

**DEPARTMENT OF HEALTH SERVICES**

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



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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER: 222

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

**ARTICLE 5J-SPECIFIED LOW-INCOME MEDICARE BENEFICARY (SLMB)  
AND QUALIFYING INDIVIDUAL-1 (QI-1) AND QUALIFYING INDIVIDUAL-2  
(QI-2) PROGRAMS**

Enclosed is an updated Article 5J of the Medi-Cal Eligibility Procedures Manual. This article replaces the original article which describes the SLMB program's eligibility, application and benefits, with a revised version that includes the current forms. This article also incorporates the QI-1 and QI-2 programs added by the federal Balanced Budget Act of 1997. The SLMB and QI programs provide the state payment of part or all of the Medicare part B premiums.

**Filing Instructions:**

**Remove Pages:**

Article 5 Table of Contents  
Pages PTC-6

Article 5 Table of Contents  
Pages TC 5 and TC 6

Article 5  
Pages 5J-1 through 5J-25

**Insert Pages:**

Article 5 Table of Contents  
Pages PTC-6

Article 5 Table of Contents  
Pages TC 5 and TC 6

Article 5  
Pages 5J-1 through 5J-43

Please direct any questions regarding the above information to Vicki Partington of my staff at (916) 654-5909.

Original signed by

Angeline Mrva, Chief  
Medi-Cal Eligibility Branch

Enclosure





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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- Article 5      -- MEDI-CAL PROGRAMS
- 5A      -- AID CODES
- 5B      -- FOUR-MONTH CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL, AND WEDFARE
- 5C      -- DEPRIVATION -- LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
- 5D      -- MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH ASSISTANCE RECIPIENTS
- 5E      -- RAMOS V. MYERS PROCEDURES
- 5F      -- ASSET WAIVER PROVISION PROCEDURES
- 5G      -- 60-DAY POSTPARTUM PROGRAM PROCEDURES
- 5H      -- CONTINUED ELIGIBILITY (CE) PROGRAM PROCEDURES
- 5I      -- QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI) PROGRAM
- 5J      -- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) AND QUALIFYING INDIVIDUAL-1 (QI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS
- 5K      -- PERCENT PROGRAMS
- 5L      -- QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM
- 5M      -- PRESUMPTIVE ELIGIBILITY (PE) PROGRAM
- 5N      -- MEDI-CAL TUBERCULOSIS (TB) PROGRAM
- 5O      -- NOT IN USE PRESENTLY
- 5P      -- DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM
- 5Q      -- (TO BE RELEASED)
- 5R      -- (PENDING)
- 5S      -- SECTION 1931(b) PROGRAM

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- E. Eligibility
  - F. Dual Eligibility--QDWI Medi-Cal Eligibles
  - G. Card Issuance
  - H. Ineligibility for Undocumented Aliens and Certain Amnesty Aliens
  - I. Retroactive Medi-Cal Benefits
  - J. Part A Enrollment and Benefits
  - K. Initial QDWI Processing
  - L. EMC2/TAO Screen
  - M. QDWI Property Determination
  - N. QDWI Income Determination
  - O. Forms and Notices
- 5J -- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM AND QUALIFYING INDIVIDUAL-1 (QI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS
- I. SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM
    - A. Background
    - B. Program Description
    - C. Scope of Medicare Part B Benefits
    - D. Enrollment
    - E. Eligibility
    - F. Dual Eligibility
    - G. Retroactive Benefits
    - H. Medi-Cal Cards
    - I. Aid Code
    - J. SLMB Application
    - K. County Responsibility

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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L. Charts

M. Forms

N. MEDS Information

II. QUALIFYING INDIVIDUAL-1 (AI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS

A. Background

B. Program Description

C. Scope of Medicare Part B Benefits

D. Enrollment

E. Eligibility

F. Dual Eligibility

G. Retroactive Benefits

H. Medi-Cal Cards

I. Aid Codes

J. Buy-In/Reimbursement of the All or Part of the Medicare Part B Premium

K. Limiting the Number of QI-1s and QI-2s

L. QI Application

M. County Responsibility

N. State Responsibility

O. Charts

P. Forms

Q. MEDS Information

5K -- MEDI-CAL PERCENT PROGRAMS FOR PREGNANT WOMEN, INFANTS, AND CHILDREN

A. Background

B. Implementation Date, Aid Codes, Benefits



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 5J -- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) AND QUALIFYING INDIVIDUAL (QI) PROGRAMS

#### I. SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

##### A. BACKGROUND

The Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) added the SLMB program to Medi-Cal beginning January 1, 1993. The benefit under the SLMB program is limited to payment of the Medicare Part B premium.

Federal funding for the SLMB is at the regular federal reimbursement rate (in 2000 at 48.45 percent state, 51.55 percent federal).

Federal funding continues to be available for a SLMB for a month even if he or she is concurrently eligible under a different Medi-Cal program (see Section F below, "Dual Eligibility").

##### B. PROGRAM DESCRIPTION

SLMB Program: Is limited to the payment of the Medicare Part B premium. It does not pay the Medicare Part A premium or the Part B deductibles or coinsurance. The SLMB's Medicare Part B premium will be purchased under the State Buy-In process.

To be eligible a SLMB must:

- Be entitled to Medicare Part A and B;
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple);
- have income below 120 per cent of the FPL (110 percent for 1994 and 1995); and
- be a citizen or alien who would be eligible for full-scope Medi-Cal benefits if he or she were eligible for a regular Medi-Cal program except for excess income or property.

A SLMB who meets the Medi-Cal eligibility requirements for a different Medi-Cal program may receive benefits under both programs (SLMB and Medi-Cal) in the same month.

##### C. SCOPE OF MEDICARE PART B BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, home health care, diagnostic tests, durable medical equipment, ambulance services, and many other health services and supplies.

##### D. ENROLLMENT

Enrollment may take place at any time after January 1, 1993.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### E. ELIGIBILITY

Eligibility for the SLMB program shall begin the first month eligibility is approved on or after January 1, 1993. SLMB program applicants must first be evaluated for the QMB program. The income and property eligibility for the QMB/SLMB programs are to be determined using the two-step methodologies outlined in Section 5L-J of the Procedures Manual. Step one is the evaluation of income and property eligibility using Medi-Cal methodology; step two uses the Supplemental Security Income methodology. Applicants ineligible for QMB/SLMB using step one are to be evaluated using step two.

Applicants ineligible for the QMB/SLMB programs are to be evaluated for the Qualifying Individual-1 and Qualifying Individual-2 programs. See II, of this section. Applicants also have the option of being evaluated for other Medi-Cal programs. The MC-14A, QMB/SLMB/QI mail-in application form includes the question of whether the applicant wishes to apply for other Medi-Cal programs. Applicants interested in applying for other Medi-Cal programs are to be mailed the appropriate forms.

### F. DUAL ELIGIBILITY

There is an advantage to California when a medically needy-only (MNO) beneficiary is determined concurrently eligible under the SLMB program. Medi-Cal buys-in for all MNO beneficiaries because it is cost effective; however, Medi-Cal does not receive Federal Financial Participation (FFP) for MNO individuals. When an MNO individual is eligible for the SLMB program and the aid code 8C is reported to the Medi-Cal Eligibility Data System, the State gains FFP for his or her SLMB enrollment.

### G. RETROACTIVE BENEFITS

SLMBs may have up to three months of retroactive benefits, preceeding the month of application, but not before January 1993.

### H. MEDI-CAL CARDS

SLMBs will not be issued Medi-Cal cards for SLMB eligibility. However, those SLMBs with eligibility in another Medi-Cal program may be issued a Medi-Cal card as a benefit of that program.

### I. AID CODE

The Department has established the 8C alphanumerical aid code to identify the SLMBs.

### J. SLMB APPLICATION

The MC-14A is the mail-in application form for the QMB/SLMB/QI programs and can be used in place of the MC210 or SAWS forms. A face-to-face interview is waived for applicants using the MC-14A. Counties are to follow their own income verification procedures. It is recommended, however, that counties have potential beneficiaries photocopy and mail required documents and use telephone interviews to replace face-to-face interviews. The application date is the date the MC-14A is received by the county.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### K. COUNTY RESPONSIBILITY

1. Counties will issue a Notice of Action (NOA) when an applicant is approved for the SLMB program. The NOA for approval of benefits is on form MC 239 SLMB-1. If there is no eligibility for the SLMB program, the county shall determine eligibility under the QI-1 or QI-2 programs, under 5-J, Section II. If there is eligibility under the QI program, there is no need for the county to send the SLMB/QI denial notice MC 239-2.
2. Counties will issue all Spanish language MC 239 SLMB-1 forms to all individuals who request a copy.
3. Counties will process annual redeterminations for SLMBs.

### L. CHARTS

1. A matrix entitled, "Medicare Premium Payment Programs Eligibility Requirements Matrix" compares eligibility similarities among several Medicare premium payment programs. Items such as age, residency requirement and federal poverty level income are compared. It can be found in the Procedures Section, page 5J-11.
2. The "Medi-Cal Buy-In Programs Chart" lists the scope of Medi-Cal benefits under the various Buy-In programs and contains other useful information. See procedures Section 5-J-12.

### M. FORMS

The SLMB program forms are as follows:

- |    |                                      |   |
|----|--------------------------------------|---|
| 1. | MC 176-1 QMB/SLMB/QI (Form/Inst.)    | Income Eligibility Worksheet for All Applicants, Form and Instructions.   |
| 2. | MC 176-2A QMB/SLMB/QI (Form/Inst.)   | Income Eligibility Worksheet Couple or Applicant With an Ineligible Spouse, With or Without Child(ren), Forms and Instructions. |
| 3. | MC 176-2B QMB/SLMB/QI (Forms/Instr.) | Income Eligibility Worksheet for Child Applying With or Without Ineligible Parent(s) Form and Instructions.                     |
| 4. | MC 176 P-A QMB/SLMB/QI               | QMB/SLMB/QI Property Worksheet, Adult   |
| 5. | MC 176 P-C QMB/SLMB/QI               | QMB/SLMB/QI Property Worksheet, Child   |

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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|-----|----------------|--|
| 6.  | MC 239 SLMB-1  | Medi-Cal Notice of Action Approval<br>For Benefits As A SLMB |
| 7.  | MC-14 A        | QMB/SLMB/QI Application                                      |
| 8.  | MC 14 A (SP)   | QMB/SLMB/QI Application, Spanish                             |
| 9.  | NA Back 8      | Your Hearing Rights  |
| 10. | NA Back 8 (SP) | Your Hearing Rights, Spanish                                 |

N. MEDS INFORMATION

SLMB eligibility is to be reported to MEDS in the Special Program Segment, INQ1 under Aid Code 8C. The pending eligibility code of 691 (or 692 for retroactive eligibility reporting) will appear, until a confirmed Buy-In takes place. The eligibility code will then change to 001 (002 for retroactive Buy-Ins). The Medicare status will be 2 to indicate the state payment of Medicare premium).

II. QUALIFYING INDIVIDUAL-1(QI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS

A. BACKGROUND

The federal Balanced Budget Act of 1997 (BBA, 1997), Public Law 105-33 added the Qualifying Individual-1 (QI-1) and Qualifying Individual-2 (QI-2) programs. Both are time limited programs beginning January 1, 1998 and ending December 31, 2002 that pay all or part of the Medicare Part B premium. The QI-1 program benefit is the payment of the Medicare Part B premium; the QI-2 benefit is the reimbursement of a portion of the Medicare Part B premium previously paid by the beneficiary. The QI-1 must be entitled to Medicare Part B, have no more than twice Medi-Cal's property limit (\$4,000 for one person or \$6,000 for a couple), and have income of at least 120 percent of the Federal Poverty Level (FPL) but below 135 percent. The QI-2 must have paid their Medicare Part B premium, have not more than twice the Medi-Cal's property limit, and have income at or above 135 percent of the FPL but below 175 percent.

The QI program is reimbursed at 100 percent federal reimbursement up to a fixed yearly federal allocation. Therefore, the number of individuals who can be served under these two programs is to be limited so that states do not exceed their allocations. (See Section K below, "Limiting the Number of QI Beneficiaries.")

The enhanced federal funding in a month is **not** available for QI costs if the QI is eligible under any other Medi-Cal program in that same month. (Federal reimbursement is **not** available for the months that a share of cost (SOC) individual meets his or her SOC and is considered Medi-Cal eligible. This is seamless to the QI since Buy-In of the Part B premium continues, but it is under the MN program. (See Section F below, "Dual Eligibility.")

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### B. PROGRAM DESCRIPTION

1. **QI-1 Program:** Is limited to the payment of the Medicare Part B premium. It does not pay the Medicare Part A premium, or the Part B deductibles or copayments.

To be eligible a QI-1 must:

- Be entitled to Medicare Part B;
- have income at or above 120 percent of the FPL and up to but not including 135 percent;
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple); and
- be a citizen or alien who would be eligible for a regular Medi-Cal program except for excess income or property.

QI-1, Other Medi-Cal Coverage:

1. An individual may not be determined eligible for the QI-1 program if he or she is eligible for any other zero SOC Medi-Cal program, such as SSI cash-based Medi-Cal, or ABD-MN with no SOC.
  2. A QI-1 with a SOC is **not** considered eligible for the SOC program until the SOC is met. Therefore, the QI-1 may be reported to MEDS in both the QI-1 and the SOC aid code in the same month. However, federal enhanced QI-1 funding is not available in any month in which the SOC is met. Counties are not required to track QI-1s that meet or do not meet their SOC. The Department of Health Services (DHS) will adjust its internal Buy-In process to claim the appropriate enhanced federal funding for QI-1s. The Medicare Buy-in process will not be affected.
2. **QI-2 Program:** Is limited to the reimbursement of a portion of the Medicare Part B premium that is paid by the QI-2. This portion is the increase in the Medicare Part B premium due to the transfer of Home Health Services from Medicare Part A to Part B. Beginning January 1998, one-seventh of this transferred amount is to be reimbursed to the QI-2 eligible. This fractional amount increases by one-seventh for each year the QI program is effective. Beginning October 1998, two-sevenths will be reimbursed for federal fiscal year (FY) 1999 and each year thereafter until FY 2003.

To be eligible a QI-2 must:

- have paid his or her Medicare Part B premium,
- have income at or above 135 percent of the FPL and up to but not including 175 percent,
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple), and
- be a citizen or alien who would be eligible for a regular Medi-Cal program

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### QI-2, Other Medi-Cal Coverage:

QI-2 individuals may not be determined eligible for any other Medi-Cal program. Since Medi-Cal pays the Medicare Part B premium for all full-scope Medi-Cal beneficiaries with Medicare entitlement, and the QI-2 program only reimburses individuals that have paid their own Part B premiums, individuals are not eligible for both programs at the same time.

### C. SCOPE OF MEDICARE PART B BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, home health care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies

### D. ENROLLMENT

The new QI-1s and QI-2s may enroll in the program any time on or after January 1, 1998 and until December 31, 2002, subject to the availability of federal funding as addressed in Section K.

### E. ELIGIBILITY

Eligibility for the QI programs shall begin the first month that eligibility is established after the designated dates listed in "Enrollment," above. QI program applicants must first be evaluated for the QMB or SLMB programs. The income and property eligibility for the QMB/SLMB/QI-1 and 2 programs are to be determined using the two step methodologies outlined in Section 5L-J of the Procedures Manual. Step one is the evaluation of income and property eligibility using Medi-Cal methodology; step two is using the Supplemental Security Income methodology. Applicants ineligible for QMB/SLMB/QI-1 or 2 using step one, are to be evaluated using step two.

Applicants also have the option of being evaluated for other Medi-Cal programs. The MC-14 A, QMB/SLMB/QI mail-in application form includes the question of whether the applicant wishes to apply for other Medi-Cal programs. Applicants interested in applying for other Medi-Cal programs are to be mailed the appropriate forms.

### F. DUAL ELIGIBILITY

Although federal law precludes a QI-1 from being eligible for any other Medicaid program, medically needy (MN) individuals with a SOC may be eligible for QI-1 in those months that the SOC is not met. Medi-Cal "buys-in" for MN individuals because it is cost effective; Medi-Cal does not receive federal reimbursement for these individuals. Since the QI program receives the federal reimbursement rate of 100 percent, it is a financial advantage to DHS to enroll MN individuals in the QI-1 program. DHS will be responsible for tracking the month by month QI-1 eligibility in order to claim the appropriate federal reimbursement. The county responsibility is to review MN applications and redeterminations and, if eligible, put individuals into Aid Code 8D.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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QI-2 federal funding is not available for dual eligibles.

G. RETROACTIVE BENEFITS

Unlike QMBs, QIs may have up to three months of retroactive benefits proceeding the month of application, but not before January 1, 1998.

H. MEDI-CAL CARDS

QIs will not be issued Medi-Cal cards for QI-1 and QI-2 eligibility. However, those QI-1s with eligibility in another Medi-Cal program may be issued a Medi-Cal card as a benefit of that program.

I. AID CODES

DHS has established the following alphanumeric aid codes to identify QI-1s and QI-2s.

Aid Code 8D is for QI-1s; and  
Aid Code 8K is for the QI-2s.

J. BUY-IN/REIMBURSEMENT OF THE ALL OR PART OF THE MEDICARE PART B PREMIUM

As defined by the aid codes, the QI-1s full Medicare Part B premiums will be purchased under the State Buy-In process. The QI-2s are required to pay their own Medicare Part B premiums while in Aid Code 8K in order to be eligible for the reimbursement of a portion of that premium. Payments will be issued retroactively by the State at the end of each calendar year. QI-1s and QI-2s are identified on MEDS in the Special Program Segment (INQ1), under Aid Codes "8D" or "8K."

K. LIMITING THE NUMBER OF QI-1S AND QI-2S

Although the BBA, 1997, specifies 100 percent federal reimbursement for the QI-1 and QI-2 programs, this reimbursement is drawn from the state's fixed allocation. Once the allocation is exceeded, states are responsible for all remaining costs for the two programs. Therefore, states are permitted under federal law to limit the number of beneficiaries, subject to the following requirements:

1. There will be a limited number of beneficiaries who qualify for QI-1 and QI-2 benefits in these new programs (8D and 8K) on a "first come, first serve basis."
2. Those who qualify for the QI-1 and QI-2 program shall receive benefits through the calendar year.
3. Those who qualified for assistance in the last month of the previous year have preference the following year; however, federal law states that the QI is "not entitled to continued assistance for year. It appears unlikely that the California allocation will be exceeded. DHS will inform the any succeeding year." If DHS estimates the number of QI's on aid in December would cause the following year's allocation to be

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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exceeded, DHS will limit the number of QI-s for the following year. It appears unlikely that the California allocation will be exceeded. DHS will inform the counties should there be a possibility that QI eligibility is to be limited.

4. Those whose eligibility must end December 31 will receive a NOA form and a packet of forms from DHS indicating that the discontinuance is due to the exhaustion of federal funds. The NOA requests that the individual complete the forms and return them for a redetermination of eligibility. If the discontinued individual completes the packet, returns it to the county, and is found potentially eligible, he or she will be pended to a QI "waiting list" for QI federal funding to become available as other individuals go off the QI system.

Note: The NOA and packet of forms referred to in number 4, have not been implemented. The State will notify the counties when they are operational.

### L. QI APPLICATION

The MC-14A is the mail-in application for the QMB/SLMB/QI programs and can be used in place of the MC210 or SAWS forms. A face-to-face interview is waived for applicants using the MC-14A. Counties are to follow their own income verification procedures. It is recommended, however, that counties have potential beneficiaries "photocopy and mail required documents" and use telephone interviews to replace face-to-face interviews.

QI applicants are not to be asked for verification of property. Counties may seek verification from other sources. If information conflicts with verifications from other sources, the county can ask the QI for verification to clarify the inconsistency.

The application date is the date the MC-14A is received at the county.

### M. COUNTY RESPONSIBILITY

1. Counties will issue a NOA indicating whether an applicant is approved or denied for the QI-1 or QI-2 program. The NOA for the approval of benefits is on form MC 239-1 QI, and the NOA for denials is on form MC 239-2 SLMB/QI. Both forms are available in both English and Spanish.
2. Counties will issue Spanish language forms to all individuals who request copies.
3. Counties will process annual redeterminations, based on the Medi-Cal approval date, or pend redeterminations until the annual FPL Levels are received. Applicants can use the MC 14-A instead of the MC 210.

### N. STATE RESPONSIBILITY

1. DHS will issue a Notice Type 18 to the QI-1 when the Social Security Administration approves the individual's buy-in for Medicare Part B.
2. DHS will issue the a Notice Type 19 to the QI-2 when DHS confirms that the individual has paid his or her monthly Medicare Part B premium and is therefore eligible for some or all of the QI-2 yearly refund check.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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3. DHS will send a listing of QI-1s and QI-2s that have received Notice Type 18 and 19. This listing is provided to the county for information purposes only. No action is required.
4. DHS will issue a "Pending-Status" NOA which indicates that although the individual is eligible, there is a delay in his or her becoming a QI due to lack of federal QI funds. The individual is then pended to the QI system waiting list until someone drops off and funding for the individual's Medicare Part B premium is available.

Note: The "Pending-Status" NOA has not been implemented. DHS will notify the counties when it is operational.

5. DHS will send a NOA and the appropriate forms to certain previously eligible QI individuals informing them they will be discontinued from the QI program the following year due to insufficient federal funds. If the individual completes the package of forms and returns them to the county, the county will complete the eligibility redetermination. If he or she is determined to be eligible, the county will pend the individual on the QI system waiting list. If/when funding becomes available for a pended individual's payment of part or all of the Medicare Part B premium, the county will notify the individual by sending him/her a MC-239-1, NOA.

Note: The QI system waiting list has not been implemented. The counties will be notified and provided instructions prior to implementation.

### O. CHARTS

1. A matrix entitled, "Medicare Premium Payment Programs Eligibility Requirements Matrix" compares eligibility similarities among several Medicare premium payment programs. Items such as age, residency requirement and federal poverty level income are compared. It can be found in the Procedures Section, page 5J-11.
2. The "Medi-Cal Buy-In Programs Chart" lists the scope of Medi-Cal benefits under the various Buy-In programs and contains other useful information. See procedures Section 5J-12.

### P. FORMS

The QI program forms are as follows:

- |    |                                       |  |
|----|---------------------------------------|--|
| 1. | MC 176-1 QMB/SLMB/QI<br>(Form/Inst.)  | Income Eligibility Worksheet for All<br>Applicants, Form and Instructions.   |
| 2. | MC 176-2A QMB/SLMB/QI<br>(Form/Inst.) | Income Eligibility Worksheet<br>(Couple or Applicant With an Ineligible<br>Spouse, With or Without Child(ren),<br>Form and Instructions. |

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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|-----|---------------------------------------|--|
| 3.  | MC 176-2B QMB/SLMB/QI<br>(Form/Inst.) | Income Eligibility Worksheet for Child<br>Applying With or Without Ineligible<br>Parent(s), Form and Instructions in<br>English and Spanish. |
| 4.  | MC 176 P-A QMB/SLMB/QI                | QMB/SLMB/QI Property<br>Worksheet, Adult   |
| 5.  | MC 176 P-C QMB/SLMB/QI                | QMB/SLMB/QI Property<br>Worksheet, Child   |
| 6.  | MC 239-1 QI                           | Medi-Cal Notice of Action,<br>Approval For Benefits As A QI  |
| 7.  | MC 239-1 QI (SP)                      | Medi-Cal Notice of Action,<br>Approval for Benefits As A<br>QI, Spanish  |
| 8.  | MC 239-2 SLMB/QI                      | Medi-Cal Notice of Action,<br>Denial/Discontinuance of<br>Benefits As A SLMB/QI  |
| 9.  | MC 239-2 SLMB/QI (SP)                 | Medi-Cal Notice of Action,<br>Denial/Discontinuance of<br>Benefits As A SLMB/QI,<br>Spanish  |
| 10. | N18FRT (English/SP)                   | Medi-Cal Notice of Action (system<br>generated), Approval for Qualifying<br>Individual-1 (QI-1) Program<br>(English/SP)                      |
| 11. | N19FRT (English/SP)                   | Medi-Cal Notice of Action (system<br>generated), Approval for Qualifying-2<br>(QI-2) Program (English/SP)                                    |
| 12. | MC 14 A                               | QMB/SLMB/QI Application  |
| 13. | MC 14 A (SP)                          | QMB/SLMB/QI Application, Spanish   |
| 14. | NA Back 8                             | Hearing Rights   |
| 15. | NA Back 8 (SP)                        | Your Hearing Rights, Spanish   |



SECTION NO.:

MANUAL LETTER NO.: 2 2 2

DATE: MAY 30 2000

5J-11

# MEDICARE PREMIUM PAYMENT PROGRAMS ELIGIBILITY REQUIREMENTS MATRIX

Programs	SSI/SSP		ABD MN		Under 65	Over 65	Disabled	Pay Medicare Premiums				Residency Requirements	FPL Income		
								Part A		Part B					
	Yes	No	Yes	No				Yes	No	Yes	No	Yes	At or Above	At or Below	Below
BUY-IN															
- AGED	X		X			X			X	X		X	N/A	N/A	N/A
- BLIND	X		X		X	X	X		X	X		X	N/A	N/A	N/A
- DISABLED	X		X		X	X	X		X	X		X	N/A	N/A	N/A
ALIEN	X	X	X		X	X	X		X	X		X	N/A	N/A	N/A
QMB	X	X	X	X	X	X	X	X		X		X	N/A	100%	N/A
QDWI		X		X	X		X	X			X	X	N/A	200%	N/A
SLMB	X	X	X	X	X	X	X		X	X		X	N/A	N/A	120%
QI-1		X	*	X	X	X	X		X	X		X	120%	N/A	135%
QI-2		X		X	X	X	X		X	**		X	135%	N/A	175%
SSI/SSP=Supplemental Security Income/State Supplemental Payments															
ABD MN=Aged, Blind, Disabled Medically Needy															
FPL=Federal Poverty Level															
QMB=Qualified Medicare Beneficiary															
QDWI=Qualified Disabled Working Individual															
SLMB=Specified Low-Income Medicare Beneficiary															
QI-1/QI-2=Qualifying Individual-1/Qualifying Individual-2															
*Will be considered eligible only for those months in which the share of cost is met															
**Reimburse for a portion of the Medicare Part B premium they paid															

SECTION NO.:

MANUAL LETTER NO.: 222

DATE: MAY 30 2000 5J-12

## MEDI-CAL BUY-IN PROGRAMS CHART

Program	Scope of Medi-Cal Benefits	Part A Buy-In Benefits			Part B Buy-In Benefits			Income Limit	Property Reserve Limit	Medi-Cal Card Issued	Retroactive Period (month)	Effective Date of Buy-In (may include up to 3 months of retroactive coverage)
		Prem.	Deduct.	Co-Ins.	Prem.	Deduct.	Co-Ins.					
MN-ABD (Regular Medi-Cal Only)	Full		X	X	X	X	X	Share of Cost based on maintenance need unless in a percent program	\$2,000	Yes	3 Months	(Part B) 3rd month after approval
SSI/SSP	Full		X	X	X	X	X	Various levels, depending on circumstances	\$2,000	Yes	3 Months	(Part B) Month approved for SSI/SSP/cash grant
QMB	Limited	X	X	X	X	X	X	At or below 100% of FPL	\$4,000	Yes/No	None allowed (except in cases where the part A Buy-In has terminated in error)	(Parts A and B) Month after approval If currently enrolled in Part A. July 1, if conditionally enrolled in Part A and awaiting the annual entitlement effective date each July 1.
QDWI	Limited	X						At or below 200% of FPL	\$4,000	No	3 Months	(Part A) Month approved
SLMB	Limited				X			Below 120% of FPL	\$4,000	Yes/No	3 Months	(Part B) Month approved
QI-1	Limited				X			At or above 120% of FPL up to 135%	\$4,000	No	3 Months	(Part B) Month approved
QI-2	Limited to the reimbursement of a portion of the Medicare Part B premium, paid by the beneficiary							At or above 135% of FPL up to 175%	\$4,000	No	3 Months	(Reimbursement) Month Approved

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Q. MEDS INFORMATION

1. The QI system will also list those who are currently eligible and funded for the QI program in the MEDS Special Program Segment (SPS), INQ1 (See Section J, above) under the appropriate Aid Code, 8D or 8K.
2. DHS is proposing additional changes to the QI program and MEDS in order to maintain a pending file for persons eligible for QI, but who cannot be enrolled because the state has projected that the yearly allocation will be insufficient to cover additional eligibles. The purpose of this pending list is to enroll persons in the QI program, as other QIs lose their eligibility during the year. DHS will notify the counties when these additional changes are operational.



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**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)**

[illegible]

MC176-1 QMB/SLMB/QI (9/99)



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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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	Gibbins v. Rank

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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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.

### B. 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.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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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.



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

## 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	
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in income <input type="checkbox"/> 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).**

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

**B. NONEXEMPT EARNED INCOME**

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

**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).)

**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.**

Eligibility Worker signature		Worker number	Computation date	County use
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MC 176-2 A QMB/SLMB/QI (1/98) (SSI/SSP Methodology)

SECTION NO.:

MANUAL LETTER NO.: 222

DATE: MAY 30 2000

5J-18



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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

Form MC 176-2 A QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology which are less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, application, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 A QMB/SLMB/QI to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

### Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case Number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI application and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, and seven-digit serial number; enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

### SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s); and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

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

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A. of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients' available income and income allocated from a Pickle eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB/QI members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5, onto line 6(b). NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6(b) from line 5(b) and enter this amount on line 7(b)(1). If line 7(b)(1) is a minus figure, enter the minus amount on line 12(b) and enter zero on line 7(b)(2). Otherwise, enter the amount from line 7(b)(1) onto line 7(b)(2).
8. This is the combined unearned income of the ABD member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member). (Add line 7(b)(2) and line 5(a).)
9. No entry. This shows the \$20 any income deduction.
10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 17.

### B. Nonexempt Earned Income

11. Enter the gross earned income.
12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (any minus amount on line 7(b)(1)). Otherwise, enter zero in Section I, Part B, line 12(b).
13. Subtract line 12(b) from line 11(b). Enter the remainder on line 13(b). Exception: enter zero on line 13(b) if line 12(b) is greater or equal to line 11(b).
14. Add lines 11a and 13(b). This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.
15. Deduct any impairment related work expenses the potential QMB/SLMB/QI applicant(s) may have.
16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: enter zero on line 16 if line 15 is greater or equal to line 14.
17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater or equal to line 16, enter zero.
19. Divide line 18 by 2. This figure equals the countable earned income.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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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.





# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

## 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	
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in income <input type="checkbox"/> 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	WFBU	Person Number					
								(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**

A. NONEXEMPT UNEARNED INCOME	Ineligible Parent(s)	
1. RSDI		
2. Net income from property		
3. Other—itemize		
4.		
5. Total (add lines 1 through 4)	\$	
6. Allocation to ineligible child(ren) (Section II, line 5)	—	
7. Remainder (line 5 minus line 6)	(a) \$ (b) \$	
8. Any income deduction	\$ - 20	
9. Countable unearned income (put on line 16 unless negative)		
B. NONEXEMPT EARNED INCOME		
10. Gross earned income		
11. Unused portion of allocation to ineligible child(ren)	—	
12. \$65 earned income deduction plus \$ of unused \$20	—	
13. Remainder	\$	
14. Divide by 2 and subtract	—	
15. Countable earned income	\$	
16. Add countable unearned income (line 9)	+\$	
17. Total countable income (add lines 15 and 16)	\$	
18. Subtract parent deduction*	—	
19. Allocation to OMB/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.

**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.**

	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.)				

**III. OMB/SLMB/QI CHILD COMPUTATION**

1. Allocation from parent(s) (Section I, line 19, rounded)	\$			
2. OMB/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 OMB/SLMB/QI poverty level for one	\$			

(a) QMB (100%) \_\_\_\_\_  
 (b) SLMB (120%) \_\_\_\_\_  
 (c) QI-1 (135%) \_\_\_\_\_  
 (d) QI-2 (175%) \_\_\_\_\_

(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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MC 176-2 B QMB/SLMB/QI (1/98) (SSVSSP Methodology)



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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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.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 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 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.

### B. 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.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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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.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Human Services Agency

Department of Health Services

**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.

MC 176 P-A QMB/SLMB/QI (12/99)

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SECTION NO.:                      MANUAL LETTER NO.:    2 2 2    DATE:    MAY 30 2000    5J-26

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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## 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 redive 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
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MC 176 P-C QMB/SLMB/QI (1/98)

SECTION NO.:

MANUAL LETTER NO.:

222

DATE:

MAY 30 2000

5J-27



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**MEDI-CAL  
NOTICE OF ACTION**  
Approval for Benefits as a  
Specified Low-Income Medicare Beneficiary

(County Stamp)

Notice date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker name: \_\_\_\_\_  
Worker number: \_\_\_\_\_  
Worker phone number: \_\_\_\_\_  
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 a new program called the Specified Low-Income Medicare beneficiary (SLMB) program.

We determined that:

\_\_\_\_\_ Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_, you are eligible for the Medi-Cal program to pay your Medicare Part B premiums under the SLMB program. This means that if you receive a Title II, Social Security Administration (SSA) payment and you are currently paying for your Medicare premiums, it will take SSA 3-4 months from the time you are eligible as a SLMB for SSA to stop deducting these premiums from your SSA payment. If you are eligible for a refund, it may also take from 90 to 120 days for SSA to send you a check for those previously paid payments.

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

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

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

MC239 SLMB-1 (1/99)



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

### 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.

MC 239-1 QI (1/99)

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SECTION NO.:                      MANUAL LETTER NO.:    2 2 2    DATE:    MAY 30 2000    5J-29

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

### NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL Aprobación de Acción como Individuo Elegible (QI)

(COUNTY STAMP)

Fecha de la notificación: \_\_\_\_\_

Número del caso: \_\_\_\_\_

Nombre del/de la trabajador(a): \_\_\_\_\_

Número del/de la trabajador(a): \_\_\_\_\_

Teléfono del/de la trabajador(a): \_\_\_\_\_

Aprobación para: \_\_\_\_\_

(Nombre)

SI USTED YA ESTÁ RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Revisamos su solicitud para ver si usted reúne los requisitos para recibir beneficios del programa para Individuos Elegibles-1 (QI-1) o para Individuos Elegibles-2 (QI-2).

- ☐ 1. Usted cumple con las reglas del programa QI-1 que es para aquellos individuos con ingresos de un máximo del 135 por ciento del Nivel Federal de Pobreza (FLP). Aunque se sujeta a la disponibilidad de fondos federales y a la aprobación de la Administración del Seguro Social (SSA), el programa QI-1 pagará sus primas de la Parte B de Medicare.

**USTED RECIBIRÁ OTRA NOTIFICACIÓN CUANDO COMIENCEN SUS BENEFICIOS DEL QI-1. ESTO SIGNIFICA QUE SI USTED RECIBE UN CHEQUE DEL TÍTULO II DE LA SSA Y USTED ESTÁ PAGANDO SUS PRIMAS DE LA PARTE B DE MEDICARE, MUY PRONTO USTED RECIBIRÁ UN AUMENTO EN SU CHEQUE MENSUAL DEL TÍTULO II DE LA SSA. POR FAVOR RECUERDE QUE SI USTED REÚNE LOS REQUISITOS PARA RECIBIR BENEFICIOS DEL PROGRAMA QI-1 RETROACTIVAMENTE, ES POSIBLE QUE RECIBA UN REEMBOLSO DE LA SSA POR LAS PRIMAS DE LA PARTE B DE MEDICARE QUE USTED PAGÓ PREVIAMENTE. LA SSA SE DEMORA DE 90 A 120 DÍAS PARA TRAMITAR UN CHEQUE.**

- ☐ 2. Usted cumple con las reglas del programa QI-2 que es para aquellos individuos con ingresos de un máximo del 175 por ciento del Nivel Federal de Pobreza (FLP). Aunque se sujeta a la disponibilidad de fondos federales y a la aprobación de la Administración del Seguro Social (SSA), el programa QI-2 reembolsa por medio de un cheque, una parte de sus primas de la Parte B de Medicare, al año siguiente.

Si usted solicitó beneficios de Medi-Cal, usted recibirá una notificación por separado.

La regulación que exige esta acción es la Sección 50258.1, del Título 22, del Código de Regulaciones de California.

Trabajador(a) de Elegibilidad

Teléfono

Fecha

**POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN**

MC 229-1 QI (SP) (2/99)

SECTION NO.:

MANUAL LETTER NO.:

2 2 2

DATE:

MAY 30 2000

5J-30

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

### 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:

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

MC 239-2 SLMB/QI (1/98)

SECTION NO.:

MANUAL LETTER NO.:

222

DATE:

MAY 30 2008

5J-31

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

### NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

Negación o Descontinuación de Beneficios como  
Beneficiario Declarado de Bajos Ingresos de Medicare  
(SLMB) o como Individuo Elegible (QI)

(COUNTY STAMP)

Fecha de la notificación: \_\_\_\_\_

Número del caso: \_\_\_\_\_

Nombre del/de la trabajador(a): \_\_\_\_\_

Número del/de la trabajador(a): \_\_\_\_\_

Teléfono del/de la trabajador(a): \_\_\_\_\_

Negación/Descontinuación para: \_\_\_\_\_

(Nombre)

**SI USTED YA ESTÁ RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.**

Revisamos su solicitud para ver si usted reúne los requisitos para recibir beneficios del Programa de Beneficiarios Declarados de Bajos Ingresos (SLMB), de Individuos Elegibles-1 (QI-1) ó de Individuos Elegibles-2 (QI-2).

Determinamos que:

- ☐ Usted no reúne los requisitos para el programa de ☐ SLMB, ☐ QI-1, ó ☐ QI-2.
- ☐ Su elegibilidad para el programa de ☐ SLMB, ☐ QI-1, ó ☐ QI-2 termina el \_\_\_\_/\_\_\_\_/\_\_\_\_.

Esta es la razón:

- ☐ Usted no reúne los requisitos para el programa de QI-1 ó QI-2 porque actualmente no reúne los requisitos para recibir Medi-Cal sin parte del costo. Sus primas de la Parte B de Medicare ya se están pagando mensualmente bajo ese programa.
- ☐ Sus **INGRESOS** están por encima del límite. El límite de ingresos es de \_\_\_\_\_ dólares. Si sus ingresos disminuyen, usted puede volver a solicitar beneficios.
- ☐ Sus **BIENES** están por encima del límite. Si sus bienes disminuyen, usted puede volver a solicitar beneficios. El límite de bienes es de \_\_\_\_\_ dólares. Su trabajador(a) del condado puede decirle cómo reducir sus bienes legalmente.
- ☐ La Administración del Seguro Social (SSA) indica que usted no reúne los requisitos para recibir beneficios de la Parte B de Medicare. Comuníquese con su oficina local de la SSA para obtener más información.
- ☐ La SSA indica que usted no ha pagado todas o parte de sus primas de la Parte B de Medicare, así que ya no reúne los requisitos para recibir beneficios adicionales del programa de QI-2. Esto reducirá la cantidad, si hubiera alguna, de su reembolso de beneficios retroactivos del programa de QI-2 el próximo año.
- ☐ Otras razones: \_\_\_\_\_

Si usted también solicitó beneficios regulares de Medi-Cal, usted recibirá una notificación por separado sobre ese programa.

La regulación que exige esta acción es la Sección 50258.1, del Título 22, del Código de Regulaciones de California.

MC 239-2 SLMB/QI (SP) (4/99)

SECTION NO.:

MANUAL LETTER NO.:

2 2 2

DATE: MAY 30 2000

5J-32



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Human Services Agency

Department of Health Services  
Medi-Cal Program

Notice Type 18  
December 17, 1999



### MEDI-CAL NOTICE

Social Security Number: 111-11-1111  
Beneficiary ID Number: 34-8D-1111111-1-11

JOHN Q. PUBLIC  
C/O JANE PUBLIC  
11111 MAIN ST  
SACRAMENTO CA 95811-1111

#### APPROVAL FOR QUALIFYING INDIVIDUAL-1 (QI-1) PROGRAM Payment of Your Medicare Part B Premiums

Aprobación de los Programas del Individual Calificado-1 (QI-1)  
Pago de sus Primas de Medicare Parte B

This notice is to let you know that your Qualifying Individual-1 (QI-1), Medicare Part B premium payments have been approved by the Social Security Administration (SSA) and will be paid by the State effective 01/2000.

Esta Noticia es para avisarle que sus pagos del Programa del Individual-1 Calificado (QI-1), Medicare Primas Parte B, han sido aprobados por Seguro Social Administración (SSA) y van a ser pagado por el Estado a partir de 01/2000.

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.

Si usted recibe un cheque de Título II, (SSA) Y está pagando sus primas de Medicare Parte B, usted va a recibir en lo mas pronto un aumento en su SSA Título II cheque que recibe mensualmente. No se olvide que si usted es elegible retroactivamente para el QI-1 programa, es posible que usted recibirá un reembolso de SSA por las Primas de Medicare Parte B que usted ha pagado anteriormente. Va a tomar desde 90 a 120 días para que SSA process un cheque.

If you applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

Si usted aplicó para los beneficios regulares de Medi-Cal, usted va a recibir una noticia separada de ese programa.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.

N18PPT



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### State of California-Health and Human Services Agency

Department of Health Services  
Medi-Cal Program

Notice Type 19  
December 17, 1999



#### MEDI-CAL NOTICE

Social Security Number: 111-11-1111  
Beneficiary ID Number: 34-8K-1111111-1-11

JOHN Q PUBLIC  
C/O JANE PUBLIC  
11111 MAIN ST  
SACRAMENTO CA 95811-1111

#### APPROVAL FOR QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAM Reimbursement of a Portion of Your Medicare Part B Premiums

Aprobación de los Programas del Individual Calificado-2 (QI-2)  
Reembolso de Una porción de sus Primas de Medicare Parte B

This notice is to let you know that you have been approved by the State of California as a Qualifying Individual-2 (QI-2). The State will refund to you by check a portion of the Medicare Part B premiums you paid each month last year.

Esta Noticia es para avisarle que usted está aprobado por el Estado de California como un Individual-2 Calificado (QI-2) beneficiario. El Estado le va a reembolsar un cheque que es una porción de las Primas de Medicare Parte B que usted ha pagado cada mes del año pasado.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

## QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUALS APPLICATION

Name		Social Security number		Medicare number		Date	
Telephone number ( )		Date of birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Address (number, street)				City		State ZIP code	

This information is to help you apply for the Qualified Low-Income Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual -1 or -2 (QI-1/QI-2) programs. Persons eligible for the QMB program may have the State pay their Medicare Parts A and B premiums, deductibles, and coinsurance fees. Persons eligible for SLMB or QI-1 will have their Medicare Part B premiums paid by the Medi-Cal program. Persons eligible for the QI-2 program will have a portion of their monthly Part B premiums refunded to them in the following year. You may apply for QMB, SLMB, QI-1, or QI-2 by mailing this form to your local county Social Services agency.

To be eligible for QMB, SLMB, QI-1, or QI-2, you must:

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements:
  - **QMB:** Net countable income at 100% of the Federal Poverty Level (FPL) (at \$707\* for a single person, or at \$942 for a couple).
  - **SLMB:** Net countable income below 120% of the FPL (below \$844\* for a single person, or below \$1,126\* for a couple).
  - **QI-1:** Net countable income below 135% of the FPL (below \$947\* for a single person, or below \$1,265\* for a couple).
  - **QI-2:** Net countable income below 175% of the FPL (below \$1,222\* for a single person, or below \$1,633\* for a couple).
- Have no more than \$4,000 in nonexempt property for a single person, or \$6,000 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

**IMPORTANT:** If you or members of your family appear eligible for other Medi-Cal programs, do you wish to apply for them?  
☐ Yes ☐ No If yes, you may need to complete other forms.

**MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY  
(ADDRESSES ON BACK SIDE OF THIS FORM)**

\* If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in the month of April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### A. COUNTABLE INCOME

**I. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1/QI-2 applicant:**

- |   |          |
|---|----------|
| 1. Social Security check                                    | \$ _____ |
| 2. VA benefits  | \$ _____ |
| 3. Interest from bank accounts or certificate(s) of deposit | \$ _____ |
| 4. Retirement income  | \$ _____ |
| 5. Any other income   | \$ _____ |
| 6. Total UNEARNED INCOME—add lines 1 through 5              | \$ _____ |

**II. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:**

- |   |          |
|---|----------|
| 7. Social Security check                                    | \$ _____ |
| 8. VA benefits  | \$ _____ |
| 9. Interest from bank accounts or certificate(s) of deposit | \$ _____ |
| 10. Any other income  | \$ _____ |
| 11. Retirement income                                       | \$ _____ |
| 12. Total SPOUSE'S UNEARNED INCOME—add lines 7 through 11   | \$ _____ |

**III. Fill in the MONTHLY earned income received by the QMB/SLMB/QI-1/QI-2 applicant and spouse:**

- |  |          |
|--|----------|
| 13. Gross earnings for the person who wants to be a QMB, SLMB, QI-1, or QI-2 | \$ _____ |
| 14. Gross earnings for the spouse  | \$ _____ |
| 15. Total—add lines 13 and 14  | \$ _____ |
| 16. Subtract \$65  | \$ _____ |
| 17. Remainder  | \$ _____ |
| 18. Divide by 2  | \$ _____ |
| 19. Total EARNED INCOME—add lines 6, 12, and 18                              | \$ _____ |

COUNTY USE	
Applicant's unearned income (line 6):	\$ _____
Spouse's unearned income (line 12):	+ _____
Any income deduction — _____	
Net unearned income	_____
Net earned income (line 19):	+ _____
Total net income	_____
MFBU size	_____
Compare to QMB/SLMB/QI-1/QI-2 income limit.	
If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.	

**IV. Potential QMB, SLMB, QI-1, or QI-2 eligibles:**

(If you have a child in the home, these amounts may be higher.)

- ☐ You are potentially eligible as a QMB if your income is at 100% of the FPL (at \$707 for a single person, or at \$942 for a couple).
- ☐ You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$844 for a single person, or below \$1,126 for a couple).
- ☐ You are potentially eligible as a QI-1 if your income is below 135% of FPL (below \$947 for a single person, or below \$1,265 for a couple).
- ☐ You are potentially eligible as a QI-2 if your income is below 175% of FPL (below \$1,222 for a single person, or below \$1,633 for a couple).

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### B. PROPERTY

A QMB, SLMB, QI-1, or QI-2 who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4,000. A QMB, SLMB, QI-1, or QI-2 who is married and living with his/her spouse must have countable property which is equal to or less than \$6,000.

The following gives examples of countable property. Important: The home you and/or a spouse live in does *not* count. One car used for transportation does *not* count. If you apply at the county welfare department as a QMB, SLMB, QI-1, or QI-2, 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, i.e., certificates of deposit. This other property may or may not count towards the 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. Certificate(s) 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 <i>all</i> policies combined exceeds \$1,500 (Do not include "term" insurance policies) | \$ _____   |
| 9. Total PROPERTY—add lines 1 through 8   | **\$ _____ |

COUNTY USE

\*\* This total cannot exceed \$4,000 for a single person or \$6,000 for a couple.

**Additional information:** You may be eligible for up to three months of retroactive coverage of your Medicare Part B premiums.

**NOTE:** A QMB, SLMB, QI-1, or QI-2 must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 55 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.

**I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.**

Signature (or mark) of applicant

Date

>

COUNTY USE

☐ QMB approved ☐ SLMB approved ☐ QI-1 approved ☐ QI-2 approved ☐ QMB/SLMB/QI-1/QI-2 denied

Eligibility Worker's signature

Date

>

#### Privacy Statement

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you to decide if you, or the persons you represent, can get Medi-Cal benefits. You must provide these facts to get all or some of your Medicare Part B premiums paid by Medi-Cal. Failure to provide necessary facts can result in Medi-Cal benefits being denied.

The information will be used:

1. By the county welfare department to establish first-time and ongoing Medi-Cal eligibility.
2. By Electronic Data Systems (EDS) to process claims and make Benefits Identification Cards (BICs) for Medi-Cal benefits.
3. By the United States (U.S.) Department of Health and Human Services to make audit and quality control reviews and verify Medicare Buy-in and Social Security numbers (SSNs).
4. To verify alien status with the U.S. Immigration and Naturalization Service (INS) only for aliens who claim to be lawfully admitted for permanent residence or permanently residing in the U.S. under color of law (PRUCOL) or amnesty aliens with a valid and current I-688 card. The information the INS receives can only be used to determine Medi-Cal eligibility, and cannot be used for immigration enforcement unless you are committing fraud.
5. By medical services providers and health maintenance organizations to certify eligibility.
6. To identify health insurance coverage and take recovery actions.

The information you provide will be kept confidential. For more information or to access your records, contact your local county Social Services agency or the Social Security Administration.

MC 14 A (4/99)

Page 3 of 3

SECTION NO.:

MANUAL LETTER NO.:

222

DATE: MAY 30 2000 5J-37





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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Mail Completed Form to your County Listed Below:

Page 1(a)

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

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01	ALAMEDA COUNTY Social Services Agency SLMB/QI/QMB Program 7751 Edgewater Drive Oakland, CA 94621 (510) 383-8749	08	DEL NORTE COUNTY Welfare Department SLMB/QI/QMB Program 981 H Street Crescent City, CA 95531 (707) 464-3191	16	KINGS COUNTY Human Services Agency SLMB/QI/QMB Program 1200 South Drive Hanford, CA 93230 (209) 582-3241 Ext. 4280
02	ALPINE COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 277 14810 Highway 89 Markleeville, CA 96120 (530) 694-2235	09	EL DORADO COUNTY Dept. of Social Services SLMB/QI/QMB Program 3057 Briw Road Placerville, CA 95667 (530) 642-7159	17	LAKE COUNTY Dept. of Social Services SLMB/QI/QMB Program 15975 Anderson Ranch Pkw. P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4200
03	AMADOR COUNTY Dept. of Social Services SLMB/QI/QMB Program 1003 Broadway Jackson, CA 95642 (209) 223-6621	10	FRESNO COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 1912 Fresno, CA 93750 (209) 453-6469	18	LASSEN COUNTY Dept. of Social Welfare SLMB/QI/QMB Program 720 Richmond Road P.O. Box 1359 Susanville, CA 96130 (530) 257-8311 Ext. 157
04	BUTTE COUNTY Dept. of Social Welfare SLMB/QI/QMB Program 42 County Center Drive P.O. Box 1649 Oroville, CA 95965 (530) 538-7573	11	GLENN COUNTY Human Resources Agcy. SLMB/QI/QMB 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/QMB Program P.O. Box 91503 City of Industry, CA 91715-1503 (877) 597-4777
05	CALAVERAS COUNTY Social Welfare Department SLMB/QI/QMB Program Government Center 891 Mtn. Ranch Road San Andreas, CA 95249 (209) 754-6444	12	HUMBOLDT COUNTY Dept. of Social Services SLMB/QI/QMB Program 929 Koster Street Eureka, CA 95501 (707) 445-7706	20	MADERA COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 569 Madera, CA 93639 (559) 662-8391
06	COLUSA COUNTY Hlth. and Human Svcs. SLMB/QI/QMB Program 251 East Webster P.O. Box 370 Colusa, CA 95932 (530) 458-0265	13	IMPERIAL COUNTY Dept. of Social Services SLMB/QI/QMB Program 2995 S. Fourth St., Ste. 105 El Centro, CA 92243 (760) 337-7408	21	MARIN COUNTY Dept. of Hlth & Hum Svcs SLMB/QI/QMB Program 3501 Civic Center Branch P.O. Box 4160 San Rafael, CA 94913 (415) 499-7089
07	CONTRA COSTA Social Services Dept. SLMB/QI/QMB Program 40 Douglas Drive Martinez, CA 94553 (925) 313-1545	14	INYO COUNTY Dept. of Social Services SLMB/QI/QMB Program 162A Grove Street Bishop, CA 93514 (760) 872-1394	22	MARIPOSA COUNTY Dept. of Human Services Social Services Division SLMB/QI/QMB Program 5186 Highway 49 North P.O. Box 7 Mariposa, CA 95338 (209) 966-3609
		15	KERN COUNTY Dept. of Human Services SLMB/QI/QMB Program 100 E. California Avenue Bakersfield, CA 93307 (805) 631-6186		

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SECTION NO.:

MANUAL LETTER NO.:

2 2 2

DATE:

MAY 30 2000

5J-38

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# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mail Completed Form to your County Listed Below:

Page 2(a)

## SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/ QUALIFYING INDIVIDUAL (QI)/ QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB) COUNTIES LIST

23	MENDOCINO COUNTY Dept. of Social Services SLMB/QI/QMB Program 747 South State Street P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 Ext. 173	31	PLACER COUNTY County Welfare Dept. SLMB/QI/QMB Program 11519 B Avenue Auburn, CA 95603 (800) 889-7610 (Toll-Free)	39	SAN JOAQUIN COUNTY Human Services Agency SLMB/QI/QMB Program 333 East Washington P.O. Box 201056 Stockton, CA 95201 (209) 468-1453
24	MERCED COUNTY Human Services Agency SLMB/QI/QMB Program P.O. Box 112 Merced, CA 95341 (209) 385-3000 Ext. 5354	32	PLUMAS COUNTY Dept. of Social Services SLMB/QI/QMB Program 270 County Hospital Road Room 207 Quincy, CA 95971 (530) 283-6350	40	SAN LUIS OBISPO CTY. Dept. of Social Services SLMB/QI/QMB Program P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1885
25	MODOC COUNTY Dept. of Social Services SLMB/QI/QMB Program 120 North Main Street Alturas, CA 96101 (530) 233-6501	33	RIVERSIDE COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 1605 Spruce Street Riverside, CA 92507 (909) 358-3044 (Call local Dept. of Soc. Svcs.)	41	SAN MATEO COUNTY Human Services Agency SLMB/QI/QMB Program 400 Harbor Boulevard, Bldg. C Belmont, CA 94002 (650) 595-7500
26	MONO COUNTY Dept. of Social Welfare SLMB/QI/QMB Program P.O. Box 576 Bridgeport, CA 93517 (619) 932-7291	34	SACRAMENTO COUNTY Dept. of Human Assistance SLMB/QI/QMB Program 1725 28th Street Sacramento, CA 95816 (916) 874-2580	42	SANTA BARBARA CNTY Dept. of Social Services SLMB/QI/QMB Program 1100 West Laurel Avenue Lompoc, CA 93436 (805) 737-7056
27	MONTEREY COUNTY Dept. of Social Services SLMB/QI/QMB Program 1000 S. Main St., Ste. 208 Salinas, CA 93901 (831) 755-4407	35	SAN BENITO COUNTY Human Services Agency SLMB/QI/QMB Program 1111 San Felipe Rd. #206 Hollister, CA 95023 (831) 637-5336	43	SANTA CLARA COUNTY Social Services Agency SLMB/QI/QMB Program 1919 Senter Road San Jose, CA 95112 (408) 271-5500
28	NAPA COUNTY Health and Human Svcs. SLMB/QI/QMB Program 2261 Elm Street Napa, CA 94558 (707) 253-4106	36	SAN BERNARDINO CTY Dept. of Public Soc. Svcs. SLMB/QI/QMB 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/QMB 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/QMB 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/QMB Program 7947 Mission Center Ct. San Diego, CA 92108 (619) 531-6293	45	SHASTA COUNTY Dept. of Social Services SLMB/QI/QMB Program 2460 Breslauer Way P.O. Box 496005 Redding, CA 96049 (530) 225-5596
30	ORANGE COUNTY Social Services Agency SLMB/QI/QMB Program P.O. Box 1772 Santa Ana, CA 92702-1772 (714) 541-7700	38	SAN FRANCISCO CNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 7988 San Francisco, CA 94120 (415) 558-1855		

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Mail Completed Form to your County Listed Below:

Page 3(a)

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

46	SIERRA COUNTY Human Services SLMB/QI/QMB Program 202 Front Street P.O. Box 1019 Loyalton, CA 96118 (530) 993-6720	50	STANISLAUS COUNTY Community Services Agency SLMB/QI/QMB Program P.O. Box 42 Modesto, CA 95353 (209) 558-2690	54	TULARE COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 5957 S. Mooney Blvd. P.O. Box 671 Visalia, CA 93277 (209) 737-4660 Ext. 2106
47	SISKIYOU COUNTY Human Services SLMB/QI/QMB Program 818 So. Main Yreka, CA 96097 (530) 841-2724	51	SUTTER COUNTY Welfare & Social Svcs. SLMB/QI/QMB 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/QMB Program 20075 Cedar Road North Sonora, CA 95370 (209) 533-5725
48	SOLANO COUNTY Public Welfare Dept. SLMB/QI/QMB Program P.O. Box 5050 Fairfield, CA 94533 (707) 553-5144	52	TEHAMA COUNTY Dept. of Social Welfare SLMB/QI/QMB Program P.O. Box 1515 Red Bluff, CA 96080 (530) 528-4095	56	VENTURA COUNTY Public Soc. Svcs. Agency SLMB/QI/QMB Program 505 Poli Street Ventura, CA 93001 (805) 652-7815
49	SONOMA COUNTY Social Services Dept. SLMB/QI/QMB Program 520 Mendocino Avenue P.O. Box 1539 Santa Rosa, CA 95402 (707) 565-5200	53	TRINITY COUNTY Dept. of Hlth & Hum Svcs SLMB/QI/QMB Program P.O. Box 1470 Weaverville, CA 96093 (530) 623-8236	57	YOLO COUNTY Dept. of Social Services SLMB/QI/QMB Program 500 A Jefferson Boulevard Suite 100 West Sacramento, CA 95605 (916) 375-6214
				58	YUBA COUNTY County Welfare Dept. SLMB/QI/QMB Program P.O. Box 2320 Marysville, CA 95901 (530) 749-6311



## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### 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 <i>SLMB, QI-1 ó QI-2</i> | \$ _____ |
| 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

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### 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/de 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.

La información la utilizará(n):

1. El Departamento de asistencia pública del condado, para establecer su elegibilidad de Medi-Cal por primera vez y de manera continua.
2. Los Sistemas de Información Electrónica (EDS), para tramitar reclamaciones y hacer Tarjetas de Identificación de Beneficios (BICs) para beneficios de Medi-Cal.
3. 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*).
4. 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.
5. Los proveedores de servicios médicos y organizaciones para la conservación de la salud (HMOs) para certificar su elegibilidad.
6. Para verificar la cobertura de seguro médico y para efectuar acciones de recuperación.

La 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.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

### 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.

**IMPORTANTE:** 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.

