DEPARTMENT OF HEALTH SERVICES

MC Information Notice 014 (10/92)

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).

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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)	

All Holders of the Medi-Cal Eligibility Manual Page 2

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

HEDICARE PREMIUM PAYMENT PROGRAMS ELICIBILITY REQUIREMENTS MATRIX

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SECTION:

MANUAL LETTER NO.: 171

DATE: 9/19/96

PAGE: 5J-4

Manager			

MEDI-CAL BUY-IN PROGRAMS CHART

For Aged, Blind, & Disabled

Program	Scope of		· · · · · · · · · · · · · · · · · · ·	What	it Pays			income Limit	Property Reserve	Medi-Cai Card	Open Enroll-	Retro- active	Effective Date of
	Medi-Cal Benefits	Р	art A (Hosp Ins.)	ital		art B (Docto Medical Ins.		Lum	Limit	issued?	ment Period	Period (month)	Buy-In
		Prem	Deduct	Co-Ins	Prem	Deduct	Co-ins						
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			if enn in Pi	olled art A				need unless in a percent program					approval
SSI/SSP	Full	•	V	~	~	✓	✓	Various levels, depend-	\$2,000	Yes	•	3	Part B: Month
			If enr	olled art A				ing on circum- stances					approved (cash)
QMB	Limited	✓	>	V	√	V	✓	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	V	•	•	•			200% of FPL *	(2X) \$4,000	No	Jen-Mer	3	Part A: Month Approved

^{*} Federal Poverty Level

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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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)

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MC 178 QM8/SLM8-1 (10/92)	MC 17	4 044	7/81 FTB - 1	(1002)	-	W-1										<u> </u>	

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.
- 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.
- 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 MEBU.

Four Month or Nine Month Continuing: Family members eligible for Four Month or Nine Month Continuing Eligibility are considered as ineligible members of the MFBU.

Excluded	For children with income or property of their own who are excluded from
	the MFBU.

I.E. (or county	For members of MFBU who are not
designated I.E. aid code)	applying for QMB/SLMB benefits.

Pickle Eligible	For Aged, Blind, and Disabled (ABD) family member
Members ,	who were discontinued from Supplemental Security
	Income/State Supplementary Payment (SSI/SSP)
	and continue to receive a no-cost Medi-Cal card in
	accordance with the Lynch v. Rank decision.

ABD/LTC -----For an ABD person or the spouse of an ABD person or who is in LTC or board and care who will be in a ABD/B&C separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.

Name: Enter the names of all family menibers 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".

MC176 QMB/SLMB 1 (INST) (10/92)

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- 8 Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male and "F" for female for each person listed.
- 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
Absent Parent Support
Income for Self-Support
Court Ordered Child/Spousal Support

Section 50547 Section 50541 Section 50551.5 Gibbins v. Rank

- Enter: Social Security income.
- 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.

8. Nonexempt Earned Income

SECTION:

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 \$30 Plus One-Third, or \$30 Work Expenses for the Blind Court Ordered Child/Spousal Support Section 50551 Section 50551.1 Section 50551.4 Gibbins v. Bank

2

- g 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).
- 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.
- 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.
- Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.
- Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

Section III - - QMB/SLMB Eligibility Computation

- Enter: Total countable income from Section I, line 16.
- Enter: Total countable income from Section II, line 9.
- 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)

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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.
- 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.

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

SECTION:

- 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.
- 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.
- 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
Absent Parent Support
Income for Self-Support
Court Ordered Child/Spousal Support

Section 50547 Section 50541 Section 50551.5 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.
- 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 in some 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.

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

State of California-Health and Welfare

Department of mealth 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.
 - 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 1.A.6.b.).
- 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-

- 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.
- Allocation to minor child(ren): Enter the figure from line II.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 1.b. Do not enter the total allocation to ineligible children from Section II, line 5 to Section I, line-A.6.b.

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

SECTION:

3

Section IV. QMB/SLMB Eligibility Determination

- 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 sig	nature.		
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the eligibility worker has a d	ounty number, enter here.		
Date of Computation		·	
he eligibility worker complet	es the box with the date the form was o	completed.	
County Use			
Optional — to be used in acc	ordance with county policy.		
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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 OMB/SLMB PARENT(S), PA, OR OTHER PA)

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•				KREN), PA, OR C				,		
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I. RSOI			1. Name				 		+	+
2. Net income from property	<u> </u>			ard SSI allocation					<u> </u>	<u> • </u>
3. Other-itemize	Í			us ineligible minor						
3. CUM-1011128			4. Hema	te for student dec ining allocation to	ineligib	le child(ren)	-	-	-	+=-
			(line 2	minus line 3) Blocation to Inelia	No de l	dies	<u> </u>	<u>b.</u>	Ç.	<u> d.</u>
5. Total	3	200 38 30 0 mg 8 15 15 15		nes 4a., b., c., an		C(Gr)	•			
(add lines 1 through 4) 6. Allocason to ineligible child(ren)	1			mount from line 5		6, Section I.)			
(Section II line 5)	<u> </u>		III. OM8/	SLMB CHILD CO	MPUT	NOITA				
7. Remainder (tine 5 minus line 6)	a \$ b. \$		1. Alloca	tion from parents	i)					
	1		(line 1	9. Section I, rour	rded)		<u> </u>			
Any income deduction Countable unearned income	-\$20		2. Add C	MB/SLMB child's	own A	SDI income	+\$			
Put on line 16 unless negative			3. Add o	ther ungamed inc	ome		+5			
B. NONEXEMPT EARNED INCOME				unearned income						
-			<u>(add I</u>	ines 1 through 3)					- (
Gross earned income Unused portion of allocation				act any income di	duction	<u> </u>	-\$20		-	
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plus \$ of unused \$20	<u> </u>			(ren) countable es	NI DAG IL	- CUTTING	-\$ -			
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4. Divide by 2 and subtract	!			ction plus \$		unused \$20				
5. Countable earned income	<u> </u>		10. Rema	under						
6. Add countable unearned income (line 9)				ract lines 8 and 9		7)	-		-65	
17. Total countable income			· · ·	table earned inco le line 10 by 2)	rrie		-\$			
(add lines 15 and l6)	<u> </u>		4.02	onexempt income)					
18. Subtract parent deduction* 19. Allocation to CMB/SLMB child	<u> </u>		(add	lines 6 and 11)			- 3			
If zero re negative, do	not count toward	annlicants income	13. Curn	nt OMB/SLMB po	verty le	wel for one	\$			Secretary of
determination. Otherwise en			(If See	12 is less than line	13, the c	hild is income	efigible for C	Maysuma.)	
* Individual parent deduction QMB/SLMB child applicant;	amount if any on	e parent lives with								
parents live with the child.			1							
Eligibility Worker Signature			Worker Nu	riber	Con	opulation Cate		Count	y Use	
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MC 176 CMB/SUMB-28 (11/95)										

SECTION:

MANUAL LETTER NO.: 171

DATE: 9/19/96

PAGE: 5J-16

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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.
- County Use: Make any entries the county department has designated it wants.
- 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:

EXCIUCEU	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/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.

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SECTION:

- 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.
- 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, Bilind, 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
Absent Parent Support
Income for Self-Support
Court Ordered Child/Spousal Support

Section 50547 Section 50541 Section 50551.5 Glbbins v. Rank

- 1. Enter: Social Security income.
- 2. Net income received from property.
- 3-4. Enter the amount of all other unearned income.
 - Total the amounts in Section I, Part A, lines 1 through 4. This is the total unearmed 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 7b onto line 7b.
 - 8. No entry. This shows the \$20 any income deduction.
 - 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.

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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

\$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 Glbbins 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.
- 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.

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- 5. No entry. This shows the \$20 any income deduction.
- 6. Subtract line 5 from line 4. This is the total remaining countable uneamed income.
- 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.

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SECTION:

STATE OF CALIFORNIA - MEALTH AND WELFARE AGENCY

SECTION:

DEPARTMENT OF HEALTH SERVICES

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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 - REG	RULAR MEDI-CAL METHODOLOGY	
A.	Deten	mine net nonexempt property in accordance with Article 9.	
8.	Does rules	family qualify under the regular Medi-Cal property and property limits?	
		Yes, stop here. QMB/SLMB property requirement met.	
		No, proceed to step II.	
STEP	п - С	MB/SLMB METHODOLOGY	
Α.	Only o	consider the net nonexempt property of the QMB/SLMB applicant (and spout consider the property of any other family members in the home.	se);
В.	Net no	onexempt property of QMB/SLMB applicant (and spouse).	\$
C.	Prope	rty limit for one person (or two persons if there is a spouse).	\$
D.	Twice	the property limit shown on line IIC.	\$
€.	Is line	IIB less than or equal to line IID?	
		Yes, QMB/SLMB property requirement met.	
		No, ineligible due to excess property.	
		Elicibility Worker Signature Worker Num	
		Eligibility Worker Signature Worker Num	
MC 176	P OMB/SL	MB - A (10/92)	

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SUMMAN			

STATE OF CALIFORNIA HEALTH AND MELFARE AGENCY

DEPARTMENT OF -EALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY(QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROPERTY WORKSHEET CHILD

NAME		CASE NUMBER	MON	нπн
STEP	I - REG	ULAR MEDI-CAL METHODOLOGY		,
A.	Determ	nine net nonexempt property in accordance with Article 9.		
8.	Does f	amily qualify under the regular Medi-Cal property rules and property limits?		
		Yes, stop here.		
		No, proceed to Step II.		
STEP	II - Q	MB/SLMB METHODOLOGY		
A. Pa	rental a	allocation (includes stepparent)		
	Only o	consider the net nonexempt property of the parent(s) in the home; do not coroperty of any other family members.	nsider	
1.	Paren	t(s)' net nonexempt property.	\$	
2.	Prope	rty limit for one person (if 2 parents, enter property limit for two persons).	\$	
3.	Subtra	act 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. QA	MB/SLN	IB child's and parent(s)'s resources		
1.	Child's	s own net nonexempt property (as determined under Article 9).	\$	
2.	Enter	child's share of property from parent(s) (line A4)	\$	
3.	Add lie	ne 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. C	hild in	Section B is ineligible and more than one QMB/SLMB child in the home	0	
Α.	age 1	w these steps if the child in Section B. above is <u>ineligible</u> for any reason, e. 18 or due to excess property because the parental allocation when con/SLMB child's own net nonexempt property exceeds twice the Medi-Cal person.	mbine	ed with the
8.	Take rema	the amount of property deemed from the parent(s) (Line A3) and re-divining number of QMB/SLMB children in the home (Line A4).	de it	among the
C.	comb	eat Section B for each of the remaining QMB/SLMB children in the home to bined amount of the child's share of parental net nonexempt property and nonexempt property (Line B3) is within the allowable QMB/SLMB property li	the	child's own
		Eligibility Worker Signature Worker	r Numbe	

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

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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:

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

REQU	IREME	VT 1	A SLMB must be eligible for Medicare Part A.
		l aire	ady have Part A Medicare Hospital Insurance.
		l do r	not have Part A Hospital Insurance.
			I have already applied for Part B.
			I already have Medicare Part B.
income		is ec	A SLMB who is not married or not living with a spouse must have countable qual to or less than \$794. A SLMB living with a spouse must have countable ual to or less than \$1,056. These amounts are expected to increase sometime in
When also keep for ex	a personal ook at cample,	on appointment of the contract	examples of some types of income that count towards the SLMB income limit. clies to be a SLMB at the county department of social services, the county will types of income and may treat the income differently from what is on this sheet. The is a minor child or children in the home, there may be deductions allowed the amount of countable income.
Fill in t	he amo	ounts t	o see if you are close to the limit.

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	EII	in the MONTHLY amounts for the person who	_	MB.
•	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.		\$
п.		ou are married and living with your spouse, co ounts for your spouse even if this spouse also		
	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.		\$
Ш.	Ell	in the MONTHLY amounts for the person in L.	and if married, t	he spouse in I
	13.	Gross earnings for the person who wants to be SLME	\$	
	14.	Gross earnings for the Spouse	\$	
	15.	Total - Add lines 13 and 14	\$	- Trans
	16.	Subtract \$65	-\$65	
	17.	Remainder	\$	uldana.
	18.	Divide by 2		\$
	19.	Total - Add lines 6, 12, and 18		\$
5	nco	are not married, this amount cannot exceed \$794. If se, this total cannot exceed \$1,056. However, if you have this total may be higher. If you received a Tit	ave children or you	ur spouse has lov
L.		stment, this amount will not be counted until April.		
	DEMAT	ION NOTICE		

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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 all policies combined exceeds \$1500.	s
	(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.

Additional Information

SECTION:

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

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