

DEPARTMENT OF HEALTH SERVICES

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

December 14, 1998



TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Pickle/DAC Coordinators
All County Public Health Directors
All County QMB/SLMB/QI Coordinators

Letter No.: 98-60

**QUALIFYING INDIVIDUAL (QI) PROGRAM - FORMS FOR THE DECEMBER 1, 1998
PHASE 1 IMPLEMENTATION**

Ref.: All County Welfare Directors Letter (ACWDL) No. 98-47

PURPOSE OF THIS LETTER

The purpose of this ACWDL is to provide counties with various forms to implement Phase 1 of the QI program on December 1, 1998, as specified in ACWDL 98-47. The QI-1 program pays the Medicare Part B premiums for eligible individuals while the QI-2 program reimburses eligibles a portion of the Part B premiums which they have already paid in the previous year. ACWDL 98-47 provided interim QI implementing instructions. Aid Codes 8D (QI-1) and 8K (QI-2) will be operational as well on December 1, 1998.

OVERVIEW OF THE QI PROGRAM PHASE 1 IMPLEMENTATION

Counties already are reviewing applications for the QI program. Those found eligible for either the Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) programs are being put into those programs instead of the QI program. Those not eligible for the QMB, SLMB, or QI programs are being denied.

Under Phase 1 beginning December 1, 1998, those applying for the QI-1-Only program and who are determined eligible for the QI-1-Only program are to be put into Aid Code 8D. No dually eligible QI-1 individuals are to be processed as eligible during Phase 1. Note: Those who are dually eligible QI-1's (i.e., already eligible under a regular Medi-Cal program) are already having their Medicare Part B premiums paid by Medi-Cal so they are not disadvantaged by this delay.

Under Phase 1, those who are determined eligible under the QI-2 program are to be put into Aid Code 8K. The actual reimbursement of a portion of the Part B premiums they paid will not occur until later phases of the QI program are completed. Note: As explained in ACWDL 98-47, there are no dually eligible QI-2's since they would have had their Part B premiums paid by Medi-Cal (and not themselves) if they are eligible under a regular Medi-Cal program.

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QI SAMPLE FORMS

To expedite the Phase 1 process, we are sending an advance mailing of camera-ready QI forms with this letter to the county SLMB/QI Coordinators. Currently, all of the forms listed below, except the MC 239-1 QI (1/98), the MC 239-3 QI, and the MC 239-4 QI (1/98), are at the Department of Health Services (DHS) Warehouse, located at 1037 North Market Boulevard, Suite 9, Sacramento, California 95834. Please use DHS Order Form No. 2031 to order the forms for your county.

The MC 239-1 QI (1/98), "Approval of Benefits" form is scheduled to arrive at the Warehouse by December 15, 1998. The SLMB Approval Form, MC 239 SLMB-1 (4/95), has been retained so counties can continue using this form for the SLMB program. Although the MC 239-2 SLMB/QI (1/98) form was distributed in ACWDL 98-47, we are including a camera-ready copy for the SLMB/QI coordinators. Samples of the Spanish version of the MC 239-1 QI (1/98), and the MC 239-2 SLMB/QI (1/98) will be forwarded to the counties when they are available.

QMB/SLMB/QI FORMS INCLUDED:

The following QMB/SLMB/QI forms are included in this ACWDL:

1. MC 14A (SP) (4/1/98) SLMB/QI Application form, Spanish version.
2. MC 176-1 QMB/SLMB/QI (1/98) QMB/SLMB/QI Eligibility Work Sheet For All Applicants: Individuals, Couples, and Children, etc.
3. MC 176-2A QMB/SLMB/QI (1/98) (SSI/SSP Methodology) QMB/SLMB/QI Income Eligibility Work Sheet, Couple or Applicant With An Ineligible Spouse, With or Without Children.

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|-----|---|---|
| 4. | MC 176-2B QMB/SLMB/QI (1/98)
(SSI/SSP Methodology) | QMB/SLMB/QI Income Eligibility Work Sheet, Child Applying With or Without Ineligible Parent(s). |
| 5. | MC 176 P-A QMB/SLMB/QI (1/98) | QMB/SLMB/QI Property Work Sheet, Adult (18 Years of Age And Older or Married). |
| 6. | MC 176 P-C QMB/SLMB/QI (1/98) | QMB/SLMB/QI Property Work Sheet, Child. |
| 7. | MC 239-1 QI (1/98) Notice of Action, Approval of Eligibility, as a Qualifying Individual (QI) | QI Notice of Action, Approval of Eligibility As A Qualifying Individual (QI). |
| 8. | MC 239-2 SLMB/QI (1/98)
Notice of Action, Denial or Discontinuance of Benefits As A SLMB Or A QI | SLMB/QI Notice of Action, Denial or Discontinuance of Benefits As A SLMB Or A QI. |
| 9. | MC 239-3 QI (1/98) (State Notice)
Notice of Action,
Approval For QI Programs,
Payment Of A Portion Of, Or All Of Your Medicare Part B Premiums | QI State Notice Of Action To Beneficiaries that Medicare Part B benefits are starting and will be paid by the State. |
| 10. | MC 239-4 QI (1/98) (State Notice)
Notice Of Action,
Denial/Loss of State Payment Of Your Medicare Part B Benefits As A Qualifying Individual (QI) | QI State Notice of Action To Beneficiaries that the State is running out of federal funds or the State anticipates a federal funding shortfall next year. |

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If you have any questions concerning Phase 1 of the QI program, please contact Sylvia Finberg of my staff at (916) 657-0080. We will notify you when Phase 2 and 3 are scheduled for implementation in the next few months.

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosures

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) ELIGIBILITY WORK SHEET FOR ALL APPLICANTS: INDIVIDUAL(S), COUPLE(S), AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)

Case name	County district	County use
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New application
 Redetermination
 Change
 Correction

Effective eligibility date for this budget
 Month _____ Year _____

County	Aid	Case Number Seven-Digit Serial Number	MFBU	Person 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
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
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								(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/QI ELIGIBILITY COMPUTATION																																																																							
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V. EXEMPT INCOME
 Note: Do not allow a deduction for health insurance.

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 FOR ALL APPLICANTS:
INDIVIDUAL(S); COUPLE(S); AND CHILDREN (LTC INDIVIDUAL IN OWN MFBU)
INSTRUCTIONS, MC 176-1 QMB/SLMB/QI**

Form MC 176-1 QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income for all individuals who are applying under the QMB/SLMB/QI 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.

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 "new application" box 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 applicant and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, the seven-digit number, MFBU number, and the person's 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 the 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. Birth date: Enter the birth date 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 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 Section VI, Part A of the MC 176 W instead of Section I, 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 (from the MC 176 W, Part II), 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/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 QMB/SLMB/QI spouse; ineligible spouse; or parent of the QMB/SLMB/QI child applicant of the MFBU.
6. Add lines 5(a) and (b), or enter the amount from MC 176 W, Section VI, Part A. This is the combined unearned income of the QMB/SLMB/QI ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB/QI 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.

3. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B of the MC 176 W 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	<i>Gibbins v. Rank</i>

9. Enter the gross earned income.
10. Add the amounts in lines 9(a) and (b) or enter the amount from Section VI, Part B, line 4 of the MC 176 W. This is the combined earned income of the QMB/SLMB/QI applicant(s), QMB/SLMB/QI spouse or parent(s) of the MFBU.
11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB/QI 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 2. This figure equals the countable earned income.
16. Total Part A, line 8 and Part B, line 15, 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 (from MC 176 W, Section II and Section V), Part 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 176 W, 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/QI 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. List the current federal poverty level (FPL) for an MFBU of _____: (a) at 100 percent or (b) SLMB at 120 percent. If line 3 is less than or equal to line 4(a), QMB **eligible**. If line 3 is less than line 4(b), SLMB **eligible**. If line 3 exceeds line 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete the MC 176-2 A QMB/SLMB/QI or MC 176-2 B QMB/SLMB/QI. If there is no ineligible spouse or applicant child, go to step 5.

5. List the current FPL for MFBU of _____: (a) QI-1 at 135 percent, or (b) QI-2 at 175 percent of the FPL. If line 3 is less than line 5(a) or 5(b), QI-1 or QI-2 **eligible**. If line 3 exceeds line 5(a) or 5(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.

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

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

Effective eligibility date for this budget
 Month _____ Year _____

Case Number					Name First, Middle, Last	Birth date 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) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	

I. INELIGIBLE PARENT(S) or STEPPARENT(S) INCOME OF POTENTIAL QMB/SLMB/QI CHILD APPLYING AS BLIND OR DISABLED

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

	Child Number One	Child Number Two	Child Number Three	Child Number Four
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 4(a), (b), (c), and (d)). (Enter amount from Section I, line 5, on line 6.)				

B. NONEXEMPT EARNED INCOME

III. QMB/SLMB/QI CHILD COMPUTATION

10. Gross earned income	
11. Unused portion of allocation to 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*	—

1. Allocation from parent(s) (Section I, line 19, rounded)	\$ _____
2. QMB/SLMB/QI 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)'s countable earned income	+\$ _____
8. Subtract IRWE	—
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/QI poverty level for one	\$ _____
(a) QMB (100%) _____	
(b) SLMB (120%) _____	
(c) QI-1 (135%) _____	
(d) QI-2 (175%) _____	

19. Allocation to QMB/SLMB/QI child
 If zero or negative, do not count toward applicant's income determination. Otherwise, enter this amount on Section III, line 1.
 * Individual parent deduction amount if any one parent lives with QMB/SLMB/QI child applicant; couple parent deduction amount if both parents live with the child.

(If line 12 is less than or equal to line 13(a), the child is income **eligible** for QMB. If line 12 is less than line 13(b), (c), or (d), the child is income eligible for SLMB, QI-1 or QI-2.)
 (If line 12 exceeds line 13(a), (b), (c), or (d), **deny** QMB/SLMB/QI-1/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
CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
DO NOT INCLUDE QMB/SLMB/QI PARENT(S), PA, OR OTHER PA**

INSTRUCTIONS, MC 176-2 B QMB/SLMB/QI

Form MC 176-2 B 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 for QMB/SLMB/QI 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/QI 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 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 B QMB/SLMB/QI to determine if the child is found to be 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 a QMB/SLMB/QI child who is applying as blind or disabled (BD) medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the person 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 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 BD person or spouse of an BD 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. Birth date: Enter the birth date 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, Part A, of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Parent(s) or Stepparent(s) Income of Potential QMB/SLMB/QI Child Applying as Blind or Disabled (BD)

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

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 176 W 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/QI child.
6. Enter the total amount allocated to the 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 176 W, Section VI, Part A, on 7(a). If this is a minus amount, enter zero on line 7(b) and the minus amount on Section I, Part B, line 11. Otherwise, enter the amount on line 7(a) onto line 7(b).
8. No entry. This shows the \$20 any income deduction.
9. Subtract line 8 from line 7(b). 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.

Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B, of the MC 176 W, 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 (Section I, Part A, line 6). NOTE: If there is no income remaining, either unearned or earned, do not allocate to the QMB/SLMB/QI child(ren). Enter zero in Section III, line 1. If there is income, proceed with line 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/QI child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB/QI child(ren) for a couple, if both ineligible parents live with the potential QMB/SLMB/QI child.
19. Subtract line 16 from line 17 and enter this figure on Section III, line 1. This is the allocation from the ineligible parent(s) to the potential QMB/SLMB/QI applicant.

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

1. Enter the name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA, or other PA.
2. Enter the standard QMB/SLMB/QI 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, Part A, line 6.

Section III. QMB/SLMB/QI Child Computation

1. Enter the parent(s) allocation from Section I, Part B, line 19.
2. Enter the potential QMB/SLMB/QI child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB/QI 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/QI child's countable earned income or amount from Section VI, Part B, line 4, of the MC 176 W. If appropriate, allow the student deduction.
8. Deduct any impairment related work expenses the potential QMB/SLMB/QI 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/QI child(ren).
11. Divide the amount on line 10 by 2 to obtain the total countable earned income of the potential QMB/SLMB/QI child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB/SLMB/QI child(ren).
13. Enter the current QMB/SLMB/QI poverty level for one. If line 12 is less than or equal to line 13(a), the child is eligible for QMB. If line 12 is less than line 13(b), (c), or (d), the child is eligible for SLMB or QI-1 or QI-2. If line 12 exceeds line 13(a), (b), (c), or (d), deny QMB/SLMB/QI-1/QI-2 only if Section III, item 5 of the MC 176-1 QMB/SLMB/QI form has been completed.

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)/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)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(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).

NONEXEMPT UNEARNED INCOME	(a) QMB/SLMB/QI Applicant	(b) Eligible or Ineligible Spouse
1. RSDI		
2. Net income from property		
3. Other—itemize		
4. Total (add 1 through 4)	(a)	(b)
5. Allocation to ineligible child(ren) from ineligible spouse (Section II, line 5)		(b) - (b) (1) (b) (2)
6. Remainder (line 5b minus 6b)		
7. Combine unearned income (add 5(a) and 7(b)(2))	\$	
8. Any income deduction	\$ - 20	
9. Countable unearned income (8 minus 9)		

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.

	Child Number One	Child Number Two	Child Number Three	Child Number Four
1. Name				
2. Standard SSI allocation				
3. Subtract ineligible minor child(ren) income (gross). Evaluate for student deduction.				
4. Allocation to ineligible child (2 minus 3)	(a)	(b)	(c)	(d)
5. Total allocation to ineligible children (add 4(a), (b), (c), and (d))				

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.

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

1. Total unearned income (gross) (Section I, line 5(b))	
2. Total earned income (gross) (Section I, line 11(b))	
3. Total (add lines 1 and 2)	\$
4. Allocation to children (Section II, line 5)	\$
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, Part A, column (b) or Section I, Part B, column (b).)

NONEXEMPT EARNED INCOME

Gross earned income	(a)	(b)
Unused portion of allocation to ineligible children		(b)
Remainder (11(b) minus 12(b))		(b)
Combined earned income (11(a) plus 13(b))	\$	
Deduct IRWE of potential QMB/SLMB/QI applicant(s) only	-	
Remainder (subtract 15 from 14)	\$	
\$65 earned income deduction plus \$ _____ of unused \$20	-	
Remainder (17 minus 16)	\$	
Countable earned income (divide 18 by 2)	\$	
Total countable income (add 10 plus 19) (Enter this amount on Section IV, line 1)	\$	

IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION

1. Total countable income (Section I, Part B, line 20, rounded)	\$
2. List current poverty level for MFBU of _____	
a. QMB (100%) _____	\$
b. SLMB (120%) _____	
(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.)	
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.)	

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.

Ability 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 MC 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.

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.

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.

SOLICITUD PARA BENEFICIARIOS ESPECÍFICOS DE BAJOS INGRESOS DE MEDICARE (SLMB) E INDIVIDUOS ELEGIBLES (QI)

Nombre		Número del Seguro Social		Número de teléfono ()		Fecha	
Fecha de nacimiento		Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino		Estado civil <input type="checkbox"/> Viudo(a) <input type="checkbox"/> Casado(a) <input type="checkbox"/> Soltero(a) <input type="checkbox"/> Separado(a) <input type="checkbox"/> Divorciado(a)			
Dirección(número, calle)			Ciudad		Estado		Zona postal

Esta información es para ayudarle a solicitar beneficios del Programa de Beneficiarios Específicos de Bajos Ingresos de Medicare (*Specified Low-Income Medicare Beneficiary—SLMB*) o del de Individuos Elegibles 1 ó 2 (*Qualifying Individual 1 or 2—QI-1/QI-2*). El programa de Medi-Cal pagará las primas de la Parte B de Medicare a las personas elegibles como *SLMB* o *QI-1*. A las personas elegibles para el programa *QI-2* se les reembolsará una parte de sus primas de la Parte B en enero del año siguiente. Usted puede solicitar beneficios como *SLMB*, *QI-1* ó *QI-2* enviando este formulario a su agencia local de Servicios Sociales del condado.

Para reunir los requisitos como *SLMB*, *QI-1* ó *QI-2*, usted tiene que:

- Ser elegible para la Parte A de Medicare (seguro de hospital).
- Ser elegible para la Parte B de Medicare (seguro médico).
- Satisfacer los requisitos de ingresos a continuación:
 - **SLMB:** Ingresos contables netos por debajo del 120 por ciento (%) del nivel federal de pobreza (*Federal Poverty Level—FPL*) (menos de \$825* para una persona soltera, o menos de \$1,105* para una pareja).
 - **QI-1:**** Ingresos contables netos por debajo del 135 por ciento (%) del *FPL* (menos de \$926* para una persona soltera o menos de \$1,241* para una pareja).
 - **QI-2:**** Ingresos contables netos por debajo del 175 por ciento (%) del *FPL* (menos de \$1,194* para una persona soltera, o menos de \$1,603* para una pareja).
- Poseer bienes no exentos por valor de un máximo de \$4,000 para una persona soltera, o \$6,000 para una pareja.
- Satisfacer otros requisitos y condiciones, como por ejemplo el ser residente de California.

Enumere todas las personas que viven en su hogar (cónyuge/hijos). Si más de tres personas viven con usted, puede enumerarlos en una hoja por separado.

Nombre	Número del Seguro Social	Sexo M=Masculino F=Femenino	Fecha de Nacimiento	Parentesco con Ud.

MPORTANTE: Si usted o miembros de su familia aparentemente son elegibles para otros programas de Medi-Cal, ¿desea solicitar los beneficios?

- Sí No Si es así, es posible que necesite llenar otros formularios.

ENVÍE POR CORREO EL FORMULARIO COMPLETO A SU AGENCIA DE SERVICIOS SOCIALES DEL CONDADO.

Si un(a) niño(a) vive con usted en su hogar, estas cantidades podrían ser mayores. Se espera que estas cantidades aumenten cada año en el mes de abril. Si en enero recibió un ajuste del costo de vida del Título II del Seguro Social, esta cantidad no se tomará en cuenta hasta abril.

* Los *QI-1* y *QI-2* que tienen beneficios de Medi-Cal con una parte del costo sólo pueden ser elegibles para este programa durante los meses en que *no* hayan cumplido con su parte del costo.

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI) COUNTIES LIST**

01	ALAMEDA COUNTY Social Services Agency SLMB/QI Program 24041 Amador Street Hayward, CA 94544 (510) 670-6221	09	EL DORADO COUNTY Dept. of Social Services SLMB/QI Program 3057 Briw Road Placerville, CA 95667 (530) 642-7159	17	LAKE COUNTY Dept. of Social Services SLMB/QI Program 1220 Martin Street P.O. Box 190 Lakeport, CA 95453 (707) 262-3200
02	ALPINE COUNTY Dept. of Social Services SLMB/QI Program P.O. Box 277 14810 Highway 89 Markleeville, CA 96120 (530) 694-2235	10	FRESNO COUNTY Dept. of Social Services SLMB/QI Program P.O. Box 1912 Fresno, CA 93750 (209) 453-6469	18	LASSEN COUNTY Dept. of Social Welfare SLMB/QI Program 720 Richmond Road P.O. Box 1359 Susanville, CA 96130 (530) 257-8311 Ext. 157
03	AMADOR COUNTY Dept. of Social Services SLMB/QI Program 1003 Broadway Jackson, CA 95642 (209) 223-6621	11	GLENN COUNTY Human Resources Agcy. SLMB/QI Program 420 E. Laurel Street P.O. Box 611 Willows, CA 95988 (530) 934-6514	19	LOS ANGELES COUNTY Dept. of Public Soc. Svcs. SLMB/QI Program P.O. Box 91503 City of Industry, CA 91715-1503 (877) 597-4777
04	BUTTE COUNTY Dept. of Social Welfare SLMB/QI Program 42 County Center Drive P.O. Box 1649 Oroville, CA 95965 (530) 538-7920	12	HUMBOLDT COUNTY Dept. of Social Services SLMB/QI Program 929 Koster Street Eureka, CA 95501 (707) 445-7706	20	MADERA COUNTY Dept. of Public Welfare SLMB/QI Program P.O. Box 569 Madera, CA 93639 (209) 675-2403
05	CALAVERAS COUNTY Social Welfare Department SLMB/QI Program Government Center, 891 Mtn. Ranch Road San Andreas, CA 95249 (209) 754-6444	13	IMPERIAL COUNTY Dept. of Social Services SLMB/QI Program 2995 S. Fourth St., Ste. 105 El Centro, CA 92243 (760) 337-7408	21	MARIN COUNTY Dept. of Hlth & Hum Svcs SLMB/QI Program 3501 Civic Center Branch P.O. Box 4160 San Rafael, CA 94913 (415) 499-7089
06	COLUSA COUNTY Hlth. and Human Svcs. SLMB/QI Program 251 East Webster P.O. Box 370 Colusa, CA 95932 (530) 458-0265	14	INYO COUNTY Dept. of Social Services SLMB/QI Program 162A Grove Street Bishop, CA 93514 (760) 872-1394	22	MARIPOSA COUNTY Dept. of Human Services Social Services Division SLMB/QI Program 5186 Highway 49 North P.O. Box 7 Mariposa, CA 95338 (209) 966-3609
07	CONTRA COSTA Social Services Dept. SLMB/QI Program 40 Douglas Drive Martinez, CA 94553 (925) 313-1545	15	KERN COUNTY Dept. of Human Services SLMB/QI Program 100 E. California Avenue Bakersfield, CA 93307 (805) 631-6186	23	MENDOCINO COUNTY Dept. of Social Services SLMB/QI Program 747 South State Street P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 Ext. 173
08	DEL NORTE COUNTY Welfare Department SLMB/QI Program 981 H Street Crescent City, CA 95531 (707) 464-3191	16	KINGS COUNTY Human Services Agency SLMB/QI Program 1200 South Drive Hanford, CA 93230 (209) 582-3241 Ext. 4280		

A. INGRESOS CONTABLES

I. Anote las cantidades MENSUALES de la persona que desea ser *SLMB, QI-1* ó *QI-2*.

- 1. Cheque del Seguro Social \$ _____
- 2. Beneficios de la VA (Administración de Veteranos) \$ _____
- 3. Intereses de cuentas bancarias o certificado(s) de depósito \$ _____
- 4. Pensión de jubilación \$ _____
- 5. Cualquier otro ingreso \$ _____
- 6. Total—Sume las líneas 1 a 5 \$ _____

II. Si está casado(a) y vive con su cónyuge, anote las siguientes cantidades MENSUALES de su cónyuge, aun cuando él/ella también quiere ser *SLMB, QI-1* ó *QI-2*.

- 7. Cheque del Seguro Social \$ _____
- 8. Beneficios de la VA (Administración de Veteranos) \$ _____
- 9. Intereses de cuentas bancarias o certificado(s) de depósito \$ _____
- 10. Cualquier otro ingreso \$ _____
- 11. Pensión de jubilación \$ _____
- 12. Total—Sume las líneas 7 a 11 \$ _____

III. Anote las cantidades MENSUALES de la persona en la sección I y, si está casada, las del cónyuge en la sección II.

- 13. Ingresos brutos de la persona que quiere ser *SLMB, QI-1* ó *QI-2* \$ _____
- 14. Ingresos brutos del cónyuge \$ _____
- 15. Total—Sume las líneas 13 y 14 \$ _____
- 16. Reste \$65 \$ _____
- 17. Saldo \$ _____
- 18. Divida entre 2 \$ _____
- 19. Total—Sume las líneas 6, 12 y 18 \$ _____

IV. Posibles personas elegibles como *SLMB, QI-1* ó *QI-2*.

(Si un(a) niño(a) vive en su hogar, es posible que estas cantidades sean mayores).

- Posiblemente usted sea elegible como *SLMB* si sus ingresos están por debajo del 120 por ciento del *FPL* (menos de \$825 para una persona soltera, o menos de \$1,105 para una pareja).
- Posiblemente usted sea elegible como *QI-1* si sus ingresos están por debajo del 135 por ciento del *FPL* (menos de \$926 para una persona soltera, o menos de \$1,241 para una pareja).
- Posiblemente usted sea elegible como *QI-2* si sus ingresos están por debajo del 175 por ciento del *FPL* (menos de \$1,194 para una persona soltera, o menos de \$1,603 para una pareja).

COUNTY USE

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI) COUNTIES LIST**

24	MERCED COUNTY Human Services Agency SLMB/QI Program P.O. Box 112 Merced, CA 95341 (209) 385-3000 Ext. 5488	32	PLUMAS COUNTY Dept. of Social Services SLMB/QI Program 270 County Hospital Road Room 207 Quincy, CA 95971 (530) 283-6350	40	SAN LUIS OBISPO CTY. Dept. of Social Services SLMB/QI Program P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1885
25	MODOC COUNTY Dept. of Social Services SLMB/QI Program 120 North Main Street Alturas, CA 96101 (530) 233-6501	33	RIVERSIDE COUNTY Dept. of Public Soc. Svcs. SLMB/QI Program P.O. Box 7789 Riverside, CA 92503 (909) 358-3044	41	SAN MATEO COUNTY Human Services Agency SLMB/QI Program 1487 Huntington Avenue So. San Francisco, CA 94080 (650) 595-7500
26	MONO COUNTY Dept. of Social Welfare SLMB/QI Program P.O. Box 576 Bridgeport, CA 93517 (619) 932-7291	34	SACRAMENTO COUNTY Dept. of Social Services SLMB/QI Program 1725 28th Street Sacramento, CA 95816 (916) 874-2580	42	SANTA BARBARA CNTY Dept. of Social Services SLMB/QI Program 1100 West Laurel Avenue Lompoc, CA 93436 (805) 737-7056
27	MONTEREY COUNTY Dept. of Social Services SLMB/QI Program 1000 S. Main St., Ste. 208 Salinas, CA 93901 (831) 755-4407	35	SAN BENITO COUNTY Human Services Agency SLMB/QI Program 1111 San Felipe Rd, #206 Hollister, CA 95023 (831) 637-5336	43	SANTA CLARA COUNTY Social Services Agency SLMB/QI Program 1919 Senter Road San Jose, CA 95112 (408) 271-5500
28	NAPA COUNTY Health and Human Svcs. SLMB/QI Program 2261 Elm Street Napa, CA 94558 (707) 253-4106	36	SAN BERNARDINO CTY Dept. of Public Soc. Svcs. SLMB/QI Program 150 South Lena Road San Bernardino, CA 92415-0515 (Call local Dept. of Social Svcs.)	44	SANTA CRUZ COUNTY Human Resources Agency SLMB/QI Program 1320 Emeline Street P.O. Box 1320 Santa Cruz, CA 95061 (831) 454-4142
29	NEVADA COUNTY Dept. of Public Soc. Svcs. SLMB/QI Program 950 Maidu Avenue P.O. Box 1210 Nevada City, CA 95959 (530) 265-1635	37	SAN DIEGO COUNTY Dept. of Social Services SLMB/QI Program 7947 Mission Center Ct. San Diego, CA 92108 (619) 531-6293	45	SHASTA COUNTY Dept. of Social Services SLMB/QI Program 2460 Breslauer Way P.O. Box 496005 Redding, CA 96049 (530) 225-5596
30	ORANGE COUNTY Social Services Agency SLMB/QI Program P.O. Box 1772 Santa Ana, CA 92702-1772 (714) 541-7700	38	SAN FRANCISCO CNTY Dept. of Social Services SLMB/QI Program P.O. Box 7988 San Francisco, CA 94120 (415) 558-1855	46	SIERRA COUNTY Human Services SLMB/QI Program 202 Front Street P.O. Box 1019 Loyalton, CA 96118 (530) 993-6720
31	PLACER COUNTY County Welfare Dept. SLMB/QI Program 11519 B Avenue Auburn, CA 95603 (800) 889-7610 (Toll-Free)	39	SAN JOAQUIN COUNTY Dept. of Public Assist. SLMB/QI Program 333 East Washington P.O. Box 201056 Stockton, CA 95201 (209) 468-1453	47	SISKIYOU COUNTY Human Services SLMB/QI Program 818 So. Main Yreka, CA 96097 (530) 841-2724

B. BIENES

Un(a) *SLMB, QI-1* ó *QI-2* que no esté casado(a) o que no viva con su cónyuge debe tener bienes contables de un valor equivalente o menor de \$4,000. Un(a) *SLMB, QI-1* ó *QI-2* que esté casado(a) y que viva con su cónyuge debe tener bienes contables equivalentes o menores de \$6,000.

A continuación se le proporcionan ejemplos de bienes contables. **Importante:** La casa en que usted y/o su cónyuge vive(n) no cuenta. El automóvil usado como transporte **tampoco** cuenta. Si usted solicita beneficios del departamento de asistencia pública del condado como *SLMB, QI-1* ó *QI-2*, es posible que el condado considere los bienes enumerados en este formulario de manera diferente. Existen otra clase de bienes que el departamento de asistencia pública del condado también tendrá en cuenta. Estos otros bienes pueden contar o no en lo referente al límite de bienes.

Anote el valor de los siguientes bienes que le pertenezcan a usted, a su cónyuge o a ambos.

- | | |
|---|------------|
| 1. Cuentas corrientes | \$ _____ |
| 2. Cuentas de ahorros | \$ _____ |
| 3. Certificado(s) de depósito | \$ _____ |
| 4. Acciones o valores | \$ _____ |
| 5. Bonos u obligaciones | \$ _____ |
| 6. Un segundo automóvil (valor menos la cantidad que aún debe) | \$ _____ |
| 7. Una segunda casa (valor menos la cantidad que aún debe) | \$ _____ |
| 8. El valor de rescate en efectivo de las pólizas de seguro de vida, si el valor combinado de <i>todas</i> las pólizas de seguro excede los \$1500. (No incluya las pólizas de seguro "a plazos") | \$ _____ |
| 9. Total—Sume las líneas 1 a 8 | **\$ _____ |

COUNTY USE

** Este total no puede exceder los \$4,000 si para una persona soltera, o los \$6,000 para una pareja.

Información adicional: Es posible que usted sea elegible para recibir hasta tres meses de cobertura retroactiva de sus primas de la Parte B de Medicare.

NOTA: Un(a) *SLMB, QI-1*, ó *QI-2* debe cumplir con ciertas condiciones de Medi-Cal. Por ejemplo, bajo ciertas condiciones, aquellos beneficios de Medi-Cal recibidos por un beneficiario después de los 55 años de edad son recuperables por el Estado, después del fallecimiento del mismo. La recuperación se puede hacer, ya sea de los bienes del beneficiario de Medi-Cal o de su distribuidor(a) o heredero(a), si al beneficiario no le sobrevive(n) su cónyuge, hijos menores o un(a) hijo(a) totalmente incapacitado(a).

Declaro bajo pena de perjurio, conforme a las leyes de los Estados Unidos de Norteamérica y del Estado de California, que la información que he proporcionado en este formulario es verdadera, correcta y completa.

Firma (o marca) del solicitante	Fecha
▶ _____	_____

COUNTY USE **SLMB approved** **QI-1 approved** **QI-2 approved** **SLMB/QI-1/QI-2 denied**

Firma del/la Trabajador(a) de Elegibilidad	Fecha
▶ _____	_____

Declaración sobre la Privacidad

Las secciones 14011 y 14012 del Código de Instituciones y Asistencia Pública le permiten obtener a los departamentos de asistencia pública del condado cierta información de usted para decidir si usted, o las personas que usted representa, pueden obtener beneficios de Medi-Cal. Usted tiene que proporcionar estos datos para que Medi-Cal le pague todas o algunas primas de su Parte B de Medicare. El no proporcionar los datos necesarios puede resultar en la negación de beneficios de Medi-Cal.

a información la utilizará(n):

- El Departamento de asistencia pública del condado, para establecer su elegibilidad de Medi-Cal por primera vez y de manera continua.
- Los Sistemas de Información Electrónica (EDS), para tramitar reclamaciones y hacer Tarjetas de Identificación de Beneficios (BICs) para beneficios de Medi-Cal.
- El Departamento de Servicios Humanos y de Salud de los Estados Unidos, para llevar a cabo auditorías y revisiones de control de calidad, y verificar números de Seguro Social (SSNs) o números asignados a Beneficiarios de Medicare cuando su cobertura sea más barata para el estado (*Buy-In*).
- El Servicio de Inmigración y Naturalización (INS) para verificar el estado de un extranjero en los Estados Unidos, sólo para aquellos extranjeros que aseguran haber sido admitidos legalmente como residentes legales, o que residen permanentemente en los Estados Unidos, de manera legal aparente, bajo *PRUCOL*, o extranjeros con amnistía con tarjeta actual y válida No. I-688. La información que el INS reciba sólo se puede usar para determinar la elegibilidad de Medi-Cal, y no se puede utilizar para hacer cumplir las leyes de inmigración, a menos que usted cometa fraude.
- Los proveedores de servicios médicos y organizaciones para la conservación de la salud (HMOs) para certificar su elegibilidad.
- Para verificar la cobertura de seguro médico y para efectuar acciones de recuperación.

a información que usted proporcione se mantendrá de manera confidencial. Para más información o para tener acceso a sus expedientes, comuníquese con su agencia local de servicios Sociales de su condado o con la Administración del Seguro Social.

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI) COUNTIES LIST**

48	SOLANO COUNTY Public Welfare Dept. SLMB/QI Program P.O. Box 5050 Fairfield, CA 94533 (707) 553-5144	52	TEHAMA COUNTY Dept. of Social Welfare SLMB/QI Program P.O. Box 1515 Red Bluff, CA 96080 (530) 528-4095	56	VENTURA COUNTY Public Soc. Svcs. Agency SLMB/QI Program 505 Poli Street Ventura, CA 93001 (805) 652-7815
49	SONOMA COUNTY Social Services Dept. SLMB/QI Program 2550 Paulin Drive P.O. Box 1539 Santa Rosa, CA 95402 (707) 527-2269	53	TRINITY COUNTY Dept. of Hlth & Hum Svcs SLMB/QI Program P.O. Box 1470 Weaverville, CA 96093 (530) 623-1265	57	YOLO COUNTY Dept. of Social Services SLMB/QI Program 500 A Jefferson Boulevard Suite 100 West Sacramento, CA 95605 (916) 375-6214
50	STANISLAUS COUNTY Dept. of Social Services SLMB/QI Program P.O. Box 42 Modesto, CA 95353 (209) 558-2690	54	TULARE COUNTY Dept. of Public Soc. Svcs. SLMB/QI Program 5957 S. Mooney Blvd. P.O. Box 671 Visalia, CA 93277 (209) 737-4660 Ext. 2106	58	YUBA COUNTY County Welfare Dept. SLMB/QI Program P.O. Box 2320 Marysville, CA 95901 (530) 749-6311
51	SUTTER COUNTY Welfare & Social Svcs. SLMB/QI Program 190 Garden Highway P.O. Box 1535 Yuba, CA 95992-1535 (530) 822-7230 Ext. 220	55	TUOLUMNE COUNTY Dept. of Social Services SLMB/QI Program 20075 Cedar Road North Sonora, CA 95370 (209) 533-5725		

**QUALIFIED MEDICARE BENEFICIARY (QMB)/
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
PROPERTY WORK SHEET
ADULT (18 YEARS OF AGE AND OLDER OR MARRIED)**

Name	Case number	Worker 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, QI-1, or QI-2 property requirement met.
 - No, proceed to Step II.

STEP II—QMB/SLMB, QI-1, OR QI-2 METHODOLOGY

- A. Only consider the net nonexempt property of the QMB/SLMB, QI-1, or QI-2 applicant (and spouse); do not consider the property of any other family members in the home.
- B. Net nonexempt property of QMB/SLMB, QI-1, or QI-2 applicant (and spouse) \$ _____
- C. Property limit for one person (or two persons if there is a spouse) \$ _____
- D. Twice the property limit shown on Step II, line C \$ _____
- E. Is Step II, line B less than or equal to Step II, line D?
 - Yes, QMB/SLMB, QI-1, or QI-2 property requirement met.
 - No, ineligible due to excess property.

**QUALIFIED MEDICARE BENEFICIARY (QMB)/
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI)
PROPERTY WORK SHEET
CHILD**

Name	Case number	Worker number	Month
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STEP I—REGULAR MEDI-CAL METHODOLOGY

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

STEP II—QMB/SLMB/QI (SSI/SSP) 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 two 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 number of QMB/SLMB/QI children in the home.
QMB/SLMB/QI Child's Share: \$ _____

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

- 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 lines 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/QI property requirement met.
 - No, ineligible due to excess property. If more than one QMB/SLMB/QI child in the home, proceed to Section C.

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

- 1. 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/QI child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.
- 2. Take the amount of property deemed from the parent(s) (Line A3) and redivide it among the remaining number of QMB/SLMB/QI children in the home (Line A4).
- 3. Repeat Section B for each of the remaining QMB/SLMB/QI 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/QI property limit (Line B4).

Eligibility Worker signature	Worker number	Date of computation
------------------------------	---------------	---------------------

**MEDI-CAL
NOTICE OF ACTION
Approval of Eligibility as a
Qualifying Individual (QI)**

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Approval for: _____

(Name)

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 Qualifying Individuals-1 (QI-1), or the Qualifying Individuals-2 (QI-2) program.

- 1. You meet the rules of the QI-1 program which is for those with income up to 135 percent of the Federal Poverty Level (FPL). Although subject to the availability of federal funding and approval by the Social Security Administration (SSA), the QI-1 program will pay your Medicare Part B premiums.

YOU WILL RECEIVE ANOTHER NOTICE WHEN YOUR QI-1 BENEFITS BEGIN. THIS MEANS THAT IF YOU RECEIVE A TITLE II, SSA CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVE AN INCREASE IN YOUR MONTHLY SSA TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

- 2. You meet the rules of the QI-2 program which is for those with income up to 175 percent of the FPL. Although subject to the availability of federal funding and approval by the SSA, the QI-2 program refunds a portion of your Medicare Part B premiums by check the following year.

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

The regulations which require this action are California Code of Regulations, Title 22, Section 50258.1.

Sí Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

MEDI-CAL NOTICE OF ACTION

Denial or Discontinuance of Benefits as a Specified Low-Income Medicare Beneficiary (SLMB) or a Qualifying Individual (QI)

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Denial/discontinuance for: _____

(Name)

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 Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individuals-1 (QI-1), or the Qualifying Individuals-2 (QI-2) program.

We determined that:

- You are not eligible for the SLMB, QI-1, or QI-2 program.
- Your eligibility for the SLMB, QI-1, or QI-2 program ends ____/____/____.

Here is why:

- You are not eligible for the QI-1 or QI-2 program because you are currently eligible for no-share-of-cost Medi-Cal. Your Medicare Part B premiums are already being paid monthly under that program.
- Your **INCOME** is above the limit. The income limit is \$_____. If your income decreases, you may reapply.
- Your **PROPERTY** is above the limit. If your property decreases, you may reapply. The property limit is \$_____. Your county worker can tell you how to decrease your property legally.
- The Social Security Administration (SSA) states you are not eligible for Medicare Part B benefits. Contact your local SSA office for more information.
- The SSA states you have not paid all or some of your Medicare Part B premiums, so you are no longer eligible for additional QI-2 benefits. This will reduce the amount, if any, of your retroactive QI-2 refund next year.
- Other reasons: _____

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, Section 50258.1:

Sí Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

**MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR
QUALIFYING INDIVIDUAL (QI) PROGRAMS;
PAYMENT OF A PORTION OF, OR ALL OF YOUR
MEDICARE PART B PREMIUMS**

----- 1. This notice is to let you know that your Qualifying Individual-1 (QI-1), Medicare Part B premium payments have been approved by SSA and will be paid by the State effective _____.

THIS MEANS THAT IF YOU RECEIVE A TITLE II, SOCIAL SECURITY ADMINISTRATION (SSA) CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVE AN INCREASE IN YOUR MONTHLY SSA TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

----- 2. This notice is to let you know that you have been approved by SSA as a Qualifying Individual-2 (QI-2) beneficiary effective _____, and next year the State will refund to you by check a portion of the Medicare Part B premiums you pay each month.

If you applied for regular Medi-Cal benefits, you will receive a separate notice about that program. This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Si Ud. necesita una traducción de este aviso español, pongase en contacto con su oficina de bienestar del condado

MC 239-3 QI (1/98)