

DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 94234-7320



MAY 28 1993

MEDI-CAL ELIGIBILITY MANUAL LETTER NO. 115

TO: All Holders of the Medi-Cal Eligibility Manual
 All County Welfare Directors
 All County Administrative Officers
 All County Medi-Cal Program Specialists/Liaisons

Enclosed are the procedures portion of the Medi-Cal Eligibility Manual. We are adding new Section 5J -- Specified Low-Income Medicare Beneficiary (SLMB) Program

Procedure Revision

1. Article 5J

Description

Specified Low-Income Medicare Beneficiary -- added to provide a detailed description of the procedures counties are to follow when processing SLMB cases.

Filing InstructionsRemove Pages

Article 5 Table of Contents
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Insert Pages

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5J-1 - 5J-3

Medicare Premium Payment Programs
 Eligibility Requirements Matrix
 Medi-Cal Buy-In Programs Chart

Specified Low-Income Medicare
 Beneficiary (SLMB) Forms

If you have any questions concerning these procedures, please contact Sylvia Finberg at (916) 657-0080.

Sincerely,

Original signed by

Frank S. Martucci, Chief

Enclosure

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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

5H - Continued Eligibility Program
(To be released)

5I - Qualified Disabled Working Individuals (QDWI) Program

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- B. Reference
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- D. Overview of Program
- E. Eligibility
- F. Dual Eligibility - QDWI/Medi-Cal Eligibles
- G. Card Issuance
- H. Ineligibility for Undocumented Aliens and Certain Amnesty Aliens
- I. Retroactive Medi-Cal Benefits
- J. Part A Enrollment and Benefits
- K. Initial QDWI Processing
- L. EMC2/TAO Screen
- M. QDWI Property Determination
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- O. Forms and Notices

5J - Specified Low-Income Medicare Beneficiary (SLMB) Program

- A. Background
- B. Scope Of Benefits
- C. Enrollment
- D. Eligibility
- E. Dual Eligibility

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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- C. Affected Groups
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- E. County Action
- F. Examples
- G. Minor Consent Services - Pregnancy-Related and Postpartum Services
- H. Questions and Answers

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

5J - SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

A. BACKGROUND

The SLMB Program requires states to phase in payment for Medicare Part B premiums for certain specified low-income Medicare beneficiaries beginning January 1, 1993. A SLMB must be entitled to Medicare Part A, have no more than twice Medi-Cal's property limit (\$4,000 for one or \$6,000 for two), have income at or below 110 percent of the federal poverty level (FPL) in 1993 and 1994, rising to 120 percent in 1995, and be a citizen or alien who would be eligible for full benefits if he/she were eligible for a regular Medi-Cal program. The SLMB Program does not pay the Medicare Part A premium or the Part B deductible or copayment.

B. SCOPE OF BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies.

C. ENROLLMENT

Enrollment may take place at any time. The beneficiary need not enroll during the initial Enrollment Period or the General Enrollment Period.

D. ELIGIBILITY

Eligibility for the Specified Low-Income Medicare Beneficiary Program shall begin the first month eligibility is approved.

E. DUAL ELIGIBILITY

Although Medi-Cal "buys-in" for medically needy-only (MNOs) beneficiaries because it is cost effective, the Medi-Cal program currently does not receive FFP for payment of Part B premiums for MNOs. Once the SLMB program is implemented, however, FFP will become available for MNOs who are also eligible for the SLMB program. Therefore, it is to the State's advantage to enroll these individuals with Part B benefits as SLMBs if eligible.

F. RETROACTIVE BENEFITS

Unlike QMBs, SLMBs may have up to three months of retroactive benefits immediately preceding the month of application but not before January 1, 1993.

G. MEDI-CAL CARDS

The SLMB Program will not have Medi-Cal cards issued as they will not receive any Medi-Cal services other than payment of the Part B Medicare premium.

H. AID CODE

Aid Code 8C - L The Department has established an alphanumeric aid code to identify the Specified

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

Low-Income Medicare Beneficiary (SLMB) Program.

Provides State paid Medicare Part B premiums for certain specified low-income Medicare beneficiaries as well as up to three months of retroactive benefits up to January 1, 1993. Q411

I. BUY-IN OF MEDICARE PART B

The beneficiary's Medicare Part B premium will be purchased under the State Buy-in process. Also, beneficiaries are to be placed on MEDS in the Special Program Segment under aid code "8C" when it is operational.

J. CHARTS

1. A matrix entitled, "Medicare Premium Payment Programs Eligibility Requirements Matrix" compares eligibility similarities among several Medicare premium payment programs. Items such as age, residency requirement and federal poverty level income are compared. It is found in the Procedures Section following page 5J-2.
2. See the "Medi-Cal Buy-In Programs Chart". It lists the scope of Medi-Cal benefits, Part A and/or Part B coverage and other useful information.

K. FORMS

The SLMB program forms are as follows:

- | | |
|------------------------------|--|
| 1. MC 176 QMB/SLMB-1 (Inst) | Income Eligibility Worksheet For All Applicants, Instructions |
| 2. MC 176 QMB/SLMB-1 | Income Eligibility Worksheet For All Applicants, Form |
| 3. MC 176 QMB/SLMB-2A (Inst) | Income Eligibility Worksheet (Couple or Applicant with an Ineligible Spouse, With Or Without Children) |
| 4. MC 176 QMB/SLMB-2A | Income Eligibility Worksheet (Couple Or Applicant With An Ineligible Spouse, With Or Without Children) |
| 5. MC 176 QMB/SLMB-2B (Inst) | Income Eligibility Worksheet For Child Applying With Ineligible Parent(s), Instructions |
| 6. MC 176 QMB/SLMB-2B | Income Eligibility Worksheet, Child Applying With Or Without Ineligible Parent(s) |
| 7. MC 176 P QMB/SLMB-A | QMB/SLMB Property Worksheet, Adult |
| 8. MC 176 P QMB/SLMB-C | QMB/SLMB Property Worksheet, Child |
| 9. MC 239 SLMB-1 | Medi-Cal Notice Of Action, Approval For Benefits As A SLMB |

MC 239 SLMB-1 (Inst)

Medi-Cal Notice Of Action, Approval For Benefits As A

REQUIREMENT 3

A *SLMB* who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4000. A *SLMB* who is married and living with his/her spouse must have countable property which is equal to or less than \$6000.

The following gives examples of countable property. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a *SLMB*, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the *SLMB* property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- 1. Checking accounts \$ _____
- 2. Savings accounts \$ _____
- 3. Certificates of Deposit \$ _____
- 4. Stocks \$ _____
- 5. Bonds \$ _____
- 6. A second car (value minus amount owed) \$ _____
- 7. A second home (value minus amount owed) \$ _____
- 8. The cash surrender value of life insurance policies if the face value of all policies combined exceeds \$1500. (Do not include "term" insurance policies) \$ _____
- 9. Total - Add lines 1 - 8 \$

This amount cannot exceed \$4000 for a single person or \$6000 for a couple.

REQUIREMENT 4

A *SLMB* must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

Additional Information

For more information on the requirements for *SLMB*, call the number of your local department of social services.

I. Fill in the MONTHLY amounts for the person who wants to be SLMI:

- 1. Social Security check \$
- 2. VA benefits \$
- 3. Interest from bank accounts or certificates of deposits \$
- 4. Retirement Income \$
- 5. Any other Income \$
- 6. Total - Add lines 1 through 5. \$

II. If you are married and living with your spouse, complete the following MONTHLY amounts for your spouse even if this spouse also wants to be a SLMB.

- 7. Social Security check \$
- 8. VA benefits \$
- 9. Interest from bank accounts or certificates of deposit \$
- 10. Any other Income \$
- 11. Retirement Income \$
- 12. Total - Add lines 7 through 11. \$

III. Fill in the MONTHLY amounts for the person in I. and if married, the spouse in II.

- 13. Gross earnings for the person who wants to be SLMB \$
- 14. Gross earnings for the Spouse \$
- 15. Total - Add lines 13 and 14 \$
- 16. Subtract \$65 -\$65
- 17. Remainder \$
- 18. Divide by 2 \$
- 19. Total - Add lines 6, 12, and 18 \$

If you are not married, this amount cannot exceed \$645*. If you are married and living with your spouse, this amount cannot exceed \$688* however, if the spouse has low income this total may be higher. If you received a Title II Social Security cost of living adjustment, this amount will not be counted until April.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLME) PROGRAM INFORMATION NOTICE

This notice is to help you decide whether to apply for the Specified Low-income Medicare Beneficiary Program. People eligible for this program will have their Medicare expenses for Part B premiums paid by the Medi-Cal program. You may apply for the *SLMB* program at your local county department of social services.

There are four requirements which you must meet if you want to be a Specified Low-income Medicare beneficiary (*SLMB*).

HERE ARE THE FOUR REQUIREMENTS:

1. A *SLMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *SLMB* must have income which is equal to or less than \$645* if he/she is a single person or \$863* if he/she is married and living with a spouse.
3. A *SLMB* must have property which is equal to or less than \$4000 if he/she is single or equal to or less than \$6000 if he/she is married and living with a spouse.
4. A *SLMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *SLMB* requirements.

REQUIREMENT 1 A *SLMB* must be eligible for Medicare Part A.

- I already have Part A Medicare Hospital Insurance.
- I do not have Part A Hospital Insurance.
- I have already applied for Part B.
- I already have Medicare Part B.

REQUIREMENT 2 A *SLMB* who is not married or not living with a spouse must have countable income which is equal to or less than \$645*. A *SLMB* living with a spouse must have countable income which is equal to or less than \$863*. These amounts are expected to increase sometime in April.*

The following are examples of some types of income that count towards the *SLMB* income limit. When a person applies to be a *SLMB* at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

MEDI-CAL

(Sello del Condado)

NOTIFICACION DE ACCION

Negación o Descontinuación de Beneficios
como Beneficiario Especificado de
Medicare de Bajos Ingresos

No. de Caso: _____
Distrito: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL ESTO NO AFECTA ESTOS BENEFICIOS.

Hemos revisado su solicitud para ver si usted reúne los requisitos para un programa nuevo que se llama Beneficiario Especificado de Medicare de Bajos Ingresos (SLMB).

Hemos establecido que:

- Usted no reúne los requisitos para el programa SLMB.
- Su elegibilidad para el programa SLMB termina el ____ / ____ / ____.

La razón es la siguiente:

- Sus ^{Ingresos/bienes} _____ exceden el límite. Si usted tiene la Parte A de Medicare y si el valor de sus ^{Ingresos/bienes} _____ disminuyen, usted puede volver a presentar una solicitud. El límite es de \$ _____. Es posible que el límite de ingreso aumente en los próximos años.
- La Administración del Seguro Social (SSA) informa que usted no reúne los requisitos para la Parte B de Medicare. Para más información comuníquese con su oficina local de la SSA.
- Otras razones _____
- Usted no reúne los requisitos para recibir beneficios normales del programa de Medi-Cal porque: _____
- Si también solicitó beneficios normales de Medi-Cal, recibirá una notificación por separado con relación a este programa.

Los ordenamientos que requieren esta acción son las secciones _____ del Título 22 del Código de Ordenamientos de California.

(Trabajador(a) de elegibilidad)

(Teléfono)

(Fecha)

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado.

El lado derecho de esta página le indica como hacerlo.

- Usted tiene solamente 90 días para solicitar una audiencia.
- Los 90 días comenzaron un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su periodo de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros.

Asistencia monetaria Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito: 1-800-952-5253
Si es sordo y usa TDD: 1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública.

Otra Información

Mantenimiento de hijos: La oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades de mantenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Mediante la audiencia, el solicitante de esta página oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página y enviarla a:

También puede llamar al 1-800-952-5253.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción ejercitada por el Departamento de Bienestar del Condado de _____ acerca de mí:

- Asistencia monetaria Estampillas para Comida
 Medi-Cal
 Otro (anote) _____

La razón es la siguiente: _____

La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi Firma: _____

(County Stamp)

**MEDI-CAL
NOTICE OF ACTION**

Denial or Discontinuance of Benefits as a
Specified Low-Income Medicare Beneficiary

Case No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THESE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Specified Low-Income Medicare Beneficiary (SLMB) program.

We determined that:

- You are not eligible for the SLMB program.
- Your eligibility for the SLMB program ends ____/____/____.

Here is why:

- Your _____ is above the limit. If you have Part A Medicare and should your _____ decrease, you may reapply. The limit is \$ _____. The income limit may rise in future years.
income/property income/property
- The Social Security Administration states you are not eligible for Medicare Part B. Contact your local SSA office for more information.
- Other reasons _____
- You are not eligible for the regular Medi-Cal program because: _____
- If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____

(Eligibility Worker)

(Phone)

(Dated)

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W & I Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal

Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me
(name and address, if known):

I need an interpreter at no cost
to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION DE MEDI-CAL

(Sello del Condado)

Aprobación para Beneficios como
Beneficiario Especificado de
Medicare de Bajos Ingresos

No. del Estado: _____

Distrito: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Hemos revisado su solicitud para determinar si usted reúne los requisitos para un programa nuevo que se llama Beneficiario Especificado de Medicare de Bajos Ingresos (SLMB).

Hemos determinado que:

- A partir del ____/____/____ usted reúne los requisitos para que el programa de Medi-Cal pague las primas de la Parte B de Medicare. Si usted actualmente está pagando las primas de Medicare, por favor tenga en cuenta que podrán transcurrir de 3 a 4 meses de la fecha en que se determina que usted reúne los requisitos como un SLMB para que la Administración del Seguro Social (SSA) ya no le descuente el costo de estas primas de su cheque del Seguro Social. Posiblemente reciba un reembolso si existe un saldo a su favor en los registros de la SSA.
- Si usted solicitó beneficios normales de Medi-Cal, recibirá notificación por separado.

Los ordenamientos que requieren esta acción, son las secciones _____, del Título 22 del Código de Ordenamientos de California.

(Trabajador(a) de Elegibilidad)

(Teléfono)

(Fecha)

**MEDI-CAL
NOTICE OF ACTION**
Approval For Benefits as a
Specified Low-Income Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Specified Low-Income Medicare Beneficiary (SLMB) program.

We determined that:

Beginning ____/____/____, you are eligible for the Medi-Cal program to pay your Medicare Part B premiums. If you are currently paying Medicare premiums, please allow 3-4 months from the time you are eligible as a SLMB for the Social Security Administration (SSA) to stop deducting these premiums from your Social Security check. You may receive a refund from the SSA based on its records.

If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____.

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QUALIFIED MEDICARE BENEFICIARY(QMB)/
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)
PROPERTY WORKSHEET
CHILD

NAME CASE NUMBER MONTH

STEP I - REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
B. Does family qualify under the regular Medi-Cal property rules and property limits?
Yes, stop here.
No, proceed to Step II.

STEP II - QMB/SLMB METHODOLOGY

A. Parental allocation (Includes stepparent)

- Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.
1. Parent(s) net nonexempt property \$
2. Property limit for one person (if 2 parents, enter property limit for two persons). \$
3. Subtract line A2 from line A1 (enter 0 if negative). Total Allocation \$
4. Divide line A3 by the # of QMB/SLMB children in the home. QMB/SLMB Child's Share \$

B. QMB/SLMB child's and parent(s)'s resources

- 1. Child's own net nonexempt property (as determined under Article 9). \$
2. Enter child's share of property from parent(s) (line A4) \$
3. Add line B1 and B2. \$
4. Twice the property limit for one person. \$
5. Is line B3 less than or equal to line B4?
Yes, QMB/SLMB property requirement met.
No, ineligible due to excess property. If more than one QMB/SLMB child in the home, proceed to Section C.

C. Child in Section B is ineligible and more than one QMB/SLMB child in the home

- A. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the QMB/SLMB child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.
B. Take the amount of property deemed from the parent(s) (Line A3) and re-divide it among the remaining number of QMB/SLMB children in the home (Line A4).
C. Repeat Section B for each of the remaining QMB/SLMB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (Line B3) is within the allowable QMB/SLMB property limit (Line B4).

Eligibility Worker Signature

Worker Number

QUALIFIED MEDICARE BENEFICIARY(QMB)/
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)
PROPERTY WORKSHEET
ADULT
(18 YEARS OF AGE AND OLDER OR MARRIED)

NAME _____ CASE NUMBER _____ MONTH _____

STEP I - REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does family qualify under the regular Medi-Cal property rules and property limits?
 - Yes, stop here. QMB/SLMB property requirement met.
 - No, proceed to step II.

STEP II - QMB/SLMB METHODOLOGY

- A. Only consider the net nonexempt property of the QMB/SLMB applicant (and spouse); do not consider the property of any other family members in the home.
- B. Net nonexempt property of QMB/SLMB applicant (and spouse). \$ _____
- C. Property limit for one person (or two persons if there is a spouse). \$ _____
- D. Twice the property limit shown on line IIC. \$ _____
- E. Is line IB less than or equal to line IID?
 - Yes, QMB/SLMB property requirement met.
 - No, ineligible due to excess property.

Eligibility Worker Signature

Worker Number

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Vertical text on the left side, possibly a page number or header.

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORKSHEET CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S) (DO NOT INCLUDE QMB/SLMB PARENT(S), PA OR OTHER PA)

House Name _____					County District _____	County Use _____	
<input type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in Income <input type="checkbox"/> Change in Circumstances					Effective Eligibility Date for this Budget MO. _____ Yr. _____		
State Number			Name — First, Middle, Last	Birthdate Mo. Day Yr.	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Coverage
Co.	Ad.	7 Digit Serial No.					
						(1) _____ (2) _____	
						(1) _____ (2) _____	
						(1) _____ (2) _____	
						(1) _____ (2) _____	
						(1) _____ (2) _____	
						(1) _____ (2) _____	
						(1) _____ (2) _____	
						(1) _____ (2) _____	
						(1) _____ (2) _____	

I. INELIGIBLE PARENT(S) INCOME OF POTENTIAL QMB/SLMB CHILD APPLYING AS AGED, BLIND, OR DISABLED.

A. NONEXEMPT UNEARNED INCOME

Ineligible Parent(s)	
1. RSDI	
Net Income from property	
3. Other—itemize	
4	
5. Total (add 1 thru 4)	\$ _____
6. Allocation to child(ren) (Col. II. 5)	-
7. Remaining income (line 5 minus line 6)	\$ _____
8. Any income deduction	-\$20
9. Subtract parent deduction (2 times the parent deduction amount if there is earned income)	-
10. Countable allocation (7 minus 8 & 9)	\$ _____

II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE PARENT(S). DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB CHILD(REN), PA OR OTHER PA.

	Child #1	Child #2	Child #3	Child #4
1. Name				
2. Standard QMB/SLMB Allocation				
3. Ineligible minor child(ren) income				
4. Remaining allocation (2 minus 3)	a.	b.	c.	d.
5. Total allocation (add 4a., b., c. & d.)				

(Enter the amount from line 5 on line 6, I.)

III. QMB/SLMB CHILD COMPUTATION

1. Allocation from parent(s) (line 18 B, I, rounded)	\$ _____
2. Add QMB/SLMB child's own RSDI income	+\$ _____
3. Add other Unearned Income	+\$ _____
4. Total Unearned Income (add 1 thru 3)	-\$ _____
5. Subtract any income deduction	-\$20
6. Remainder (4 minus 5)	-\$ _____
7. Child(ren) Countable Earned Income	-\$ _____
8. Subtract I.R.W.E.	+
9. Subtract \$65 Earned Income deduction plus \$ _____ of unused \$20	-
10. Remainder (subtract lines 8 and 9 from line 7)	\$ _____
11. Countable Earned Income (divide 10 by 2)	-\$ _____
12. Net Nonexempt Income (add 6 and 11)	\$ _____

B. NONEXEMPT EARNED INCOME

11. Gross Earned Income	
12. Unused portion of allocation to the children	-
13. \$65 Earned Income ded. plus \$ _____ of unused \$20	-
14. Remainder	\$ _____
15. Unused portion of parent deduction	-
16. Remainder	\$ _____
17. Countable Earned Income (divide 16 by 2)	\$ _____
18. Total Countable Income (add 10 & 17)	\$ _____

_____ (This is the income remaining, either earned or unearned, to be set toward _____)

13. Current QMB/SLMB Poverty Level for one _____
(with the 12. as a variable for a child applying for QMB)

* Individual parent deduction amount if any one parent lives with QMB/SLMB child applicant, couple parent deduction amount if both parents live with the child.

Eligible Worker Signature _____	Worker Number _____	Computation Date _____	County Use _____
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11. Enter the gross earned income.
12. Enter the amount of any allocation for ineligible minor child(ren) that is not offset by countable income (I.A.6.). NOTE: If there is no income remaining, either unearned or earned, do not allocate to ineligible child(ren). Enter zero on line 1. of Section III. If there is income proceed with number 13.
13. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
14. Subtract numbers 12. and 13. from number 11. to obtain the remaining earned income of the ineligible parent(s).
15. Enter any unused portion of the parent(s) deduction. Use two times the parent deduction for an individual, if one ineligible parent lives with the potential QMB/SLMB child or use two times the parent deduction for a couple, if both ineligible parents live with the potential QMB/SLMB child.
16. Subtract line 15. from line 14. to obtain the remaining earned income of the ineligible parent(s).
17. Divide line 16. by two. This figure equals the countable earned income.
18. Total lines 10 and 17 and enter this figure on line 1 of Section III. This is the total countable income of the ineligible parent(s) of the potential QMB/SLMB applicant.

Section II : Allocation to Minor Child(ren) from the Ineligible Parent(s).

1. Enter the name(s) of the ineligible child(ren). Do not include a QMB/SLMB child, PA or other PA.
2. Enter the standard QMB/SLMB allocation for each child. If no child(ren), enter zero on line 5 of this Section.
3. Enter any income for each minor child(ren), excluding up to \$400 per month and up to \$1,620 per year if student income.
4. Subtract line 3 from line 2.
5. Total all columns in line 4 and enter the remaining allocation. This figure is also to be entered on line 6.A.I.

Section III : - QMB/SLMB Child Computation

1. Enter the parent(s) total countable income from line 18.B.I.
2. Enter the potential QMB/SLMB child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB child may have.
4. Total lines 1 through 3.
5. No entry. This shows the \$20 any income deduction.
6. Subtract line 5 from line 4. This is the total remaining countable unearned income.
7. Enter the potential QMB/SLMB child's countable earned income or amount from line 4, VI. B. of the MC 176W.
8. Deduct any impairment related work expenses the potential QMB/SLMB child may have.
9. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
10. Subtract lines 8 and 9 from line 7 to obtain the remaining earned income of the potential QMB/SLMB child(ren).
11. Divide the amount in line 10 by 2 to obtain the total countable earned income of the potential QMB/SLMB child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB/SLMB child(ren).
13. Enter the current QMB/SLMB Poverty Level for one. If line 12. is less than line 13., the child is eligible for QMB/SLMB.

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the Eligibility Worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional to be used in accordance with county policy.

**INSTRUCTIONS
 QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED
 LOW-INCOME MEDICARE BENEFICIARY (SLMB)
 INCOME ELIGIBILITY WORKSHEET FOR CHILD APPLYING
 WITH INELIGIBLE PARENT(S)
 FORM MC 176 QMB/SLMB 2B**

Form MC 176 QMB2B, Income Eligibility Worksheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain QMB/SLMB income criteria which is less restrictive than Medi-Cal methodology) for allocating income from an ineligible parent(s) for a child who is applying under the QMB/SLMB program. This form is used if the child does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

NOTE: The MC 176 QMB/SLMB1 should be completed prior to completion of the MC 176 QMB /SLMB2B to determine if the child is found to be eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1. **Enter:** Case Name.
2. **County District.** If the county has districts, identify the district.
3. **County Use.** Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. **Effective Eligibility Date for This Budget.** Enter the month in which eligibility will begin with this budget computation.
6. **State Number.** For a QMB/SLMB child who is applying as ABD medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

- ExcludedFor children with income or property of their own who are excluded from the MFBU.
- I.E. (or countyFor members of the family unit who are not designated I.E. applying for QMB/SLMB benefits.
aid code)
- S/PFor family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.
- Pickle EligibleFor Aged, Blind, And Disabled (ABD) family members who Member were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the Lynch v. Rank decision.
- ABD/LTCFor an ABD person or the spouse of an ABD person who is or in LTC or board and care who will be in a separate MFBU
ABD B&C from his/her spouse and/or child(ren) listed on the MC 176M.

For a child born to a parent who is not a parent, enter the name of the child as it appears on the California Administrative Code (CALM, Title 22, Section 50071), and any ABD person or spouse of an ABD person who is in a separate MFBU board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn".

- 3 Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male and "F" for female for each person listed.
- 9 Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible for QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
- 10 Other Coverage Code: Determine the other coverage code in accordance with Section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I - Parent(s) Income of Potential QMB Child Applying as Aged, Blind, or Disabled (ABD).

In this section enter all the nonexempt unearned and earned income of the ineligible parent(s) of the child who is applying as an ABD MN under the QMB/SLMB program. NOTE: "Ineligible parent(s)" refers to the parent(s) of the child who is applying under the QMB/SLMB program. Do not include a parent(s) who is eligible as a QMB/SLMB PA or other PA. Only include the income of an ineligible parent(s).

NOTE: The ownership of the income determination required by Section 50512 should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.A of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<u>Gibbins v. Bank</u>

1. Enter Social Security income.
2. Net income received from property.
- 3-4. Enter the amount of all other unearned income. If applicable, include stepparent's income deemed available from MC 176W, Part V.B.
5. Total the amounts in Section I, Part A, lines 1 through 4. This is the total unearned income of the ineligible parent(s) of the potential QMB/SLMB child.
6. Enter the total amount allocated to a minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5, onto line 6.
7. Subtract line 6. from line 5., or enter the amount from MC 176W, Part VI.A. This is the remaining nonexempt unearned income of the ineligible parent(s).
8. No entry. This shows the \$20 any income deduction.
9. Enter the parent(s) deduction. Use the parent deduction of a QMB/SLMB child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB child(ren) for a couple, if both ineligible parents live with the potential QMB/SLMB child.
10. Subtract lines 8. and 9. from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI B of the MC 176W instead of line 11:

Parent Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<u>Gibbins v. Bank</u>

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORKSHEET COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)

Case Name				County District	County Use
<input type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in Income <input type="checkbox"/> Change in Circumstances				Effective Eligibility Date for this Budget MO. Yr.	
State Number		Name — First, Middle, Last		Birthdate	Sex
Do	Aid	7 Digit Senat No	Pers/ MFBUI No	Mo. Day Yr.	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.
					Other Covera
					(1) (2)
					(1) (2)
					(1) (2)
					(1) (2)
					(1) (2)
					(1) (2)
					(1) (2)

I. INCOME OF POTENTIAL QMB/SLMB INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED & INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN).	II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB CHILD(REN), PA OR OTHER PA.
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A. NONEXEMPT UNEARNED INCOME		Child #1	Child #2	Child #3	Child #4
	a. OMB/SLMB Applicant	b. Eligible or Ineligible Spouse	1. Name		
1. RSDI			2. Standard OMB/SLMB Allocation		
2. Net Income from property			3. Ineligible minor child(ren) Income (gross)		
3. Other—itemize			4. Remaining Allocation (2 minus 3)		
4.			a.	b.	c. d.
5. Total (add 1 thru 4)	a.	b.	5. Total Allocation (add 4a., b., c., d.) \$		
6. Allocation to ineligible child(ren) (Col. II, 5)			Enter the amount on line 5, Sec. II on line 6b., Sec. I, A, only if the remaining income of the ineligible spouse exceeds the standard OMB/SLMB allocation amount. Use section III. to make this determination.		
7. Remainder (line 5b. minus 6b.)		b.			

B. NONEXEMPT EARNED INCOME		III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY.)			
8. Combine Unearned Income (add 5a and 7b)	\$	1. Total Unearned Income (gross) (line 5b., Sec. I.)			
9. Any income deduction	-\$20	2. Total Earned Income (gross) (line 11, b., B Sec. I.)			
10. Countable Unearned Income (8 minus 9)	\$	3. Total (Add 1 and 2) \$			
11. Gross Earned Income	a.	4. Allocation to Children (line 5, Sec. II.) \$			
12. Unused portion of allocation to ineligible children		5. Remainder (subtract 4 from 3) \$			
13. Remainder (11b minus 12b)		(If line 5. is less than the current Standard OMB/SLMB Allocation amount, this income is exempt, do not complete Section I. b.)			

C. EARNED INCOME		IV. OMB/SLMB ELIGIBILITY DETERMINATION	
14. Combined Earned Income (11a. plus 13b.)	\$	1. Total Countable Income (line 20, B, I, rounded) \$	
15. Deduct IRWE of Potential OMB/SLMB Applicant(s) Only		2. Current Poverty Level for _____ \$	
16. Remainder (subtract 15 from 14)	\$	(If line 1 is less than line 2, Individual or Couple OMB/SLMB eligible)	
17. \$65 Earned Income ded. plus \$ _____		NOTE: IF THE INCOME OF THE SPOUSE IS USED, USE THE CURRENT POVERTY LEVEL FOR TWO. IF ONLY THE INCOME OF THE APPLICANT IS USED, USE THE CURRENT POVERTY LEVEL FOR ONE.	
18. Remainder (17 minus 16)	\$		
19. Countable Earned Income			
add 10 plus 19)	\$		
enter this amount on line 1, IV)			

Eligibility Worker Signature	Worker Number	Computation Date	County Use
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12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (I.A.6.b.). If line I.A.7.b. is equal to or less than I.A.6.b., enter zero in line I.B.12.b.
13. Subtract line 12.b. from 11.b. and enter the total on line 13.b. NOTE: If line 7.b. is less than the QMB/SLMB standard, (see the poverty level chart), do not count the ineligible spouse's income and use the poverty level for one. If line 7.b. exceeds the QMB/SLMB standard, combine the ineligible spouse's income with the applicant's income and use the poverty level for two.
14. Add lines 11 a. and 13.b. This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.
15. Deduct any impairment related work expenses the potential QMB/SLMB applicant(s) may have.
16. Subtract line 15. from line 14. and enter this amount on line 16.
17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
18. Subtract line 17. from line 16. and enter the difference. If line 18. is less than line 16., enter zero.
19. Divide line 18 by two. This figure equals the countable earned income.
20. Add lines 10 and 19. This is the total countable income of the ABD applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on line 20. and on line 1. of Section IV.

Section II - : Allocation to Minor Child(ren) from the Ineligible Spouse (Do not allocate from a QMB/SLMB applicant(s). Do not include a QMB/SLMB child(ren), PA or other PA).

1. Enter: Name(s) of ineligible child(ren). Do not include QMB/SLMB child(ren), PA or other PA.
2. Standard QMB/SLMB allocation: Enter current year's allocation amount for each child (see QMB/SLMB poverty level chart). If no child(ren), enter zero on line 5. and on line 6.b.A.I.).
3. Income for the ineligible minor child(ren): Enter the income amount for each child, excluding up to \$400 per month or \$1620 per year if student income.
4. Subtract line 3. from line 2. and enter on line 4.
5. Total all columns on line 4. and enter the remaining allocation. (This figure is to be entered on line 6.b.A.I.).

Section III - : Ineligible Spouse Income Exemption Determination

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from line 5.b.I.
2. Gross Earned Income: Enter the gross earned income of the spouse from line 11.b.B.I.
3. Total columns 1. and 2. for combined unearned income of spouse.
4. Allocation to minor child(ren): Enter the figure from line 5.II.
5. Remainder: Subtract line 4. from line 3. If line 5.III. is less than the current standard QMB/SLMB allocation amount, this income is exempt. Do not complete Section I.b.

Section IV - : QMB/SLMB Eligibility Determination

1. Total Countable Income: This is the total countable income entered on line 20.B.I. This figure was obtained by adding lines 10.A.I. and 19.B.I.
2. Enter the appropriate current poverty level for either: a) one, if the income of the ineligible spouse is not combined with the applicant's income; or b) two, if the ineligible spouse's income is combined with the applicant's income. If line 1. IV is less than line 2. IV, the individual or couple is eligible under the QMB/SLMB program.

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the Eligibility Worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional - - to be used in accordance with county policy.

INSTRUCTIONS
QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED
LOW-INCOME MEDICARE BENEFICIARY(SLMB) INCOME ELIGIBILITY WORKSHEET
(COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE,
WITH OR WITHOUT A CHILD(REN))
FORM MC176 QMB/SLMB2A

Form MC176 QMB/SLMB2A, Income Eligibility Worksheet, is used to compute the income (using current Medi-Cal Income methodology and incorporating certain criteria which is less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

NOTE: The MC176 QMB/SLMB1 should be completed prior to completion of the MC176 QMB/SLMB2A to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1. Enter: Case Name.
2. County District. If the county has districts, identify the district.
3. County Use. Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective Eligibility Date For This Budget. Enter the month in which eligibility will begin with this budget computation.
6. State Number. For family members who are applying as an ABD medically needy (MN) QMB/SLMB application, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

DO NOT INCLUDE RECIPIENTS OF PA IN MFBU.

- | | | |
|---|-------|--|
| Four Month or Nine Month continuing | | Family members eligible for Four Month or Nine Month Continuing Eligibility are considered as ineligible members of the MFBU. |
| Excluded | | For children with income or property of their own who are excluded from the MFBU. |
| I.E. (or county designated I.E. aid code) | | For members of the family unit who are not applying for QMB/SLMB benefits. |
| S/P | | For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU. |
| Pickle Eligible Member | | For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the <u>Lynch v. Bank</u> decision. |
| or
ABD/B&C | | is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M. |

- 7 Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn".
- 8 Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male and "F" for female for each person listed.
- 9 Social Security Number: Enter the Social Security Number for each person applying as a QMB/SLMB. If a person does not have a Social Security Number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
- 10 Other Coverage Code: Determine the other coverage code in accordance with section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I -- Income of Potential QMB/SLMB Composition

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB applicant(s); and ineligible spouse, if one, who is applying as ABD in Section I (a) and (b), providing the spouse or parent is a member of the MFBU (either an-eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512 should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A- Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.A of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<u>Gibbins v. Rank</u>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipients's available income; stepparent's income deemed available from MC 176W, Part II and Part V B.; and income allocated from a Pickle eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1.a through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1.b. through 4.b. This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5. onto line 6.b. NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6.b. from line 5.b. and enter this amount on line 7.b.
8. This is the combined unearned income of the ABD member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member).
9. No entry. This shows the \$20 any income deduction.
10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 17.

B. Nonexempt Earned Income

11. Enter the gross earned income.

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS: INDIVIDUAL(S); COUPLE(S); AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)

Case Name	County District	County Use
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<input type="checkbox"/> New Application	<input type="checkbox"/> Redetermination	<input type="checkbox"/> Change	<input type="checkbox"/> Correction	Effective Eligibility Date for this Budget MO. Yr.
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State Number					Name — First, Middle, Last	Birthdate Mo. Day Yr.	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	OT Cover
Co.	Ald	7 Digit Serial No.	MFBU	Pers. No.					
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	

I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA) A. NONEXEMPT UNEARNED INCOME <table border="1" style="width:100%"> <tr> <td style="width:50%"> <table border="1" style="width:100%"> <tr> <th></th> <th>a. QMB/SLMB Applicant</th> <th>b. QMB/SLMB Spouse (or) Parent/Ineligible Spouse or Parent(s)</th> </tr> <tr> <td>1. RSDI</td> <td></td> <td></td> </tr> <tr> <td>2. Net income from property</td> <td></td> <td></td> </tr> <tr> <td>3. Other—itemize</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5. Total (add 1 thru 4)</td> <td>a.</td> <td>b.</td> </tr> <tr> <td>6. Combined Uneamed Income (add 5a and 5b)</td> <td></td> <td></td> </tr> <tr> <td>7. Any income deduction</td> <td></td> <td>—\$20</td> </tr> <tr> <td>8. Countable Uneamed Income (6 minus 7)</td> <td></td> <td>\$</td> </tr> </table> </td> <td style="width:50%"> <table border="1" style="width:100%"> <tr> <td>1. RSDI</td> <td></td> </tr> <tr> <td>2. Net income from property</td> <td></td> </tr> <tr> <td>3. Other—itemize</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5. Total Uneamed Income (add 1 thru 4)</td> <td>\$</td> </tr> </table> </td> </tr> </table>	<table border="1" style="width:100%"> <tr> <th></th> <th>a. QMB/SLMB Applicant</th> <th>b. QMB/SLMB Spouse (or) Parent/Ineligible Spouse or Parent(s)</th> </tr> <tr> <td>1. RSDI</td> <td></td> <td></td> </tr> <tr> <td>2. Net income from property</td> <td></td> <td></td> </tr> <tr> <td>3. Other—itemize</td> <td></td> <td></td> </tr> <tr> <td>4.</td> <td></td> <td></td> </tr> <tr> <td>5. Total (add 1 thru 4)</td> <td>a.</td> <td>b.</td> </tr> <tr> <td>6. Combined Uneamed Income (add 5a and 5b)</td> <td></td> <td></td> </tr> <tr> <td>7. Any income deduction</td> <td></td> <td>—\$20</td> </tr> <tr> <td>8. Countable Uneamed Income (6 minus 7)</td> <td></td> <td>\$</td> </tr> </table>		a. QMB/SLMB Applicant	b. QMB/SLMB Spouse (or) Parent/Ineligible Spouse or Parent(s)	1. RSDI			2. Net income from property			3. Other—itemize			4.			5. Total (add 1 thru 4)	a.	b.	6. Combined Uneamed Income (add 5a and 5b)			7. Any income deduction		—\$20	8. Countable Uneamed Income (6 minus 7)		\$	<table border="1" style="width:100%"> <tr> <td>1. RSDI</td> <td></td> </tr> <tr> <td>2. Net income from property</td> <td></td> </tr> <tr> <td>3. Other—itemize</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5. Total Uneamed Income (add 1 thru 4)</td> <td>\$</td> </tr> </table>	1. RSDI		2. Net income from property		3. Other—itemize		4.		5. Total Uneamed Income (add 1 thru 4)	\$	II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA) A. NONEXEMPT UNEARNED INCOME <table border="1" style="width:100%"> <tr> <td>1. RSDI</td> <td></td> </tr> <tr> <td>2. Net income from property</td> <td></td> </tr> <tr> <td>3. Other—itemize</td> <td></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5. Total Uneamed Income (add 1 thru 4)</td> <td>\$</td> </tr> </table>	1. RSDI		2. Net income from property		3. Other—itemize		4.		5. Total Uneamed Income (add 1 thru 4)	\$	III. QMB/SLMB ELIGIBILITY COMPUTATION <table border="1" style="width:100%"> <tr> <td>1. Countable income from I. 16.</td> <td></td> </tr> <tr> <td>2. Countable income from II. 9.</td> <td></td> </tr> <tr> <td>3. Combined Countable Income (add 1 and 2, rounded)</td> <td>\$</td> </tr> <tr> <td>4. Total current QMB/SLMB Poverty Level for appropriate MFBU of _____</td> <td>\$</td> </tr> <tr> <td colspan="2">(If line 3 is less than line 4, QMB/SLMB eligible. If it exceeds line 4, complete the MC QMB/SLMB 2A or</td> </tr> </table>	1. Countable income from I. 16.		2. Countable income from II. 9.		3. Combined Countable Income (add 1 and 2, rounded)	\$	4. Total current QMB/SLMB Poverty Level for appropriate MFBU of _____	\$	(If line 3 is less than line 4, QMB/SLMB eligible. If it exceeds line 4, complete the MC QMB/SLMB 2A or	
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<p>NOTE: If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.</p> <table border="1" style="width:100%"> <tr> <td>Total income for educational purpose</td> <td>_____</td> </tr> <tr> <td>Less total educational expenses</td> <td>_____</td> </tr> <tr> <td>Net countable income</td> <td>_____</td> </tr> </table>			Total income for educational purpose	_____	Less total educational expenses	_____	Net countable income	_____																																																					
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IV. EXEMPT INCOME

Note: Do not allow a deduction for health insurance.

Eligibility Worker Signature	Worker Number	Computation Date	County Use
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9. Enter: Gross earned income.
10. Add the amounts in lines 9.a. and 9.b. or enter the amount from line 4 of the MC 176W, Part VI.B. This is the combined earned income of the QMB/SLMB applicant(s), QMB/SLMB spouse or parent(s) of the MFBU.
11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB applicant(s).
12. Subtract number 11 (IRWE expenses) from number 10.
13. Enter the \$65 or the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction here.
14. Subtract line 13. from line 12. If line 14. is less than line 10, enter zero.
15. Divide line 14. by two. This figure equals the countable earned income.
16. Total lines 8.A. and 15.B. to obtain the total unearned and earned income. Enter this amount in Section III., line 1.

Section II -- Income of MFBU Member (Both Eligible and Ineligible Members) Not Listed in Column I

NOTE: The ownership of income determination required by CCR, Section 50512 should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

1. Enter: Social Security income.
2. Net income received form property.
- 3-4. All other unearned income. Include SSI/SSP/IHSS recipient's available income, stepparent's income deemed available from MC 176W, Part II and Part V.B, and income allocated from a Pickle eligible spouse or parent.
5. Total lines 1 through 4.

B. Nonexempt Earned Income

6. Enter the amount from the MC 176W, Part IV, line 11.

C. Total Countable Income

7. Add lines 5.A and 6.B.
8. Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.
9. Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

Section III -- QMB/SLMB Eligibility Computation

1. Enter: Total countable income from Section I, line 16.
2. Enter: Total countable income from Section II, line 9.
3. Add lines 1, and 2, (rounded). This is the combined countable income of the MFBU.
4. Enter the current QMB/SLMB poverty level for the appropriate MFBU. If line 3. is equal to or less than line 4., QMB/SLMB eligible. If line 3. exceeds line 4., complete the MC 176 QMB/SLMB2A, for an individual or couple (who have minor children in the home); applicant with an ineligible spouse, (with or without a child(ren)); or MC 176 QMB/SLMB2B, if a child(ren) is applying who does or does not have a parent(s).

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the Eligibility Worker has a county number, enter here.

Date of Computation

The eligibility worker completes this box with the date the form was completed.

County Use

Optional -- To be used in accordance with county policy.

INSTRUCTIONS
QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED
LOW-INCOME MEDICARE BENEFICIARY (SLMB)
INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS:
INDIVIDUAL(S); COUPLE(S); AND CHILDREN
(LTC INDIVIDUAL IN OWN MFBU)
FORM MC176 QMB/SLMB 1

Form MC 176 QMB/SLMB1, Income Eligibility Worksheet, is used to compute the income for all individuals who are applying under the QMB/SLMB program. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

Instructions for Completion

Identification Section

1. Enter: Case Name.
2. County District. If the county has district, identify the district.
3. County Use. Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective Eligibility Date for This Budget. Enter the month in which eligibility will begin with this budget computation.
6. State Number. For family members who are applying as an ABD medically needy (MN) QMB/SLMB applicant, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven digit number, MFBU number, and the persons number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

DO NOT INCLUDE RECIPIENTS OF PA IN MFBU.

Four Month or Nine Month Continuing: Family members eligible for Four Month or Nine Month Continuing Eligibility are considered as ineligible members of the MFBU.

Excluded -----For children with income or property of their own who are excluded from the MFBU.

I.E. (or county -----For members of MFBU who are not
designated I.E. aid code) -----applying for QMB/SLMB benefits.

S/P-----For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.

Pickle Eligible -----For Aged, Blind, and Disabled (ABD) family member
Members -----who were discontinued from Supplemental Security
Income/State Supplementary Payment (SSI/SSP)
and continue to receive a no-cost Medi-Cal card in
accordance with the Lynch v. Bank decision.

ABD/LTC -----For an ABD person or the spouse of an ABD person
or -----who is in LTC or board and care who will be in a
ABD/B&C -----separate MFBU from his/her spouse and/or child(ren)
listed on the MC 176M.

and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn".

- 8 Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male and "F" for female for each person listed.
- 9 Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with Section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I - Income of Potential QMB Composition

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB applicant(s) and ineligible spouse, if one, who are applying as ABD in Section I (A) and (B), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Section(s) 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512 should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI. A of the MC 176W instead of lines 1 through 5 of Section I.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<u>Gibbins v. Rank</u>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipient's available income; stepparent's income deemed available from MC 176W, Parts and V.B; and income allocated from the Pickle eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1.a. through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1.b. through 4.b. This is the total unearned income of the QMB/SLMB spouse; ineligible spouse or parent of the QMB/SLMB child applicant of the MFBU.
6. Add lines 5.a. and 5.b., or enter the amount from 176W, Part VI.A. This is the combined unearned income of the QMB/SLMB ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB child applicant who is a member of the MFBU.
7. No entry. This shows the \$20 any income deduction.
8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.B of the MC 176W instead of line 9:

Student Deduction	Section 50551
200 Plus One-Third or 500	Section 50551.1
Work Expenses for the Blind	Section 50551.7
Court Ordered Child/Spousal Support	<u>Gibbins v. Rank</u>

MEDI-CAL BUY-IN PROGRAMS CHART

For Aged, Blind, & Disabled

Plan	Scope of Medi-Cal Benefits	What It Pays						Income Limit	Property Reserve Limit	Medi-Cal Card Issued?	Open Enrollment Period	Retro-active Period (month)	Effective Date of Buy-In
		Part A (Hospital Ins.)			Part B (Doctor's Medical Ins.)								
		Prem	Deduct	Co-ins	Prem	Deduct	Co-ins						
ABD ular Cal Yr	Full	-	✓	✓	✓	✓	✓	Share of Cost based on maintenance need unless in a percent program	\$2,000	Yes	-	3	Part B: 3rd month after approval
			If enrolled in Part A										
SSP	Full	-	✓	✓	✓	✓	✓	Various levels, depending on circumstances	\$2,000	Yes	-	3	Part B: Month approved (cash)
			If enrolled in Part A										
IB	Limited	✓	✓	✓	✓	✓	✓	100% of FPL *	(2X) \$4,000	Yes/No	Jan-Mar	None Allowed	Parts A & B: Month after approval if on Part A; or July 1 when Part A usually starts
MBI	Limited	-	-	-	✓	-	-	110% of FPL *	(2X) \$4,000	No	-	3	Part B: Month Approved
QDWI	Limited	✓	-	-	-	-	-	200% of FPL *	(2X) \$4,000	No	Jan-Mar	3	Part A: Month Approved

* Federal Poverty Level

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**MEDICARE PREMIUM PAYMENT PROGRAMS
ELIGIBILITY REQUIREMENTS MATRIX**

PROGRAM	SSI/SSP	ALIEN	ON MEDICAL		UNDER 65	OVER 65	DISABLED	PAY PREMIUMS				RESIDENCY REQUIREMENTS		FPL INCOME		
			YES	NO				PART A		PART B		YES	NO	UNDER 100%	OVER 100%	
								YES	NO	YES	NO					
BUY-IN																
- AGED	X	X	X			X			X	X			X	X		
- BLIND	X	X	X		X		X		X	X			X	X		
- DISABLED	X	X	X		X		X		X	X			X	X		
ALIEN		X	X			X			X	X		X		X		
QMB	X	X	X	X	X		X	X	X			X		X		
QDWI		X	X	X	X		X	X			X		X		X	At or below 200%
SLMB	X		X	X	X		X	X	X			X		X		110% in 1993 Rising to 120% in 1995

At or below 200%
110% in 1993
Rising to 120% in 1995

Legend:
 QMB - Qualified Medicare Beneficiary
 QDWI - Qualified Disabled Working Individuals
 SLMB - Specified Low Income Medicare Beneficiary
 FPL - Federal Poverty Level
 SSI/SSP - Supplemental Security Income/ State Supplemental Program

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- | | |
|-------------------------------|---|
| | SLMB, Spanish |
| 11. MC 239 SLMB-2 | Medi-Cal Notice Of Action, Denial/Discontinuance Of Benefits As SLMB |
| 12. MC 239 SLMB-2 (SP) | Medi-Cal Notice Of Action, Denial/Discontinuance Of Benefits As SLMB, Spanish |
| 13. NA Back 6 | Your Hearing Rights |
| 14. NA Back 6 (SP) | Your Hearing Rights, Spanish |
| 15. MC Information Notice 014 | SLMB Program Information Notice |

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