DEPARTMENT OF HEALTH SERVICES
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(916) 657-2941

December 14, 1994

TO: All County Welfare Directors   Letter No.: 94-96
        All County Administrative Officers
        All County Medi-Cal Program Specialists/Liaisons
        All County Pickle Coordinators

REVISIONS TO PICKLE FORMS DHS 7019, DHS 7021 AND DHS 7029

The purpose of this letter is to advise the counties that Pickle forms DHS 7019, DHS 7021 and DHS 7029 have been revised. Camera ready copies are enclosed. The forms will be available from the Department of Health Services Warehouse, 1037 North Market Boulevard, Suite 9, Sacramento, California 95834 on December 9, 1994. Please use form DHS 2031 to order these forms from the warehouse.

The form revisions were as follows:

1.   DHS 7019 - Asterisk near "Allocation (1/2 Federal Benefit Rate [FBR] for an individual)" was removed.

2.   DHS 7021 - Added to Part E, 1, "(If VTR, enter zero and use household of another in F.1)".

3.   DHS 7020 - Added "Was eligible for and received ..." on line 2, A and B. The instructions on the back side of document were also revised.

These revised forms will be added to Pickle Letter No. 12 in January 1995. If you have any questions, please contact Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY ·

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

PICKLE ELIGIBLES
FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD
WITH INELIGIBLE PARENT OR PARENTS

CASE NAME	CASE NUMBER

APPLICANT'S NAME

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance income: . . . . $ _____

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.).
   Do not include Pickle-eligible children.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name	Name	Name	Name
a. Allocation (1/2 Federal Benefit Rate[FBR] for an individual):				
b. Minus child's income:	—	—	—	—

   c. Total allocation: . . . .   _____ + _____ + _____ + _____ = $ _____

3. Remaining unearned income (subtract line I.2.c. from line I.1.): . . . . $ _____

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: . . . . $ _____

2. Unused portion of allocation for ineligible child(ren): . . . . $ _____

3. Remaining earned income (subtract II.2. from II.1.): . . . . $ _____

IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Parent's Allocation		PART IV. PICKLE ELIGIBILITY CALCULATION	
Unearned Income		1. Deemed income from Part III.15.	
1. Remaining unearned income (after allocation) or zero (from I.3.)		2. Add eligible child's own OASDI income	
2. Subtract general income exclusion	−20	3. Subtract Title II COLAs	−
3. Countable unearned income (to III.11.)		4. Total countable OASDI	
Earned Income		5. Other unearned income	
4. Remaining earned income (from II.3.)		6. Subtract general income exclusion	−20
5. Subtract balance of general income exclusion		7. Countable unearned income (IV.1 + IV.4 + IV.5 − $20)	
6. Remainder		8. Child's countable earned income (subtract $65 + 1/2 remainder)	−
7. Subtract work expense exclusion	−65	9. Total countable income	
8. Remainder		10. Current SSI/SSP payment level	
9. Subtract 1/2 remainder		If line IV.9 is less than line IV.10, this person is eligible as an aid code 16, 26, or 66.	
10. Countable earned income (to III.12.)			
Deemed Income			
11. Countable unearned income (from III.3.)			
12. Add countable earned income (from III.10.)			
. Total countable income (from III.11. + III.12.)			
14. Subtract parent allocation*	−		
15. Deemed income			

* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.

FINANCIAL ELIGIBILITY WORK SHEET I
(Individual or Couple, Applicant With an Ineligible Spouse)

CASE NAME	CASE NUMBER

APPLICANT'S NAME

PART A. NEEDS TEST

1. Applicant's total earned and unearned income (MC 176M, Part I, Line 14): .... $ _____
2. Title II COLA disregard amount: .... $ _____
3. Total countable income (subtract A.2 from A.1) .... $ _____
   (If single applicant or couple pass the screening work sheet, proceed to Part F.):

PART B. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include public assistance income: .... $ _____
2. Title II COLA disregard amount: .... $ _____
3. Countable unearned income (subtract B.2 from B.1): .... $ _____
4. Allocation for ineligible children. (If no children, enter zero in B.4.c.)
   Do not include Pickle-eligible children.

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name	Name	Name	Name
a. Allocation (couple Federal Benefit Rate [FBR] minus individual FBR):				
b. Subtract child's income:	_	_	_	_

   c. Total allocation: .... _____ + _____ + _____ + _____ = $ _____

5. Remaining unearned income (subtract line B.4.c. from B.3): .... $ _____

PART C. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income: .... $ _____
2. Unused portion of allocation for ineligible child(ren): .... $ _____
3. Remaining earned income (subtract C.2 from C.1): .... $ _____

PART D. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add B.5 and C.3) (If less than the difference between the FBR for a couple and the FBR for an individual, deeming not applicable. Make no entry for ineligible spouse's income in Part E.): .... $ _____

PART E. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

1. Applicant's gross unearned income (including any applicable ISM-DHS 7044. (If VTR, enter zero and use household of another in F.1): .... $ _____
2. Applicant's Title II COLA disregard amount: .... $ −
3. Applicant's countable unearned income (subtract line E.2 from line E.1): .... $ _____
4. Ineligible spouse's unearned income (line B.5): .... $ + _____
5. Combined unearned income (add lines E.3 and E.4): .... $ _____
6. Subtract general income exclusion: .... $ −20
7. Combined countable unearned income: .... $ _____
   Total Unearned
8. Earned income of applicant and spouse (use amount from line C.3 for ineligible spouse): $ _____
9. Subtract balance of general exclusion not offset by unearned income (line E.6): .... $ _____
10. Remaining earned income: .... $ _____
11. Subtract work expense exclusion: .... $ −65 _____
12. Remaining earned income: .... $ _____
13. Subtract 1/2 remaining earned income: .... $ _____
14. Countable earned income: .... $ _____
    Total Earned
15. Total countable income (add lines E.7 and E.14): .... $ _____
    Combined Total

PART F. PICKLE ELIGIBILITY CALCULATION

1. Current SSI/SSP payment level for an individual or a couple: .... $ _____
2. Enter total countable income (line A.3 or E.15): .... $ _____

   If line F.2 is less than or equal to F.1, the applicant is Pickle eligible. If ineligible, enter in Tickler System.

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE
➤			

DISREGARD COMPUTATION WORKSHEET
(PICKLE ELIGIBLE INDIVIDUAL OR COUPLE AND/OR INELIGIBLE SPOUSE WITH RSDI* INCOME)

Date _____

Case Name _____

Case No. _____

EW No. _____

A. **POTENTIAL PICKLE PERSON'S NAME**
(This person/spouse passed screening.)

   1. Current RSDI Benefit Amount $ _____

   2. Was eligible for and received last
      SSI/SSP check on _____   X   _____
      (Date)   (Multiplier)

                                                              DISREGARD
                                          (Round to   AMOUNT
   3. Total Amount $ _____   Nearest $) $ _____

B. **POTENTIAL PICKLE PERSON'S NAME**
(This spouse also passed screening.)
(Use if BOTH spouses pass the
Screening Test.)

   1. Current RSDI Benefit Amount $ _____

   2. Was eligible for and received last
      SSI/SSP check on _____   X   _____
      (Date)   (Multiplier)

                                                              DISREGARD
                                          (Round to   AMOUNT
   3. Total Amount $ _____   Nearest $) $ _____

C. **INELIGIBLE SPOUSE OF POTENTIAL PICKLE PERSON**
(This spouse did not pass screening.)
(Use if one spouse has passed the Screening
Test and one has not, but both have RSDI
income.)

   1. Current RSDI Benefit Amount $ _____

   2. Date potential Pickle person's
      SSI/SSP was discontinued

             OR

      Date when ineligible spouse started
      receiving RSDI

      (WHICHEVER IS LATER)

   _____   X   _____
           (Date)   (Multiplier)

                                                              DISREGARD
                                          (Round to   AMOUNT
   3. Total Amount $ _____   Nearest $) $ _____

*RSDI: Retirement, Survivors and Disability Insurance under Social Security

DHS 7029 (11/94)

INSTRUCTIONS FOR DISREGARD COMPUTATION WORKSHEET
(DHS 7029)

The PICKLE DISREGARD COMPUTATION WORKSHEET (DHS 7029) must be completed and filed with the Screening worksheet (DHS 7020) in each case with potential Pickle eligibility.

TO COMPLETE THE DHS 7029:

1. Determine the section to be used for each person (A, B, or C).

    Situation:

    a) Disabled child and parent(s):

    - Use Section A for the child.
    - The parents are not in any section because there is no disregard for the parents' RSDI COLAs.

    b) ABD couple and both are potential Pickle, i.e. both passed screening:

    - Use Section A for one spouse with potential Pickle eligibility.
    - Use Section B for the other spouse with potential Pickle eligibility.

    c) ABD spouse who passed screening and has potential Pickle eligibility; he/she has spouse who did not pass screening. Both spouses have RSDI:

    - Use Section A for the spouse who passed screening.
    - Use Section C for the ineligible spouse who did not pass screening.

2. Determine the current RSDI benefit amount and enter on line I for each person.

3. If Part A or Part A and Part B are being used: Determine the date when the individual was last eligible for and received SSI/SSP check, enter the month and the year on line 2.

    If Part C is being used: Either determine the date the potential Pickle person's SSI was discontinued or the date when the ineligible spouse started receiving RSDI, whichever is later.

    To determine the multiplier, refer to the DHS' current year All County Welfare Directors letter titled "January (appropriate year) Social Security Title II and Title XVI Cost of Living Adjustments (COLA) and Related Issues." Enter the multiplier also on line 2.

4. Multiply line 1 by line 2 and enter the amount on line 3.

    (Round to nearest dollar and enter under "Disregard Amount.")

    EXAMPLE: Current RSDI benefit amount is $655. Applicant last received SSI/SSP in 12/90. Multiply $655 by 0.1342. Result is $87.90. Rounded to nearest dollar, the disregard amount is $88. The multiplier will change each year with the RSDI COLA.