE: If any of the following deduct MC 176W, Part VI before co or B.	
15.	Net Earned Income (MC176W, Part IV, Line 10) (enter on section D, line 17)	0	1225	0	D
C.	NONEXEMPT EARNED INCOME AFDC-MN/MI ONLY				
14.	Countable earned income (divide line 13 by 2) (enter on section D, line 17)				
13.	Remainder (11 minus 12)				
12.	\$65 Earned Inc. Deduction PLUS \$unused \$20 (line 9)				
11.	Gross Earned Income				
B.	***NONEXEMPT EARNED INCOME ABD-MN or spouse/parent of ABD-MN	······································			

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: Becku	NAME: B:11	NAME:	NAME:
16.	Countable unearned income (from line 10)	300	0		150
17.	Countable earned income (from line 14 or 15)	0	1225	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)				
19.	Total countable income (add lines 16, 17, 18)	300	425	0	150

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)	D	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.	300	7225	D	150

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)	300	1225		
27.	Number of persons for whom Parent A is responsible. (section A of MC175-2)	2			
28.	Number of persons for whom Parent B is responsible (section B of MC175-2)		3		
29.	Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			<b>(A) (B)</b>	A D
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 8 if unmarried.	150		150	
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.		408.33	408.33	40 <b>f</b> . 33
32.	Enter child's net countable income (from line 25)		X/////////////////////////////////////	0	150
33.	Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4		X/////////////////////////////////////	558.33	558.33
34.	Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	150	408.33		

Go to MC 175-4 next.

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE
Uter	0/23	10/3/91

# SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK ONLY ONE)

SHARE OF COST DETERMINATIONS

Case Name	Becky	Benson	Count	y District 77	County Use	
Case Number	7		Effec Mo.	tive Date 06	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.
- 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 #				
Person Name/No.	Orig Aid			
1 Bill Bates		408.33		
2.				
3.				
4.				
5.				
6.	<b> </b>			
7.	<b> </b>			
8.				
9.	1			
10.	<u> </u>			
TOTAL		408.33		
MBU's Deroperty Limit (Check one) Maintenance Need		408.33		
(Check one) Share of Cost for property-eligible persons				
Rounded Share of C	0			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 bopmatter 9/30/83 in MBU? In No; stop here.				

MBU #				
Person Name/No.	Orig Aid	Net DProperty Nonexempt D thcome		
1. Becky Benson		150		
2. 4060/00				
3.				
4.				
5.				
6.	<u> </u>			
7.				
8.				
9	<u> </u>			
10.	<u> </u>			
TOTAL		150		
MBU's Deperty Limit (Check one) D Maintenance Need	750			
(Check one) E Share of Cost fu property-eligible pers	-0-			
Rounded Share of C	-0-			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5				

EX.4

	3			
Person Name/No.	Orig Aid	Net Property Nonexempt Rancome		
1 Burt Bates		558.33		
2.				
4.	<u>}</u>			
5.				
6.				
7.				
<u>8.</u> 9				
<u> </u>				
TOTAL		558.33		
MBU's Deroperty Limit (Check one) Maintenance Need		375.00		
(Check one) Excess Property (Check one) Share of Cost for property-eligible pers	183.33			
Rounded Share of Co	183			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? Under 6 or 6 through 18 born after 9/30/83 in MBU? Vers: go to MC 175-5				

MBU #				
Person Name/No.	Orig Aid	Net Property Nonexempt Income		
1.				
2.				
3.				
4,	<u> </u>			
5.				
6.				
7.				
8.				
9.				
10.				
TOTAL				
MBU's  Property Limit (Check one)  Maintenance Need				
Check one) Share of Cost for property-eligible persons				
Rounded Share of Co	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? No; stop here. Yes; go to MC 175-5				

M8U #	-+			
Person Name/No.	Orig Aid	Net D Property Nonexempt Cincome		
1. Bobby Bates		Incligible		
2.		<u></u>		
3.	Į			
4.	+			
- <u></u>	<del>]</del>			
7.	<u>}</u>			
8.	$\mathbb{N}^{-}$			
9.	$\uparrow$	Î ····		
10.				
TOTAL		Ν		
MBU's Property Limit (Check one) Maintenance Need				
Check one) Share of Cost f property-eligible pers				
Rounded Share of C	ost			
If SOC, is there a property-eligible pregnant woman or child under 6 or 6 through 18 born after 9/30/83 in MBU? No; stop here. Yes; go to MC 175-5				

MBU #			
Person Name/No.		Net  Property Nonexempt  Income	
1.			
2.	[		
3.	ĺ		
4.			
5.			
6.	Ì		
7.			
8.			
9.			
10.			
TOTAL			
MBU's Property Limit (Check one) Maintenance Need			
Check one) 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? No; stop here. Yes; go to MC 175-5			

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Date of Computation

Eligibility Worker Signature

Worker Number

-

### 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	County District	County Use
Becky Benson	77	
Case Number	Effective Date Mc	
		06 91

#### **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 <u>full</u> net nonexempt income of the % program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the <u>Sneede</u> 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	Burt		
2.	in MBU with SOC Name of Responsible Relative #1	Bill		 
3.	Name of Responsible Relative #2	N/A		
4.	Full Net Nonexempt Income of % Program Eligible	\$ 150	\$ S	\$ \$
5.	Full Net Nonexempt Income of Responsible Relative #1	\$ 12 25	\$ \$	\$ \$
6.	Full Net Nonexempt Income of Responsible Relative #2	s	\$ \$	\$ \$
7.	Total Net Nonexempt Family Income (add lines 4, 5, 6 & enter on B.4)	\$ 1375	\$ s	\$ \$

Ч.	ELIGIBILITY DETER	MINATION		No. of Persons in MFBU		
1.	Name of potential % Program Eligible	Burt				
2.	Potential % Program (check one)	185% 🗌 133% 🗗 100% 🗍	185% 🗌 133% 🗍 100% 🗍	185% 🗆 133% 🗖 100% 🗖	185% 🗆 133% 🗔 100% 🗔	185% 133% 100% 100%
3.	Enter FPL. for % Program shown in B. 2 based on # of persons in MFBU.	s 1736	\$	\$	\$_	\$
4.	Enter total net nonexempt family income(from A. 7)	\$ 1375	S	S	\$	\$
5.	Is total net nonexempt family income (B. 4) less than or equal to amount in B. 3?	Yes, eligible (go to #9)	<ul> <li>Yes, eligible (go to #9)</li> <li>No, continue</li> </ul>	<ul> <li>Yes, eligible (go to #9)</li> <li>No, continue</li> </ul>	<ul> <li>Yes, eligible (go to #9)</li> <li>No, continue</li> </ul>	<ul> <li>Yes, eligible</li> <li>(go to #9)</li> <li>No, continue</li> </ul>
6.	Is person potential 200% program eligible (i.e., pregnant woman or infant under age 1)?	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>	Yes, continue No, deny FPL program	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>
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?	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>
9.	Person # (optional)	$\square$				
10.	Aid Code (optional)					· · · · · · · · · · · · · · · · · · ·
11.	MBU # (optional)					

			D	
Eligibility Worker Sig	nature	Worker Number	Computation Date	
	7. 7.	7172	6/3/91	
	you	Uld.		
MC 175-5 (7/91)	4			/

SNEEDE	CLASS	RMATION NOT MEMBERS WH BLE RELATIVE	IO ARE	County Sta	mp
[ <del></del>	Beeky	Benson		State No.:            District:            Case Name:	
1	U U				

### THE STATE MAY OWE YOU MONEY!!

Under a case called <u>Sneede</u> v. <u>Kizer</u>, 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.

(Eligibility worker)

(Phone Number)

al Program		Department of Health Services
N NOTIC DENIAL/DISCONT DUE TO EX	ede v. <u>Kizer</u> IEDI-CAL E OF ACTION INUANCE OF BENEFITS (CESS PROPERTY BUDGET UNIT)	(County Stamp)
ſ	Benaon	Notice Date: <u>6/3/9/</u> Case No.: Worker Name/No.: This Affects: Babby Batzs
L		
The second second second second		

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.

14 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 \_\_\_\_\_\_(monthyear) \_due to excess property.

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.

L Mini Budaet Unit

Excess Property

Persons Net Amount \$ 1425 (Johby \$\_\_\_\_\_ \$ \$\_\_\_\_\_ \$\_\_\_\_\_ \$ <u>1425</u> - \$ <u>1050</u> Total Net Nonexempt Property **Property Limit** 

II. Medi-Cal Family Budget Unit

Family's Total Net Nonexempt Property: \$ Family's Property Limit: Family's Total Excess Property:

- 5 34

Ex.4

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

ornia - Health and Welfare Agency gram	Department of Health Services
Sneede v. <u>Kizer</u> MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST	(County Stamp)
Becky Benson	Notice Date: <u>(e/3/91</u> Case No.: Worker Name/No.: Worker Telephone No.: This Affects: <u>Becky Bens</u>
They have no share of cost.	eone who receives Medi-Cal. This means that some family ove has been approved and benefits will begin the first day of ove has been approved and benefits will begin the first day of
The Medi-Cal share of cost for people listed above has chan	ged from \$ to \$
The people listed above will receive their Medi-Cal card soor	1.
The income used to figure the share of cost is as follows:  Person	Net Amount         \$         \$         \$         \$         \$         \$
	\$
Total net nonexempt income	\$
Maintenance Need	\$
Excess Income	\$
Adjustment	5

EX. N

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.

		· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ornia - gram	Headh and Welfare Agency Sneede v. Kizer	Department of F	ealth Services
	MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS OR CHANGE IN SHARE OF COST	(County Stamp)	
Γ		Notice Date: 6/3/9 Case No.:	
	Dill Dales	Worker Name/No.: Worker Telephone No.:	
		This Affects:	Bates
L			
certa	case has been affected by a law suit called <u>Sneede</u> v. <u>Kizer</u> . A fed ain family members when figuring the share of cost of someone nbers may have different shares of cost.	eral court ruled that Medi-Cal can only use the is who receives Medi-Cal. This means that som	ncome of ne family
Ø	The application for Medi-Cal benefits for the people listed above t	nas been approved and benefits will begin the fi	rst day of
	The application for Medi-Cal benefits for the people listed above in Their share of cost is \$		rst day of
	The Medi-Cal share of cost for people listed above has changed fr	rom \$ to \$	

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

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

Person	Net Amount
	\$
	\$
	\$
	\$
	\$
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.

PV ...

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 133 PERCENT (%) PROGRAM	(c	County Stamp)		, station .
Becky Benson	Case No. District: This affects:	Bart	Bate	S

Beginning 6/9/, 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. P

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.

4 Lee (Eligibility Worker) (Phone)

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 <u>Sneede</u> v. <u>Kizer</u>. 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 <u>cannot</u> 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 <u>only</u> 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 <u>Sneede</u> v. <u>Kizer</u>. 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 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 <u>Sneede</u> 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 procedures also apply to the share of cost determination.

#### Sneede Procedures

i. <u>Responsible Relative Determination for Income/Property Allocation</u>

Parent/Spouse:	<u>Husband</u>	Marty Mason Mife M	arian	Máson
<u>Others for Whom</u> <u>The Parent/Spouse</u> <u>Is Responsible</u> :	Wife	Husband Separate	Child	Max Marsha
<u>IS Responsible</u> .	(2)	(3)		

ii. Property Allocation (DO NOT ALLOCATE TO UNBORNS)

HusbandWife\$1000 separate property\$1500 1/2 community property+1500 1/2 community property\$2500 net nonexempt propertyDivided by 2 - \$1250Divided by 3 - \$500

### Net Nonexempt Property

-

Husband	
---------	--

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

## iii. MBUs and Property Determination

<u>mbu #1</u>	Husband Mother Unborn	<pre>\$1750 (They are together because they are +1750 married and the unborn stays with the mother.)</pre>
		\$3500 total -3150 property limit for 3* \$ 350 excess property

<u>MBU #2</u>	Wife's Separate		(Separate Child is in own MBU) limit for 1*
	Child	0	property eligible

<u>Wife</u>

\*See <u>Sneede</u> Property Limit Chart

Income Allocation (DO NOT ALLOCATE TO UNBORNS) iv.

<u>Husband</u>
----------------

<u>Wife</u>

\$3015 earnings no income - 90 work deductions \$2925 net nonexempt

Divided by 2 = \$1462.50

#### ν. Net Nonexempt Income

<u>Husband</u>	<u>Wife</u>	<u>Wife's Separate Child</u>
\$1462.50	\$1462,50	\$450 child support
	\$1402.JV	<u>-50 child support deduction</u>

\$400 net income

### vi. MBUs and Share of Cost Determinations

<u>MBU #1</u>	Husband	Excess Property
	Wife	Excess Property
	Mutual unborn	Excess Property

MBU #2Wife's\$400net nonexempt incomeSeparate Infant-375MNIL\*Under 1\$ 25SOC

\*See <u>Sneede</u> 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.

# **PROPERTY WORK SHEET**

Name	Marian Maso	۸	Case Number	t	Month	04/91	
RE/	AL PROPERTY			II. PROPERT	Y RESERVE: USE REV Details	VERSE TO ITE	MIZE OR TO
Α.	PRINCIPAL RESIDENCE (PR) If yes, Real Prop. D Pers. Pr	Yes Di No rop. Di	0	A. NUMBER	OF PERSONS IN MEBU		· · · · · · · · · · · · · · · · · · ·
8.	OTHER REAL PROPERTY (OF encumbrances of ORP on rever Note: If ORP owned jointly with share of market value and encu	rse, and list in B1 and I persons not in MFBU	B2. , list only the	1. Excess va a. Enter l	alue ORP from Col I, line D1 from Col I, line D5		5
1.	Market Value per Section 50412 Encumbrances per Section 504		\$ \$		ortgages, deeds of trust NC al property owned by MFB		
3.	Net Market Value (line 1 minus l		\$		sets (money, checking/savi		3000 (eg
4.	Life Estate (determine value per	r Section 50442		stocks, b	onds, etc. (other than for bi	usiness)]	\$ 1000 ( MM
	and procedure 9A)	and deads of	\$		onexempt life insurance Its, vaults, or crypts not for	4	
5.	Net Market Value of notes, mort trust from sale of real property of member.		\$	not exem	pt as other real property. Durial reserves in excess of	-	\$
6.	Total net other real property (ad	ld lines 3, 4, and 5)	\$	\$1,800 if	irrevocable for each person	n.	\$
C.	Enter in Col. I, line D1 INCOME FROM PROPERTY	·····	⇒		boats, campers, or trailers opt for transportation.	; other than	
<u>t.</u> 1.	Rental Income D Yearly, if	yes, \$+ 12	\$	ltem	Market Value e.g., DMV license lee x 50 or	Encumbrance	
2.	Upkeep and Repair a. \$ x .15 Line C 1	s			appraised value	<u> </u>	\$
		·				+	\$
	b. + \$4.17 c. Line a + b	\$ 4.17 \$		8. Jewelry,		+	\$
	d. Actual upkeep and repair	\$		9. Business	not exempt and valued ove	* \$100.	\$
	e. Greater of line 2c or 2d	<b></b>	\$		rty necessary for employm	ent or	1
·	C Monthly	······································			ilitation that is NOT exemp		\$
3.		yes, \$+ 12			rty necessary for self-supp	ort.	
4.		yes, \$+ 12	\$	f	Net value of property or self-support (list on separate sheet)	3	
5.	Utilities D Yearly, if	yes, \$+ 12	\$		5% per year return	\$ x.005	-
·······	Monthly				Reasonable rate of return	\$	]
6.		yes, \$ + 12	*		Monthly income	\$	
7. 8.	Total expenses (add lines 2e th Net rental income (line 1 minus			1 (	s 9b(4) equal to or greater 9b(3)? Yes Qi N f yes, enter Ø.	than Io Cli	
9.	MC 176 M Column I or II) Income from ORP other than re		\$	• • •	i reas, enter D. I no, determine if property reasonable rate of return p		
	(Section 50508) (Enter on MC		\$	l	50485. If no, enter line 9b(	(1)	\$
10. <b>D.</b>	UTILIZATION		<u> </u> \$		d assets for means of support	s	
<u> </u>	Total net market value of ORP		x .005	b. Aver	age monthly expenditures	1	7
2. 3.	6% per year utilization requiren Income needed			1	peans of self- port x 3.	\$	
4.	a. Is C10 greater than D3? If yes, utilization met. If no,			seif-	ntable liquid assets from m support (line 10a minus line		\$
	upkeep and repair, if lower. b. Is C10 now greater than or			1	untable property	Manuah 441	\$
	If yes, utilization met.		_		perty reserve (add lines 1 limit for MFBU (from line 1		\$ 4000
	c. If still no, is utilization perio	d implemented? Yes	Q No Q	14. Is line 1;	3 greater than or equal to li perty eligible; No - exc	ine 12?	
5.	Exemption: If 4a, b, or c is yes of \$6,000 or line D1. Otherwis	s, enter lesser 19, enter 10.		Explain	property requirements. Smplete Sneede Screening		

### 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.

Α.	DE	TERMINE NET UNCOMPENSATED VALUE		
	1. 2. 3. 4.	Net Market Value (MV) Amount of Compensation Received in Excess of Encumbrances and Closing Costs Uncompensated Value (line 1 minus line 2) 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)	\$	
8.	PE	RIOD OF INELIGIBILITY		
	1.	Net Uncompensated Value*	\$	
	2. 3.	<ul> <li>Total amount of the following expenses incurred since transfer of property:</li> <li>a. Medical expenses</li> <li>b. Out-of-home care costs in excess of maintenance needs</li> <li>c. Major home repairs needed to put home in livable condition</li> <li>Adjusted Net Uncompensated Value (line B1 minus B2)</li> </ul>	\$	
	4.	Computation of Months of Ineligibility Month/Year to Month/Year = No. of Months x Maintenance Need = (1)	<del>\$ \$ \$</del> \$ \$ \$	
	5.	(3) 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:

YES	NO
	~
	~
	YES

U Lee

0123

4/3/91

 $\mathbf{x}_{-5}$ 

2

# SNEEDE V. KIZER RESPONSIBLE RELATIVE DETERMINATION

(Complete Only If Parent Is In MFBU)

Case Name Marian Mason	County District 77	County Use
Case Number	Effective Date M	o. Year
	0	4 <u>91</u>

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.	(A) <u>Marian</u> spouse* Marty <u>Max</u>	(B) Marty
* Leave blank if unmarried.	TOTAL # PERSONS IN COLUMN A	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	4 Lu	Worker Number	Dele 4/3/91

# SNEEDE V. KIZER PROPERTY WORKSHEET

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

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

16. Enter line 15A in both boxes.	\$ 500	s 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.)	s 1750	s 1750

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	AB	A B	AB
List Only the Child's or Caretaker Relative's Property:		X//////	X//////	X//////	X/////////////////////////////////////
19. Checking	\$	\$	S	S	s
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.

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)	AR	A B	A B	AB	АВ
List Only the Child's or Caretaker Relative's Property:		X/////	X//////	XIIIII	X//////
19. Checking	\$	\$	5	S	S
20. Savings					
21. Nonexempt vehicle					
22. Nonexempt ORP					-
23. Other					
24.		r			
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	Worker Number	Date of Computation
4 Lu	0123	4/3/91
MC 175-3P - (1/18/91) Page 2		74



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# SNEEDE v. KIZER MINI BUDGET UNITS AND:

SHARE OF COST DETERMINATIONS

Case Name	Marian	Mason	County District	County Use
Case Number			Effective Date	
	<u></u>		Mo. OH	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.
- 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 #					
Person Name/No.	Orig Aid	Net Nonexempt	Property		Per
1. Marian	1	1750	2	-	<u>.</u>
2 marty		175	0	] [	2.
3. unborn				] [	Э.
4.					4.
5.					5.
6.	<u> </u>			}	6
7.	<u> </u>				7.
8.					8.
9.	<b></b>				9.
10.	1				10
TOTAL		35	00		
MBU's C Property Limit (Check.one) Maintenance Need		31	50		MB (Ch
Check one) Share of Cost for property-eligible pers	>r	а	50		(Ch
Rounded Share of Co	ost				
If SOC, is there a property-eligible p under 6 or 6 through 18 born after 9 No; stop h Yes; go to	/30/83 ere.	3 in MBU?	child		lf S und

MBU #			
Person Name/No.	Orig Aid	Net Prop∈ Nonexempt □ Incom:	
-Max		300	
2.			
Э.			
4.			
5			
6.	<b>!</b>		
7.	1		
8.	ļ		
9.	<u> </u>		
	<u> </u>		
TOTAL		1 G <i>oo</i> 1	
MBU's C Property Limit (Check one) Maintenance Need		1500	
Check one)			
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? No; stop here. Yes; go to MC 175-5			

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E×5

MBU #			
Person Name/No.	Orig Aid	Net  Property Nonexempt Income	
1.			
2.			
3.			
4.			
5.		· · · · · · · · · · · · · · · · · · ·	
6.			
7.			
8.			
9.			
10.			
TOTAL			
MBU's Property Limit (Check one) Maintenance Need			
Check one) Excess Property (Check one) 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? No; stop here. Yes; go to MC 175-5			

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

.

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

MBU #			
Person Name/No,	Orig Aid	Net  Property Nonexempt Income	
1.			
2.			
3.			
4.			
5.			
<u>v</u> .			
8			
9.			
10.			
TOTAL	8		
MBU's Property Limit (Check one) Maintenance Need			
Check one) Share of Cost for property-eligible persons		<b>1</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? No; stop here. Yes; go to MC 175-5			

Eligibility Worker Signature Date of Computation

	. · · ·	
State of California—Health and Welfare Agency		
State of California-Health and Welfare Agency SHARE OF COST DETERMINIATION -	MERLIS WHICH DO NO	TINCLUDE LIC PERSONS

<u> </u>	larian 1	Mason			1	ctive Eligibility Oate for this B	udge
New Applica	tion 🛛 Rede	termination	Change C Retroactive Elig	g. Correction	Mo.	<u>04 Yr.</u>	<u>1, 1</u>
State	Number		. <u></u>	Birthdate	Şex	<ul><li>(1) Social Security No. and</li><li>(2) Health Insurance Claim I</li></ul>	
Co. Aid 7 Digit	Serial No. MFB	Pers. U No.	Name – First, Middle, Last	Mo. Day Y		er Railroad Retirement No (1)	). Cove
		Ma	cian Mason	5-10-6	8 F	(2)	
			rty Mason	7-4-60	6 M	(1) (2)	
		Ma		12-25-9	OM	(1) (2)	• • •
			orn (EDC: 01/9:	•		(1) $(2)$	
			and the state			(1) (2)	•••
						(1)	
			·			(2) (1) (2)	
	us income of	ying as aged, blin spouse or pare	d, II. Income of MFBU members n (except PA or other PA)	ot listed in I.	III, Shi	are of cost computation	
NONEXEMPT		OME	A. NONEXEMPT UNEARNED	INCOME	1. Cou	ntable Income from 1 14	
	a. ABD-MN	b. Spouse or Parent	1. OASDI		2. Cou	ntable Income from II 9	33
OASDI			2. Net Income from Property			me allocated from LTC/B&C	+
.Net Income		1	3. Other-Itemize		hom	on to family members at ne (176W, Part III)	<u></u>
from Property I. Other-Itemize						bined Countable Income	13
			Max- Child suppt	400	ALLOC	ATIONS AND DEDUCTIONS	; –
			4			cation to excluded tren (176W, Part I)	
Total (add 1 thru 4)			5. Total unearned Income (add 1 thru 4)	400	6. Inco	me to determine PA	
Combined unear (add 5a and 5b)	ned income		B. NONEXEMPT EARNED INC			Ith Insurance	
. Any Income ded	uction -	\$20	6. Total Net Earned Income	2925			
Countable unear (6 minus 7)	ned Income		C. TOTAL COUNTABLE INCO		- <b>8</b> .		
	ARNED INCOM	E	7. Subtotal (add 5 and 6)	3325	9.		
Gross Earned	a.	b.	8. Child Support/Alimony Paid	5525			
Income Combined earned	d Income	1	9. Total Countable Income	22.01	(add	I allocations/deductions 5 through 9)	
(add 9a and 9b) \$65 earned Inc. o	deduction		(7 minus 8) NOTE:	3325		I net nonexempt Income linus 10}	33
plus \$ unu		·····	If there is income from which Ed	lucational	roun	I net nonexempt income	33
Remainder (10 m			Expenses are deducted (Sect calculations here. Enter net amou	ion 50547) show		tenance need	
Countable earned (divide 12 by 2)	lincome		Total income for educational pu		a. MFE	U members not in	
4. Total countable Income (add 8 and 13) OTE:		Less total educational expenses			No	110	
		Net countable income	<del></del>	+ Pe	rsonal needs		
any of the followi C 176W, Part VI b					• Ns	okeep of home zeds of disabled dependents	
Educational Expe Absent Parent Su		Section 50547 Section 50541			I	I maintenance need + 13b)	
Student Deduction \$30 plus 1/3	n	Section 50541 Section 50551			14. Shar (12 r	e of cost minus 13c)	22
Work Expenses for Income for Self-S	or the Blind	Section 50551.4 Section 50551.5				erpayment adjustment	
						isted Share of Cost	
					1 (14 r	ninus 15)	

•

## SNEEDE V. KIZER INCOME SCREENING QUESTIONS

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

Case Name Manan Mason	,	County Distric	7	County Use
Case Number		Effective Date	ма. 04	Year 9/
New Application Redetermination		Change	Retroactive Eligibility	Correction

DO	DOES THE MFBU INCLUDE:		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?	~	<b></b>
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	Worker Number	Date
4 Jel	0123	4/3/9/

## **SNEEDE V. KIZER** NET NONEXEMPT INCOME DETERMINATION

CASE NAME	COUNTY DISTRICT	COUNTY USE
Marion Mason	77	
CASE NUMBER	EFFECTIVE DATE	
	мо. 04	YR. 91

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 unbom's share to father of the unborn if he is in the MFBU. Allow each ABD-MN child: \$20 any income deduction and \$65 plus 1/2 earned income deduction. **ABD-MN** Deductions:

> 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)	Marian	Martu	MAX	
PERSON TYPE	<ul> <li>Parent A or</li> <li>Caretaker Rel.</li> </ul>	Parent B or Spouse	Child	C) 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			400	
4.	**In-kind Income				
5.	Income available from PA or other PA (MC 175-6, line A. 4)	· · · · · · · · · · · · · · · · · · ·			
б.		<u>, , , , , , , , , , , , , , , , , , , </u>			
7.					
8.	Total (add 1 thru 7)	D	0	400	
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)	0	0	400	

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		

		ŧ		
	15. Net Earned Income (MC176W,			
1	Part IV, Line 10)		_	
Ì	(enter on section D, line 17)		1915	
				<u> </u>

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. E

Educational Expenses	Section 50547
Student Deduction	Section 50551
\$30 plus 1/3	Section 50551.1
W.d. C Courses for the Diad	ሮ ፍብዳና1 4

Ex.5

D.	TOTAL COUNTABLE INCOME: AFDC-MN/MI and/or ABD-MN	NAME: Marian	NAME: Martu	NAME:	NAME:
16.	Countable uncarned income (from line 10)	0	0	400	
17.	Countable earned income (from line 14 or 15)	0	2925	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)				
19.	Total countable income (add lines 16, 17, 18)	0	2925	0	

E.	OTHER DEDUCTIONS: AFDC-MN/MI and/or ABD-MN				
20.	Health Insurance	· · ·			
21.	Child Support/Alimony Paid			-	<u> </u>
22.	Income to determine PA Eligibility (MC 175-6, line B. 3 or B. 4)			<u> </u>	
23.		· · · · · · · · · · · · · · · · · · ·			
24.	Total deductions (add 20 through 23)	D	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.	0	2925	400	

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)	0	2925		
27.	Number of persons for whom Parent A is responsible. (section A of MC175-2)	3			
28.	Number of persons for whom Parent B is responsible (section B of MC175-2)		2		
29.	Child's natural/adoptive parent (see MC175-2) (circle A or B, or both)			<u>А</u> в	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.	0	0	D	
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.	1462.50	1462.50	ο	
32.	Enter child's net countable income (from line 25)			400	
33.	Child's total net nonexempt income (add lines 30, 31, 32). Enter on MC 175-4			400	
34.	Parent's total net nonexempt income (add lines 4, 5, 18, 30, 31). Enter on MC 175-4	1462.50	1462.50		X/////////////////////////////////////

Go to MC 175-4 next.

WORKER NUMBER An 2

# SNEEDE v. KIZER MINI BUDGET UNITS AND:

(CHECK	ONLY	ONE)
--------	------	------

SHARE OF COST DETERMINATIONS

Case Name Marian Mason	County District 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.
- 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 #					
Person Name/No.	Orig Aid	Net  Property Nonexempt Income			
1. Marian 7		Indigible			
2 Marty 4					
3 unbach		<b></b>			
4.					
5.					
6.					
7.	<b></b>				
8.					
9.	L				
10.					
TOTAL					
MBU's Property Limit (Check ene) Di Maintenance Need					
Check one) Excess Property (Check one) Share of Cost io property-eligible pers					
Rounded Share of Co					
If SOC, is there a property-eligible pu under 6 or 6 through 18 born after 9/ No; stop he Ves; go to	'30/83 ere.	3 in MBU?			

MBU #					
Person Name/No.	Orig Aid	Net Property Nonexempt Income			
1. Max		400			
2.					
3.					
4					
5.	ļ	·			
6.	<b> </b>				
7.		· · · · · · · · · · · · · · · · · · ·			
8.					
9.					
10.					
TOTAL		400			
MBU's Droperty Limit (Check one) Dr Maintenance Need		375			
(Check one) Check one)	-25				
Rounded Share of Co	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? No:atop here. U Tes; go to MC 175-5					

EX.5

MBU #_	<u> </u>			]	MBU #		
Person Name/No.		Net Nonexempt	Property Income		Person Name/No.		Net Property Nonexempt Income
1.		1		1	1.		
2.				-	2.		
З.		1	· · · · · · · · · · · · · · · · · · ·		3.		
4.					4.		·····
5.					5.		·
6.					6.		·········
7.					7.	···   ···	
8.					8.		
9.	1			$\overline{\mathbf{r}}$	9.		
10.					10.		
TOTAL				7 `	TOTAL		
MBU's  Property Limit (Check one)  Maintenance Nee	t		·	1	MBU's Property Limit (Check one) Maintenance Nee		
Check one) Check one) Check one) Check one) Check one) Check one) Check one	for		, markedd		(Check one) Check one Chec	rty for	· · · · · · · · · · · · · · · · · · ·
Rounded Share of C	Ost			7 /	Rounded Share of		<u>}</u>
If SOC, is there a property-eligible under 6 or 6 through 18 born after No; stop Yes; go te	here.		hild		If SOC, is there a property-eligible under 6 or 6 through 18 born after No; stop Yes; go t	pregna 9/30/83 here. o MC 1	nt woman or child I in MBU? 75-5
<u></u>							
MBU # _		-		-	MBU #		
Person Name/No.	Orig Aid	Net [ Nonexempt [	☐ Property ☐ Income		Person Name/No.		Net  Property Nonexempt Income
1.			T	1	1.		
2.				1	2.		
3.				1	3.		
4.				র	4.		
5.				Ж.	5.		
6.				$/ \square$	6.		······································
7.	1			- 1	7.		
8.				٦			
9.					9.	<u> </u>	
10.					10.		
TOTAL	• • • •			1	TOTAL		· · · · · · · · · · · · · · · · · · ·
MBU's C Property Limit Check one) Maintenance Need				1	MBU's Property Limit (Check one) Maintenance Nee	d	
Check one) Share of Cost property-eligible per	or				Check one) Check one Check on Ch	for	
Rounded Share of Cost			Rounded Share of				
f SOC, is there a property-eligible under 6 or 6 through 18 born after	oregna	nt woman or c	hild	1	If SOC, is there a property-eligible under 6 or 6 through 18 born after	pregna	nt woman or child

Worker Number

Eligibility Worker Signature

MC 175-4 (5/91) (page 2)

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Date of Computation <u>
H</u>3/9/

### 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		······································	County District	Соц	inty Use	<u> </u>	
	Marian	Mason	77				
Case Number			Effective Date	Mo.	Ŷ	Car	
				04		91	

#### 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 <u>full</u> net nonexempt income of the % program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the <u>Sneede</u> 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 <u>not</u> 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	Max Marshal	1			
2.	Name of Responsible Relative #1	Narion ma	són			
3.	Name of Responsible Relative #2	N/A				
<b>4.</b>	Full Net Nonexempt Income of % Program Eligible	\$ 400	\$	s	\$	\$
5.	Full Net Nonexempt Income of Responsible Relative #1	\$	\$	\$	\$	S
6.	Full Net Nonexempt Income of Responsible Relative #2	s N/A	\$	\$	S	\$
7.	Total Net Nonexempt Family Income (add lines 4, 5, 6 & enter on B.4)	s 400	\$	S	S	\$

· .	. ELIGIBILITY DETERMINATION No. of Persons in MFBU <u>4</u>							
1.	Name of potential % Program Eligible	max						
2.	Potential % Program (check one)	185% E 133% C 100% C	185% 🗍 133% 🗍 100% 🗍	185% 🗌 133% 🔲 100% 🗌	185% [] 133% [] 100% []	185% 🗌 133% 🗍 100% 🗍		
3.	Enter FPL for % Program shown in B. 2 based on # of persons in MFBU.	s2066	S	\$	\$	s		
4.	Enter total net nonexempt family income(from A. 7)	s 400	s	\$	\$	s		
5.	Is total net nonexempt family income (B. 4) less than or equal to amount in B. 3?	Yes, eligible (go to #9) No, continue	<ul> <li>Yes, eligible (go to #9)</li> <li>No, continue</li> </ul>	<ul> <li>Yes, eligible (go to #9)</li> <li>No, continue</li> </ul>	<ul> <li>Yes, eligible</li> <li>(go to #9)</li> <li>No, continue</li> </ul>	<ul> <li>Yes, eligible (go to #9)</li> <li>No, continue</li> </ul>		
6.	Is person potential 200% program eligible (i.e., pregnant woman or infant under age 1)?	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>	Yes, continue No, deny FPL program	<ul> <li>Yes, continue</li> <li>No, deny FPL program</li> </ul>		
7.	Enter 200% of FPL for family size equal to # of persons in MFBU.	\$	S	\$	s	S		
8.	Is total net nonexempt family income equal to or less than 200% FPL?	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>	Yes, eligible No, deny 200% Program	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>	<ul> <li>Yes, eligible</li> <li>No, deny 200%</li> <li>Program</li> </ul>		
9.	Person # (optional)							
10.	Aid Code (optional)			· · · · · · · · · · · · · · · · · · ·				
11.	MBU # (optional)							

EXE

Eligibility Worker Signatu	ne d	Worker Number	Computation Date
	4 Lu	0/23	4/3/91
MC 175-5 (7/91)			
MC 113-3 (1791)			84

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MEDI-CAL INFORMATION NOTICE TO
<b>SNEEDE CLASS MEMBERS WHO ARE</b>
RESPONSIBLE RELATIVES

narion Maca

L	
State No.:	
District:	
Case Name:	

County Stamp

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### THE STATE MAY OWE YOU MONEY!!

Under a case called <u>Sneede</u> v. <u>Kizer</u>, 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.

(Eligibility worker)

(Phone Number)

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MEDI-CAL NOTICE OF ACTION		(County Stamp)		
Approval For Special Zero Share-of-Cost Program for Pregnant Women and Babies Up To One Year Old		Γ	• .	7
		L		_
Marian Mason	٦	State No:		•
		District:	<u> </u>	
		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 <u>**4/91**</u>, 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.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

State of California - Health and Welfare Agency Medi-Cal Program

1 logi uni		Septement of health Services
<u>Sneede</u> v. <u>Kize</u> MEDI-CAL	<u>er</u>	(County Stamp)
NOTICE OF ACTION DENIAL/DISCONTINUANCE OF DUE TO EXCESS PRO (MINI BUDGET UN	OF BENEFITS PERTY	
Marian Mas		Notice Date: <u>4/3/9/</u> Case No.: <u> </u>

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.

\_\_\_due to excess property.

 $\square$ 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
Marian	\$ <u>_1750</u>
	\$ <u>1750</u>
	\$
	\$
	\$
	\$\$

Total Net Nonexempt Property **Property Limit Excess Property** 

\$ 1750	
\$ 1750	1
\$ 	
\$ <u>,</u>	
\$ <u></u>	
\$ 	
\$ 3500	

- \$ <u>3/50</u>

II. Medi-Cal Family Budget Unit

Family's Total Net Nonexempt Property: \$ \_ HOOO - \$ 3300 Family's Property Limit: s 701 Family's Total Excess Property:

±X.5

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 <u>Sneede</u> v. <u>Kizer</u>. 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 <u>cannot</u> 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 <u>only</u> 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)

### <u>SNEEDE</u> V. <u>KIZER</u> 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 <u>Sneede</u> v. <u>Kizer</u>. 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 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.

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PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES 714/744 P STREET P.O. BOX 942732 SACRAMENTO, CA 94234-7320

> February 28, 1992 Letter No.: 92-13

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

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 it 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 <u>Edwards</u> 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

.0. BOX 942732 \CRAMENTO, 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 <u>and</u> 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 STATE OF CALIFORNIA-HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES 714/744 P STREET P.O. 455X 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