

## MEDI-CAL POTENTIAL OVERPAYMENT REPORTING WORK SHEET—PROPERTY TOTAL INELIGIBILITY OR INELIGIBILITY FOR A SPECIFIC LEVEL OF SERVICES

### Section I (County complete for all ineligibility.)

County ID	<input type="checkbox"/> IEVS	Case status effective date(s)	
	<input type="checkbox"/> Non-IEVS	Active ____/____/____	Closed ____/____/____

#### RECIPIENTS INCLUDED IN POTENTIAL OVERPAYMENT (MFBU)

Name	Date of Birth	Social Security Number	Medi-Cal Eligibility Date	
			From	To

If additional space is needed, use the MC 224 B-S (Supplemental).

### Section II (County complete for all potential ineligibility.)

Recipient was potentially ineligible for Medi-Cal from \_\_\_\_\_ to \_\_\_\_\_ because:  
(month/year) (month/year)

A. Property was above the allowable property limit.

B. Recipient should have been ineligible for nursing facility level of care from \_\_\_\_\_ to \_\_\_\_\_ due to a disqualifying transfer of property.  
(month/year) (month/year)

C. No eligibility existed due to \_\_\_\_\_

### Section III (County worker complete only for property ineligibility.)

Overpayment is computed according to Title 22, California Code of Regulations, Sections 50786–50787. Use for any type of property, bank account, stocks, cash, etc. Provide bank or institution account number when available. Deduct regular income from the account to which it is regularly deposited. Use the **lowest** balance per month. For additional months of overpayment computations, use the MC 224 B-S (Supplemental).

#### Use the Lowest Balance Per Month.

1 Month/Year (One line per month)	2 Property (Describe)	3 Property (Describe)	4 Property (Describe)	5 Property (Describe)	6 Total Balance (Sum of 1–5)	7 Medi-Cal Property Limit	8 Excess Property Amount (6 minus 7)
	\$	\$	\$	\$	\$	\$	\$

### Section IV—Summary (County worker/DHCS investigator complete where applicable.)

Potential overpayment: \$ \_\_\_\_\_ (Highest amount of excess property in any one month of the overpayment period)

Medi-Cal usage for period: \$ \_\_\_\_\_ (Computed by DHCS)

Actual overpayment: \$ \_\_\_\_\_ (Lesser of Medi-Cal usage or excess property, computed by DHCS)

### Section V — County Worker Comments (This space can be used to specify the circumstances of ineligibility.) (If additional space is needed, attach a separate sheet of paper.)

### Section VI—County Worker Completing Form

Name (print)	County		
Signature	Date	EW number	Telephone number (     )

## GENERAL INSTRUCTIONS FOR COMPLETING FORM MC 224 B

If the potential overpayment for the entire period is less than \$100, do not complete this form. If a Medi-Cal Family Budget Unit (MFBU) has both a property-based overpayment and an income-based overpayment, use both the MC 224 B and the MC 224 A. Send the completed form with the completed MC 609, Medi-Cal Complaint Form, to the DHCS Investigations Office.

### Section I (Completed by the County for All Ineligibility)

<b>County ID</b>	Enter the MFBU/MBU case number.
<b>IEVS/Non-IEVS</b>	Check the IEVS box if potential overpayment is due to IEVS or the Non-IEVS box if due to other means.
<b>Case Status</b>	Active-effective date/closed effective date; indicate when the case was opened and/or closed.
<b>Recipients Included in the Potential Overpayment MFBU</b>	Enter name, date of birth, and Social Security number of each MFBU member in potential overpayment and the beginning and ending dates of their Medi-Cal eligibility.

### Section II (County Complete for all Potential Ineligibility)

Enter the month and year that the MFBU should have been ineligible (*check the box(es) which apply*).

- A. **Property was above the allowable property limit.** Applies if the recipient held property over the Medi-Cal property limit during the potential overpayment period.
- B. **Recipient should have been ineligible for nursing facility level of care from \_\_\_\_\_ through \_\_\_\_\_ due to a disqualifying transfer of property.** Applies only if the LTC recipient transfers or gives away property without adequate consideration during or after the 30-month “look-back” period and the transfer was considered to be a disqualifying transfer that resulted in a period of ineligibility, calculated on the MC 176 PI.
- C. **No eligibility existed due to:** Provide reason for total ineligibility.

### Section III (County Complete Only for Property Ineligibility)

<b>Month/Year</b>	Enter the consecutive month(s) and year(s) the recipient held the property.
<b>Property</b>	Columns can be used for any type of property, bank account, cash, etc. Provide account numbers when available. Use the lowest balance per month.
<b>Total Balance</b>	Enter the sum of the lowest value of all nonexempt property (across) for each month of the overpayment period.
<b>Medi-Cal Property Limit</b>	Enter the appropriate Medi-Cal property limit based on family size.
<b>Excess Property Amount</b>	Enter the amount of property held in excess of the Medi-Cal property limit.

### Section IV—Summary (County Worker/DHCS Investigator Complete Where Applicable)

<b>Potential Overpayment</b>	Enter the highest amount of excess property in any one month of a consecutive period of overpayment (after listing on a separate work sheet the lowest value of each item and computing the excess property in each month).
<b>Medi-Cal Usage for Period</b>	DHCS Investigations Office computes this amount.
<b>Actual Overpayment</b>	DHCS Investigations Office computes this amount which will be the <b>lesser</b> of the: <ul style="list-style-type: none"><li>a. Actual cost of services paid by DHCS during the potential overpayment period in which there was excess property throughout each month, <b>or</b></li><li>b. Highest amount of excess property in a single month during the potential overpayment period.</li></ul>

### Section V—County Worker Comments

This section can be used to clarify the entries of any other section (e.g., were some family members ineligible, while other family members had eligibility through Sneed, pregnancy, or a percent program or other means?).

### Section VI—County Worker Completing the Form

Print your name, county name, EW number, telephone number, and date. Sign the form.