DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, California 95814

January 27, 2003

ALL-COUNTY LETTER NO. 03-04

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL
[ ] State Law Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Agreement
[ ] Clarification Requested by one or More Counties
[X] Initiated by CDSS

SUBJECT: JANUARY 2003 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT PROGRAM) COST OF LIVING ADJUSTMENTS AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM USER'S MANUAL

The purpose of this All County Letter (ACL) is to provide information and direction regarding the 2003 Cost of Living Adjustment (COLA) process. In most years both the Supplemental Security Income (SSI) and State Supplementary Payment (SSP) COLAs are addressed in January. The SSI COLA is addressed in this ACL. The SSP COLA will not increase at this time.

This ACL provides you with the following:

- Instructions regarding automating the Retirement, Survivor's and Disability Insurance (RSDI) increase for affected income eligible In-Home Supportive Services (IHSS) recipients.

- January 1, 2003 SSI/SSP benefit levels.

- Instructions regarding automating all IHSS Share of Cost (SOC) recipient cases with Link 1, 2, 3, 4,or 5 in Field I2 of the form SOC 293.

- Instructions regarding forms and listings.

- Changes of dollar amounts used for manually calculating a recipient's share of cost on the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

- A description of Attachments A through D.

A.   RSDI Increases

1.   All SOC cases that have been automated by the Case Management, Information and Payrolling System (CMIPS), and that have a Code 1 (RSDI) in Source Field I4, J1, J2, K1, or K2, will have that amount increased in the corresponding Income Field by 1.4 percent.

To facilitate automation of RSDI we are making two assumptions:

- The current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA).

- The current entry in the Source Field(s) is the gross amount that includes the Medicare Part B premium for those persons who must pay their own premium. The premium will increase to $58.70 per month effective January 1, 2003.

The computation will produce the RSDI benefit amount to be used in automating the January 2003 SOC. (Example: the benefit amount is $438.00, multiplying by 1.014 equals $444.132 and rounding down to the nearest dollar equals $444.00).

2.   Cases that were determined to be eligible for the Aged and Disabled Federal Poverty Level (A&D FPL) program were done so from their Countable Income as of April 1, 2002. Some COLAs may bring the countable income above the poverty level as of January 1, 2003, but please remember to use the April 1, 2002, countable income when determining new eligibility or on-going eligibility for the A&D FPL program.

3.   All E & I status A&D FPL cases with Source 1 income will be updated during the 2003 COLA implementation.

4.   As part of the ongoing COLA process all eligible recipient or provider records will be updated. Previously, the COLA system process did not update eligible recipient or provider records that did not reflect the new effective date within their current eligibility segment on the system. All cases that were overdue assessed were written to exception reports and it was the responsibility of the county to manually update these records. All

three of these processes have been modified to extend or create eligibility that encompasses a one-month segment with the new effective rate and/or date. Each new process will be described separately.

The COLA implementation process has been modified as follows:

Update the End Date on the RELB M Line to December 31st of the current year prior to the normal COLA process for cases meeting the following criteria:

- E & I Status

- Aid Code 18, 28, 68

- Eligibility segment end dates prior to December 31, 2002, and begin dates greater than or equal to January 1, 2002

- Current eligibility is not prorated (begin date is the first day of the month and the end date is the last day of the month)

This additional step was intended to update the greatest percentage of cases. The cases that do not meet the above criteria will be written to an exception report that will be sent to counties with the expectation that they will be reviewed and updated as appropriate.

B.   SSI/SSP Benefit Levels

1.   Effective January 1, 2003, the SSI portion of the SSI/SSP levels will increase by 1.40 percent. The SSP portion will not increase at this time.

2.   The SSI COLA will also impact the income exclusion allowances for non-eligible children, spouses, and parents that are used in the SOC deeming procedures. Those changes should be reflected on the forms SOC 294A and SOC 294C SOC worksheets (Attachments C and D).

3.   The RSDI COLA increase will cause some IHSS status-eligible recipients to exceed the new SSI/SSP income limits. This would normally cause these recipients to lose eligibility for both SSI/SSP and their SSI/SSP linked Medi-Cal, including PCSP. However, an order issued as a result of an ongoing court case mandates that Medi-Cal benefits may not be terminated for any recipient if their termination is based upon a loss of SSI/SSP eligibility. Counties will be given instructions on how to reassess these recipients once the court action has been concluded. The court order does not affect IHSS (Residual) eligibility, however, a loss of status eligibility in the residual program (IHSS) on the basis of excess income, should trigger an evaluation for continuing eligibility on an income eligible basis with a share of cost.

C. <u>Share of Cost Cases</u>

1. You do not need to indicate a table number for benefit levels in Field I1 Share of Cost. CMIPS will automatically default to a D. The E indicator will continue to be used for A&D FPL cases. The field will remain in use for entry if a county must, for some reason, build eligibility segments for years prior to 2003.

2. All automated IHSS income-eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have their SOC re-computed January 1, 2003, because of RSDI increases and/or SSI/SSP benefit level changes (including FPL cases). Cases with an end date less than or equal to December 31, 2002, that have not had an end date extension due to an earlier automatic extension (e.g., rate change) will have an end date extension to January 31, 2003, in Field ZZ4. There will, however, be some excluded cases that will be printed on county exception lists.

   Regardless of the cause, the following alert message for each excepted case will be printed on the monthly "CMIPS Warning Alert Listing" and will continue on the list until corrected. The alert message is:

   "060 Share of Cost Date is not January 1st"

3. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustment made to their RSDI and SOC computations. The SOC will be changed for all IHSS recipients affected by the January 2003 COLA. The NOA message (number 353) will read:

   "The change in your IHSS Share of Cost shown above is effective ##/##/## because of COST-OF-LIVING adjustment to SSI/SSP benefit levels and to the social security payments available to you which are $#####.##, $#####.##, and $#####.##". "If the Social Security amount you receive is different from reported here, contact your service worker within ten calendar days. MPP Section 30-755.233."

   FPL cases will also receive NOA 530.

4. The automation of SOC cases is scheduled to run December 13, 2002, so that we can meet the timelines for the NOAs. Any changes or new cases added to CMIPS after December 13, 2002, should use the following procedure so that correct segments can be built on the SOC 293 M, N and O lines:

   • Turnaround Document (TAD) #1:

Enter appropriate data for 2002 SOC fields and wait for the next TAD to enter 2003 data. A NOA will be generated containing the usual SOC message(s).

- TAD #2:

  Enter 01/01/03 in SOC Field I1. Enter corrected RSDI income in Source/Income Field - I4, J1, J2, K1 or K2 (1.014 x 2002 amount rounded down to the nearest dollar).

  CMIPS will re-compute the correct SOC, and a NOA will be generated containing the usual SOC message(s).

  FPL cases will also receive NOA 530.

5. The SOC cases that are not updated may result in the IHSS recipient paying a SOC that exceeds (except for those cases identified as having a SOC solely due to the RSDI COLA automation, or the special one-time increase; refer to A-2) or is less than his/her liability. County Welfare Departments will be responsible for updating those cases and initiating reimbursement to those persons affected.

D.   Aid Codes 14, 24 and 64

The PCSP and IHSS residual recipients in aid codes 14, 24, or 64, lost their SSI/SSP eligibility either September 1, 1993, September 1, 1994, or December 1, 1995, due to SSP reductions in each of those years. However, they have been held harmless from paying either a Medi-Cal or an IHSS SOC. These individuals will continue to receive IHSS/PCSP without a SOC for as long as their special Medi-Cal status continues, and their IHSS/PCSP eligibility is not interrupted.

E.   Forms and Listing

1. SOC 293 and SOC 311 TADs will be generated on all automated IHSS income eligible cases. The TADs will have a message printed at the top that will read "Share of Cost COLA 2003." There will also be NOAs generated, which will have the message as displayed in section C.3 on page 5.

   - Only cases which are indicated as 1 to 1 providers and have an identical SOC reflected on both the SOC 293, Share of Cost Field M6, and

SOC 311, Share of Cost Field F5, will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List, and the county must manually change the SOC 311.

- We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income field - I4, J1, J2, K1 or K2. However, for ease in identifying those cases, a separate listing will be provided immediately after the COLA is run. This report will be identified as 2003 Veteran's Benefits Exception Report.

- We are not able to automate the RSDI increase for a spouse that may affect the recipient's SOC because CMIPS is not coded to differentiate that income source. However, all cases impacted by the SOC automation will have a dollar sign ($) by the name on the Monthly Characteristics Listing and Office Caseload Listing that may be used as a reminder to validate any change in a spouse's income.

2. All TADs and NOAs will be printed at the printer sites by on-line counties. Non-printer site counties will have TADs and NOAs printed by the Electronic Data Systems (EDS) and will be mailed to the recipient and county, as appropriate. Please do not delay printing and mailing the NOAs following the December 13, 2002, COLA automation run.

F.   SOC 294A and SOC 294C

Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on forms SOC 294A (IHSS Income Eligibility - Adult) and SOC 294C (IHSS Income Eligibility - Child).

1. SOC 294A (Attached C):

   Change allowance in Column B, Row 2a to $277.00, and change allowances in Column B, Row 6 to $277.00.

2. SOC 294C (Attached D):

   Change allowances in Column A, Row 2a to $277.00, and change allowances in Column A, Row 14 to (1) $552.00 and (2) $829.00.

G.   Attachments

1. Attachment A is the SSI/SSP Payment Standards, effective January 1, 2003.

6

2.   Attachment B is a copy of the revised pages for the IHSS/CMIPS User's
      Manual pages V-A-15 through V-A-19.

3.   Attachment C - Form SOC 294A (IHSS Income Eligibility - Adult).

4.   Attachment D - SOC 294C (IHSS Income Eligibility - Child).

For questions regarding CMIPS procedures, please call Nancy Wuorio, Systems
Analyst, Adult Programs Systems Unit, at (916) 229-4007; policy questions should be
directed to your county operations analyst at (916) 229-4000.

Sincerely,

Original Document Signed By
Donna L. Mandelstam on 1/27/03

DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

c: CWDA

ESTIMATED SSI/SSP PAYMENT STANDARDS
EFFECTIVE JANUARY 1, 2003
Includes pass-through of the 1/03 CPI COLA and suspension of the CNI COLA

CNI: 3.74% (a)
CPI: 1.40% (a)

| | INDEPENDENT LIVING | | | REDUCED NEEDS | | | NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC) | | | | | |
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			IN LICENSED FACILITY OR HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP	**TOTAL**	SSI	SSP
INDIVIDUAL:												
AGED OR DISABLED	**757.00**	552.00	205.00	**578.66**	368.00	210.66	**740.66**	368.00	372.66	**925.00**	552.00	373.00
- without cooking facilities (RMA) 2/	**836.00**	552.00	284.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND	**819.00**	552.00	267.00	**654.66**	368.00	286.66	**740.66**	368.00	372.66	**925.00**	552.00	373.00
DISABLED MINOR												
- living with parent(s)	**650.00**	552.00	98.00	**460.66**	368.00	92.66						
- living with non-parent relative or non-relative guardian							**740.66**	368.00	372.66	**925.00**	552.00	373.00
COUPLE:												
AGED OR DISABLED												
- per couple	**1,344.00**	829.00	515.00	**1,099.00**	552.67	546.33	**1,521.00**	552.67	968.33	**1,850.00**	829.00	1,021.00
- without cooking facilities (RMA) 2/	**1,502.00**	829.00	673.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
BLIND												
- per couple	**1,556.00**	829.00	727.00	**1,312.00**	552.67	759.33	**1,521.00**	552.67	968.33	**1,850.00**	829.00	1,021.00
BLIND/AGED OR DISABLED												
- per couple	**1,477.00**	829.00	648.00	**1,231.00**	552.67	678.33	**1,521.00**	552.67	968.33	**1,850.00**	829.00	1,021.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	$47	$94
SSI	30	60
SSP	17	34

1/ NON-MEDICAL OUT-OF-HOME CARE

Personal and Incidental Needs Maximum:	$189	Minimum:	$107
Care and Supervision Minimum:	$339	Maximum:	$421
Board and Room	$397		$397

2/ RMA - Restaurant Meals Allowance - $79 Individual; $158 Couple

Indicator – Immediately to the right of the date there is a space for a code, which has been used in some years to indicate the multiple yearly IHSS share of cost benefit levels. Effective January 1, 2001 there are two codes. Enter one of the following codes.

D - All shares of cost effective on or after January 1, 1999.
E – Aged and Disabled Federal Poverty Level share of cost case effective on or after January 1, 2001.

NOTE: If it is necessary to rebuild older eligibility segments, the alpha indicator codes are available back to January 1997. For a share of cost that was effective before January 1, 1997, it will be necessary to build an eligibility segment, manually calculate the correct share of cost and enter this amount, as appropriate, in the M, N, and/or O fields. Refer to the appropriate All County Letter to manually compute the share of cost for the required time period.

- This field is required for automated share of cost computation.

- Whenever there is an automatic COLA resulting in a change in share of cost, the share of cost date will be updated. This will normally occur yearly on January 1.

Refer to the following segments of Section V-B, Special Instructions: Share of Cost Computations - SOC 293; IE to PCSP Computations; and Aged and Disabled Federal Poverty Level Program Computations.

Field I2:   LINK - Optional, Numeric
Length: 1
Description: Link - Enter the code that indicates recipient's income computation status and spouse/parent(s) linkage to Supplemental Security Income/State Supplemental Program (SSI/SSP) - Aged, Blind and Disabled. This field is required for automated share of cost computation.

1 - IHSS individual
2 - IHSS individual/linked spouse
3 - IHSS individual/non-linked spouse
4 - IHSS individual/non-linked parent
5 - IHSS individual/non-linked parents

Refer to Section V-B, Share of Cost Computations - SOC 293.

Field I3:   DEP - Optional, Numeric
Length: 2
Description: Dependents -The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult recipient with a non-linked spouse, or a child recipient whose parent(s)

income must be considered. This field is required for automated share of cost computation.

The numbering of the data entry fields on the RHSB and RELB screens differs from the numbering listed here for the SOC 293, beginning at Field I1 through Field L2, although the field name is the same.

Field I4, J1,
J2, K1, K2:   SOURCE/INCOME/DEDUCT - Optional, Numerical
Length: 1, 7, 7 - Format: X, XXXX.XX, XXXX.XX
Description: Source/Income/Deduct - Source and amount of deductions from income of the recipient, parent, spouse. This field is required for automated share of cost computation.

Source - These codes indicate the source of the recipient's, spouse's, parent(s) gross income.

1 - Retirement, Survivors, Disability Insurance (RSDI) - recipient
2 - Veteran's administration - Recipient
4 - Railroad retirement - Recipient
5 - Other pension - Recipient
6 - Other unearned - Recipient
7 - Earned - Recipient
8 - Unearned - Spouse/parent
9 - Earned - Spouse/parent

Income - Amount of gross income available to the recipient, spouse, parent.

Deduct - Dollar amount of total income deductions other than the income exclusions. The allowable deductions in this category include:

• Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field. This deduction should not exceed the IHSS cost for the same service(s).

• Impairment related work expenses and expenses for a Plan for Achieving Self-Support (PASS). These are work and training related programs for recipients.

Standard income exclusions that are included in the automatic share of cost computation are:

$20.00   Standard exclusion
$65.00   Earned income exclusion
One half remainder of income - Earned income exclusion
$272.00   Needs of children/non-linked spouse
$545.00 or $817.00   Allowance for parent(s)

Refer to Section V-B, Special Instructions, Share of Cost Computation - SOC 293.

Field I5:   COUNTABLE INCOME - Optional, Numeric
Length: 6
Description: Countable Income - The sum of all net income available to recipient.

- For those recipients whose share of cost is automated, this field will be calculated and the countable income figure will be system-generated.

- The amount that has been manually computed (for those recipients whose countable income is not automated) must be entered in this field to enable the correct share of cost information on an automated Notice of Action.

- For a linked couple, both of whom are income eligible IHSS recipients, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever is the most advantageous to the couple. Enter that sum in I5.

Refer to Section V-B, Special Instructions: Share of cost computation - SOC 293.

Field J3:   BENEFIT CODE/LEVEL - Optional, Numeric
Length: 2, 8 - Format: XX, XXXXX.XX
Description: Benefit Code/Level - This field indicates the SSI/SSP benefit code and level used to determine the recipient's share of cost.

- This field includes both recipients who have countable income that is automatically computed or countable income that is manually computed.

- For those recipients whose share of cost is automated, this field must have a two digit benefit code entered.

Benefit Code	Benefit Level
01 - Individual aged or disabled, own home	$750.00
02 - Individual blind, own home	812.00
03 - Individual disabled minor, own home	643.00
04 - Individual aged or disabled, household of another	574.00
05 - Individual blind, household of another	650.00
06 - Individual disabled minor, household of another	456.00
07 - Individual aged or disabled, independent, living without cooking facilities	829.00

08 - Couple aged or disabled, own home	1,332.00
09 - Couple both blind, own home	1,544.00
10 - Couple blind/aged or disabled, own home	1,465.00
11 - Couple aged or disabled, household of another	1,091.00
12 - Couple both blind, household of another	1,304.00
13 - Couple blind/aged or disabled, household of another	1,223.00
14 - Couple aged or disabled, independent, living without cooking facilities	1,490.00

- Linked Couple - Both members of a couple are blind, disabled, or over age 65.

- If one member of the linked couple is income eligible and the other receives SSI/SSP, is PCSP eligible, or has no need for any services, then use the appropriate code above (08 - 14) and the <u>couple's</u> income for the remaining member's share of cost computation

- For a linked couple, both of whom are income eligible and need IHSS, enter the appropriate code below (15 - 21) for the partially automated share of cost computation, based on the countable income entered in Field I5.

<u>Benefit Code</u>	<u>Benefit Level</u>
15 - Couple aged or disabled - own home, per person	$666.00
16 - Couple both blind - own home, per person	772.00
17 - Couple blind/aged or disabled – own home, per person	732.50
18 - Couple aged or disabled - without cooking facilities, per person	745.00
19 - Couple aged or disabled - household of another, per person	545.50
20 - Couple blind - household of another, per person	652.00
21 - Couple blind, aged or disabled - household of another, per person	611.50

Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

Field K3:   SHARE OF COST - System Generated, Numeric
Length: 6
              Description: Share of Cost - Monthly amount of money to be paid by the recipient before the county will pay IHSS.

         •   For those recipients whose Shares of Cost are automated, this field will have an entry.

         •   Based on the entries in Fields I5, COUNTABLE INCOME, and J3, BENEFIT CODE/LEVEL, this field will be system-generated and will plug the share of cost into the eligibility segments, Fields M6, N6, and O6, where applicable.

Field L1,
L2:   MODE/RATE/HOURS - Required, Alphanumeric
Length: 2, 4, 4 - Format: XX, XX.XX, XXX.X
Description: Mode/Rate/Hours - Indicates service delivery mode, provider's pay rate, and authorized hours of service for the recipient.

              Delivery Mode - Code indicates the type of service delivery of IHSS.

                IP   - Individual Provider
                CC - County contract, either private vendor or inter-agency agreement
                HM - County-employed homemaker

              Hourly Rate of Pay - The rate of pay per authorized service hour for the type of delivery mode.

         •   If this amount is not entered for individual providers, the system will default to the current county rate.

         •   If this amount is not entered for contract or county homemaker providers, the system will default to the contract or homemaker base rate.

              Hours of Service by Delivery Mode - The hours of authorized service will be system-generated unless there is a mixed mode service delivery.

         •   If there are two IP modes with different hourly rates, enter IP twice, the hourly rate and the hours of authorized service for one of them. The balance of the hours will be system-generated.

         •   If there is a mixed mode of service delivery, enter both modes, the hourly rate for each (unless one or both are at the county base rate) and the hours of authorized service for one of them. The balance of the hours will be system-generated.

              Refer to Section V-B, Special Instructions: Changing Service Delivery Mode, Rate and Hours - SOC 293.

Field L3:   RECOVERY - System Generated, Numeric
Length   6 - Format: $X,XXX.XX

IHSS INCOME ELIGIBILITY - ADULT

Name _____   Case No. _____   Month/Year _____

RECIPIENT

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B).

	UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)		
a.	$	
b.	$	
c.	$	
2. Total unearned income (A1a to A1c)	$	
3. Any income exclusion	$ 20	
4. Net unearned income (A2 minus A3)	$	
5. Earned income (Do not show exempt income)		$
6. Unused $20 exclusion (If A3 is greater than A2, enter the difference)		$
7. Earned income exclusion		$ 65
8. Total exclusions (A6 plus A7)		$
9. Remaining earned income (A5 minus A8)		$
10. Net earned income (A9 x 1/2)		$
11. Other earned income deductions		$
12. Total net earned income (A10 minus A11)		$
13. Total countable income (A4 plus A12)	$	
14. SSI/SSP payment level	$	
15. IHSS share of cost (A13 minus A14)	$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

SPOUSE

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

				UNEARNED	EARNED
1. Income of client's spouse				$	$
2. Allowance for children not blind or disabled					
a. Children's needs	$	$	$		
b. Children's income	$	$	$		
c. Net needs (a – b)	$	$	$		
d. Total allowance (add B2c's)				$	
3. Remaining unearned income (B1 minus B2d)				$	
4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)					$
5. Remaining earned income (B1 minus B4)					$
6. Net income of spouse (B3 plus B5) -- If equal to or less than A15 is entered in C -- If greater than complete B7 through B20				$	
7. IHSS client's income (From A2 and A5)				$	$
8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)				$	$
9. Any income exclusion				$ 20	
10. Net unearned income (B8 minus B9)				$	
11. Unused $20 exclusion (If B9 is greater than B8 unearned, enter the difference)					$
12. Earned income exclusion					$ 65
13. Total exclusions (B11 plus B12)					$
14. Remaining earned income (B8 minus B13)					$
15. Net earned income (B14 x 1/2)					$
16. Other earned income deductions					$
17. Total net earned income (B15 minus B16)					$
18. Total countable income (B10 plus B17)				$	
19. SSI/SSP couple payment level				$	
20. IHSS share of cost (B18 minus B19)				$	
C. SHARE OF COST (higher of A15 or B20) **				$	

_____   _____
WORKER   DATE

IHSS INCOME ELIGIBILITY - CHILD

NAME	CASE NUMBER	MONTH

PARENT				RECIPIENT			
A. Income deemed to a blind or disabled child living at home who is under 18.				B. IHSS share of cost computation for blind or disabled child who is under 18.			
Income of parent and parent's spouse where neither is aged, blind or disabled.		**Unearned**	**Earned**			**Unearned**	**Earned**
1. Gross income		$	$	1. Income deemed to child (from A15 or A16)**		$	
2. Allowance for children not blind or disabled				2. Unearned income (list) (Do not show exempt income)			
a. Children's needs				a.		$	
b. Children's income	$ $ $			b.		$	
c. Net needs (a minus b)	$ $ $			c.		$	
d. Total allowance (add A2c's)		$		3. Total unearned income (B1 plus B2)		$	
3. Remaining unearned income (A1 minus A2d)		$					
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)			$	4. Any income exclusion		$ 20	
5. Remaining earned income (A1 minus A4)			$	5. Net unearned income (B3 minus B4)		$	
6. Any income exclusion		$ 20		6. Earned income (Do not show exempt income)			$
7. Net unearned income (A3 minus A6)		$		7. Unused $20 exclusion (If B4 is greater than B3, enter the difference)			$
8. Unused $20 exclusion (If A6 is greater than A3, enter the difference)			$	8. Earned income exclusion			$ 65
9. Earned income exclusion			$ 65	9. Total exclusions (B7 plus B8)			$
10. Total exclusions (A8 plus A9)			$	10. Remaining earned income (B6 minus B9)			$
11. Earned income (A5 minus A10)			$	11. Net earned income (B10 x 1/2)			$
12. Net earned income (A11 x 1/2)			$	12. Other earned income deductions			$
13. Total income (A7 plus A12)		$		13. Total net earned income (B11 minus B12)			$
14. Allowance for parent and spouse (1) (2)		$		14. Total countable income (B5 plus B13)		$	
15. Income deemed to child (A13 minus A14)		$		15. SSI/SSP payment level		$	
Income parent(s) where one or both are aged, blind or disabled.				16. IHSS share of cost (B14 minus B15)		$	
16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)		$		** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has exces income, it is deemed to other eligible children.			

WORKER	DATE