DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941   September 19, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 171

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

        Enclosed are copies of revisions to Specified Low-Income Medicare Beneficiary (SLMB) forms and instructions found in Article 5, Section 5J. These revisions update SLMB forms MC 176 QMB/SLMB-2A (10/92) and the MC 176 QMB/SLMB-2A Instructions (10/92), MC 176 QMB/SLMB-2B (10/92) and the MC 176 QMB/SLMB Instructions (10/92) as well as MC Information Notice 014 (10/92).

Revisions: Description:

1. MC 176 QMB/SLMB-2A (10/92)   Revision to Section 416.1165(d) of Title 20 of
                                                  the Code of Federal regulations. Change from
                                                  three formulas to one formula for deeming income
                                                  to a child from parents living in the same home,
                                                  effective November 1, 1992.

2. MC 176 QMB/SLMB-2A (Inst) (10/92)   Same as above.

3. MC 176 QMB/SLMB-2B (10/92)   Same as above.

4. MC 176 QMB/SLMB-2B (Inst) (10/92)   Same as above.

5. MC Information Notice 014 (10/92)   Revision to update form using the 1996 Federal
                                                  Poverty Level Chart amounts.

Filing Instructions:

Remove Pages: Insert Pages:

Article 5J - Forms only as follows: Article 5J
                                                  Pages 5J-4 through 5J-25
MC 176 QMB/SLMB-2A (10/92)
MC 176 QMB/SLMB-2A (Inst) (10/92)
MC 176 QMB/SLMB-2B (11/92)
MC 176 QMB/SLMB-2B (Inst) (10/92)
MC Information Notice 014 (10/92)

If you have any questions, please contact Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

MEDICARE PREMIUM PAYMENT PROGRAMS
ELIGIBILITY REQUIREMENTS MATRIX

BUY-IN	SSI/SSP YES	SSI/SSP NO	ON MEDI-CAL YES	ON MEDI-CAL NO	UNDER 65	OVER 65	DISABLED	PAY PREMIUMS PART A YES	PART A NO	PART B YES	PART B NO	RESIDENCY YES	RESIDENCY NO	FPL INCOME at/or UNDER 100%	FPL INCOME OVER 100%
- AGED	X	X	X			X			X	X				X	
- BLIND	X	X	X		X		X		X	X			X	X	
- DISABLED	X	X	X		X		X		X	X			X	X	
ALIEN	X	X	X			X	X	X	X	X		X		X	
QMB	X	X	X	X	X	X	X	X	X	X		X		X	
QDWI		X	X	X	X		X	X			X	X			X
SLMB	X	X	X	X	X	X	X		X	X		X			X

QDWI OVER 100%: ··· At or below 200%

SLMB OVER 100%: ··· 110% in 1993 Rising to 120% in 1995

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

MEDI-CAL BUY-IN PROGRAMS CHART
For Aged, Blind, & Disabled

Program	Scope of Medi-Cal Benefits	What It Pays						Income Limit	Property Reserve Limit	Medi-Cal Card Issued?	Open Enroll-ment Period	Retro-active Period (month)	Effective Date of Buy-In
		Part A (Hospital Ins.)			Part B (Doctor's Medical Ins.)								
		Prem	Deduct	Co-Ins	Prem	Deduct	Co-Ins						
MN-ABD (Regular Medi-Cal Only)	Full	-	✓ (If enrolled in Part A)	✓	✓	✓	✓	Share of Cost based on mainte-nance need unless in a percent program	$2,000	Yes	-	3	Part B: 3rd month after approval
SSI/SSP	Full	-	✓ (If enrolled in Part A)	✓	✓	✓	✓	Various levels, depend-ing on circum-stances	$2,000	Yes	-	3	Part B: Month approved (cash)
QMB	Limited	✓	✓	✓	✓	✓	✓	100% of FPL *	(2X) $4,000	Yes/No	Jan-Mar	None Allowed	Parts A & B: Month after approval if on Part A; or July 1 when Part A usually starts
SLMB	Limited	-	-	-	✓	-	-	110% of FPL *	(2X) $4,000	No	-	3	Part B: Month Approved
QDWI	Limited	✓	-	-	-	-	-	200% of FPL *	(2X) $4,000	No	Jan-Mar	3	Part A: Month Approved

* Federal Poverty Level

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

☐ New Application   ☐ Redetermination   ☐ Change   ☐ Correction

Effective Eligibility Date for this Budget
MO.   Yr.

State Number					Name — First, Middle, Last	Birthdate Mo. Day Yr.	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Coverage
Co.	Aid	7 Digit Serial No.	MFBU	Pers. No.					
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	

I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA)

A. NONEXEMPT UNEARNED INCOME

	a. QMB/SLMB Applicant	b. QMB/SLMB Spouse (or Parent/Ineligible Spouse or Parent(s)
1 RSDI		
2 Net income from property		
3. Other—Itemize		
5. Total (add 1 thru 4) a.		b.
6. Combined Unearned Income (add 5a and 5b)		
7 Any income deduction	—$20	
8. Countable Unearned Income (6 minus 7)	$	

B. NONEXEMPT EARNED INCOME

	a.	b.
9. Gross Earned Income		
10. Combined Earned Income (add 9a and 9b)		
11. Deduct IRWE of potential QMB/SLMB Applicant(s) Only	−	
12. Remainder (subtract 11 from 10)	$	
13. $65 Earned Inc. deduction plus $_____ unused $20	−	
14. Remainder (subtract 13 from 12)	$	
15. Countable Earned Income (divide 14 by 2)	$	
16. Total Countable Income (add 8 and 15)	$	

II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA)

A. NONEXEMPT UNEARNED INCOME

1. RSDI	
2. Net income from property	
3. Other—Itemize	
4.	
5. Total Unearned Income (add 1 thru 4)	$

B. NONEXEMPT EARNED INCOME

6. Total Net Earned Income (MC 176W, Part IV, Line 11.)	$

C. TOTAL COUNTABLE INCOME

7. Subtotal (add 5 and 6)	$
8. Child Support/Alimony paid	
9. Total Countable Income (7 minus 8)	$

NOTE:
If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.

Total income for educational purpose	
Less total educational expenses	
Net countable income	

If any of the following deductions apply, complete MC 176W, Part VI before completing Column I :

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

III. QMB/SLMB ELIGIBILITY COMPUTATION

1. Countable Income from I. 16.	
2. Countable income from II. 9	
3. Combined Countable Income (add 1 and 2, rounded)	$
4. Total current QMB/SLMB Poverty Level for appropriate MFBU of _____	$

(If line 3 is less than line 4, QMB/SLMB eligible. If line 3 exceeds line 4, complete the MC QMB/SLMB 2A or 2B)

II. 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)

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 ----------------------------- designated I.E. aid code)	For members of MFBU 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 ----------------------- Members	For Aged, Blind, and Disabled (ABD) family member 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. Rank 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.

7   Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn".

8.   Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male and "F" for female for each person listed.

9.   Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.

10.   Other Coverage Code: Determine the other coverage code in accordance with Section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I : : Income of Potential QMB 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	Gibbins v. Rank

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	Gibbins v. Rank

2

9   Enter: Gross earned income.

10.   Add the amounts in lines 9.a. and 9.b. or enter the amount from line 4 of the MC 176W, Part VI.B. This is the combined earned income of the QMB/SLMB applicant(s), QMB/SLMB spouse or parent(s) of the MFBU.

11.   Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB applicant(s).

12.   Subtract number 11 (IRWE expenses) from number 10.

13.   Enter the $65 or the $65 and one-half deduction plus any unused portion of the $20 any income deduction here.

14.   Subtract line 13. from line 12. If line 14. is less than line 10, enter zero.

15.   Divide line 14. by two. This figure equals the countable earned income.

16.   Total lines 8.A. and 15.B. to obtain the total unearned and earned income. Enter this amount in Section III., line 1.

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

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

A.   Nonexempt Unearned Income

1.   Enter: Social Security income.

2.   Net income received form property.

3-4.   All other unearned income. Include SSI/SSP/IHSS recipient's available income, stepparent's income deemed available from MC 176W, Part II and Part V.B, and income allocated from a Pickle eligible spouse or parent.

5.   Total lines 1 through 4.

B.   Nonexempt Earned Income

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

C.   Total Countable Income

7.   Add lines 5.A and 6.B.

8.   Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.

9.   Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

Section III - - QMB/SLMB Eligibility Computation

1.   Enter: Total countable income from Section I, line 16.

2.   Enter: Total countable income from Section II, line 9.

3.   Add lines 1, and 2, (rounded). This is the combined countable income of the MFBU.

4.   Enter the current QMB/SLMB poverty level for the appropriate MFBU. If line 3. is equal to or less than line 4., QMB/SLMB eligible. If line 3. exceeds line 4., complete the MC 176 QMB/SLMB2A, for an individual or couple (who have minor children in the home); applicant with an ineligible spouse, (with or without a child(ren); or MC 176 QMB/SLMB2B, if a child(ren) is applying who does or does not have a parent(s).

3

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

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

Date of Computation

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

County Use

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

4

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

Effective Eligibility Date for this Budget
Mo. _____ Yr. _____

☐ Application   ☐ Redetermination   ☐ Change in Income   ☐ Change in Circumstances

Co.	Aid	State Number 7 Digit Serial No.	MFBU	Pers. No.	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
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	

I. INCOME OF POTENTIAL QMB/SLMB INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED 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 QMB/SLMB CHILD(REN), PA OR OTHER PA.

A. NONEXEMPT UNEARNED INCOME	a. QMB/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. −

7. Remainder (line 5.b. minus 6.b.) b. (1)

b. (2)

8. Combine unearned income (add 5.a. and 7.b.(2)) $

9. Any income deduction −$20

10. Countable unearned income (8 minus 9)

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.

III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY.)

1. Total unearned income (gross) (line 5b., Section I.)		
2. Total earned income (gross) (line 11.b., Section I)		
3. Total (add 1 and 2)		$
4. Allocation to children (line 5, Section II)		$
5. Remainder (subtract 4 from 3)		$

(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.)

B. NONEXEMPT EARNED INCOME

11. Gross earned income a. b.

12. Unused portion of allocation to ineligible children b.

13. Remainder (11.b. minus 12.b.) b.

14. Combined earned income (11.a. plus 13.b.) $

15. Deduct IRWE of potential QMB/SLMB applicant(s) only −

16. Remainder (subtract 15 from 14) $

17. $65 earned income deduction plus $_____ of unused $20 −

18. Remainder (17 minus 16) $

19. Countable earned income (divide 18 by 2) $

20. Total countable income (add 10 plus 19) $
(Enter this amount on line 1, Section IV)

IV. QMB/SLMB ELIGIBILITY DETERMINATION

1. Total countable income (line 20.b., Section I, rounded)		$
2. Current poverty level for _____		$

(If line 1 is less than line 2, individual or couple QMB/SLMB eligible)

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.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

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

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 *Lynch v. Rank* 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.

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	Gibbins v. Rank

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.

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 I.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.

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.

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

☐ New Application ☐ Redetermination ☐ Change in Income ☐ Change in Circumstances

Effective Eligibility Date for this Budget   Mo. ___ Yr. ___

Co.	Aid	State Number 7 Digit Serial No.	MFBU	Pers. No.	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
								(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)

1. RSDI
2. Net income from property
3. Other—itemize
4.
5. Total (add lines 1 through 4) $
6. Allocation to ineligible child(ren) (Section II line 5) −
7. Remainder (line 5 minus line 6) a. $ b. $
8. Any income deduction −$20
9. Countable unearned income Put on line 16 unless negative

B. NONEXEMPT EARNED INCOME

10. Gross earned income
11. Unused portion of allocation to the ineligible child(ren) −
12. $65 earned income deduction plus $_____ of unused $20 −
13. Remainder $
14. Divide by 2 and subtract −
15. Countable earned income $
16. Add countable unearned income (line 9) +
17. Total countable income (add lines 15 and 16) $
18. Subtract parent deduction* −
19. Allocation to QMB/SLMB child

If zero or negative, do not count toward applicant's income determination. Otherwise enter this amount on line 1, Section III.

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

	Child #1	Child #2	Child #3	Child #4
1. Name				
2. Standard SSI allocation				
3. Subtract ineligible minor child(ren) income Evaluate for student deduction.	−	−	−	−
4. Remaining allocation to ineligible child(ren) (line 2 minus line 3)	a.	b.	c.	d.
5. Total allocation to ineligible child(ren) (add lines 4a., b., c., and d)				

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

III. QMB/SLMB CHILD COMPUTATION

1. Allocation from parent(s) (line 19., Section I, rounded) $
2. Add QMB/SLMB child's own RSDI income +$
3. Add other unearned income +$
4. Total unearned income (add lines 1 through 3) =
5. Subtract any income deduction −$20
6. Remainder (line 4 minus line 5) =
7. Child(ren) countable earned income −$
8. Subtract I.R.W.E. −
9. Subtract $65 earned income deduction plus $_____ of unused $20 −
10. Remainder (subtract lines 8 and 9 from line 7) $
11. Countable earned income (divide line 10 by 2) =$
12. Net nonexempt income (add lines 6 and 11) $
13. Current QMB/SLMB poverty level for one $

(If line 12 is less than line 13, the child is income eligible for QMB/SLMB.)

Eligibility Worker Signature	Worker Number	Computation Date	County Use

MC 176 QMB/SLMB-2S (11/95)

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 *Lynch v. Rank* decision.
ABD/LTC 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.

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	*Gibbins v. Rank*

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.

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	*Gibbins v. Rank*

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.

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.

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)

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 QMB/SLMB-C (10/92)

State of California—Health and Welfare Agency   Department of Health Services

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

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

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

HERE ARE THE FOUR REQUIREMENTS:

1. A *SLMB* must be eligible for Medicare Part A (Hospital Insurance).

2. A *SLMB* must have income which is equal to or less than $794 if he/she is a single person or $1,056 if he/she is married and living with a spouse.

3. A *SLMB* must have property which is equal to or less than $4000 if he/she is single or equal to or less than $6000 if he/she is married and living with a spouse.

4. A *SLMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

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

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

    ☐   I already have Part A Medicare Hospital Insurance.

    ☐   I do not have Part A Hospital Insurance.

        ☐   I have already applied for Part B.

        ☐   I already have Medicare Part B.

REQUIREMENT 2   A *SLMB* who is not married or not living with a spouse must have countable income which is equal to or less than $794. A *SLMB* living with a spouse must have countable income which is equal to or less than $1,056. These amounts are expected to increase sometime in April.

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

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

I. **Fill in the _MONTHLY_ amounts for the person who wants to be _SLMB_.**

   1. Social Security check $ _____

   2. VA benefits $ _____

   3   Interest from bank accounts or certificates of deposits $ _____

   4. Retirement Income $ _____

   5. Any other Income $ _____

   6. Total – Add lines 1 through 5. $ _____

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

   7. Social Security check $ _____

   8. VA benefits $ _____

   9. Interest from bank accounts or certificates of deposit $ _____

   10. Any other Income $ _____

   11. Retirement Income $ _____

   12. Total – Add lines 7 through 11. $ _____

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

   13. Gross earnings for the person who wants to be _SLMB_ $ _____

   14. Gross earnings for the Spouse $ _____

   15. Total – Add lines 13 and 14 $ _____

   16.   Subtract $65   –$65

   17.   Remainder $ _____

   18.   Divide by 2 $ _____

   19. Total – Add lines 6, 12, and 18 $ _____

If you are not married, this amount cannot exceed $794. If you are married and living with your spouse, this total cannot exceed $1,056. 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.

REQUIREMENT 3   A *SLMB* who is not married or not living with his/her spouse must have countable property which is equal to or less than $4000. A *SLMB* who is married and living with his/her spouse must have countable property which is equal to or less than $6000.

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

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

1. Checking accounts $ _____

2. Savings accounts $ _____

3. Certificates of Deposit $ _____

4. Stocks $ _____

5. Bonds $ _____

6. A second car (value minus amount owed) $ _____

7. A second home (value minus amount owed) $ _____

8. The cash surrender value of life insurance policies if
   the face value of <u>all</u> policies combined exceeds $1500.
   (Do <u>not</u> include "term" insurance policies) $ _____

9. Total – Add lines 1–8 $ _____

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

REQUIREMENT 4   A *SLMB* must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

<u>Additional Information</u>

For more information or if you wish to apply as a *SLMB*, please call the number of your local department of social services.