DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA   94234-7320

March 23, 1990

All County Welfare Directors   Letter No. 90-29
All County Administrative Officers

SUBJECT: THE QUALIFIED MEDICARE BENEFICIARY INCOME FORMS AND INSTRUCTIONS

This is to provide you with the most recent revision of the Qualified
Medicare Beneficiary (QMB) income forms (MC 176 QMB 1, MC 176 QMB 2A and MC
176 QMB 2B) and corresponding instructions.   Please discard <u>all</u> previous
versions of the QMB income forms.

Minor corrections were made to the MC 176 QMB 1 and QMB 2A.   However, a
notable change has been made to number 7 (I.R.W.E.), Section III of the QMB
2B form.   This deduction was formerly located under "unearned income".
Therefore, I.R.W.E. was properly placed on the new form under earned income.
These forms should be available on April 1, 1990 by submitting a Forms Order
(DHS 2031) to the Department of Health Services Warehouse located at
1037 North Market Boulevard, Suite 9, Sacramento, CA 95834.

If you have any questions or comments, please contact RaNae D. Romo at
(916) 324-4955/ATSS 454-4955.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
       Medi-Cal Program Consultants

Expiration Date: March 1, 1991

QUALIFIED MEDICARE BENEFICIARY (QMB) INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS: INDIVIDUAL(S); COUPLE(S); AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)

Case Name		County District	County Use

☐ New Application ☐ Redetermination ☐ Change ☐ Correction

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

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

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

A. NONEXEMPT UNEARNED INCOME

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

B. NONEXEMPT EARNED INCOME

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

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

A. NONEXEMPT UNEARNED INCOME

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

B. NONEXEMPT EARNED INCOME

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

C. TOTAL COUNTABLE INCOME

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

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

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

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

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Student Deduction	Section 50551
$30 plus 1/3	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5

III. QMB ELIGIBILITY COMPUTATION

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

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

V. EXEMPT INCOME

Note: Do not allow a deduction for health insurance.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

MC 176 QMB 1 (11/89)

INSTRUCTIONS
QUALIFIED MEDICAID BENEFICIARY (QMB)
INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS:
INDIVIDUAL(S); COUPLE(S); AND CHILDREN
(LTC INDIVIDUAL IN OWN MFBU)
FORM MC176 QMB 1

Form MC 176 QMB1, Income Eligibility Worksheet, is used to compute the income for all individuals who are applying under the QMB program. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

Instructions for Completion

Identification Section

1.   Enter: Case Name.

2.   County District. If the county has district, identify the district.

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

4.   Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.

5.   Effective Eligibility Date for This Budget. Enter the month in which eligibility will begin with this budget computation.

6.   State Number. For family members who are applying as an ABD medically needy (MN) QMB applicant, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

DO NOT INCLUDE RECIPIENTS OF PA IN MFBU.

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

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

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

1

S/P------------------------------For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.

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

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

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

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

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

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

Section I -- Income of Potential QMB Composition

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

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

2

A.   Nonexempt Unearned Income

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

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

1.   Enter: Social Security income.

2.   Net income received from property.

3-4.   All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipient's available income; stepparent's income deemed available from MC 176W, Parts II and V.B; and income allocated from the Pickle eligible spouse or parent.

5.   Total the amounts in Section I, Part A, lines 1.a. through 4.a. This is the total unearned income of the QMB 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 spouse; ineligible spouse or parent of the QMB child applicant of the MFBU.

6.   Add lines 5.a. and 5.b., or enter the amount from MC 176W, Part VI.A. This is the combined unearned income of the QMB ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB child applicant who is a member of the MFBU.

7.   No entry. This shows the $20 any income deduction.

8.   Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the $20 any income deduction, in the blank provided on line 13.

B.   Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.B of the MC 176W instead of line 9:

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

9.   Enter: Gross earned income.

3

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

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

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

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

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

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

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

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

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

A. Nonexempt Unearned Income

1. Enter: Social Security income.

2. Net income received form property.

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

5. Total lines 1 through 4.

B. Nonexempt Earned Income

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

C. Total Countable Income

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

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

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

Section III -- QMB Eligibility Computation

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

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

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

4. Enter the current QMB poverty level for the appropriate MFBU. If line
    3. is equal to or less than line 4., QMB eligible. If line 3. exceeds
    line 4., complete the MC 176 QMB2A, for an individual or couple (who
    have minor children in the home); applicant with an ineligible spouse,
    (with or without a child(ren); or MC 176 QMB2B, if a child(ren) is
    applying who does or does not have a parent(s).

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

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

Date of Computation

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

County Use

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

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QUALIFIED MEDICARE BENEFICIARY (QMB) INCOME ELIGIBILITY WORKSHEET
COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)

Case Name	County District	County Use

☐ New Application ☐ Redetermination ☐ Change In Income ☐ Change In Circumstances

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

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

I. INCOME OF POTENTIAL QMB INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED & INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN).

A. NONEXEMPT UNEARNED INCOME

	a. QMB Applicant	Eligible or b. Ineligible Spouse
1. RSDI		
2. Net Income from property		
3. Other—itemize		
4.		
5. Total (add 1 thru 4)	a.	b.
6. Allocation to ineligible child(ren) (Col. II. 5)		b.
7. Remainder (line 5b. minus 6b.)		b.
8. Combine Unearned Income (add 5a and 7b)	$	
9. Any income deduction	−$20	
10. Countable Unearned Income (8 minus 9)	$	

B. NONEXEMPT EARNED INCOME

	a.	b.
11. Gross Earned Income	a.	b.
12. Unused portion of allocation to ineligible children		b.
13. Remainder (11b minus 12b)		b.
14. Combined Earned Income (11a. plus 13b.)	$	
15. Deduct IRWE of Potential QMB Applicant(s) Only	−	
16. Remainder (subtract 15 from 14)	$	
17. $65 Earned Income ded. plus $ ____ of unused $20	−	
18. Remainder (17 minus 16)	$	
19. Countable Earned Income (divide 18 by 2)	$	
20. Total Countable Income (add 10 plus 19)	$	

enter this amount on line 1, IV)

II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB CHILD(REN), PA OR OTHER PA.

	Child #1	Child #2	Child #3	Child #4
1. Name				
2. Standard QMB Allocation				
3. Ineligible minor child(ren) Income (gross)				
4. Remaining Allocation (2 minus 3)	a.	b.	c.	d.
5. Total Allocation (add 4a., b., c., d.)	$			

Enter the amount on line 5, Sec. II on line 6b., Sec. I. A., only if the remaining income of the ineligible spouse exceeds the standard QMB allocation amount. Use section III. to make this determination.

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

1. Total Unearned Income (gross) (line 5b., Sec. I.)	
2. Total Earned Income (gross) (line 11, b., B Sec. I.)	
3. Total (Add 1 and 2)	$
4. Allocation to Children (line 5, Sec. II.)	$
5. Remainder (subtract 4 from 3)	$

(If line 5. is less than the current Standard QMB Allocation amount, this income is exempt, do not complete Section I. b.)

IV. QMB ELIGIBILITY DETERMINATION

1. Total Countable Income (line 20, B. I, rounded)	$
2. Current Poverty Level for _____	$

(If line 1 is less than line 2, Individual or Couple QMB eligible)

NOTE: IF THE INCOME OF THE SPOUSE IS USED, USE THE CURRENT POVERTY LEVEL FOR TWO. IF ONLY THE INCOME OF THE APPLICANT IS USED, USE THE CURRENT POVERTY LEVEL FOR ONE.

Eligibility Worker Signature	Worker Number	Computation Date	County Use

MC176 QMB 2A (11/89)

INSTRUCTIONS
QUALIFIED MEDICARE BENEFICIARY (QMB)
INCOME ELIGIBILITY WORKSHEET
(COUPLE OR APPLICANT WITH
AN INELIGIBLE SPOUSE, WITH OR
WITHOUT A CHILD(REN))
FORM MC176 QMB2A

Form MC176 QMB2A, Income Eligibility Worksheet, is used to compute the income (using current Medi-Cal Income methodoloty and incorporating certain criteria which is less restricrive 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, reapplication, change in income or other circumstances affecting the income, or correction in the income.

NOTE: The MC176 QMB1 should be completed prior to completion of the MC176 QMB2A to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1.   Enter: Case Name.

2.   County District. If the county has districts, identify the district.

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

4.   Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.

5.   Effective Eligibility Date For This Budget. Enter the month in which eligibility will begin with this budget computation.

6.   State Number. For family members who are applying as an ABD medically needy (MN) QMB applicant, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

DO NOT INCLUDE RECIPIENTS OF PA IN MFBU.

Four Month or Nine----Month continuing	Family members eligible for Four Month or Nine Month Continuing Eligibility are considered as ineligible members of the MFBU.
Excluded---------------	For children with income or property of their own who are excluded from the MFBU.
I.E. (or county--------designated I.E. aid code)	For members of the family unit who are not applying for QMB benefits.
S/P--------------------	For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.
Pickle Eligible--------Member	For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the Lynch v. Rank decision.
ABD/LTC---------------or ABD/B&C	For an ABD person or the spouse of an ABD person who is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.

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

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

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

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

<u>Section I</u> -- <u>Income</u> <u>of</u> <u>Potential</u> <u>QMB</u> <u>Composition</u>

In this section enter all the nonexempt unearned and earned income of the QMB applicant(s); and ineligible spouse, if one, 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.

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

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

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

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's available income; steppparent's income deemed available from MC 176W, Part II and Part V.B.; and income allocated from a Pickle eligible spouse or parent.

5.   Total the amounts in Section I, Part A, lines 1.a through 4.a. This is the total unearned income of the QMB 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 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.

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).

9.   No entry. This shows the $20 any income deduction.

3

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 (I.A.6.b.). If line I.A.7.b. is equal to or less than I.A.6.b., enter zero in line I.B.12.b.

13. Subtract line 12.b. from 11.b. and enter the total on line 13.b. NOTE: If line 7.b. is less than the QMB standard, (see the poverty level chart), do not count the ineligible spouse's income and use the poverty level for one. If line 7.b. exceeds the QMB standard, combine the ineligible spouse's income with the applicant's income and use the poverty level for two.

14. Add lines 11.a. and 13.b. This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.

15. Deduct any impairment related work expenses the potential QMB applicant(s) may have.

16. Subtract line 15. from line 14. and enter this amount on line 16.

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. If line 18. is less than line 16., enter zero.

19. Divide line 18 by two. This figure equals the countable earned income.

20. Add lines 10 and 19. This is the total countable income of the ABD applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on line 20. and on line 1. of Section IV.

Section II -- Allocation to Minor Child(ren) from the Ineligible Spouse (Do not allocate from a QMB applicant(s). Do not include a QMB child(ren), PA or other PA).

1. Enter: Name(s) of ineligible child(ren). Do not include QMB child(ren), PA or other PA.

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2. Standard QMB allocation: Enter current year's allocation amount for each child (see QMB poverty level chart). If no child(ren), enter zero on line 5. and on line 6.b.A.I.).

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. and enter the remaining allocation. (This figure is to be entered on line 6.b.A.I.).

Section III -- Ineligible Spouse Income Exemption Determination

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from line 5.b.I.

2. Gross Earned Income: Enter the gross earned income of the spouse from line 11.b.B.I.

3. Total columns 1. and 2. for combined unearned income of spouse.

4. Allocation to minor child(ren): Enter the figure from line 5.II.

5. Remainder: Subtract line 4. from line 3. If line 5.III. is less than the current standard QMB Allocation amount, this income is exempt. Do not complete Section I.b.

Section IV -- QMB Eligibility Determination

1. Total Countable Income: This is the total countable income entered on line 20.B.I. This figure was obtained by adding lines 10.A.I. and 19.B.I.

2. Enter the appropriate current poverty level for either: a) one, if the income of the ineligible spouse is not combined with the applicant's income; or b) two, if the ineligible spouse's income is combined with the applicant's income. If line 1. IV is less than line 2. IV, the individual or couple is eligible under the QMB program.

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

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

Date of Computation

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

County Use

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

QUALIFIED MEDICARE BENEFICIARY (QMB) INCOME ELIGIBILITY WORKSHEET
CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
(DO NOT INCLUDE QMB PARENT(S), PA OR OTHER PA)

Case Name	County District	County Use

☐ New Application ☐ Redetermination ☐ Change In Income ☐ Change In Circumstances

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

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

I. INELIGIBLE PARENT(S) INCOME OF POTENTIAL QMB CHILD APPLYING AS AGED, BLIND, OR DISABLED.

A. NONEXEMPT UNEARNED INCOME

	Ineligible Parent(s)	
1. RSDI		
2. Net Income from property		
3. Other—itemize		
4.		
5. Total (add 1 thru 4)	$	
6. Allocation to child(ren) (Col.II. 5)		
7. Remaining income (line 5 minus line 6)	$	
8. Any income deduction	–$20	
9. Subtract parent deduction* (2 times the parent deduction amount if there is earned income)		
10. Countable allocation (7 minus 8 & 9)	$	

B. NONEXEMPT EARNED INCOME

11. Gross Earned Income		
12. Unused portion of allocation to the children		
13. $65 Earned Income ded. plus $_____ of unused $20		
14. Remainder	$	
15. Unused portion of parent deduction		
16. Remainder	$	
17. Countable Earned Income (divide 16 by 2)	$	
18. Total Countable Income (add 10 & 17)	$	

If there is no income remaining, either earned or unearned, do not count toward applicants' income determination. Otherwise enter this amount on line 1, III.

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

II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE PARENT(S). DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB CHILD(REN), PA OR OTHER PA.

	Child #1	Child #2	Child #3	Child #4
1. Name				
2. Standard QMB Allocation				
3. Ineligible minor child(ren) income				
4. Remaining allocation (2 minus 3)	a.	b.	c.	d.
5. Total allocation (add 4a., b., c.&d.)				

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

III. QMB CHILD COMPUTATION

1. Allocation from parent(s) (line 18 B., 1, rounded)	$
2. Add QMB child's own RSDI income	+$
3. Add other Unearned Income	+$
4. Total Unearned Income (add 1 thru 3)	=$
5. Subtract any income deduction	– $20
6. Remainder (4 minus 5)	=$
7. Child(ren) Countable Earned Income	–$
8. Subtract I.R.W.E.	+
9. Subtract $65 Earned Income deduction plus $_____ of unused $20	
10. Remainder (subtract lines 8 and 9 from line 7)	$
11. Countable Earned Income (divide 10 by 2)	=$
12. Net Nonexempt Income (add 6 and 11)	$
13. Current QMB Poverty Level for one	$

(If line 12 is less than line 13, the child is eligible for QMB)

Eligibility Worker Signature	Worker Number	Computation Date	County Use

MC 176 QMB 2B (11/89)

Form MC 176 QMB2B, Income Eligibility Worksheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain QMB 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 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 QMB1 should be completed prior to completion of the MC 176 QMB2B to determine if the child is found to be eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1.   Enter: Case Name.

2.   County District. If the county has districts, identify the district.

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

4.   Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.

5.   Effective Eligibility Date for This Budget. Enter the month in which eligibility will begin with this budget computation.

6.   State Number. For a QMB child who is applying as ABD medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

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

I.E. (or county-------------For members of the family unit who are not
designated I.E.   applying for QMB benefits.
aid code)

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S/P--------------For family members in the stepparent unit when only the parent and the parent's childre*n are included in the MFBU.

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

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

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

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

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

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

<u>Section I--Parent(s) Income of Potential QMB Child Applying as Aged, Blind, or Disabled (ABD).</u>

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

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

A.   <u>Nonexempt Unearned Income</u>

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

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

1. Enter: Social Security income.

2. Net income received from property.

3-4. Enter the amount of all other unearned income. If applicable, include stepparent's income deemed available from MC 176W, Part V.B.

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 child.

6. Enter the total amount allocated to a minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5. onto line 6.

7. Subtract line 6. from line 5., or enter the amount from MC 176W, Part VI.A. This is the remaining nonexempt unearned income of the ineligible parent(s).

8. No entry. This shows the $20 any income deduction.

9. Enter the parent(s) deduction. Use the parent deduction of a QMB child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB child(ren) for a couple, if both ineligible parents live with the potential QMB child.

10. Subtract lines 8. and 9. 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 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.B of the MC 176W instead of line 11:

Student Deduction	Section 50551
$30 Plus One-Third, or $30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	Gibbins v. Rank

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11.   Enter the gross earned income.

12.   Enter the amount of any allocation for ineligible minor child(ren) that is not offset by countable income (I.A.6.). NOTE: If there is no income remaining, either unearned or earned, do not allocate to ineligible child(ren). Enter zero on line 1. of Section III. If there is income proceed with number 13.

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

14.   Subtract numbers 12. and 13. from number 11. to obtain the remaining earned income of the ineligible parent(s).

15.   Enter any unused portion of the parent(s) deduction. Use two times the parent deduction for an individual, if one ineligible parent lives with the potential QMB child or use two times the parent deduction for a couple, if both ineligible parents live with the potential QMB child.

16.   Subtract line 15. from line 14. to obtain the remaining earned income of the ineligible parent(s).

17.   Divide line 16. by two. This figure equals the countable earned income.

18.   Total lines 10 and 17 and enter this figure on line 1 of Section III. This is the total countable income of the ineligible parent(s) of the potential QMB child applicant.

Section II-- Allocation to Minor Child(ren) from the Ineligible Parent(s).

1.   Enter the name(s) of the ineligible child(ren). Do not include a QMB child, PA or other PA.

2.   Enter the standard QMB 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 income.

4.   Subtract line 3 from line 2.

5.   Total all columns in line 4 and enter the remaining allocation. This figure is also to be entered on line 6.A.I.

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Section III -- QMB Child Computation

1. Enter the parent(s) total countable income from line 18.B.I.

2. Enter the potential QMB child's own RSDI income.

3. Enter any other unearned income the potential QMB 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 child's countable earned income or amount from line 4, VI. B. of the MC 176W.

8. Deduct any impairment related work expenses the potential QMB 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 child(ren).

11. Divide the amount in line 10 by 2 to obtain the total countable earned income of the potential QMB child(ren).

12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB child(ren).

13. Enter the current QMB Poverty Level for one. If line 12. is less than line 13., the child is eligible for QMB.

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.