

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

Case name	County district	County use
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-New application
 -Redetermination
 -Change in income
 -Correction in circumstances

Effective eligibility date for this budget
 Month _____ Year _____

Case Number					Name First, Middle, Last	Birthdate Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
County	Aid	Seven-Digit Serial Number	MFBU	Person Number					
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
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								(1) (2)	

I. INCOME OF POTENTIAL QMB/SLMB/QI INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED; AND INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN).

A. NONEXEMPT UNEARNED INCOME	(a) QMB/SLMB/QI Applicant	(b) Eligible or Ineligible Spouse	II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB/QI CHILD(REN), PA OR OTHER PA.
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 4(a), (b), (c), and (d))
6. Allocation to ineligible child(ren) from ineligible spouse (Section II, line 5)		(b) - (b) (1) (b) (2)	Enter the amount from Section II, line 5, to Section I, Part A, line 6(b), 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 5b minus 6b)			
8. Combine unearned income (add 5(a) and 7(b)(2))	\$		III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY.)
9. Any income deduction	\$ - 20		1. Total unearned income (gross) (Section I, line 5(b))
10. Countable unearned income (8 minus 9)			2. Total earned income (gross) (Section I, line 11(b))
B. NONEXEMPT EARNED INCOME			3. Total (add lines 1 and 2)
11. Gross earned income	(a)	(b)	4. Allocation to children (Section II, line 5)
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, Part A, column (b) or Section I, Part B, column (b).)
14. Combined earned income (11(a) plus 13(b))	\$		IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION
15. Deduct IRWE of potential QMB/SLMB/QI applicant(s) only	-		--1. Total countable income (Section I, Part B, line 20, rounded)
16. Remainder (subtract 15 from 14)	\$		--2. List current poverty level for MFBU of _____
17. \$65 earned income deduction plus \$ _____ of unused \$20	-		a.--QMB (100%) _____
18. Remainder (17 minus 16)	\$		b. SLMB (120%) _____
19. Countable earned income (divide 18 by 2)	\$		(If line 1 is less than or equal to line 2a, individual or couple QMB eligible . If line 1 is less than line 2b, individual or couple SLMB eligible . If line-1 exceeds line 2a or 2b, go to step 3.)
20. Total countable income (add 10 plus 19) (Enter this amount on Section IV, line-1)	\$		--3. List current poverty level for MFBU of _____
			a.--QI-1 (135%) _____
			b. QI-2 (175%) _____
			(If line 1 is less than line 3(a) or 3(b), individual or couple QI-1 or QI-2 eligible . If line-1 exceeds line 3(a) or 3(b), deny QMB, SLMB, QI-1, or QI-2 as long as the MC 176-1 QMB/SLMB/QI form has been completed.)

Eligibility Worker signature	Worker number	Computation date	County use
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**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET
COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)
INSTRUCTIONS, MC 176-2 A QMB/SLMB/QI**

Form MC 176-2 A QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology which are 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 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 A QMB/SLMB/QI to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

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. Case Number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI 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 case number.
- 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/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. 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/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI 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 Section-VI, Part-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/QI 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/QI 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.

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 Section-I, Part B, line 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 11a 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/QI 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 2. 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 Section I, Part B, line 20, and on Section-IV, line 1.

SECTION II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE (DO NOT ALLOCATE FROM A

QMB/SLMB/QI APPLICANT(S). DO NOT INCLUDE A QMB/SLMB/QI CHILD(REN), PA OR OTHER PA.

- 1. Enter: Name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA or other PA.
- 2. Standard SSI allocation: Enter current year's allocation amount for each child (see QMB/SLMB/QI poverty level-chart). If no child(ren), enter zero on line 5, and Section-I, Part A, line 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 in Section I, Part-A, line-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 Section-I, line 5(b).
- 2. Gross Earned Income: Enter the gross earned income of the spouse from Section-I, Part-B, line 11(b).
- 3. Total lines 1 and 2 for combined income of spouse.
- 4. Allocation to child(ren): Enter the figure from Section-II, line 5.
- 5. Remainder: Subtract line 4 from line 3. If line 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, Part-A, line-6(b).

SECTION IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION

- 1. Total Countable Income: This is the total countable income entered on Section-I, Part-B, line 20. This figure was obtained by adding Section I, Part A, line 10 and Section I, Part-B, line 19.
- 2. List the current poverty level for an MFBU of ____: a. QMB (100%) or b. SLMB (120%). If line 1 is less than or equal to line 2(a), QMB **eligible**. If line 1 is less than line 2(b), individual or couple, SLMB **eligible**. If line 1 exceeds line 2(a) or 2(b), go to step 3.
- 3. List the current poverty level for MFBU of ____: (a) QI-1 (135%) or (b) QI-2 (175%). If line 1 is less than line 3(a) or 3(b), QI-1 or QI-2 **eligible**. If line 1 exceeds line 3(a) or 3(b), **deny** QMB, SLMB, QI-1, or QI-2.

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.