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

April 30, 1990
Letter No.:90-43

TO: All County Welfare Directors
All County Administrative Officers

SUBJECT: QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

REFERENCE: ACWDL 90-29, 90-02

For your information, counties may no longer use an individual's Supplemental Security Income (SSI) grant amount to determine his/her QMB eligibility. The amount of the SSI grant may not properly reflect an SSI recipient's net nonexempt income because an SSI payment level can vary by living arrangement and whether a person is aged, blind, or disabled.

Instead, counties are to determine whether the recipient is eligible for the QMB program using the total of the net earned and unearned income listed on the MEDS screen (sample attached). Also, as of April 1, 1990, please use the attached 90 percent QMB Poverty Level Chart amounts.

If you have any questions regarding Qualified Medicare Beneficiary (QMB) income information, please call RaNae Dunne at (916) 324-4955/ATSS 454-4955.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration date:April 30, 1991

# POVERTY LEVEL CHART

| Number of Persons | Monthly Maintenance Need Level, 7/1/89 | Maintenance Need - % of 2/16/90 Poverty Level | 2/16/90 Poverty Level Monthly/Annual 1/ | 90% of 2/16/90 Poverty Level Monthly/Annual QMB 1/ |
|---|---|---|---|---|
| 1 | $ 600 | 114.7% | $ 523/$6,280 | $ 471/$5,652 |
| 2 | 750 | 106.8% | 702/8,420 | 632/7,578 |
| 2 Adults | 934 | 106.1% | 702/8,420 | 632/7,578 |
| 3 | 934 | 106.1% | 880/10,560 | 792/9,504 |
| 4 | 1,100 | 104.0% | 1,058/12,700 | 953/11,430 |
| 5 | 1,259 | 101.7% | 1,237/14,840 | 1,113/13,356 |
| 6 | 1,417 | 100.1% | 1,415/16,980 | 1,274/15,282 |
| 7 | 1,550 | 97.3% | 1,593/19,120 | 1,434/17,208 |
| 8 | 1,692 | 95.5% | 1,772/21,260 | 1,595/19,134 |
| 9 | 1,825 | 93.6% | 1,950/23,400 | 1,755/21,060 |
| 10 | 1,959 | 92.1% | 2,128/25,540 | 1,916/22,986 |
| Add for each additional family member: | | | + 178/2,140 | + 160/1,926 |

1/ Amounts are rounded.
   MNL for LTC = $35.

Effective 04/01/90

INOX　　　　** TITLE XVI -- SSI/SSP INFORMATION **　　　EEH - 10/19/1

MEDS-ID　　　　　　　NAME　　　　　　　　　　　MEDS-CUR-MMYY 10-1

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========================  ELIGIBILITY STATUS INFORMATION  ==================
SDX-TRANS-CD                  MEDICAID-ELIG-CD              LAST-SDX-CHG
PAYMENT-STATUS                MED-EFF-DATE                  MASTER-FILE-TYPE
DENIAL-REASON                 DENIAL-DATE                   MULTICATEGORY


========================  INCOME AND PAYMENT INFORMATION  ==================
SSI-ELIG-AMT  $153            SSI-PAID-AMT                  NET-UNEARN-INC $200
SSP-ELIG-AMT    Ø             SSP-PAID-AMT                  NET-EARNED-INC $249
                                                           DEEMED-INCOME    Ø
              $153 or more====  OTHER INFORMATION  ====            ( $449 )
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SSI-LVG-ARR-CD                RECORD-ID                     PAYEE
OPTL-LVG-ARR-CD               MARITAL-STATUS                CUSTODY
STATE-OPTL-PAY-CD             ASSOC-SSN                     ADDRESS-SOURCE
ASST-REIMBUR-STAT             DISABL-BLD-ONSET              SSA-DIST-OFF
MEDICAID-TEST-IND                                           ID-CARD-ISSUE-IND


IN __  ENTER QA,QB,QF,QH,QM,QO,QP,Q1,Q2,XC,XH,XM,XN + ENTER KEY RETURNS TO L
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* USE THIS TOTAL TO DETERMINE Q M B ELIGIBILITY.