

**DEPARTMENT OF HEALTH SERVICES**

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



December 9, 1992

**TO:** All County Welfare Directors                                  Letter No.: 92-77  
 All County Administrative Officers  
 All County Medi-Cal Program Specialists/Liaisons

**SUBJECT:** The Qualified Medicare Beneficiary/Specified Low-Income Medicare  
 Beneficiary Forms and Instructions

**REFERENCE:** ACWDL 92-61

This to provide you with a copy of the combined Qualified Medicare Beneficiary (QMB)/Specified Low-Income Medicare Beneficiary (SLMB) Income forms and their respective instructions. Included are the MC176 QMB/SLMB-1, 2A, and 2B and "(Inst)" for these forms. In addition to those mentioned are Property Worksheets, MC176P QMB/SLMB-A (Adult) and C (Child). Others also included are the MC Information Notice 014 and the Notices of Action which are provided both in English and Spanish, MC239 SLMB-1 and MC239 SLMB-2.

The existing QMB Income and Property forms will be used for the QMB program until they are depleted. However, the new SLMB forms and the QMB/SLMB forms for SLMBs will be available in the Department of Health Services Warehouse located at 1037 North Market Boulevard, Suite 9, CA 95834 the middle of January 1993.

Please note that implementation of the Specified Low-Income Medicare Beneficiary Program (SLMB) is to be based on All County Welfare Directors Letter 92-61. ACWDL 92-61 is all inclusive and similar to the Eligibility Manual Letter which is currently in process.

If you have any questions, please contact Sylvia Finberg at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY  
 Glenda Arellano for

Frank S. Martucci, Chief  
 Medi-Cal Eligibility Branch

Enclosures

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

Case Name	County District	County Use
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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.	Ald	7 Digit Serial No.	MFBU	Pers No.					
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	
								(1) _____ (2) _____	

<b>I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA)</b>	<b>II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA)</b>	<b>III. QMB/SLMB ELIGIBILITY COMPUTATION</b>
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<b>A. NONEXEMPT UNEARNED INCOME</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 15%;">a. QMB/SLMB Applicant</th> <th style="width: 15%;">b. QMB/SLMB Spouse (or) Parent/Ineligible Spouse or Parent(s)</th> </tr> <tr><td>1. RSDI</td><td> </td><td> </td></tr> <tr><td>2. Net Income from property</td><td> </td><td> </td></tr> <tr><td>3. Other—itemize</td><td> </td><td> </td></tr> <tr><td>4.</td><td> </td><td> </td></tr> <tr><td>5. Total (add 1 thru 4)</td><td> </td><td> </td></tr> <tr><td>6. Combined Unearned Income (add 5a and 5b)</td><td> </td><td> </td></tr> <tr><td>7. Any income deduction</td><td> </td><td>—\$20</td></tr> <tr><td>8. Countable Unearned Income (6 minus 7)</td><td> </td><td>\$</td></tr> </table>		a. QMB/SLMB Applicant	b. QMB/SLMB 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)			6. Combined Unearned Income (add 5a and 5b)			7. Any income deduction		—\$20	8. Countable Unearned Income (6 minus 7)		\$	<b>A. NONEXEMPT UNEARNED INCOME</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. RSDI</td><td> </td></tr> <tr><td>2. Net Income from property</td><td> </td></tr> <tr><td>3. Other—itemize</td><td> </td></tr> <tr><td>4.</td><td> </td></tr> <tr><td>5. Total Unearned Income (add 1 thru 4)</td><td>\$</td></tr> </table> <b>B. NONEXEMPT EARNED INCOME</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>6. Total Net Earned Income (MC 176W, Part IV, Line 11.)</td><td>\$</td></tr> </table> <b>C. TOTAL COUNTABLE INCOME</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>7. Subtotal (add 5 and 6)</td><td>\$</td></tr> <tr><td>8. Child Support/Alimony paid</td><td> </td></tr> <tr><td>9. Total Countable Income (7 minus 8)</td><td>\$</td></tr> </table> <p><b>NOTE:</b> If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Total Income for educational purpose</td><td>_____</td></tr> <tr><td>Less total educational expenses</td><td>_____</td></tr> <tr><td>Net countable income</td><td>_____</td></tr> </table> <p>If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Educational Expenses</td><td>Section 50547</td></tr> <tr><td>Absent Parent Support</td><td>Section 50541</td></tr> <tr><td>Student Deduction</td><td>Section 50551</td></tr> <tr><td>\$30 plus 1/3</td><td>Section 50551.1</td></tr> <tr><td>Work Expenses for the Blind</td><td>Section 50551.4</td></tr> <tr><td>Income for Self-Support</td><td>Section 50551.5</td></tr> </table>	1. RSDI		2. Net Income from property		3. Other—itemize		4.		5. Total Unearned Income (add 1 thru 4)	\$	6. Total Net Earned Income (MC 176W, Part IV, Line 11.)	\$	7. Subtotal (add 5 and 6)	\$	8. Child Support/Alimony paid		9. Total Countable Income (7 minus 8)	\$	Total Income for educational purpose	_____	Less total educational expenses	_____	Net countable income	_____	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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. Countable Income from I. 16.</td><td> </td></tr> <tr><td>2. Countable Income from II. 9.</td><td> </td></tr> <tr><td>3. Combined Countable Income (add 1 and 2, rounded)</td><td>\$</td></tr> <tr><td>4. Total current QMB/SLMB Poverty Level for appropriate MFBU of _____</td><td>\$</td></tr> </table> <p>(If line 3 is less than line 4, QMB/SLMB eligible. If line 3 exceeds line 4, complete the MC QMB/SLMB 2A or 2B)</p>	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/SLMB Poverty Level for appropriate MFBU of _____	\$
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**IV. EXEMPT INCOME**

Note: Do not allow a deduction for health insurance.

Eligibility Worker Signature	Worker Number	Computation Date	County Use
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**INSTRUCTIONS  
 QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED  
 LOW-INCOME MEDICARE BENEFICIARY (SLMB)  
 INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS:  
 INDIVIDUAL(S); COUPLE(S); AND CHILDREN  
 (LTC INDIVIDUAL IN OWN MFBU)  
 FORM MC176 QMB/SLMB 1**

Form MC 176 QMB/SLMB1, Income Eligibility Worksheet, is used to compute the income for all individuals who are applying under the QMB/SLMB program. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

**Instructions for Completion**

**Identification Section**

1. Enter: Case Name.
2. County District. If the county has district, identify the district.
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/SLMB applicant, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven digit number, MFBU number, and the persons number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

**DO NOT INCLUDE RECIPIENTS OF PA IN 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 MFBU who are not  
designated I.E. aid code) applying for QMB/SLMB benefits.

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

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

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

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/SLMB. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
- 10. Other Coverage Code: Determine the other coverage code in accordance with Section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

**Section I - : Income of Potential QMB Composition**

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

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

**A. Nonexempt Unearned Income**

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

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<u>Gibbins v. 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) recipient's available income; stepparent's income deemed available from MC 176W, Parts II and V.B; and income allocated from the Pickle eligible spouse or parent.
- 5. Total the amounts in Section I, Part A, lines 1.a. through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1.b. through 4.b. This is the total unearned income of the QMB/SLMB spouse; ineligible spouse or parent of the QMB/SLMB child applicant of the MFBU.
- 6. Add lines 5.a. and 5.b., or enter the amount from 176W, Part VI.A. This is the combined unearned income of the QMB/SLMB ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB child applicant who is a member of the MFBU.
- 7. No entry. This shows the \$20 any income deduction.
- 8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 13.

**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	<u>Gibbins v. Rank</u>

9. Enter: Gross earned income.
10. Add the amounts in lines 9.a. and 9.b. or enter the amount from line 4 of the MC 176W, Part VI.B. This is the combined earned income of the QMB/SLMB applicant(s), QMB/SLMB spouse or parent(s) of the MFBU.
11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB applicant(s).
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 from 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/SLMB 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/SLMB poverty level for the appropriate MFBU. If line 3. is equal to or less than line 4., QMB/SLMB eligible. If line 3. exceeds line 4., complete the MC 176 QMB/SLMB2A, for an individual or couple (who have minor children in the home); applicant with an ineligible spouse, (with or without a child(ren)); or MC 176 QMB/SLMB2B, if a child(ren) is applying who does or does not have a parent(s).

**Eligibility Worker Signature**

The worker enters his/her signature.

**Worker Number**

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.

## QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) 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) _____	
								(1) _____ (2) _____	

**I. INCOME OF POTENTIAL QMB/SLMB INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED & INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN).**      **II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB CHILD(REN), PA OR OTHER PA.**

A. NONEXEMPT UNEARNED INCOME		Child #1    Child #2    Child #3    Child #4			
	a. QMB/SLMB Applicant	b. Eligible or Ineligible Spouse	1. Name		
1. RSDI					
2. Net Income from property					
3. Other—itemize					
4.					
5. Total (add 1 thru 4)	a.	b.	2. Standard QMB/SLMB Allocation		
6. Allocation to ineligible child(ren) (Col. II, 5)		b.	3. Ineligible minor child(ren) Income (gross)		
7. Remainder (line 5b. minus 6b.)		b.	4. Remaining Allocation (2 minus 3)	a.	b.
8. Combine Unearned Income (add 5a and 7b)	\$		5. Total Allocation (add 4a., b., c., d.)	\$	
9. Any income deduction	-\$20		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/SLMB allocation amount. Use section III. to make this determination.		
10. Countable Unearned Income (8 minus 9)	\$		<b>III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY)</b>		

11. Gross Earned Income			1. Total Unearned Income (gross) (line 5b., Sec. I.)	
12. Unused portion of allocation to ineligible children			2. Total Earned Income (gross) (line 11, b., B Sec. I.)	
13. Remainder (11b minus 12b)			3. Total (Add 1 and 2)	
14. Combined Earned Income (11a. plus 13b.)			\$	
15. Deduct IRWE of Potential QMB/SLMB Applicant(s) Only			4. Allocation to Children (line 5, Sec. II.)	
16. Remainder (subtract 15 from 14)			\$	
17. \$65 Earned Income ded. plus \$ of unused \$20			5. Remainder (subtract 4 from 3)	
18. Remainder (17 minus 16)			\$	
19. Countable Earned Income (divide 18 by 2)			(If line 5. is less than the current Standard QMB/SLMB Allocation amount, this income is exempt, do not complete Section I. b.)	
20. Total Countable Income (add 10 plus 19)			<b>IV. QMB/SLMB ELIGIBILITY DETERMINATION</b>	

20. Total Countable Income (add 10 plus 19)			1. Total Countable Income (line 20, B. I, rounded)	
\$			\$	
(enter this amount on line 1, IV)			2. Current Poverty Level for _____	
			\$	
(If line 1 is less than line 2, Individual or Couple QMB/SLMB 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 \_\_\_\_\_

**INSTRUCTIONS**  
**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED**  
**LOW-INCOME MEDICARE BENEFICIARY(SLMB) INCOME ELIGIBILITY WORKSHEET**  
**(COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE,**  
**WITH OR WITHOUT A CHILD(REN))**  
**FORM MC176 QMB/SLMB2A**

Form MC176 QMB/SLMB2A, Income Eligibility Worksheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain criteria which is less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

NOTE: The MC176 QMB/SLMB1 should be completed prior to completion of the MC176 QMB/SLMB2A 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/SLMB application, 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/SLMB benefits.   |
| S/P .....                                       | For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.   |
| Pickle Eligible Member .....                    | For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the <u>Lynch v. Bank</u> 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.   |



- 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/SLMB. If a person does not have a Social Security Number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

**Section I - Income of Potential QMB/SLMB Composition**

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB 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.

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

**A. Nonexempt Unearned Income**

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

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<u>Gibbins v. 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; 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 the amounts in Section I, Part A, lines 1.a through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1.b. through 4.b. This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5. onto line 6.b. NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6.b. from line 5.b. and enter this amount on line 7.b.
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.
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/SLMB 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/SLMB 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/SLMB 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/SLMB applicant(s). Do not include a QMB/SLMB child(ren), PA or other PA).**

1. Enter: Name(s) of ineligible child(ren). Do not include QMB/SLMB child(ren), PA or other PA.
2. Standard QMB/SLMB allocation: Enter current year's allocation amount for each child (see QMB/SLMB poverty level chart). If no child(ren), enter zero on line 5. and on line 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/SLMB allocation amount, this income is exempt. Do not complete Section I.b.

**Section IV :- QMB/SLMB 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/SLMB 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)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORKSHEET CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S) (DO NOT INCLUDE QMB/SLMB PARENT(S), PA OR OTHER PA)

Applicant Name					County District	County Use		
New Application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change In Income <input type="checkbox"/> Change In Circumstances <input type="checkbox"/>					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
Aid	7 Digit Serial No.	MFBU	Pers. No.					
							(1) ..... (2) .....	
							(1) ..... (2) .....	
							(1) ..... (2) .....	
							(1) ..... (2) .....	
							(1) ..... (2) .....	
							(1) ..... (2) .....	
							(1) ..... (2) .....	

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

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

NONEXEMPT UNEARNED INCOME		Child #1	Child #2	Child #3	Child #4
Ineligible Parent(s)					
RSDI					
Net Income from property					
Other—itemize					
Total (add 1 thru 4)	\$	a.	b.	c.	d.
Allocation to child(ren) (Col. II. 5)					
Remaining income (line 5 minus line 6)	\$				
Any income deduction	-\$20				
Subtract parent deduction (2 times the parent deduction amount if there is earned income)					
Countable allocation (7 minus 8 & 9)	\$				
1. Name 2. Standard QMB/SLMB Allocation 3. Ineligible minor child(ren) income 4. Remaining allocation (2 minus 3) 5. Total allocation (add 4a., b., c. & d.)					
Total (add 1 thru 4) \$		(Enter the amount from line 5 on line 6, 1.)			

**III. QMB/SLMB CHILD COMPUTATION**

Remaining income (line 5 minus line 6)	\$	1. Allocation from parent(s) (line 18 B., 1, rounded)	\$
Any income deduction	-\$20	2. Add QMB/SLMB child's own RSDI income	+\$
Subtract parent deduction (2 times the parent deduction amount if there is earned income)		3. Add other Unearned Income	+\$
Countable allocation (7 minus 8 & 9)	\$	4. Total Unearned Income (add 1 thru 3)	=\$
NONEXEMPT EARNED INCOME		5. Subtract any income deduction	-\$20
Gross Earned Income		6. Remainder (4 minus 5)	=\$
Unused portion of allocation to the children		7. Child(ren) Countable Earned Income	=\$
\$65 Earned Income ded. plus \$ of unused \$20		8. Subtract I.R.W.E.	+
Remainder	\$	9. Subtract \$65 Earned Income deduction plus \$ of unused \$20	
Unused portion of parent deduction		10. Remainder (subtract lines 8 and 9 from line 7)	\$
Remainder	\$	11. Countable Earned Income (divide 10 by 2)	=\$
Countable Earned Income (divide 16 by 2)	\$	12. Net Nonexempt Income (add 6 and 11)	\$
Total Countable Income (add 10 & 17)	\$	13. Current QMB/SLMB Poverty Level for one	\$
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.		(If line 12 is less than line 13, the child is eligible for QMB/SLMB)	
Individual parent deduction amount if any one parent lives with QMB/SLMB child applicant, couple parent deduction amount if both parents live with the child.			

Applicant Signature	Worker Number	Computation Date	County Use
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**INSTRUCTIONS**  
**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED**  
**LOW-INCOME MEDICARE BENEFICIARY (SLMB)**  
**INCOME ELIGIBILITY WORKSHEET FOR CHILD APPLYING**  
**WITH INELIGIBLE PARENT(S)**  
**FORM MC 176 QMB/SLMB 2B**

Form MC 176 QMB2B, Income Eligibility Worksheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain QMB/SLMB income criteria which is less restrictive than Medi-Cal methodology) for allocating income from an ineligible parent(s) for a child who is applying under the QMB/SLMB program. This form is used if the child does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

NOTE: The MC 176 QMB/SLMB1 should be completed prior to completion of the MC 176 QMB /SLMB2B 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/SLMB child who is applying as ABD medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

- |   |  |
|---|--|
| Excluded .....                                  | For children with income or property of their own who are excluded from the MFBU.  |
| . E. (or county designated I.E. aid code) ..... | For members of the family unit who are not applying for QMB/SLMB benefits.   |
| S/P .....                                       | For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.   |
| Pickle Eligible Member .....                    | For Aged, Blind, And Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the <u>Lynch v. Bank</u> 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 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".

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

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

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

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

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

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

**Nonexempt Unearned Income**

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

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

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/SLMB child.
6. Enter the total amount allocated to a minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5. onto line 6.
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/SLMB child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB child(ren) for a couple, if both ineligible parents live with the potential QMB/SLMB child.
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	<u>Gibbins v. Rank</u>

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/SLMB child or use two times the parent deduction for a couple, if both ineligible parents live with the potential QMB/SLMB 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/SLMB 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/SLMB child, PA or other PA.
2. Enter the standard QMB/SLMB allocation for each child. If no child(ren), enter zero on line 5 of this Section.
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.

**Section III - QMB/SLMB Child Computation**

1. Enter the parent(s) total countable income from line 18.B.I.
2. Enter the potential QMB/SLMB child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB child may have.
4. Total lines 1 through 3.
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 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/SLMB child may have.
9. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
10. Subtract lines 8 and 9 from line 7 to obtain the remaining earned income of the potential QMB/SLMB child(ren).
11. Divide the amount in line 10 by 2 to obtain the total countable earned income of the potential QMB/SLMB child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB/SLMB child(ren).
13. Enter the current QMB/SLMB Poverty Level for one. If line 12. is less than line 13., the child is eligible for QMB/SLMB.

**Eligibility Worker Signature**

The worker enters his/her signature.

**Worker Number**

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

**Date of Computation**

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

**County Use**

Optional - to be used in accordance with county policy.



**QUALIFIED MEDICARE BENEFICIARY(QMB)/  
SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)  
PROPERTY WORKSHEET  
ADULT  
(18 YEARS OF AGE AND OLDER OR MARRIED)**

NAME \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ MONTH \_\_\_\_\_

**STEP I - 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 property requirement met.
- No, proceed to step II.

**STEP II - QMB/SLMB METHODOLOGY**

- A. Only consider the net nonexempt property of the QMB/SLMB applicant (and spouse); do not consider the property of any other family members in the home.
- B. Net nonexempt property of QMB/SLMB applicant (and spouse). \$ \_\_\_\_\_
- C. Property limit for one person (or two persons if there is a spouse). \$ \_\_\_\_\_
- D. Twice the property limit shown on line IIC. \$ \_\_\_\_\_
- E. Is line IIB less than or equal to line IID?
- Yes, QMB/SLMB property requirement met.
- No, ineligible due to excess property.

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

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

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

NAME \_\_\_\_\_ CASE 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.
- No, proceed to Step II.

**STEP II - QMB/SLMB 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 2 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 # of QMB/SLMB children in the home.                           |    |       |
|    | QMB/SLMB Child's Share . . . . .  | \$ | _____ |

**B. QMB/SLMB child's and parent(s)'s resources**

- |    |   |    |       |
|----|---|----|-------|
| 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 line B1 and B2.   | \$ | _____ |
| 4. | Twice the property limit for one person.                            | \$ | _____ |
5. Is line B3 less than or equal to line B4?
- Yes, QMB/SLMB property requirement met.
- No, ineligible due to excess property. If more than one QMB/SLMB child in the home, proceed to Section C.

**C. Child in Section B is ineligible and more than one QMB/SLMB child in the home**

- A. 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 child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.
- B. Take the amount of property deemed from the parent(s) (Line A3) and re-divide it among the remaining number of QMB/SLMB children in the home (Line A4).
- C. Repeat Section B for each of the remaining QMB/SLMB 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 property limit (Line B4).

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

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

## SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM INFORMATION NOTICE

This notice is to help you decide whether to apply for the Specified Low-Income Medicare Beneficiary Program. People eligible for this program will have their Medicare expenses for Part B premiums paid by the Medi-Cal program. You may apply for the *SLMB* program at your local county department of social services.

There are four requirements which you must meet if you want to be a Specified Low-Income Medicare beneficiary (*SLMB*).

### HERE ARE THE FOUR REQUIREMENTS:

1. A *SLMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *SLMB* must have income which is equal to or less than \$645\* if he/she is a single person or \$863\* if he/she is married and living with a spouse.
3. A *SLMB* must have property which is equal to or less than \$4000 if he/she is single or equal to or less than \$6000 if he/she is married and living with a spouse.
4. A *SLMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *SLMB* requirements.

#### **REQUIREMENT 1** A *SLMB* must be eligible for Medicare Part A.

- I already have Part A Medicare Hospital Insurance.
- I do not have Part A Hospital Insurance.
- I have already applied for Part B.
- I already have Medicare Part B.

#### **REQUIREMENT 2** A *SLMB* who is not married or not living with a spouse must have countable income which is equal to or less than \$645\*. A *SLMB* living with a spouse must have countable income which is equal to or less than \$863\*. These amounts are expected to increase sometime in April.\*

The following are examples of some types of income that count towards the *SLMB* income limit. When a person applies to be a *SLMB* at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

**I. Fill in the MONTHLY amounts for the person who wants to be SLMB.**

- |  |    |       |                                |
|--|----|-------|--------------------------------|
| 1. Social Security check                                   | \$ | ..... |                                |
| 2. VA benefits   | \$ | ..... |                                |
| 3. Interest from bank accounts or certificates of deposits | \$ | ..... |                                |
| 4. Retirement Income                                       | \$ | ..... |                                |
| 5. Any other Income  | \$ | ..... |                                |
| 6. Total - Add lines 1 through 5.                          |    |       | \$ <u>                    </u> |

**II. If you are married and living with your spouse, complete the following MONTHLY amounts for your spouse even if this spouse also wants to be a SLMB.**

- |   |    |       |                                |
|---|----|-------|--------------------------------|
| 7. Social Security check                                  | \$ | ..... |                                |
| 8. VA benefits  | \$ | ..... |                                |
| 9. Interest from bank accounts or certificates of deposit | \$ | ..... |                                |
| 10. Any other Income                                      | \$ | ..... |                                |
| 11. Retirement Income                                     | \$ | ..... |                                |
| 12. Total - Add lines 7 through 11.                       |    |       | \$ <u>                    </u> |

**III. Fill in the MONTHLY amounts for the person in I, and if married, the spouse in II.**

- |   |    |       |                                |
|---|----|-------|--------------------------------|
| 13. Gross earnings for the person who wants to be <u>SLMB</u> | \$ | ..... |                                |
| 14. Gross earnings for the Spouse                             | \$ | ..... |                                |
| 15. Total - Add lines 13 and 14                               | \$ | ..... |                                |
| 16. Subtract \$65   |    | -\$65 |                                |
| 17. Remainder   | \$ | ..... |                                |
| 18. Divide by 2   |    |       | \$ <u>                    </u> |
| 19. Total - Add lines 6, 12, and 18                           |    |       | \$ <u>                    </u> |

If you are not married, this amount cannot exceed \$645\*. If you are married and living with your spouse, this total cannot exceed \$863\*. However, if you have children or your spouse has low income this total may be higher. If you received a Title II Social Security cost of living adjustment, this amount will not be counted until April.

**REQUIREMENT 3**

A *SLMB* who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4000. A *SLMB* who is married and living with his/her spouse must have countable property which is equal to or less than \$6000.

The following gives examples of countable property. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a *SLMB*, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the *SLMB* property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- 1. Checking accounts \$ .....
- 2. Savings accounts \$ .....
- 3. Certificates of Deposit \$ .....
- 4. Stocks \$ .....
- 5. Bonds \$ .....
- 6. A second car (value minus amount owed) \$ .....
- 7. A second home (value minus amount owed) \$ .....
- 8. The cash surrender value of life insurance policies if the face value of all policies combined exceeds \$1500. (Do not include "term" insurance policies) \$ .....
- 9. Total - Add lines 1 - 8 \$

This amount cannot exceed \$4000 for a single person or \$6000 for a couple.

**REQUIREMENT 4**

A *SLMB* must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

**Additional Information**

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

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

(County Stamp)

[ ]  
[ ]

State No: \_\_\_\_\_

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 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. If you are currently paying Medicare premiums, please allow 3-4 months from the time you are eligible as a SLMB for the Social Security Administration (SSA) to stop deducting these premiums from your Social Security check. You may receive a refund from the SSA based on its records.

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 \_\_\_\_\_.

\_\_\_\_\_  
(Eligibility Worker)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Dated)

(County Stamp)

**MEDI-CAL  
NOTICE OF ACTION**

Denial or Discontinuance of Benefits as a  
Specified Low-Income Medicare Beneficiary

[ ]  
[ ]

[ ]  
[ ]

State No: \_\_\_\_\_

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 Specified Low-Income Medicare Beneficiary (SLMB) program.

We determined that:

- You are not eligible for the SLMB program.
- Your eligibility for the SLMB program ends \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Here is why:

- Your \_\_\_\_\_ is above the limit. If you have Part A Medicare and should your \_\_\_\_\_ decrease, you may reapply. The limit is \$ \_\_\_\_\_. The income limit may rise in future years.  
income/property income/property
- The Social Security Administration states you are eligible for Medicare Part B. Contact your local SSA office for more information.
- 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 \_\_\_\_\_

(Eligibility Worker)

(Phone)

(Dated)

**NOTIFICACION DE ACCION  
DE MEDI-CAL**

Aprobación para Beneficios como  
Beneficiario Especificado de  
Medicare de Bajos Ingresos

(Sello del Condado)

[ ]  
[ ]

No. del Estado: \_\_\_\_\_

Distrito: \_\_\_\_\_

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

Hemos revisado su solicitud para determinar si usted reúne los requisitos para un programa nuevo que se llama Beneficiario Especificado de Medicare de Bajos Ingresos (SLMB).

Hemos determinado que:

A partir del \_\_\_\_/\_\_\_\_/\_\_\_\_, usted reúne los requisitos para que el programa de Medi-Cal pague las primas de la Parte B de Medicare. Si usted actualmente está pagando las primas de Medicare, por favor tenga en cuenta que podrán transcurrir de 3 a 4 meses de la fecha en que se determina que usted reúne los requisitos como un SLMB para que la Administración del Seguro Social (SSA) ya no le descuente el costo de estas primas de su cheque del Seguro Social. Posiblemente reciba un reembolso si existe un saldo a su favor en los registros de la SSA.

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

Los ordenamientos que requieren esta acción, son las secciones \_\_\_\_\_, del Título 22 del Código de Ordenamientos de California.

\_\_\_\_\_  
(Trabajador(a) de Elegibilidad)

\_\_\_\_\_  
(Teléfono)

\_\_\_\_\_  
(Fecha)



**MEDI-CAL**  
**NOTIFICACION DE ACCION**  
Negación o Descontinuación de Beneficios  
como Beneficiario Especificado de  
Medicare de Bajos Ingresos

(Sello del Condado)

No del Estado: \_\_\_\_\_

Distrito: \_\_\_\_\_

**SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL ESTO NO AFECTA ESTOS BENEFICIOS.**

Hemos revisado su solicitud para ver si usted reúne los requisitos para un programa nuevo que se llama Beneficiario Especificado de Medicare de Bajos Ingresos (SLMB).

Hemos establecido que:

- Usted no reúne los requisitos para el programa SLMB.
- Su elegibilidad para el programa SLMB termina el \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

La razón es la siguiente:

- Sus \_\_\_\_\_ ingresos/bienes exceden el límite. Si usted tiene la Parte A de Medicare y si el valor de sus \_\_\_\_\_ ingresos/bienes disminuyen, usted puede volver a presentar una solicitud. El límite es de \$ \_\_\_\_\_. Es posible que el límite de ingreso aumente en los próximos años.
- La Administración del Seguro Social (SSA) informa que usted reúne los requisitos para la Parte B de Medicare. Para más información comuníquese con su oficina local de la SSA.
- Otras razones. . .
- Usted no reúne los requisitos para recibir beneficios normales del programa de Medi-Cal porque:
- Si también solicitó beneficios normales de Medi-Cal, recibirá una notificación por separado con relación a este programa .

Los ordenamientos que requieren esta acción son las secciones \_\_\_\_\_ del Título 22 del Código de Ordenamientos de California.

\_\_\_\_\_  
(Trabajador(a) de elegibilidad)

\_\_\_\_\_  
(Teléfono)

\_\_\_\_\_  
(Fecha)