STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320

TO: All County Welfare Directors
All County Administrative Officers

April 30, 1990
Letter No.:90-43

SUBJECT: QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

REFERENCE: ACWDL 90-29, 90-02

For your information, counties may no longer use an individual's Supplemental Security Income (SSI) grant amount to determine his/her QMB eligibility. The amount of the SSI grant may not properly reflect an SSI recipient's net nonexempt income because an SSI payment level can vary by living arrangement and whether a person is aged, blind, or disabled.

Instead, counties are to determine whether the recipient is eligible for the QMB program using the total of the net earned and unearned income listed on the MEDS screen (sample attached). Also, as of April 1, 1990, please use the attached 90 percent QMB Poverty Level Chart amounts.

If you have any questions regarding Qualified Medicare Beneficiary (QMB) income information, please call RaNae Dunne at (916) 324-4955/ATSS 454-4955.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration date:April 30, 1991

POVERTY LEVEL CHART

Number of Persons	Monthly Maintenance Need Level, 7/1/89	Maintenance Need - % of 2/16/90 Poverty Level	2/16/90 Poverty Level Monthly/Annual 1/	90% of 2/16/90 Poverty Level Monthly/Annual QMB 1/
1	$ 600	114.7%	$ 523/$6,280	$ 471/$5,652
2	750	106.8%	702/8,420	632/7,578
2 Adults	934	106.1%	702/8,420	632/7,578
3	934	106.1%	880/10,560	792/9,504
4	1,100	104.0%	1,058/12,700	953/11,430
5	1,259	101.7%	1,237/14,840	1,113/13,356
6	1,417	100.1%	1,415/16,980	1,274/15,282
7	1,550	97.3%	1,593/19,120	1,434/17,208
8	1,692	95.5%	1,772/21,260	1,595/19,134
9	1,825	93.6%	1,950/23,400	1,755/21,060
10	1,959	92.1%	2,128/25,540	1,916/22,986
Add for each additional family member:			+ 178/2,140	+ 160/1,926

1/ Amounts are rounded.
MNL for LTC = $35.

Effective 04/01/90

INQX ** TITLE XV1 -- SSI/SSP INFORMATION ** SAMPLE

MEDS-ID NAME EEH - 10/19/

MEDS-CUR-MMYY 10-

SDX-TRANS-CD
PAYMENT-STATUS
DENIAL-REASON

ELIGIBILITY STATUS INFORMATION
MEDICAID-ELIG-CD
MED-EFF-DATE
DENIAL-DATE

LAST-SDX-CHG
MASTER-FILE-TYPE
MULTICATEGORY

SSI-ELIG-AMT $153
SSP-ELIG-AMT Ø

$153 or more

INCOME AND PAYMENT INFORMATION
SSI-PAID-AMT
SSP-PAID-AMT

NET-UNEARN-INC $200
NET-EARNED-INC $249
DEEMED-INCOME Ø
YES $449)

SSI-LVG-ARR-CD
OPTL-LVG-ARR-CD
STATE-OPTL-PAY-CD
ASST-REIMBUR-STAT
MEDICAID-TEST-IND

OTHER INFORMATION
RECORD-ID
MARITAL-STATUS
ASSOC-SSN
DISABL-BLD-ONSET

PAYEE
CUSTODY
ADDRESS-SOURCE
SSA-DIST-OFF
ID-CARD-ISSUE-IND

LN -- ENTER QA,QB,QF,QH,QM,QO,QP,Q1,Q2,XC,XH,XM,XN + ENTER KEY RETURNS TO L

* USE THIS TOTAL TO DETERMINE Q M B ELIGIBILITY.