

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
P.O. BOX 942732  
SACRAMENTO, CA 94234-7320



January 22, 1991

TO: All County Welfare Directors  
All County Administrative Officers

ERRATA NOTICE - ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) 90-101

SUBJECT: FORMS FOR THE IMPLEMENTATION OF THE QUALIFIED DISABLED WORKING  
INDIVIDUAL (QDWI) PROGRAM

Enclosed are the Department of Health Services (DHS) forms which were inadvertently omitted from the above ACWDL dated November 28, 1990.

MC 239 QDWI-1	Medi-Cal Notice of Action (Denial or Discontinuance)
MC 239 QDWI-2	Medi-Cal Notice of Action (Approval)
MC 176 QDWI-2	QDWI Property Worksheet

It has come to our attention that it is difficult to determine whether an individual is applying for the QDWI or the Qualified Medicare Beneficiary (QMB) program. We have enclosed some samples of Social Security Administration (SSA) notices; however, these notices may be sent to either a QDWI or QMB individual. It is important to ask the individual certain questions to determine if he/she is a potential QDWI or a QMB.

1. A QDWI must be disabled, working and entitled to purchase Medicare Part A under a special new program.
2. A QMB may be either aged or disabled. If he/she is disabled and entitled to Medicare after receiving Title II disability payments for 24 months, Medicare Part A will be free. Disabled individuals who are not entitled to free Medicare Part A may not purchase this benefit until they are aged.

Therefore, if the individual is either aged or under 65 and receiving free Medicare Part A, he/she would not be a potential QDWI.

All County Welfare Directors  
All County Administrative Officers

If you have any questions, please contact Marge Buzdas at (916) 324-4972,  
ATSS 454-4972.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

**MEDI-CAL  
NOTICE OF ACTION**

(County Stamp)

**Denial or Discontinuance  
of Benefits as a Qualified  
Disabled Working Individual**

State Number: \_\_\_\_\_

District: \_\_\_\_\_

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THESE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Qualified Disabled Working Individual (QDWI) program. We determined that:

\_\_\_\_\_ You are not eligible for the QDWI program.

\_\_\_\_\_ Your eligibility for the QDWI program ends \_\_\_\_/\_\_\_\_/\_\_\_\_.

Here is why:

\_\_\_\_\_ Your \_\_\_\_\_  
income/property is above the limit. If you are eligible for premium Part A Medicare and your \_\_\_\_\_  
income/property decreases, you may reapply. The limit is \$\_\_\_\_\_.

\_\_\_\_\_ You do not have entitlement to Medicare Part A. You must contact your local SSA office to apply. When you receive verification of Medicare, please contact this office again.

\_\_\_\_\_ Other reasons:

\_\_\_\_\_ You are not eligible for the regular Medi-Cal program because:

\_\_\_\_\_ 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, Sections 50041.5, 50079.7, 50256, 50421.5, 50571, and 50777.

\_\_\_\_\_  
Eligibility Worker

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

**MEDI-CAL  
NOTICE OF ACTION  
Approval For Benefits As A  
Qualified Disabled Working Individual**

(County Stamp)

State Number: \_\_\_\_\_

District: \_\_\_\_\_

**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 Qualified Disabled Working Individual (QDWI) program.

We determined that:

\_\_\_\_\_ Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_, you are eligible for the Medi-Cal program to pay your Medicare Part A premiums. If you are currently paying Medicare premiums, please allow a few months from the time you are eligible as a QDWI for the Social Security Administration (SSA) to stop billing you. You may receive a refund from the SSA based on its records.

\_\_\_\_\_ You could be eligible for the Medi-Cal program to pay your Medicare Part A premiums beginning July 1, \_\_\_\_; however you must apply for Part A benefits with the SSA. Please go to your local SSA office and apply for Part A before March 31st. When SSA verifies your Part A eligibility, you will be notified.

\_\_\_\_\_ 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, Sections 50041.5, 50079.7, 50256, 50421.5, 50571 and 50777.

\_\_\_\_\_  
(Eligibility Worker)\_\_\_\_\_  
(Phone)\_\_\_\_\_  
(Date)

**QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI)  
PROPERTY WORKSHEET****ADULT  
(18 YEARS OF AGE AND OLDER OR MARRIED)**

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ Month: \_\_\_\_\_

**QDWI Methodology**

1. Only consider the net nonexempt property of the QDWI applicant (and spouse); do not consider the property of any other family members in the home.
2. Net nonexempt property of QDWI applicant (and spouse). \$ \_\_\_\_\_
3. Property limit for one person (or two persons if there is a spouse). \$ \_\_\_\_\_
4. Twice the property limit shown on line 3. \$ \_\_\_\_\_
5. Is line 2 less than or equal to line 4?  
☐ Yes, QDWI property requirement met.  
☐ No, ineligible due to excess property.

Eligibility Worker Signature: \_\_\_\_\_

Worker Number: \_\_\_\_\_

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Social Security Administration

Refer to:

16742 GOTHARD ST SUITE 115  
HUNTINGTON BCH, CA 92647  
July 17, 1990

NOTICE OF MEDICARE ENTITLEMENT

Phone: 714 841-3649

Dear

Based on the information given to the Social Security Administration, you are eligible for Hospital Insurance beginning JULY, 1990 and for Medical Insurance beginning OCTOBER, 1979. This notice will serve as evidence of your eligibility for these benefits for 60 days from the date shown at the top of this notice unless you are notified otherwise during the 60-day period.

To obtain medical services (or reimbursement for medical services) before you receive a health insurance card, show this letter to your hospital or doctor but keep this letter with you. This temporary notice of eligibility is to be used only by the person to whom it is addressed. Misuse is unlawful and will make the offender liable to a penalty.

When services are provided on the basis of this notice, all bills or correspondence with an intermediary or the Social Security Administration should show the patient's health insurance claim number.

BRANCH MANAGER

# MEDICARE NOTICE

From: Health Care Financing Administration

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency paid your HOSPITAL INSURANCE premiums (Medicare Part A) for the following period:

First Month Your State Paid Your Premium		Last Month Your State Paid Your Premium	
Month	Year	Month	Year

If you paid premiums for any of these months, you will receive a refund. You must pay the premium for your continuing Hospital Insurance protection. You will be billed directly for your Hospital Insurance premium. Do not make any payment until you receive a bill.

## YOU HAVE THE RIGHT TO CANCEL YOUR HOSPITAL INSURANCE (MEDICARE PART A).

1. If you cancel within 30 days from the date of this notice, your Hospital Insurance protection will stop at the same time the State stopped paying your premiums.
2. If you cancel more than 30 days from the date of this notice, your Hospital Insurance protection will stop at the end of the month after the month in which you ask to have it canceled. You must pay the premiums for that coverage.

If you want to cancel your Medicare Hospital Insurance protection, notify your Social Security office immediately.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.

# MEDICARE NOTICE

From: Health Care Financing Administration

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency has stopped paying your HOSPITAL INSURANCE premiums (Medicare Part A). The first month for which you must pay the premium is shown below.

Month	Year
-------	------

You will be billed directly for your Hospital Insurance premium. Do not make any payment until you receive a bill.

## YOU HAVE THE RIGHT TO CANCEL YOUR HOSPITAL INSURANCE (MEDICARE PART A).

1. If you cancel within 30 days from the date of this notice, your Hospital Insurance protection will stop at the same time the State stopped paying your premiums.
2. If you cancel more than 30 days from the date of this notice, your Hospital Insurance protection will stop at the end of the month after the month in which you ask to have it canceled. You must pay the premiums for that coverage.

If you want to cancel your Hospital Insurance protection, notify your Social Security office immediately.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.



---

# MEDICARE NOTICE

---

From: Health Care Financing Administration

---

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency will pay your HOSPITAL INSURANCE premium (Medicare Part A) beginning

Month	Year
-------	------

and the State will continue to pay your Medicare Part A premium until further notice.

If you paid the Part A premium for any months for which the State is now paying, a refund will be sent to you.

You will receive a Medicare card showing Part A entitlement if you do not already have one.

You will not receive a Medicare card if one was issued to you previously and the State's action does not change the date of your Hospital Insurance (Medicare Part A) coverage.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.

---

You may use this notice to show that you are entitled to Medicare Part A.

---