

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
 P.O. Box 942732
 Sacramento, CA 94234-7320
 (916) 657-2941



October 22, 1997

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 188

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

QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM--ARTICLE 5L

Enclosed are the new procedures for Article 5L of the Medi-Cal Eligibility Procedures Manual. These procedures were originally sent out as an All County Welfare Directors Letter (ACWDL) No. 91-09 and were indexed as Article 5F. Please remove Article 5F (ACWDL No. 91-09), if they were filed in your procedures. Article 5F is currently the Asset Waiver program dated January 13, 1993 of the Medi-Cal Eligibility Procedures Manual.

Please also note that Section J (Income) of Article 5L has been changed when a parent is allocating income to an ineligible child under Step II.

Procedure Revision

Description

Article 5

Qualified Medicare Beneficiary (QMB) Program
 -- Added to provide a detailed description of the procedures counties are to follow when determining eligibility for the QMB program.

Filing Instructions:

Remove Pages

Insert Pages

Article 5
 Procedures Table of Contents
 Page PTC-6

Article 5
 Procedures Table of Contents
 Page PTC-6

Article 5 Table of Contents
 Pages TC-5 and TC-6

Article 5 Table of Contents
 Pages TC-5 and TC-6

Article 5L
 Pages 5L-1 through 5L-65

All Holders of the Medi-Cal Eligibility Procedures Manual
All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 2

If you have any questions concerning a specific revision, please contact Marge Buzdas of my staff at (916) 657-0726.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

<u>Article 5</u>	--	MEDI-CAL PROGRAMS
5A	--	AID CODES
5B	--	FOUR-MONTH CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL, AND WEDFARE
5C	--	DEPRIVATION--LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
5D	--	MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH ASSISTANCE RECIPIENTS
5E	--	<u>RAMOS V. MYERS</u> PROCEDURES
5F	--	ASSET WAIVER PROVISION PROCEDURES
5G	--	60-DAY POSTPARTUM PROGRAM PROCEDURES
5H	--	CONTINUED ELIGIBILITY (CE) PROGRAM PROCEDURES
5I	--	QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI) PROGRAM
5J	--	SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM
5K	--	PERCENT PROGRAMS
5L	--	QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM
5M	--	PRESUMPTIVE ELIGIBILITY (PE) PROGRAM
5N	--	MEDI-CAL TUBERCULOSIS (TB) PROGRAM
5O	--	NOT IN USE PRESENTLY
5P	--	DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 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
 - N. QDWI Income Determination
 - 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
 - F. Retroactive Benefits
 - G. Medi-Cal Card
 - H. Aid Code
 - I. Buy In of Medicare Part B
 - J. Charts
 - K. Forms

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5K -- MEDI-CAL PERCENT PROGRAMS FOR PREGNANT WOMEN, INFANTS, AND CHILDREN

- A. Background
- B. Implementation Date, Aid Codes, Benefits
- C. Period of Eligibility
- D. Eligibility Determination
- E. Medi-Cal Family Budget Unit
- F. Retroactive Repayment of Share of Cost '52
- G. MEDS Alerts
- H. Questions and Answers
- I. Notices
- J. Worksheet

5L -- QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

- A. Background
- B. QMB Eligibility Criteria
- C. Medicare Information
- D. Dually Eligible QMBs and QMB-Onlys
- E. Benefits
- F. Verification
- G. Enrollment
- H. QMB Processing
- I. QMB Property Determination
- J. QMB Income Determination
- K. Questions and Answers

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5L--QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

A. BACKGROUND

The Medicare Catastrophic Coverage Act (MCCA) of 1988 mandated changes in state Medicaid Programs (Medi-Cal). One of the provisions of MCCA (Section 301) requires that states pay the Medicare Part A and Part B cost-sharing expenses of low income Medicare beneficiaries. Cost-sharing expenses are:

1. premiums;
2. deductibles; and,
3. coinsurance fees.

California was granted a waiver to delay implementation until January 1, 1990 due to the need for state legislation. The Governor signed implementing legislation SB 1413, Chapter 1430, Statutes of 1989 into law on October 2, 1989. Congress repealed a majority of MCCA; however, the QMB provision and other Medicaid sections have been retained. We will not be providing Medi-Cal drug coverage up to the Medicare deductible since the drug provision was one of the Medicare benefits repealed.

The Omnibus Budget Reconciliation Act of 1990 raised the original QMB income level to 100% of the federal poverty level in 1991 and requires that the Title II cost of living increase for a year be disregarded until the publication of the federal poverty level for that year.

B. QMB ELIGIBILITY CRITERIA

1. Requirement

A QMB must:

- a) Meet QMB property requirements. That is, a QMB must meet the property requirement under the regular Medi-Cal program or have net nonexempt property, as determined under QMB methodology, at or below twice that of California's regular Medi-Cal property limits;
- b) Meet the QMB income standard. That is, a QMB must have net nonexempt income at or below 90% of the federal poverty level in 1990, and 100% in 1991 and thereafter;
- c) Be eligible for Part A Medicare hospital insurance with or without a premium; and,
- d) Be otherwise eligible for Medi-Cal, i.e. meet all other Medi-Cal requirements such as California residency and linkage (e.g., being aged, blind, disabled), and be either a qualified alien or a citizen of the United States.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. Effective Date

Benefits are effective the first of the month following the date of approval (i.e., the first of the month following the date the county makes the determination of eligibility). There are no retroactive QMB benefits.

C. MEDICARE INFORMATION

1. Scope of Benefits

Medicare Part A hospital insurance includes inpatient hospital care, medically necessary (not custodial) inpatient care in a skilled nursing facility, home health care, and hospice care and other services.

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.

2. Deductibles and Coinsurance

Both Part A and B have deductibles and coinsurance that vary depending on the service. A deductible must be paid before Medicare will make any payments. Coinsurance is a percentage (generally 20%) charge to the beneficiary of the Medicare approved rate for the particular service.

3. Part A Enrollment

a) Costs

Most Medicare beneficiaries (90%) receive Part A insurance at no cost, i.e., no premium. However, those who have not qualified for free Part A benefits solely because they lack the required amount of SSA-covered employment may purchase Part A with a premium. Very few Medicare beneficiaries choose to purchase Part A due to the high monthly premium. Medi-Cal does not pay for a regular Medi-Cal beneficiary's Part A premium. Medi-Cal does currently pay the Part A deductibles and coinsurance under the Buy-In program if the beneficiary already receives free Part A and has no share of cost or meets the share of cost.

b) Enrollment Period

If an individual is not already receiving Medicare Part A, application for Part A can only be made either:

- During the initial enrollment period (IEP) which is no earlier than three months before age 65 but no later than three months after the individual's 65th birthday;
- After 24 months of receiving Title II disability benefits to be effective in the 25th month;

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- The month after an individual stops working if he/she is over 65;
- When receiving dialysis related health care services including renal transplants; or,
- During the general enrollment period (GEP) of January - March, to be effective the following July for those Medicare beneficiaries who do not enroll in an IEP. They must apply at the Social Security Administration (SSA) office during the GEP. If they fail to do so, they would have to wait until the next year's GEP and would not be eligible for Part A Medicare until July of that year.

c) Penalties

An individual who does not apply for Part A or Part B at the first opportunity is charged a penalty by the SSA. Under the QMB program, the state will pay the penalty for a Medicare beneficiary's late enrollment in Part A.

4. Part B Enrollment

a) Costs

There is a monthly Medicare Part B medical insurance (outpatient/physician care) premium and a Part B annual deductible and a 20% coinsurance charge. Medicare will only pay 80% of the approved Medicare rate. These fees increase each year.

Example:

Assume a Part B beneficiary's first yearly charge is \$500 and that the annual deductible is \$100. The beneficiary would first have to pay \$100 (the annual deductible) and if the \$500 were the approved Medicare rate, the beneficiary also would pay 20% of \$400 or \$80.

b) Enrollment Period

QMB Part B enrollment criteria for an individual is the same as Part A enrollment; however, the general or IEP is waived for DHS under the Buy-In agreement and we may begin paying the Part B premium at the time of eligibility or approval, provided the beneficiary is enrolled in Part A.

c) Penalties

There are Part B penalties for late enrollment similar to those of late enrollment for Part A; however, under the Buy-In agreement, the State is not charged a penalty for a Medicare beneficiary's late enrollment in Part B.

5. Federal Financial Participation (FFP)

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. With the onset of the QMB program, FFP will become available for the MNOs who are also eligible for the QMB program. Thus, it is to the state's advantage to enroll these individuals with Part A at no cost as QMBs, if eligible.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

6. Referral to SSA for Specific Questions

Beneficiaries with specific questions about Medicare should be referred to SSA at (800) 772-1213. Counties and individuals may request a copy of "The Medicare Handbook" from the U.S. Department of Health and Human Services, Health Care Financing Administration, 6325 Security Boulevard, Baltimore, Maryland 21207 or the local SSA office.

(See Title 22, California Code of Regulations, Section 50777 or the Medi-Cal Eligibility Manual, Section 15 for more information on who should apply for Medicare Part A and Part B.)

D. DUALLY ELIGIBLE QMBS AND OMB-ONLYS

There are two basic groups of QMBs:

1. Those receiving regular, full scope Medi-Cal, either as cash grant recipients [e.g., Supplemental Security Income (SSI) recipients] or MNO beneficiaries, who therefore already meet the Medi-Cal property limits and who have been determined to meet the (QMB) income requirement. This group is dually eligible (i.e., eligible for regular Medi-Cal and QMB benefits).
2. Those eligible as a QMB-only who do not want regular Medi-Cal or who are not eligible for regular Medi-Cal due to property above the regular Medi-Cal property limit.

E. BENEFITS

1. Dually-Eligible Individuals

- a) Those with Part A at no cost

Individuals who have regular Medi-Cal and who also have Medicare Part A at no cost receive no direct benefits by becoming a QMB because we already pay their Part B premiums as well as their Part A and B coinsurance and deductibles (Buy-In) up to the approved rate. As current Medicare/Medi-Cal crossovers, they may already have access to a wider choice of providers since they are not limited to a Medi-Cal contract hospital, i.e., they can go to a non-contract Medi-Cal hospital. As discussed above, it is to the State's advantage to enroll this population in the QMB program, if eligible.

- b) Those who must pay for Part A

Current Medi-Cal beneficiaries who pay a monthly Part A premium will benefit from Medi-Cal paying their Part A premiums.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- c) Those with no Part A

Those Medi-Cal beneficiaries who do not have Part A but who will now enroll in Part A as a QMB may have a wider choice of providers since they would not be limited to a Medi-Cal contract hospital, i.e., they may go to a Medi-Cal non-contract hospital.

2. QMB-Only

- a) Those with Part A at no cost

Most of the potential QMB-only applicants receive Part A at no cost and will be applying for Medi-Cal to pay their Part B premiums and their Part A and B coinsurance and deductibles. Thus, the QMB benefit for them would be an increase in monthly spendable income.

- b) Those who must pay for Part A

Those who pay for Part A (estimated to be a small number) will also experience an increase in spendable income.

- c) Those who have no Part A and may or may not have Part B

Those individuals will now have full Medicare coverage at no expense.

F. VERIFICATION

Counties may verify Part A and B Medicare benefits by viewing the following records:

1. MEDS ;
2. IEVS;
3. SSA Medicare Award Letter;
4. Medicare card ("Hospital" or "HI" indicates Part A; "Medical" or "SMI" indicates Part B)
5. QMB Referral Form (MC 176 QMB-3); or,
6. Any county developed or SSA District Office letter.

G. ENROLLMENT PROCESS

The QMB Referral Form (MC 176 QMB-3) should be used to determine Medicare eligibility. Part I should be completed for the applicant. The applicant should submit this form to SSA for completion of Part II. The form is then returned to the county showing Part A or Part A and B eligibility.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

H. QMB PROCESSING

1. Medically Needy-Only Beneficiaries With Part A At No Cost

Counties should evaluate those medically needy beneficiaries who receive Part A at no cost at the time of application or redetermination. If eligible as a QMB, they would be eligible the month after the month of QMB approval. Since this group receives no additional benefit, they need not be informed of this program; however, counties must ensure they are identified as QMBs on MEDS for funding purposes since California will receive FFP for the Part B premium for these individuals. Note: We already receive FFP for "Pickle Persons" and other cash Medi-Cal beneficiaries.

2. Medically Needy-Only Beneficiaries and AFDC/IHSS Recipients Who Pay For Part A

Counties should inform medically needy beneficiaries and AFDC/IHSS recipients who are paying for Part A about the QMB program at the time of their application or redetermination. If they apply for QMB coverage, the county should send a notice of action (NOA). If eligible, QMB coverage begins the month after the month of QMB approval.

3. Medically Needy Beneficiaries and AFDC/IHSS Recipients Without Part A

If the beneficiary/recipient applies from April to December (or his/her redetermination is during this period and he/she wants to be evaluated as a QMB), the county should inform him/her of the QMB program and instruct him/her to return to the county in January if he/she wishes to apply as a QMB unless he/she has already applied for Part A at an earlier date. The county should send a NOA.

If the beneficiary/recipient applies from January - March (or his/her redetermination is during this period) or has previously signed up for Part A and he/she wants to be evaluated as a QMB, the county shall determine whether he/she is otherwise eligible as QMB, i.e., meets all requirements except for eligibility for Part A.

If otherwise eligible as a QMB and if:

- a) the beneficiary/recipient is on Buy-In, the county will issue a NOA and the MC 176 QMB-3 and refer the person to SSA to enroll in conditional Medicare Part A; or,
- b) the beneficiary/recipient is not on Buy-In, but appears to be eligible for Medicare, (e.g., aged, blind, disabled), the county should evaluate him/her for QMB eligibility and if eligible, refer him/her to SSA and send the appropriate NOA and the MC 176 QMB-3;

If not otherwise eligible as a QMB, the county must send a denial NOA.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTE: If the beneficiary/recipient is not on Buy-In and does not appear to be eligible for Medicare, (e.g., not aged, blind, or disabled), the county should refer him/her to SSA before determining if otherwise eligible since the person probably is not eligible for Medicare. The county should deny the beneficiary/recipient and inform him/her to reapply for QMB benefits after applying for conditional Part A.

4. SSI/SSP recipients without Part A

a) Part A Conditional Enrollees

SSA should refer these individuals to the counties after they sign up for "conditional" Part A. These individuals may have verification showing they have applied for Part A. The county must determine whether they are otherwise eligible as a QMB. These individuals would be eligible in July.

b) Those Who Have Not Enrolled in Conditional Part A

If the individual is currently on the Buy-In program and has not signed up for conditional Part A, the MC 176 QMB-3 may be used during the general enrollment period to sign up for Part A. The county should send the appropriate NOA.

If the individual (whether on Buy-In or not) applies after the GEP and has not signed up for conditional Part A, the county should inform him/her to apply for conditional Part A and reapply at the county in January - March.

c) Application Process

A face-to-face interview is not required for the SSI/SSP recipient who contacts the county to apply for the QMB program. The county should review MEDS to determine if he/she meets the QMB income requirement. (See Section J(4)(d) for detailed instructions).

If his/her total net nonexempt and deemed income exceeds the QMB income limit, the county should send a denial notice and state that the individual may provide verification of income if he/she does not agree with the notice.

If his/her income is below the QMB limit as reported on MEDS, the county should complete the SAWS 1, Sections 1 and 2 and the signature block (counties should indicate QMB Program in the "Other" box). The SAWS 1, the MEDS printout with the income information, and the NOA are the only documents required in the case file. No MC 210 is required. The county shall send to the individual a Notice of Action, the MC 176 QMB-3, and if Part A is not being received, an instruction to apply for Medicare Part A at SSA.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5. General Public (QMB-Only)

The application process for a QMB-only is the same as for any other Medi-Cal applicant, e.g., a Statement of Facts must be completed, Rights and Responsibilities reviewed, an MC 13 completed and an IEVS referral made.

a) Individuals with Part A

These individuals can be evaluated for QMB eligibility at any time since they already have Part A. The county should send an NOA.

b) Individuals without Part A (whether or not they have Part B)

If these individuals inquire about the QMB program or apply between April and December, the county should advise them to return in January for an eligibility determination unless they have previously signed up for conditional Part A at SSA. The county should also inform them of the Part A requirement and that they may sign up for "conditional" Part A at SSA during the general enrollment period. If the individual actually applied for QMB benefits, the county should send an appropriate NOA.

If these individuals apply in January through March or have previously applied for conditional Part A with SSA, the county should evaluate the individual for QMB eligibility. If otherwise eligible, they should be referred to SSA to apply for conditional Part A benefits unless they have already done so. When Part A eligibility is verified by SSA, these individuals would be eligible for QMB benefits in July. The county should send an NOA.

I. QMB PROPERTY DETERMINATION

1. General

The net nonexempt property of a QMB applicant/beneficiary cannot exceed twice the Medi-Cal property limit as determined under QMB property methodology (Method II as described below in items 5 and 6). Nonexempt property shall be determined in accordance with standard Medi-Cal rules governing property [Title 22, California Code of Regulation (CCR) Article 9].

Note: For purposes of this section, property determinations for QMB applicants also include ongoing property redeterminations for QMB beneficiaries.

2. Property Limit Met

If the QMB applicant is receiving Medi-Cal from another program (e.g., ABD-MN, SSI, AFDC), the QMB property requirement is met. If one or both members of a married couple living together are applying for QMB benefits but only one member is receiving Medi-Cal from another program, the QMB property requirement is met for both members of the couple.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. Two Methods for Dual Eligibles

If the QMB applicant is also applying for Medi-Cal under another program at the same time as the QMB application, there are two methods for determining whether the QMB property requirement is met.

- a) Method I: This method is the regular method of determining Medi-Cal eligibility and follows the normal Medi-Cal rules found in Title 22, CCR, Article 9.
- b) Method II: This method is the QMB methodology found in Title 22, CCR, Section 50421 (Property Limit for the QMB Program).

Choosing a Method

For flexibility in determining whether a QMB applicant meets the QMB property limit, the eligibility worker (EW) may choose the method he/she believes would permit eligibility to the QMB program. However, since the QMB applicant is also applying for regular Medi-Cal, it is likely that the EW will first use Method I to determine whether the QMB property requirement is met. IF INELIGIBILITY RESULTS FROM METHOD I, THE EW MUST EVALUATE ELIGIBILITY UNDER METHOD II TO DETERMINE IF QMB PROPERTY ELIGIBILITY CAN BE ESTABLISHED.

4. QMB-Only

If the QMB applicant is applying as a QMB-only, only Method II (See above) should be used.

5. QMB Methodology (Method II) for Determining Property When the QMB Applicant is 18 years of Age or Older or is Married

- a. Only consider the property of the QMB applicant (and spouse, if any). Do **NOT** consider the property of any other family members in the home.
- b. Determine the net nonexempt property in accordance with Article 9.
- c. Compare the net nonexempt property to twice the Medi-Cal property limit for one person (or twice the property limit for two persons if the spouse is at home, regardless of whether the spouse is a QMB applicant/beneficiary).
- d. If the result in Step (c) is equal to or less than twice the Medi-Cal property limit shown in that step, then the QMB property requirement is met.
- e. If the result in Step (c) exceeds twice the Medi-Cal property limit shown in that step, then the applicant is ineligible for QMB due to excess property.

Note: The QMB applicant in this situation is an adult under Method II even if he/she is between 18-21 years of age and would be treated as a child in determining eligibility for regular Medi-Cal as specified in Title 22, CCR, Section 50030 (e.g., is a blind or disabled MN person who is 18 to 21 years of age, living in the home of a parent and currently in school).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Example 1

Joe and Jackie are married and living together with their three minor children. Joe has been receiving Social Security disability (not SSI) for two years and is now eligible for Medicare. He is applying for QMB benefits for himself. Neither he nor Jackie receive Medi-Cal from any other program and they do not wish to. Joe and Jackie have nonexempt property which consists of a checking and savings account. The lowest balance in the month of application is \$5,000. Their three children have separate trust accounts created by their grandparents. The total value of the trust accounts is \$20,000. Joe's and Jackie's names do not appear on any of the trust documents. The EW uses Method II since Joe is applying as a QMB-only. The EW will only consider Joe's and Jackie's own property and will ignore the children's trust accounts.

1. \$5,000 = Joe's and Jackie's own net nonexempt property
2. COMPARE TO \$6,000 (twice the Medi-Cal property limit for two)
3. Joe meets QMB property requirements since \$5,000 is less than \$6,000

Example 2

Kyle is 20 years old, totally disabled and residing with his mother. Kyle has been receiving Social Security benefits as a disabled adult child on his mother's Social Security Account and is eligible for Medicare. He is not on SSI and is in school. Kyle has \$300 in net nonexempt resources. His mother has \$3,100 in net nonexempt resources. Kyle and his mother now want to apply for regular Medi-Cal and Kyle wants QMB coverage.

1. Since Kyle is applying for regular Medi-Cal, the EW will determine property under regular Medi-Cal rules. Under Title 22, CCR, Section 50030, Kyle is a child living in the home of a parent. The MFBU consists of Kyle and his mother. Their total nonexempt property is \$3400. Since the Medi-Cal property limit for two is \$3000, they are ineligible due to excess resources.
2. The EW now evaluates whether Kyle is eligible as a QMB. Under Method II, Kyle is considered an adult and there is no deeming of any other family member's resources except for those of a spouse. Since Kyle is not married, only his own resources are considered. His total resources are \$300. Therefore, Kyle meets the QMB property requirement.

6. QMB Methodology (Method II) When the Applicant is Under Age 18

Under the QMB program, a child under age 18 would be eligible for QMB benefits only under certain circumstances since children under age 18 are not normally eligible for Medicare. Persons may be eligible for Medicare at any age if they need maintenance dialysis or a kidney transplant for permanent kidney failure (chronic renal disease). Therefore, a child under age 18 would be eligible for Medicare only if he/she were determined to have chronic renal disease. This would be the only situation when a child under 18 would be eligible to the QMB program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- a. There Is Only One QMB Child
- (i) Consider only the property of the parent(s) and/or stepparent in the home and the property of the QMB child applicant. Do **NOT** consider the property of any other family members.
 - (ii) Determine the parent(s)' net nonexempt property in accordance with Article 9.
 - (iii) Subtract the property limit for one person (if two parents, subtract the Medi-Cal property limit for 2 persons) from the parent(s) net nonexempt property. The net result will be the amount of property allocated to the child QMB applicant.
 - (iv) Add the property allocated from the parent (Step (iii)) to the child QMB applicant's own net nonexempt property.
 - (v) Compare the result from Step (iv) to twice the Medi-Cal property limit for one person.
 - (vi) If the result from Step (iv) is less than or equal to twice the Medi-Cal property limit for one person, the QMB property requirement is met.
 - (vii) If the result from Step (iv) is greater than twice the Medi-Cal property limit for one person, the child QMB applicant is ineligible due to excess property. If there is more than one child QMB applicant in the home, proceed to item b. below.

Example 3

Sandy is 7 years old and has chronic renal disease. She receives Medicare but no Medi-Cal from any other program. She is applying as a QMB-only. She lives with her mother, Carol, who has a savings account of \$5000 and no other property. Sandy has no property of her own. The EW uses Method II to determine her property eligibility.

1.	Allocation from parent:	
	Carol's savings:	\$5,000
	Medi-Cal property limit for one:	- 2,000
	Remainder to be allocated:	\$ 3,000
2.	Sandy's property and parental allocation:	
	Sandy's net nonexempt property:	0
	Allocation from parent	+ 3,000
	Total nonexempt property	\$ 3,000
3.	COMPARE TO TWICE THE MEDI-CAL PROPERTY LIMIT FOR ONE PERSON:	\$4,000

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. Sandy meets the QMB property requirement.
- b) There is More Than One Child QMB Applicant
1. Use this methodology if there are multiple QMB children residing with their parent(s)/stepparent. Under this methodology, allocation of parental (including stepparents) net nonexempt resources are divided equally among QMB eligible children. This entire process must be recalculated if at any time one or more of these QMB children is or becomes ineligible for QMB benefits as a child, for example, due to excess property, attainment of age 18 so that the QMB child becomes a QMB adult, or eligibility for Medicare ceases (disability ends).

Example 4

Ann and Andy are twins. They are both 14 years old, residing at home with their mother Anna, stepfather Aaron, and a young stepsister, Angela. Ann and Andy have chronic renal disease and have been receiving Medicare (Parts A and B). They are not on SSI and do not receive Medi-Cal from any other program. Ann has a savings account with a value of \$4,000 and no other property. Andy has a savings account with a value of \$2,000 and no other property. Their mother and stepfather have combined net nonexempt property totaling \$5,000. Both Ann and Andy are applying as QMB-only's.

Ann

1. Parents' property:
$$\begin{array}{r} \$5,000 \text{ mother and stepfather's nonexempt property} \\ - 3,000 \text{ property limit for two persons} \\ \hline \$2,000 \text{ remainder} \end{array}$$
2. Parental Allocation of Property to Ann:

Divide \$2,000 by the number of QMB children (2) = \$1,000 each to be allocated to Ann and Andy.
3. Ann's Property Plus Parental Property Allocation:
$$\begin{array}{r} \$1,000 \text{ property allocated from parents} \\ + 4,000 \text{ Ann's savings account} \\ \hline \$5,000 \text{ combined net nonexempt property} \end{array}$$
4. COMPARE TO \$4,000 (twice the Medi-Cal property limit for one person)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5. Ann is ineligible for QMB due to excess property. Therefore, the property allocation from her parent and stepparent (\$1,000) is now allocated to Andy, the remaining child QMB applicant. The new allocation from his parent and stepparent is \$2,000 (\$2,000 parental allocation divided by one QMB child).

Andy

1. Andy's Property Plus Parental Allocation:
- \$2,000 property allocated from parent and stepparent
 - + \$2,000 Andy's savings account
 - \$4,000 combined nonexempt property
2. COMPARE TO \$4,000 (twice the Medi-Cal property limit for one person.)
3. Andy has met the QMB property requirement since his net nonexempt property does not exceed \$4,000 (twice the Medi-Cal property limit.)

Example 5

Jake is 15 years old, has chronic renal disease, and is receiving Medicare (Parts A and B). He lives with his father, Jason, and his mother Janet. They are also disabled and have been receiving Social Security benefits for two years. Jason and Janet are eligible for Medicare. None of the three are on SSI. They do not receive Medi-Cal under any other program and only want to receive QMB coverage. Their property consists of the following:

Jason (father)	\$3,000	cash surrender value of life insurance
Janet (mother)	+ \$2,000	stocks and bonds
Jason and Janet	<u>\$2,000</u>	joint bank accounts
TOTAL (parent's)	\$7,000	
Jake (son)	\$3,000	savings account

1. Property eligibility determination for Jason and Janet (parents)

Method II is used since neither are applying for or receiving regular Medi-Cal

- a. \$7,000 total net nonexempt property
- b. COMPARE TO \$6,000 (twice the Medi-Cal property limit)
- c. Jason and Janet are not eligible for the QMB program because their net nonexempt property exceeds twice the Medi-Cal Property limit.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Note: If either or both had been eligible, none of their property would be allocated to Jake in determining whether he meets the QMB property requirement.

2. Property determination for Jake:

Method II is used.

a. Parental allocation:

\$7,000 Total nonexempt property of parents
-3,000 Medi-Cal property limit for two persons
\$4,000 remainder

b. \$4,000 parental allocation
+3,000 Jake's savings account
\$7,000 Jake's net nonexempt property

c. COMPARE TO \$4,000 (twice the Medi-Cal property limit for one)

d. Jake is ineligible for the QMB program because he has excess property.

J. QMB INCOME DETERMINATION

NOTE: Amounts such as the federal benefit rate or standard allocation referred to below will be provided to counties annually.

1. Income Eligibility Criteria--Overview

Section 50258, Title 22, CCR, requires a QMB applicant to have net nonexempt income which does not exceed 90 percent of the official federal poverty level beginning January 1, 1990 and 100 percent on January 1, 1991 and thereafter. This information will be provided annually to counties when applicable.

2. Income Eligibility Determination Process - Overview

a) Medi-Cal Income Methodology - Overview

Section 50570, Title 22, CCR, requires when determining the eligibility of a QMB adult, couple or child, the net nonexempt income shall first be determined using Medi-Cal income methodology. This includes all applicable provisions of Article 8, Medi-Cal Family Budget (MFBU), and Article 10, Income, with the following exceptions:

- health insurance and Medicare premium deductions are not allowed; and
- deductions for Impairment Related Work Expenses (IRWE) are allowed.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

IRWE, as defined in Title 22, CCR, Section 50045.1, are those expenses of a working disabled QMB necessary to become or remain employed. This deduction is only allowed for the QMB applicant/beneficiary. The IRWE must be paid by the applicant/beneficiary to be allowed. Any payment made by a third party (e.g., Department of Rehabilitation) is not allowable.

b) **SSI Income Methodology - Overview**

If ineligibility results after using Medi-Cal methodology, and there is an ineligible spouse (with or without children) living with the QMB applicant, net nonexempt income shall be determined using SSI income methodology. Because SSI income methodology allows for deductions not allowed under Medi-Cal and only considers the income of the QMB applicant and the spouse/parent of the applicant, there may be particular family circumstances where SSI income methodology is less restrictive than Medi-Cal income methodology. SSI income methodology allows the ineligible spouse of a QMB applicant to reduce his/her gross nonexempt income by:

- Allocating income to an ineligible minor child(ren) residing with the applicant (referred to as the "actual allocation"), by subtracting any income the child(ren) may have from an amount known as the "Standard SSI Allocation".
- If the remaining income of the ineligible spouse after the allocation to the ineligible minor child(ren) is equal to or less than the Standard SSI Allocation amount, the income shall be considered exempt. If there are no ineligible children to allocate to and the ineligible spouse's income is equal to or less than the Standard SSI Allocation amount, it is also exempt.

3. **Medi-Cal Income Methodology**

a) **Medi-Cal Income Determination Form**

In order to determine the net nonexempt income of a QMB applicant using Medi-Cal income methodology, the basic format of the MC 176 M (Share of Cost Determination Form) has been modified. This form (MC176 QMB1) accommodates all the provisions of Article 8 (MFBU) and Article 10 (Income) of the Medi-Cal Eligibility Manual.

b) **Income Eligibility Determination Process**

Determine the net nonexempt income using Medi-Cal income methodology in the following order:

- 1) Determine the members of the MFBU both eligible and ineligible, as specified in Article 8.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 2) Determine the gross nonexempt income of all members of the MFBU, as defined in Article 10. Do not include any Public Assistance (PA) when determining the gross nonexempt income. Under Medi-Cal methodology, income and deductions shall be apportioned, if applicable, as specified in Article 10.
- 3) Allow all applicable deductions. Any Aged, Blind or Disabled--Medically Needy (ABD - MN) deductions of the QMB applicant and his/her spouse can be determined using Section VI (ABD INCOME DEDUCTIONS) of the MC 176W (Allocation/Special Deduction Worksheet). Any deductions that are applicable to any Aid to Families with Dependent Children - Medically Needy/Medically Indigent (AFDC - MN/MI) members of the MFBU can be determined using Section IV (AFDC MN/MI Earned Income Deductions) of the MC 176 W. IRWE deductions are entered on the MC 176 QMB/SLMB1. Do not allow any deductions for Medicare or health insurance premiums.
- 4) Determine the net nonexempt income.
- 5) Compare the net nonexempt income to the appropriate poverty level for the number of members in the MFBU. If the net nonexempt income is equal to or less than the federal poverty level (FPL), the QMB applicant is income eligible. If the net nonexempt income exceeds the FPL for the MFBU, and certain family circumstances exist, attempt to establish income eligibility using SSI methodology.

4. SSI Income Methodology

a) QMB Applicants Ineligible Using Medi-Cal Income Methodology

If after using Medi-Cal income methodology, the net nonexempt income exceeds the appropriate FPL for the MFBU, determine the QMB income eligibility using SSI income methodology if family circumstances include an ineligible spouse with or without an ineligible minor child(ren) who resides with the QMB applicant.

b) SSI Income Determination Form

In order to determine the net nonexempt income of a QMB (adult) applicant using SSI income methodology, the MC 176 QMB/SLMB2A was developed. This form accommodates all income and deductions for a QMB adult, ineligible spouse, or a couple. It also provides for the determination of an actual allocation to an ineligible child(ren) who resides with the QMB applicant and his/her ineligible spouse as well as the QMB income eligibility determination.

c) Income Eligibility Determination Process--QMB Adults

Determine the net nonexempt income of the QMB applicant using SSI income methodology in the following order:

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 1) Determine the gross nonexempt income of the QMB applicant, his/her spouse and ineligible child(ren) who reside with the QMB applicant. SSI income methodology requires that actual income be used to determine gross nonexempt income. Therefore, the apportionment of income and deductions are not applicable using SSI income methodology.
- 2) Determine any actual allocation to the ineligible minor child(ren) residing with the QMB applicant from the ineligible spouse using Section II of the MC 176 QMB/SLMB2A. The actual allocation is only allowed from an ineligible spouse. Do not allocate from a QMB applicant. Subtract any income the child(ren) may have from the Standard SSI Allocation. (Do not include any PA or other PA.) The remainder is the actual allocation amount. If the ineligible minor child(ren) is a student, allow the Student Income Deduction.

NOTE: Under SSI Income Methodology, an eligible minor child is defined as any child under eighteen years of age and unmarried. For purposes of an allocation to ineligible children, however, an ineligible child is defined as any unmarried child under 18 years of age as well as an unmarried child 18 to 21 years of age who is a full-time student.

- 3) Determine if the remaining income of the ineligible spouse, after the allocation to ineligible minor children, is less than the Standard SSI Allocation. If so, it shall be considered exempt. This also applies to an ineligible spouse with no child(ren). Section III of the MC 176 QMB/SLMB2A can be used to make this determination.

Note: Section III is used for evaluation purposes only. If the remaining income of the ineligible spouse exceeds the Standard SSI Allocation amount, include the gross income and any applicable allocations to minor ineligible children in Section I.

- 4) Determine the net nonexempt income. Allow all applicable deductions as indicated on the MC 176 QMB/SLMB2A. These deductions include: the \$65 and 1/2 deduction; the IRWE deduction; allocation to ineligible child(ren); and the \$20 Any Income Deduction.
- 5) Compare the net nonexempt income to the appropriate FPL. Since SSI income methodology only considers the income of the applicant and spouse, determine the appropriate FPL as follows: use the FPL for one, if only the QMB applicant's income is used; or the FPL for two, if the QMB applicant's income is combined with income of the spouse. If the net nonexempt income is less than or equal to the appropriate FPL, the QMB applicant is income eligible.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

d) SSI/SSP QMB Applicants

Since SSA has already determined the net unearned, earned and deemed income of an SSI/SSP recipient, use the SDX Inquiry screen (QX on MEDS) to determine the total net nonexempt income. If the net nonexempt income is equal to or less than the applicable percentage of the FPL for one, the applicant is income eligible for QMB. The MC 176 QMB/SLMB2A or a print-out of the inquiry screen may be used to document the net nonexempt income of the QMB applicant.

If an SSI couple is applying for QMB, use the individual SDX (QX on MEDS) Inquiry screen for each applicant and determine the income eligibility separately using the FPL for one.

As previously stated, a face-to-face interview is not required for this group of applicants; a telephone inquiry is sufficient. The county need only complete Sections 1 and 2 of the SAWS 1 and sign the application on behalf of the applicant. If the SDX information indicates income ineligibility, the applicant has the right to provide income verification and have his/her income eligibility determined using either the Medi-Cal or SSI methodology, if applicable. Do not include PA income.

5. QMB Children Applicants

A QMB child applicant with net nonexempt income which exceeds the current FPL for the MFBU using Medi-Cal income methodology shall next be evaluated for income eligibility using SSI income methodology, if family circumstances include ineligible parents with or without ineligible siblings who reside with the QMB child applicant.

a) QMB Applicants Under Eighteen Years of Age

Only children receiving renal dialysis can receive Medicare at any age (if the parents have sufficient work quarters). SSI Income Methodology allows allocations to ineligible minor children and certain income deductions for an ineligible parent(s) who resides with the QMB applicant. Only unmarried QMB child applicants under eighteen years of age shall have their net nonexempt income determined using the QMB child income eligibility determination process.

NOTE: Under SSI methodology, persons who are married or eighteen years and older are considered adults.

b) In order to determine the net nonexempt income of a QMB child using SSI income methodology, the MC 176 QMB/SLMB2B was developed. This form accommodates all income and deductions for the ineligible parent(s) with or without minor ineligible children and allocations to the ineligible minor child(ren).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

c) QMB Child Income Eligibility Determination Process

Determine the net nonexempt income of the QMB child in the following order:

- 1) Determine the actual gross unearned income of the ineligible parent(s);
- 2) Determine the actual allocation to the ineligible minor child(ren) from the ineligible parent(s) (Section II). Subtract the actual allocation, first, from the gross unearned income of the ineligible parent(s). Any unused portion of the allocation is subtracted later from earned income;
- 3) Subtract the \$20 any income deduction;
- 4) This gives the countable unearned income;
- 5) Determine actual gross earned income;
- 6) Subtract any unused portion of the actual allocation to ineligible minor children;
- 7) Subtract \$65 and any unused portion of the \$20 any income deduction;
- 8) Divide by two and subtract;
- 9) This gives the countable earned income;
- 10) Determine total countable income by adding countable unearned and countable earned income;
- 11) Subtract the parent deduction. The parent deduction is the monthly federal benefit rate (FBR) for a couple if both parents live in the home or it is the FBR for an individual only if one parent without a spouse lives in the home;
- 12) This gives the allocation to the QMB child from the ineligible parent(s);
- 13) Use Section III to determine the QMB child's net nonexempt income. Enter the countable income of the ineligible parent(s);
- 14) Add any earned or unearned income of the QMB child. If the QMB child is a student, he/she is entitled to a student deduction of \$1620 per year as specified in Title 22, CCR, Section 50551;
- 15) Allow the \$20 Any Income Deduction, IRWE and the \$65 and 1/2 Earned Income Deduction, if applicable;
- 16) Determine the net nonexempt income of the QMB child; and
- 17) Compare this amount to the current FPL for one. If the net nonexempt income of the QMB child is equal to or less than the FPL, the child is income eligible for the QMB program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Example #1

Robert Williams is a single man who receives a Social Security benefit of \$465 per month. He is currently not on Medi-Cal but will apply at the same time he applies as a QMB. He currently pays his own Part B Medicare premium of \$31.90 (1989 amount) each month.

QMB INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - One
- 2) Determine the Net Nonexempt Income
 - \$465 Gross Unearned Income
 - \$ 20 Any Income Deduction
 - \$445 Net Nonexempt Income
- 3) Compare the Net Nonexempt Income to the Federal Poverty Level (FPL) for the appropriate MFBU.

Assume the net nonexempt income of \$445 is equal to or less than the current FPL for one; Mr. William's income eligible for QMB.

Medi-Cal Share of Cost Determination

- \$465 Gross Unearned Income
- \$ 20 Any Income Deduction
- \$445
- \$ 32 Medicare Premium Deduction
- \$413 Net Nonexempt Income
- \$600 Maintenance Need (One)
- \$ 0 Share of Cost

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Example #2

Steven Baker is applying for both QMB and Medi-Cal. He receives a monthly Social Security benefit of \$325. He is also employed part-time with an insurance company. He earns \$400 (gross) per month. Mr. Baker rents an electric wheelchair which is necessary for him to continue working. The monthly rental cost of the wheelchair is \$150. Steven's wife, Wilma, receives a monthly pension of \$192 from her union. Steven pays a monthly Medicare Part B Premium of \$31.90 per month.

QMB INCOME ELIGIBILITY DETERMINATION USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - Two
- 2) Determine the Net Nonexempt Income

\$325.00	Steven's Gross Unearned Income
+ \$192.00	Wilma's Gross Unearned Income
\$517.00	
- \$ 20.00	Any Income Deduction
\$497.00	Net Unearned Income
\$400.00	Steven's Gross Earned Income
- \$ 65.00	Earned Income Deduction
\$335.00	
- \$150.00	IRWE
\$185.00	
x <u>1/2</u>	Earned Income Deduction
\$ 92.50	Net Earned Income
+ \$497.00	Net Unearned Income
\$589.50	Net Nonexempt Income
- 3) Compare the Net Nonexempt Income to the current FPL for the appropriate MFBU.

Assume the net nonexempt income of \$590 (rounded) is equal to or less than the current FPL for two; Mr. Baker is income eligible for QMB.

Medi-Cal Share of Cost Determination

\$400.00	Steven's Gross Earned Income
- \$ 65.00	Earned Income Deduction
\$335.00	
x <u>1/2</u>	Earned Income Deduction
\$167.50	
+ \$497.00	Net Unearned Income
\$664.50	
- \$ 31.90	Health Insurance Deduction
\$632.60	Nonexempt Income
- \$934.00	MN (Two)
\$ 0	Share of Cost

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Example #3

Sam Ito is a disabled individual applying for QMB benefits only. Sam, his wife Emiko, and their two children, Michael and Rose, all receive Social Security benefits. Sam receives a monthly disability benefit of \$460. Emiko receives a monthly Social Security benefit of \$250. Michael and Rose each receive a monthly benefit of \$135.

QMB INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU.
- 2) Determine the Net Nonexempt Income using the MC 176 QMB1.
- 3) Compare the Net Nonexempt Income to the current FPL for the appropriate MFBU. Assume Mr. Ito is ineligible under this method.

Since Mr. Ito's net nonexempt income exceeds the current FPL for an MFBU of four, he is income ineligible for the QMB program using Medi-Cal methodology. Since there is an ineligible spouse in the home, determine the net nonexempt income using SSI Income Methodology.

USE SSI INCOME METHODOLOGY NEXT

- 1) Determine the actual allocation to ineligible children as follows: Determine the Standard SSI Allocation for ineligible minor children using Section II of the MC 176 QMB/SLMB2A. Assume this amount is \$185. Subtract the children's own income. The student deduction does not apply because the children's income is unearned.

Child -	Michael	Rose
Standard SSI Allocation	\$185	\$185
Less Any Income of child	- <u>\$135</u>	<u>\$135</u>
Actual Allocation	\$ 50	\$ 50 = \$100

Subtract the actual allocation amount, first, from the unearned income of the ineligible spouse. Any unused allocation can be deducted from the gross earned income of the ineligible spouse.

- 2) Determine if the remaining income of the ineligible spouse, after the deduction to ineligible children if applicable, can be exempt.

\$250 Emiko's Unearned Income
- \$100 Total allocation to the ineligible minor children
(\$ 50 + \$50)
\$150 Net Unearned Income (less than \$185 - Exempt)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 3) Determine the Net Nonexempt Income using the MC 176 QMB2A.

+	\$460	Sam's Unearned Income
-	<u>\$ 20</u>	Any Income Deduction
	\$440	Net Nonexempt Income

- 4) Compare the Net Nonexempt Income to the appropriate FPL.

Since the income of the ineligible spouse was not combined with the applicant's income, the appropriate FPL is one.

Assume the net nonexempt income is less than or equal to the appropriate FPL for one; Mr. Ito is income eligible using SSI Income Methodology.

Example #4

Jason Peters is 15 years old and receiving renal dialysis. He is currently paying for his Part A Medicare. He receives a monthly Social Security benefit of \$150. Jason's father, Stephen, is employed as a mechanic. He earns \$1,900 (gross) per month. Jason's mother, Brenda, has no income. Jason has an infant brother, Bobby.

QMB CHILD INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - Four

- 2) Determine the Net Nonexempt Income using the MC 176 QMB1.

\$	150.00	Jason's SSA
-	<u>\$ 20.00</u>	Any Income Deduction
	\$ 130.00	
\$1,900.00	Stephen's Gross Earned Income	
-	<u>\$ 65.00</u>	Earned Income Deduction
	\$1,835.00	
x	<u>1/2</u>	Earned Income Deduction
	\$ 917.50	
+	<u>\$ 130.00</u>	Jason's Net Unearned Income
	\$1,047.50	Net Nonexempt Income to be compared to the FPL for the appropriate MFBU.

Assume the net nonexempt income of \$1,048 (Rounded) exceeds the FPL for four; income ineligible using Medi-Cal Income Methodology. Attempt to establish income eligibility using SSI Income Methodology.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

USE SSI INCOME METHODOLOGY NEXT

- 1) Determine the actual allocation to ineligible minor children as follows: Determine the Standard SSI Allocation to the ineligible minor children using Section II of the MC 176 QMB/SLMB2A. Assume this amount is \$185. Subtract the children's own income.

	\$185	Standard SSI Allocation
-	\$ 0	Less Any Income of Child
	\$185	Actual Allocation Amount to Bobby

Subtract the actual allocation first, from the unearned income of the ineligible parent(s). Any unused allocation can be deducted from the gross earned income.

- 2) Determine the Parent Deduction

Since both parents live with Jason the actual parent deduction is the federal benefit rate for a couple. Assume the parent deduction for a couple is \$553.

- 3) Determine the allocation from the ineligible parent(s) to the QMB child.

	\$ 0	Unearned Income
	\$1,900	Gross Earned Income
-	\$ 185	Actual Allocation Amount to Ineligible child
	\$1,715	
-	\$ 20	Unused Any Income Deduction
	\$1,695	
-	\$ 65	Earned Income Deduction
	\$1,630	
x	1/2	Earned Income Deduction
	\$ 815	Countable earned income
+	0	Countable unearned income
	\$ 815	Total countable income
-	553	Subtract parent deduction (Couple)
	\$ 262	Allocation to QMB Child

- 4) Determine the QMB Child's Income Eligibility.

	\$262	Allocation from the ineligible parents
+	\$150	Jason's SSA
-	\$ 20	Any Income Deduction
	\$392	Net Unearned Income

- 5) Compare the Net Nonexempt Income of the QMB Child to the FPL for one.

Assume the net nonexempt income of \$392 is equal to or less than the FPL for one; income eligible for QMB.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Example #5

Emilio Sanchez is ten years old and receiving renal dialysis. He receives a monthly Social Security benefit of \$175. His father, Roberto, also receives a monthly Social Security benefit of \$450. Only Emilio is applying for QMB. Emilio's mother, Charlene, is a nursing assistant. She earns \$1,600 (gross) per month. Roberto and Charlene have another son, Roberto Jr.

QMB CHILD INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

- 1) Determine the MFBU - Four
- 2) Determine the Net Nonexempt Income using the MC 176 QMB/SLMB1.

\$ 175.00	Emilio's SSA
+ \$ 450.00	Roberto's SSA
\$ 625.00	
- \$ 20.00	
\$ 605.00	Net Unearned Income
\$1,600.00	Charlene's Gross Earned Income
- \$ 65.00	Earned Income Deduction
\$1,535.00	
x _____	1/2 Earned Income Deduction
\$ 767.50	Net Earned Income
+ \$ 605.00	Net Unearned Income
\$1,372.50	Net Nonexempt Income
- 3) Compare the Net Nonexempt Income to the FPL for the appropriate MFBU.

Assume the net nonexempt income of \$1,373 (Rounded) exceeds the current FPL for four; income ineligible using Medi-Cal Income Methodology. Attempt to establish income eligibility using SSI Income Methodology.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

USE SSI INCOME METHODOLOGY NEXT

- 1) Determine the actual allocation to all ineligible minor children as follows: Determine the Standard SSI Allocation to the ineligible minor child(ren) using Section II of the MC 176 QMB/SLMB2B. Assume this amount is \$185. Subtract the child's own income. (Roberto, Jr. has \$0 income.) The actual allocation is \$185.

Subtract the actual allocation first from the unearned income of the ineligible parent(s). Any unused allocation can be deducted from the gross earned income.

\$ 450.00	Roberto's SSA
- 185.00	Actual Allocation to Roberto, Jr.
- <u>20.00</u>	Any Income Deduction
\$ 245.00	Countable Unearned Income

\$1,600.00	Charlene's Gross Earned Income
- 65.00	Earned Income Deduction
- <u>767.50</u>	One half of remainder
\$ 767.50	Countable Earned Income

- 2) Determine the Parent Deduction of the QMB Child. Assume the parent deduction for a couple is \$553.

- 3) Determine allocation from income of the ineligible parents to the QMB child using the MC 176 QMB/SLMB2B.

\$ 245.00	Countable Unearned
+ <u>767.50</u>	Countable Earned
\$ 1,012.50	Total Countable Income
- <u>553.00</u>	Parent Deduction
\$ 459.50	Allocation to QMB Child

- 4) Determine the QMB Child Income Eligibility.

\$ 459.50	Allocation from Ineligible Parents
+ 175.00	Emilio's Own SSA
- <u>20.00</u>	
\$ 614.50	

- 5) Compare the Net Nonexempt Income of the QMB Child to the FPL for one. Assume FPL for one is \$581. Emilio is ineligible.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

K. QUESTIONS AND ANSWERS

Program

1. Is an IEVS check required for a QMB?

Answer: A QMB-only applicant must be otherwise eligible for Medi-Cal and is therefore subject to applicable Medi-Cal regulations and the regular application process including an IEVS check. Dually eligible QMB applicants including SSI/SSP recipients have already had an IEVS check when their income and property were reviewed during the application process.

2. If QMB benefits begin the month after the month of QMB approval, is this date reported to MEDS or the date the supervisor or worker approves the case?

Answer: The county reports as the effective date the month QMB coverage is to begin, i.e., the month after the case is actually approved.

For example: Mr. Jones applies for QMB benefits in January, the county determines eligibility in March with an approval date of January, the effective date is February 1st.

3. If, on March 15th, an individual with Part B Medicare-only applies to the county for a QMB determination and the county is not able to schedule an appointment or make a determination before March 31st, should the county inform the applicant to first apply for conditional Part A before the March 31st deadline and return for an eligibility determination later?

Answer: Yes. The county should inform the individual of the Part A enrollment deadline and advise him/her to apply for conditional Part A before March 31st. If the county later determines the individual as QMB eligible, benefits could begin in July. Otherwise, he/she would be required to wait another year to apply for Part A and could not be eligible for QMB benefits this year.

4. Are status reports required for QMB-only recipients?

Answer: No. A QMB is similar to aged, blind, or disabled (ABD) recipients who are not required to complete status reports, but as with ABDs, QMBs must report income or property changes.

5. If a family was discontinued for failure to return a status report (mother and children were AFDC-MN based on the father's incapacity) and the father is also a disabled QMB, would he remain eligible as a QMB since no status reports are required?

Answer: Yes.

6. If a QMB-only without Part A was preapproved in January but benefits do not begin until July, when is his/her redetermination date?

Answer: January.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

7. If a dually eligible individual in LTC who has a SOC under regular Medi-Cal is paying his/her Part A premium and is approved for QMB benefits, how many months should the county allow for Medicare to begin billing DHS for the premium?

Answer: Counties should allow approximately two months before readjusting the individual's share of cost. This is similar to the Buy-In process (Part B).

8. Can an IHSS statement of facts form be used for a dually eligible IHSS/QMB or must the county complete an MC 210?

Answer: Counties may use the existing IHSS information.

Medicare (This information is based on conversations with SSA. Detailed questions regarding Medicare should be referred to SSA).

1. Must the parent of a QMB child on dialysis be deceased, aged, or disabled in order for the child to be eligible for Medicare?

Answer: No, however, the parent must have worked the appropriate number of quarters under Social Security.

2. If an individual with chronic renal disease has not paid into SSA and is not eligible for premium free Part A Medicare and has no parent or spouse who has worked the appropriate number of quarters under Social Security, may he/she purchase Part A.?

Answer: No.

3. If an individual who is eligible for premium free Part A does not apply for this benefit, may he/she enroll later at anytime?

Answer: An individual is not given the option of refusing premium free Part A Medicare. He/she receives it when eligible; therefore, there is no need to enroll later.

4. How does an individual who has chronic renal disease apply for Medicare Part A?

Answer: Application is made with SSA. Most providers who specialize in this disease have the appropriate Medicare forms.

5. When is a person with chronic renal disease eligible for Medicare Part A?

Answer: An individual may apply in the third month of dialysis or immediately for home dialysis or a kidney transplant.

6. May an individual purchase Medicare Part A but not B?

Answer: No.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

7. a) Can OBRA applicants/beneficiaries qualify for Medicare?

b) If Yes, can they be eligible as a QMB?

Answer: a) Yes, an OBRA individual can qualify for Medicare if the individual has paid into Social Security for the required quarters and is also either 1) blind or disabled and has received Title II benefits for at least 24 months or 2) aged.

b) Federal guidelines state that a QMB must be either a citizen or a lawfully admitted for permanent residence alien; therefore, an OBRA alien is not eligible for QMB benefits.

8. Must a blind individual also receive Title II benefits for 24 months before eligibility for Medicare begins?

Answer: Yes.

9. If an individual files for Part A benefits after the March 31st general enrollment, will SSA waive this deadline in some cases?

Answer: Yes. If the individual has good cause.

10. Is a child or spouse of an aged, deceased, blind, or disabled individual eligible for Medicare?

Answer: Yes, but only if he/she is also aged, blind, or disabled and the spouse or parent is or was entitled to Medicare.

SSI/SSP Recipients

1. Should the county mail an application or Statement of Facts to the individual who was terminated from SSI/SSP to determine if he/she continues to be eligible as a QMB?

Answer: Yes, if the individual did not receive these forms with the *Ramos v. Myers* NOA.

2. If an SSI/SSP individual who is also eligible as a QMB has an increase in income which changes the amount of his/her cash grant but is not enough to cause the loss of SSI/SSP eligibility, will the county be notified?

Answer: Unless the individual informs the county directly, the county will not be aware of this fact until the QMB redetermination.

3. How may the SSI/SSP recipient distinguish his/her check from that of the SSA Title II check?

Answer: The SSI/SSP check is sent in a blue envelope and has "SSI" on the face of the check as opposed to an SSA Title II check which is sent in a manila envelope and has "SOC SEC" on the face.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. Is the MC 13 Form (Citizenship) required for SSI/SSP recipients who apply for QMB benefits?

Answer: No. SSA has already asked for this information.

5. If the county inadvertently reviews IEVS and finds a contradiction in income from the income recorded on MEDS, should the county attempt to verify the difference?

Answer: No. Counties are to assume that the income information on MEDS is correct unless the individual reports otherwise.

6. Is a QMB redetermination required for SSI recipients?

Answer: Yes. They are considered aged, blind, or disabled and should be evaluated yearly.

7. If the individual has been receiving QMB benefits based on the SDX information and he/she is then terminated from SSI/SSP, should the county require a regular application to continue QMB benefits?

Answer: Yes. We are in the process of changing the *Ramos v. Myers* Notices of Action to include QMBs. Until that time, counties should terminate QMBs benefits if a regular application is not received from the QMB beneficiary within a reasonable time after the county request.

Providers and Billing

1. If a QMB-only individual resides in a county that requires Medi-Cal recipients to use certain facilities such as a prepaid health plan (PHP), may the QMB-only use that facility?

Answer: Not at this time, but he/she can use other providers who accept Medi-Cal and Medicare.

2. If a QMB beneficiary receives services from a provider who does not accept Medi-Cal, can the beneficiary be billed for the coinsurance and deductibles if the beneficiary receives services from a provider who is not an approved Medi-Cal provider?

Answer: Yes

3. May a provider bill a QMB for the difference between his/her rate and the approved Medicare reimbursement (in the case when we do not reimburse for any or all coinsurance and deductibles)?

Answer: No.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Property

1. Can a QMB applicant spenddown excess property to within the QMB property limit?

Answer: Yes.

2. If an individual is less than 18 years old and married, is he considered a QMB adult or child?

Answer: He/she would be considered an adult for Medi-Cal, (unless claimed as a tax dependent by his/her parents), as well as for QMB regulations.

3. When there is more than one child in the home applying for QMB benefits and one has more property than the other, should the county begin the QMB property determination with the child with less property or more?

Answer: It is the county's decision. However, the county may wish to begin with the child who has the most property to avoid a recomputation if that child is ineligible.

4. Will the property level change on an annual basis?

Answer: No.

5. How will community spouse rules under MCCA affect QMB property rules?

Answer: MCCA primarily affects situations where one spouse is institutionalized after September 30, 1989, the other spouse is not institutionalized, and the application is made on or after January 1, 1990. Each spouse is in a separate MFBU. After initial MCCA eligibility is established, the EW uses the CSRA for the community spouse's QMB determination and the property reserve of no more than \$2,000 for the QMB determination of the institutionalized spouse. The division of community property applies in all other cases where spouses are in separate MFBUs. In those cases, the spouse's separate and one-half of the community property is used in determining the QMB eligibility of each respective spouse.

Income

1. Must the county deny or discontinue QMB applicants/recipients who are not eligible due to excess income based on the SSA COLA or may the county wait until the increase in the federal poverty level?

Answer: Effective January 1, 1991, the county must disregard the COLA increase until the publication of the federal poverty level.

2. When does the "Standard QMB Allocation" amount change?

Answer: The Standard QMB Allocation amount changes on January 1st of each year based on the annual Title II, Social Security Cost of Living Adjustment (COLA).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. How are Impairment Related Work Expenses (IRWE) deducted? Are there set limits? Are IRWEs allowed under the regular Medi-Cal program?

Answer: The IRWE is deducted from a QMB applicant's earned income. The IRWE deduction is the actual amount paid by the applicant. These deductions are not applicable for those applying for regular Medi-Cal.

4. Since the Medicare Part B premium is deducted from the SSA benefit check (unless the beneficiary does not receive a check), what amount is used to determine QMB income?

Answer: Since the gross amount of the SSA benefit is considered, it is necessary to add the premium amount back if it was deducted.

5. If the spouse is also applying and he/she has income less than the Standard QMB Allocation amount, would this income be exempt?

Answer: No. Only the income of the ineligible spouse shall be evaluated for exemption if less than the Standard QMB Allocation amount.

6. Under Medi-Cal income methodology, a child may be excluded from the MFBU. May the child be excluded using SSI Income methodology?

Answer: No, not unless the child receives PA or other PA. A child's income is only considered when computing the parent allocation to an ineligible child(ren).

7. When do the SSA grant amounts change?

Answer: The grant amounts are based on the COLA and are effective on January 1st of each year; however, the COLA is to be disregarded for QMB applicants/beneficiaries for the first three months.

8. Would any QMB applicant have a share of cost (SOC) under regular Medi-Cal?

Answer: There is a possibility that a QMB child might have earned income. Ineligible parents would be entitled to a parent deduction under SSI methodology. This deduction is not allowed under regular Medi-Cal. There are also individuals in LTC with a SOC who will be QMB eligible.

9. Under "Pickle", a person is in his/her own MFBU. Would a person be in his/her own MFBU when applying for QMB benefits?

Answer: Only if the person were in long term care. A person who is applying as a QMB should first be determined using Medi-Cal rules (all family members are in the MFBU). If not eligible, then SSI rules are used and there would be an MFBU of either one or two (depending on whether the income of the ineligible spouse is combined with the applicant's income).

10. Is income apportioned under SSI income methodology?

Answer: No. SSI income methodology requires that the actual gross income be used to determine income eligibility.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

11. How will community spouse rules under MCCA affect QMB income rules?

Answer: They do not. Post-eligibility treatment of income rules do not apply to QMB individuals.

12. If the individual is paying for Board and Care, is this amount considered unavailable as it is under Medi-Cal?

Answer: Board and Care expenses are considered unavailable under Step I (Medi-Cal), but not under the Step II (SSI) determination.

L. NOTICES and FORMS

The following notices and forms are enclosed. The MC 176 2A and 2B have been revised.

1. MC 239 J Notice of Action - Approval for Benefits as a QMB

This NOA may be used for all approved and preapproved QMB applicants. For example, this form may be used for:

- Medi-Cal beneficiaries who have not met the QMB eligibility requirements except for Part A and who must apply for Part A, or who have met all the QMB eligibility requirements; or,
- The general public who must apply for conditional Part A at the SSA office or are eligible because they already have Part A and meet all other QMB requirements.

2. MC 239 J (SP) Notice of Action - Approval for Benefits as a QMB

This is the Spanish version of the MC 239 J NOA.

3. MC 239 K Notice of Action - Denial or Discontinuance of Benefits as a QMB.

This NOA may be used for all QMB applicants.

4. MC 239 K (SP) Notice of Action - Denial or Discontinuance of Benefits as a QMB

This is the Spanish version of the MC 239 L NOA.

5. MC 176 QMB-3 and Cover Sheet (English & Spanish)

This form and information sheet may be used to enroll those QMB applicants who do not have Part A. Counties may use another method if their local Social Security Administration Office prefers; NOTE: Counties should include the Medicare HIC number and entitlement date for MEDS input if using a different form.

6. MC 176 P QMB/SLMB-A - QMB Property Worksheet - Adult

This form may be used to determine the property of a QMB applicant 18 years of age and older or if married.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

7. MC 176 P QMB/SLMB-C - QMB Property Worksheet - Child

This form may be used to determine the property of a QMB applicant 17 years of age and younger and unmarried.

8. MC 176 QMB/SLMB 1 - QMB Income Eligibility Worksheet - All Applicants

This form may be used to determine the income of a QMB applicant, couple, or a minor child(ren) who is also applying for regular Medi-Cal benefits.

9. MC 176 QMB/SLMB 2A - QMB Income Eligibility Worksheet - Applicant with an Ineligible Spouse, with or without children.

This form may be used to determine the income of a QMB applicant who has an ineligible spouse with or without children, who is not applying for regular Medi-Cal benefits or who was not eligible using the MC 176 QMB1 worksheet.

10. MC 176 QMB/SLMB 2B - QMB Income Eligibility Worksheet - Child Applying with or without Ineligible Parents

This form may be used to determine the income of a QMB child who is not applying for regular Medi-Cal benefits or who was not eligible using the MC 176 QMB 1 worksheet.

11. MC Information Notice 008 - QMB Program Information Notice

This form may be used to provide information to those interested in the requirements of the QMB program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**MEDI-CAL
NOTICE OF ACTION**
Approval For Benefits as a Qualified
Medicare Beneficiary (QMB)

(County Stamp)

Date: _____

Case No: _____

Worker No: _____

This Affects: _____

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 the Qualified Medicare Beneficiary (QMB) program. This program pays your Social Security Administration (SSA) Medicare Part A and B premiums, coinsurance and deductibles.

We determined that:

- Beginning ____/____/____, you meet the basic eligibility requirements for the QMB program; however, before Medi-Cal can begin paying your Medicare expenses SSA must confirm your Part A eligibility.
- Since you have already applied for Part A, no further action is required now.
- You must apply for Part A. Take the enclosed form to the SSA office. Ask SSA to return this form to us as soon as possible.
- We have requested SSA to verify your Part A eligibility. No further action is required now.
- If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

If you pay Part A premiums, allow 3-4 months from the time you are eligible as a QMB for SSA to stop billing you or deducting these premiums from your check. If you do not pay Part A premiums, ask SSA when your Medicare will start.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50258.

MC 230 J (3/93)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

NOTIFICACION DE ACCION DE MEDI-CAL Aprobación de Beneficios como Beneficiario Aprobado de Medicare (QMB)

(Sello del Condado)

┌ _____ ┐

└ _____ ┘

Fecha: _____

No. del Caso: _____

No. del Trabajador(a): _____

Esto Afecta a: _____

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

Hemos revisado su solicitud para ver si usted reúne los requisitos para el Programa de Beneficiario Aprobado de Medicare (QMB). Este programa paga sus primas, coseguro y deducibles de Medicare Parte A y B de la Administración del Seguro Social (SSA).

Hemos establecido que:

- Comenzando el ____/____/____, usted reúne los requisitos básicos para el programa QMB; sin embargo, antes que Medi-Cal pueda comenzar a pagar sus gastos de Medicare, la SSA tiene que confirmar su elegibilidad para la Parte A.
- Puesto que usted ya ha presentado una solicitud para la Parte A, ahora no se requiere ninguna otra acción.
- Usted tiene que solicitar la Parte A. Lleve la forma que se adjunta a la oficina de la SSA. Pídale a la SSA que nos la devuelva tan pronto como sea posible.
- Le hemos pedido a la SSA que verifique la elegibilidad suya para la Parte A. Ahora no se requiere ninguna otra acción.

- Si usted solicitó elegibilidad para Medi-Cal regular, recibirá una notificación por separado.

Si usted paga primas para la Parte A, permita que pasen de 3 a 4 meses a partir de la fecha en que usted reúna los requisitos como QMB, para que la SSA deje de enviarle cobros a usted, o para que deje de deducir estas primas de su cheque. Si no paga primas para la Parte A, pregúntele a la SSA cuándo comenzará su Medicare.

El ordenamiento que requiere esta acción, es la sección 50258 del Título 22 del Código de Ordenamientos de California.

MC 239 J (SP) (3-93)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL NOTICE OF ACTION Denial or Discontinuance of Benefits as a Qualified Medicare Beneficiary

(County Stamp)

State 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 Qualified Medicare Beneficiary (QMB) program.

We determined that:

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

Here is why:

- checkbox Your income/property is above the limit. If you have Part A Medicare and should your income/property decrease, you may reapply. The limit is \$ _____. If you do not have Part A Medicare, please reapply in January. The income limit may rise in future years.
checkbox The Social Security Administration did not confirm that you are eligible for Medicare Part A. Contact your local SSA office for more information.
checkbox You do not have Medicare Part A and/or Part B. You must contact your local SSA office to apply. When you receive verification of Medicare, please contact this office again.
checkbox Other reasons.
checkbox You are not eligible for the regular Medi-Cal program because:
checkbox 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)

MC 239 K (10/89)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 when you ask.

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).

BA BACK 6

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 _____

67-56585

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL
NOTIFICACION DE ACCION
Negación o Descontinuación de Beneficios como
Beneficiario Aprobado de Medicare

(County Stamp)

County stamp box with corner brackets.

Large empty box with corner brackets for additional information.

No del Estado: _____

Distrito: _____

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

Hemos revisado su solicitud para ver si usted es elegible para un programa nuevo que se llama Beneficiario Aprobado de Medicare (QMB).

Se ha determinado que:

- Usted no es elegible para el programa QMB.
Su elegibilidad para el programa QMB termina ____/____/____.

La razón es la siguiente:

- Sus ingresos/bienes exceden el límite. Si usted tiene la porción A del seguro de Medicare y si el valor de sus ingresos/bienes disminuyen, usted puede volver a solicitar. El límite es de \$ _____. Si usted no tiene la porción A de Medicare, por favor vuelva a solicitarla en enero. Es posible que el límite de ingreso aumente en los próximos años.
La Administración del Seguro Social (SSA) no confirmó que usted es elegible para la porción A del seguro de Medicare. Para mayor información comuníquese con su oficina local de la SSA.
Usted no tiene cobertura de la porción A y/o de la porción B. Para solicitarla, comuníquese con su oficina local de la SSA. Una vez que usted reciba la verificación de Medicare, comuníquese con nuestra oficina nuevamente.
Otras razones.
Usted no es elegible para recibir beneficios normales del programa de Medi-Cal porque:
Si también solicitó beneficios normales de Medi-Cal, recibirá notificación sobre este programa 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)

MC 239 K (10/89) (SP)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado.

El lado derecho de esta página le indica cómo 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 período 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.

Expediente de la audiencia: Si usted solicita una audiencia, la 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)

NA BACK 6 - Spanish

PS 01126

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: _____

Fecha: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

COVER SHEET FOR THE MC 176 QMB-3 MEDICARE HOSPITAL INSURANCE REFERRAL FORM

A NEW BENEFIT MAY BE AVAILABLE TO YOU- MEDICARE HOSPITAL INSURANCE

There is a new benefit under the Medi-Cal program you may want to have. Under a new law, if you want to have Medicare Hospital Insurance (Part A), we may be able to buy it for you and pay the premiums, deductibles, and coinsurance. We may already pay for your Medicare Medical Insurance (Part B), for doctors' services and some other medical items and services. However, before we can pay for your Part A Hospital Insurance, you must be a "Qualified Medicare Beneficiary".

WHY SHOULD YOU ENROLL FOR HOSPITAL INSURANCE?

With Medicare Hospital Insurance, you may have a wider choice of hospitals in which to receive care depending on where you live. Medicare Hospital Insurance may provide slightly different benefits than the Medi-Cal program.

WHAT HAPPENS IF YOU DO NOT WISH TO BECOME A QUALIFIED MEDICARE BENEFICIARY?

If you do not wish to enroll, we will continue to pay your Part B Medicare Medical Insurance premium, coinsurance and deductible, if you are eligible, and your regular Medi-Cal will continue unless you no longer meet the eligibility requirements for the Medi-Cal program. You still are covered for all necessary medical care, including full hospitalization.

WHO CAN BECOME A "QUALIFIED MEDICARE BENEFICIARY?"

To become a Qualified Medicare Beneficiary:

1. Your income must be at or below a federal limit which is a percentage of the federal poverty level.
2. Your property must be at or below twice that of the Medi-Cal property limit.
3. You must meet other requirements of the regular Medi-Cal program such as residency, etc.
4. You must qualify for Medicare Part A Hospital Insurance.

If you are not entitled to free Medicare Hospital Insurance and must pay a monthly premium, we will pay the premium for you if you meet the 4 requirements shown above.

WHAT YOU SHOULD DO TO ENROLL

You have already been determined to meet the first, second, and third steps because your income and property is at or below the federal limit and you meet other Medi-Cal program requirements. If you want to become a Qualified Medicare Beneficiary, the last step is to take the enclosed Form MC 176 QMB-3 to your local SSA office by March 31st. Return this form to your county office when it is completed by SSA.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The Social Security Administration will tell us when you meet the *Hospital Insurance* requirements.

WHAT HAPPENS IF YOU ENROLL IN HOSPITAL INSURANCE?

If you meet all the requirements, we will then make you a Qualified Medicare Beneficiary and will begin paying your Medicare *Hospital Insurance* premiums, deductible, and coinsurance in July. You will receive the same Medicare benefits as other Medicare beneficiaries, plus the benefit of having the Medi-Cal program pay for other Part A costs. We will continue to pay your Part B Medicare Medical Insurance premium, deductible, and coinsurance if you are eligible.

WHAT HAPPENS IF YOU DON'T ENROLL ON TIME?

To enroll this year, you must take the enclosed form to your local SSA office by March 31st. If you don't, you must wait until January, February or March of the following year for your next chance to enroll in *Hospital Insurance*.

WHAT HAPPENS IF YOU ARE NO LONGER A QUALIFIED MEDICARE BENEFICIARY?

If you are no longer a Qualified Medicare Beneficiary because your income or property has increased, or you fail to meet other Medi-Cal requirements, we will not be able to continue to pay your *Hospital Insurance* premium. If this happens and you want to keep the Medicare *Hospital Insurance*, you will have to pay the premium yourself.

MEDI-CAL ESTATE RECOVERY

Any Medi-Cal payments made on behalf of an individual 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.

IF YOU HAVE ANY QUESTIONS

If you have any questions, you should call or write to your eligibility worker at your local welfare office for more information.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY (QMB) REFERRAL

APPLICANT NAME:	ADDRESS:		
SSN:	DOB:	SEX:	
MEDICARE HIC#			
PHONE			

The person named above is an applicant for the Qualified Medicare Beneficiary (QMB) Program. Medicare eligibility status must be confirmed before the State can begin paying his/her Medicare premiums, deductibles and coinsurance.

**INSTRUCTIONS: COUNTY WELFARE DEPT. - Please complete Part I.
SSA - Please enroll applicant in Medicare and complete Part II. Have the applicant return this form to the county.**

PART I COMPLETED BY COUNTY DEPARTMENT OF SOCIAL SERVICES/WELFARE.

- Currently eligible for Part B; however, must apply for conditional Part A.
- Not currently enrolled in either Medicare Part A or Part B. Please enroll the applicant in conditional Part A and Part B (if eligible).
- Medicare status unknown.

COUNTY WELFARE ADDRESS:	EW NAME/EW#:	PHONE:	DATE:
-------------------------	--------------	--------	-------

PART II COMPLETED BY SOCIAL SECURITY ADMINISTRATION

- Eligible for conditional Medicare Part A effective _____.
Please evaluate for QMB eligibility.
- Currently receiving Medicare Part A.
- Must reapply during the general enrollment period.
- Not eligible for Part A or B because:

SSA SIGNATURE:	TITLE:	PHONE:	DATE:
----------------	--------	--------	-------

MC 176 OMB-3 (10/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

PAGINA INFORMATIVA SOBRE LA FORMA MC 176 QMB - 3 SEGURO DE HOSPITAL DE MEDICARE FORMA DE REFERENCIA

ES POSIBLE QUE UN BENEFICIO NUEVO ESTE A SU DISPOSICION-EL SEGURO DE HOSPITAL DE MEDICARE

Es posible que usted desee tener el nuevo beneficio que existe bajo el programa de Medi-Cal. Conforme a una nueva ley, si usted desea tener Seguro de Hospital de Medicare (Parte A), es posible que se lo podamos comprar y pagarle las primas, deducibles y coseguro. Es posible que ya paguemos su Seguro Médico de Medicare (Parte B), para los servicios de médico y algunos otros artículos y servicios. Sin embargo, antes de que podamos pagar su Seguro de Hospital, Parte A, usted tiene que reunir los requisitos como "Beneficiario Aprobado de Medicare".

¿POR QUE SE DEBE REGISTRAR PARA RECIBIR SEGURO DE HOSPITAL?

Es posible que con el Seguro de Hospital de Medicare usted tenga una selección más amplia de hospitales en los cuales puede recibir cuidado, dependiendo de su lugar de residencia. El Seguro de Hospital de Medicare le puede proporcionar beneficios un poco diferentes de los que le brinda el programa de Medi-Cal.

¿QUE PASA SI USTED NO DESEA CONVERTIRSE EN BENEFICIARIO APROBADO DE MEDICARE?

Si no desea registrarse, continuaremos pagando su prima, del Seguro Médico de Medicare, Parte B, el coseguro y el deducible y, si usted reúne los requisitos, y continuará recibiendo sus beneficios regulares de Medi-Cal, a menos que ya no reúna los requisitos para recibirlos conforme al programa de Medi-Cal. Usted sigue recibiendo cobertura para todo su cuidado médico necesario, incluyendo la hospitalización completa.

¿QUIEN PUEDE CONVERTIRSE EN "BENEFICIARIO APROBADO DE MEDICARE"?

A fin de convertirse en Beneficiario Aprobado de Medicare:

1. Sus ingresos tienen que estar al límite federal o por debajo del mismo, el cual es un porcentaje del nivel de pobreza federal.
2. Sus bienes tienen que estar al límite de bienes de Medi-Cal o dos veces por debajo del mismo.
3. Usted tiene que reunir otros requisitos del programa de Medi-Cal regular, tales como el de residencia, etc.
4. Usted tiene que reunir los requisitos para recibir Seguro de Hospital de Medicare, Parte A.

Si usted no tiene derecho a recibir Seguro de Hospital de Medicare gratis, y tiene que pagar una prima mensual, le pagaremos esa prima si reúne los 4 requisitos mencionados anteriormente.

LO QUE DEBE HACER PARA REGISTRARSE

Ya se ha determinado que usted reúne el primer, segundo y tercer requisitos, puesto que sus ingresos y bienes están al límite federal o por debajo del mismo, y usted reúne otros requisitos del programa de Medi-Cal. Si usted desea convertirse en Beneficiario Aprobado de Medicare, el último paso a seguir es llevar la Forma MC 176 QMB-3 que se adjunta, a su oficina local de la Administración del Seguro Social (SSA), a más tardar el 31 de marzo. Una vez que la SSA la haya completado, devuelva esta forma a la oficina de su condado.

MC 176 QMB-3 COVER SHEET (SP) (12/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

La Administración del Seguro Social nos comunicará cuando usted reúna los requisitos para recibir *Seguro de Hospital*.

¿QUE SUCEDE SI SE REGISTRA PARA RECIBIR SEGURO DE HOSPITAL?

Si usted reúne todos los requisitos, entonces nosotros lo convertiremos en Beneficiario Aprobado de Medicare y comenzaremos a pagarle sus primas, deducibles y coseguro del *Seguro de Hospital* de Medicare, en julio. Usted recibirá los mismos beneficios de Medicare que los otros beneficiarios de Medicare, más el beneficio de que el programa de Medi-Cal le pague otros costos de la Parte A. Continuaremos pagando su prima, deducible y coseguro del Seguro Médico de Medicare, Parte B, si reúne los requisitos.

¿QUE SUCEDE SI NO SE REGISTRA A TIEMPO?

A fin de registrarse este año, usted tiene que llevar la forma que se adjunta, a su oficina local de la SSA, a más tardar el 31 de marzo. Si no lo hace, tiene que esperar hasta enero, febrero o marzo del siguiente año para tener la oportunidad de registrarse para recibir *Seguro de Hospital*.

¿QUE PASA SI DEJA DE SER BENEFICIARIO APROBADO DE MEDICARE?

Si ya no es Beneficiario Aprobado de Medicare debido a que sus ingresos o bienes han aumentado, o no reunió otros requisitos de Medi-Cal, no podremos seguir pagando su prima de *Seguro de Hospital*. Si esto sucede, y usted desea mantener su *Seguro de Hospital* de Medicare, tendrá que pagar la prima usted mismo(a).

RECUPERACION QUE HACE MEDI-CAL DEL CAUDAL HEREDITARIO

Cualesquier pagos de Medi-Cal que se hagan en beneficio de un individuo mayor de 65 años, pueden ser recuperados por el estado después de la muerte de éste, bajo ciertas condiciones. Se puede hacer la recuperación del caudal hereditario o del heredero del beneficiario de Medi-Cal, si el beneficiario no deja un cónyuge, niños menores, o un hijo totalmente incapacitado que le sobrevivan.

SI TIENE ALGUNA PREGUNTA

Si tiene alguna pregunta, debe llamar o escribir a su trabajador(a) de elegibilidad a su oficina local de bienestar para recibir más información.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

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 IIB less than or equal to line IID?
- Yes, QMB/SLMB property requirement met.
- No, ineligible due to excess property.

Eligibility Worker Signature

Worker Number

MC 176 P QMB/SLMB - A (10/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

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

MC 176 P OMB/SLMB-C (10/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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.

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".

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 II 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
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Court Ordered Child/Spousal Support	<u>Gibbins v. Rank</u>

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 from 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).

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

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		
<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.			
State Number		Name — First, Middle, Last			Birthdate	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Coverage
Co.	Aid	7 Digit Serial No.	MFBU	Pers. No.	Mo. Day Yr.		(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)			II. INCOME OF MFBU MEMBERS NOT LISTED IN I (EXCEPT PA OR OTHER PA)			III. QMB/SLMB ELIGIBILITY COMPUTATION		
A. NONEXEMPT UNEARNED INCOME			A. NONEXEMPT UNEARNED INCOME			1. Countable Income from I. 16.		
	a. OMB/SLMB Applicant	b. OMB/SLMB Spouse (or) Parent/Ineligible Spouse or Parent(s)	1. RSDI			2. Countable Income from II. 9.		
1. RSDI			2. Net Income from property			3. Combined Countable Income (add 1 and 2, rounded) \$		
2. Net Income from property			3. Other—Itemize			4. Total current QMB/SLMB Poverty Level for appropriate MFBU of \$		
3. Other—Itemize			4.			(If line 3 is less than line 4, QMB/SLMB eligible. If line 3 exceeds line 4, complete the MC QMB/SLMB 2A or 2B)		
4.			5. Total Unearned Income (add 1 thru 4) \$					
5. Total (add 1 thru 4)	a.	b.	B. NONEXEMPT EARNED INCOME					
6. Combined Unearned Income (add 5a and 5b)			6. Total Net Earned Income (MC 176W, Part IV, Line 11.) \$					
7. Any income deduction —\$20			C. TOTAL COUNTABLE INCOME					
8. Countable Unearned Income (6 minus 7) \$			7. Subtotal (add 5 and 6) \$					
B. NONEXEMPT EARNED INCOME			8. Child Support/Alimony paid					
9. Gross Earned Income	a.	b.	9. Total Countable Income (7 minus 8) \$					
10. Combined Earned Income (add 9a and 9b)			NOTE:					
11. Deduct IRWE of potential QMB/SLMB Applicant(s) Only			If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.					
12. Remainder (subtract 11 from 10) \$			Total income for educational purpose _____					
13. \$65 Earned Inc. deduction plus \$ _____ unused \$20			Less total educational expenses _____					
14. Remainder (subtract 13 from 12) \$			Net countable income _____					
15. Countable Earned Income (divide 14 by 2) \$			If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:					
16. Total Countable Income (add 8 and 15) \$			Educational Expenses Section 50547					
			Absent Parent Support Section 50541					
			Student Deduction Section 50551					
			\$30 plus 1/3 Section 50551.1					
			Work Expenses for the Blind Section 50551.4					
			Income for Self-Support Section 50551.5					
IV. EXEMPT INCOME								
Note: Do not allow a deduction for health insurance.								
Eligibility Worker Signature				Worker Number		Computation Date		County Use

MC 176 QMB/SLMB-1 (10/92)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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

Form MC 176 QMB/SLMB-2A, Income Eligibility Work Sheet, 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, application, 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/SLMB-2A 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, and 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 A PA IN MFBU.

Four-Month or Nine-Month Continuing Eligibility	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 <i>Lynch v. Rank</i> decision.
ABD/LTC or ABD/B&C	For an ABD person or the spouse of an ABD person who 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 or "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 15.A. 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 any, 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	<i>Gibbins v. Rank</i>

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' available income 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.(1). If line 7.b.(1) is a minus figure, enter the minus amount on line 12.b. and enter zero on line 7.b.(2). Otherwise, enter the amount from line 7.b.(1) onto line 7.b.(2).
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). (Add line 7.b.(2) and line 5.a.)
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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

B. Nonexempt Earned Income

11. Enter the gross earned income.
12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (Any minus amount on line 7.b.(1)). Otherwise, enter zero in line 1.B.12.b.
13. Subtract line 12.b. from line 11.b. Enter the remainder on line 13.b. Exception: enter zero on line 13.b. if line 12.b. is greater or equal to line 11.b.
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. Exception: enter zero on line 16 if line 15 is greater or equal to line 14.
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 on line 18. If line 17 is greater or equal to 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 SSI 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 I.A.6.b.).
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. Complete Section III to determine whether this figure is to be entered on line I.A.6.b. If Section III, line 5 is less than the current SSI allocation, stop and do not complete Section I.b.

Section III. Ineligible Spouse Income Exemption Determination

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from line I.5.b.
2. Gross Earned Income: Enter the gross earned income of the spouse from line I.B.11.b.
3. Total columns 1 and 2. for combined income of spouse.
4. Allocation to minor child(ren): Enter the figure from line II.5.
5. Remainder: Subtract line 4 from line 3. If line III.5. is less than the current SSI allocation amount, this income is exempt. Do not complete Section I.b. Do not enter the total allocation to ineligible children from Section II, line 5 to Section I, line A.6.b.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Section IV. QMB/SLMB Eligibility Determination

1. Total Countable Income: This is the total countable income entered on line I.B.20. This figure was obtained by adding lines I.A.10. and I.B.19.
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 IV.1. is less than line IV.2., 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

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

Case Name					County District		County Use																																																																																															
<input type="checkbox"/> 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.																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">State Number</th> <th rowspan="2">Name—First, Middle, Last</th> <th rowspan="2">Birthdate Mo. Day Yr.</th> <th rowspan="2">Sex</th> <th rowspan="2">(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.</th> <th rowspan="2">Other Coverage</th> </tr> <tr> <th>Co.</th> <th>Aid</th> <th>7 Digit Serial No.</th> <th>Para. No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>(1) (2)</td><td> </td></tr> </tbody> </table>									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.	Aid	7 Digit Serial No.	Para. No.								(1) (2)									(1) (2)									(1) (2)									(1) (2)									(1) (2)									(1) (2)									(1) (2)									(1) (2)									(1) (2)	
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.	Aid	7 Digit Serial No.	Para. No.																																																																																																			
							(1) (2)																																																																																															
							(1) (2)																																																																																															
							(1) (2)																																																																																															
							(1) (2)																																																																																															
							(1) (2)																																																																																															
							(1) (2)																																																																																															
							(1) (2)																																																																																															
							(1) (2)																																																																																															
							(1) (2)																																																																																															
I. INCOME OF POTENTIAL OMB/SLMB INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED AND 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 OMB/SLMB CHILD(REN), PA OR OTHER PA.																																																																																																		
A. NONEXEMPT UNEARNED INCOME		a. OMB/SLMB Applicant		b. Eligible or Ineligible spouse		Child #1		Child #2	Child #3	Child #4																																																																																												
1.	RSDI					1. Name																																																																																																
2.	Net income from property					2. Standard SSI allocation																																																																																																
3.	Other—(itemize)					3. Subtract ineligible minor child(ren) income (gross). Evaluate for student deduction.																																																																																																
4.						4. Allocation to ineligible child (2 minus 3)																																																																																																
5.	Total (add 1 through 4)		a.		b.	5. Total allocation to ineligible children (add 4a., b., c., and d.)																																																																																																
6.	Allocation to ineligible child(ren) from ineligible spouse (Column II.5)				b. -	Enter the amount from line 5, Section II to line 6.b., Section I.A., only if the remaining income of the ineligible spouse exceeds the standard SSI allocation amount. Use Section III to make this determination.																																																																																																
7.	Remainder (line 5.b. minus 6.b.)				b. (1)	III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY.)																																																																																																
8.	Combine unearned income (add 5 a. and 7.b.(2))				b. (2)																																																																																																	
9.	Any income deduction					1. Total unearned income (gross) (line 5b., Section I.)																																																																																																
10.	Countable unearned income (8 minus 9)					2. Total earned income (gross) (line 11.b., Section I)																																																																																																
B. NONEXEMPT EARNED INCOME						3. Total (add 1 and 2)				\$																																																																																												
11.	Gross earned income		a.		b.	4. Allocation to children (line 5, Section II)				\$																																																																																												
12.	Unused portion of allocation to ineligible children				b.	5. Remainder (subtract 4 from 3)				\$																																																																																												
13.	Remainder (11.b. minus 12.b.)				b.	(If line 5 is less than the current standard SSI allocation amount, this income is exempt; do not complete Section I.A.b. or I.B.b.)																																																																																																
14.	Combined earned income (11.a. plus 13.b.)					IV. OMB/SLMB ELIGIBILITY DETERMINATION																																																																																																
15.	Deduct IRWE of potential OMB/SLMB applicant(s) only					1. Total countable income (line 20.b., Section I, rounded)				\$																																																																																												
16.	Remainder (subtract 15 from 14)					2. Current poverty level for _____				\$																																																																																												
17.	\$65 earned income deduction plus \$ _____ of unused \$20					(If line 1 is less than line 2, individual or couple OMB/SLMB eligible)																																																																																																
18.	Remainder (17 minus 16)					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.																																																																																																
19.	Countable earned income (divide 18 by 2)																																																																																																					
20.	Total countable income (add 10 plus 19)																																																																																																					
(Enter this amount on line 1, Section IV)																																																																																																						
Eligibility Worker Signature					Worker Number		Computation Date		County Use																																																																																													

MC 176 OMB/SLMB-2A (9/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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

Form MC 176 QMB-2B, Income Eligibility Work Sheet, 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/SLMB-2B 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:

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 <i>Lynch v. Rank</i> decision.
ABD/LTC	For an ABD person or the spouse of an ABD person who 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.
ABD/B&C	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 or "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 15.A 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	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. Enter the amount of all other unearned income.
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.b.
7. Subtract line 6 from line 5, or enter the amount from MC 176W, Part VI.A. on 7a. If this is a minus amount, enter zero on line 7b and the minus amount on Section I, Part B, line 11. Otherwise enter the amount on line 7a onto line 7b.
8. No entry. This shows the \$20 any income deduction.
9. Subtract line 8 from line 7b. This is the countable unearned income. If the countable unearned income is a minus figure, enter zero on line 16 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 12.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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:

Student 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	<i>Gibbins v. Rank</i>

10. Enter the gross earned income.
11. Enter the unused amount of any allocation for ineligible minor child(ren) that was not offset by countable unearned income (I.A.6.). NOTE: If there is no income remaining, either unearned or earned, do not allocate to the QMB child(ren). Enter zero on line 1 of Section III. If there is income, proceed with number 12.
12. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
13. Subtract lines 11 and 12 from line 10 to obtain the remaining earned income of the ineligible parent(s). Enter zero if the remainder is a negative amount.
14. Divide by 2.
15. Subtract line 14 from line 13 to obtain the remaining countable earned income of the ineligible parent(s).
16. Enter countable unearned income from line 9.
17. Add lines 15 and 16. This figure equals the countable income.
18. 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.
19. Subtract line 16 from line 17 and enter this figure on line 1 of Section III. This is the allocation from the ineligible parent(s) to the potential QMB/SLMB applicant.

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

1. Enter the name(s) of the ineligible child(ren). Do not include a QMB/SLMB child(ren), 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 earned income.
4. Subtract line 3 from line 2.
5. Total all columns on line 4 and enter the total allocation. This figure is also to be entered in Section I, line A.6.

Section III. QMB/SLMB Child Computation

1. Enter the parent(s) allocation from Section I, line B.19.
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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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. If appropriate, allow the student deduction.
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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

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

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		Para. No.		Name—First, Middle, Last		Birthdate Mo. Day Yr.		(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.		Other Coverage
Co.	Aid	7 Digit Serial No.	MFBU					(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.				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.					
A. NONEXEMPT UNEARNED INCOME		Ineligible Parent(s)				Child #1 Child #2 Child #3 Child #4			
1. RSDI				1. Name					
2. Net income from property				2. Standard SSI allocation					
3. Other—itemize				3. Subtract ineligible minor child(ren) income					
4.				Evaluate for student deduction.					
5. Total (add lines 1 through 4)	\$			4. Remaining allocation to ineligible child(ren) (line 2 minus line 3)		a.	b.		
6. Allocation to ineligible child(ren) (Section II line 5)	-			5. Total allocation to ineligible child(ren) (add lines 4a., b., c., and d)		c.	d.		
7. Remainder (line 5 minus line 6)	a. \$			(Enter the amount from line 5 on line 6, Section I.)					
	b. \$			III. QMB/SLMB CHILD COMPUTATION					
8. Any income deduction	-\$20			1. Allocation from parent(s) (line 19., Section I, rounded)		\$			
9. Countable unearned income Put on line 16 unless negative				2. Add QMB/SLMB child's own RSDI income		-\$			
B. NONEXEMPT EARNED INCOME				3. Add other unearned income		-\$			
10. Gross earned income				4. Total unearned income (add lines 1 through 3)		=			
11. Unused portion of allocation to the ineligible child(ren)	-			5. Subtract any income deduction		-\$20			
12. \$65 earned income deduction plus \$ of unused \$20	-			6. Remainder (line 4 minus line 5)		=			
13. Remainder	\$			7. Child(ren) countable earned income		-\$			
14. Divide by 2 and subtract	-			8. Subtract I.R.W.E		-			
15. Countable earned income	\$			9. Subtract \$65 earned income deduction plus \$ of unused \$20		-			
16. Add countable unearned income (line 9)	+			10. Remainder (subtract lines 8 and 9 from line 7)		\$			
17. Total countable income (add lines 15 and 16)	\$			11. Countable earned income (divide line 10 by 2)		-\$			
18. Subtract parent deduction*	-			12. Net nonexempt income (add lines 6 and 11)		\$			
19. Allocation to OMB/SLMB child				13. Current OMB/SLMB poverty level for one		\$			
If zero or negative, do not count toward applicant's income determination. Otherwise enter this amount on line 1, Section III.				(If line 12 is less than line 13, the child is income eligible for OMB/SLMB.)					
* Individual parent deduction amount if any one parent lives with OMB/SLMB child applicant, couple parent deduction amount if both parents live with the child.									
Eligibility Worker Signature				Worker Number		Computation Date		County Use	

MC 176 QMB/SLMB-28 (11/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY PROGRAM INFORMATION NOTICE

This notice is to help you decide whether to apply for the Qualified Medicare Beneficiary Program. People eligible for this program will have their Medicare expenses for Part A and Part B premiums, coinsurance and deductibles paid by the Medi-Cal program. You may apply for the *QMB* program at your local county department of social services.

There are four requirements which you must meet if you want to be a Qualified Medicare Beneficiary (*QMB*).

HERE ARE THE FOUR REQUIREMENTS:

1. A *QMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *QMB* must have income which is equal to or less than \$643 if he/she is a single person or \$856 if he/she is married and living with a spouse.
3. A *QMB* 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 *QMB* 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 *QMB* requirements.

REQUIREMENT 1 • A *QMB* must be eligible for Medicare Part A.

- I already have Part A Medicare Hospital Insurance.
- I do not have Part A Hospital Insurance but I understand I must apply for Part A at the Social Security Administration before March 31st. I understand that I can make a "conditional application" for Part A so that I will only receive it if the premium is paid by the Medi-Cal program.
- I have already applied for Part A.
- I will apply before March 31st.

REQUIREMENT 2 • A *QMB* who is not married or not living with a spouse must have countable income which is equal to or less than \$643. A *QMB* living with a spouse must have countable income which is equal to or less than \$856. These amounts are expected to increase sometime in April.

The following are examples of some types of income that count towards the *QMB* income limit. When a person applies to be a *QMB* 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 ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

I. Fill in the MONTHLY amounts for the person who wants to be a QMB.

- | | | |
|--|----|--------------|
| 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. | \$ | <u>_____</u> |

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 QMB.

- | | | |
|---|----|--------------|
| 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. | \$ | <u>_____</u> |

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 a <u>QMB</u> | \$ | _____ |
| 14. Gross earnings for the Spouse | \$ | _____ |
| 15. Total – Add lines 13 and 14 | \$ | _____ |
| 16. Subtract \$65 | -\$65 | _____ |
| 17. Remainder | \$ | _____ |
| 18. Divide by 2 | \$ | <u>_____</u> |
| 19. Total – Add lines 6, 12, and 18 | \$ | <u>_____</u> |

If you are not married, this amount cannot exceed \$643. If you are married and living with your spouse, this total cannot exceed \$856. However, if you have children or your 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

REQUIREMENT 3 A QMB who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4000. A QMB 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 QMB, 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 QMB 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 <u>all</u> policies combined exceeds \$1500. (Do <u>not</u> include "term" insurance policies) | \$ _____ |
| 9. Total – Add lines 1 - 8 | \$ <u>_____</u> |

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

REQUIREMENT 4 A QMB 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 or if you wish to apply as a QMB, please call the number of your local department of social services.

