Eligibility Determination Groups

9.12 QUALIFIED MEDICARE BENEFICIARIES (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLIMB), and QUALIFIED INDIVIDUALS (QI-1)

A. THE ASSISTANCE GROUP (AG)

NOTE: Both members of a couple must receive the same level of coverage, QMB, SLIMB or QI-1.

Who Must Be Included

The individual or couple, eligible for QMB, SLIMB or QI-1 must be included in the AG.

Who Cannot Be Included.

Only the individual or couple who is eligible for QMB, SLIMB or QI-1 is included in the AG.

B. THE INCOME GROUP (IG)

1. Eligible Individual With No Spouse

Count only the individual's income.

2. Eligible Couple - No Medicaid Long Term Care Services

Count the couple's income.

3. Eligible Individual With Ineligible Spouse - No Medicaid Long Term Care Services

Consider the income of the ineligible spouse to determine if it must be deemed. See Chapter 10 for how to determine if the spouse's income is deemed.

 Eligible Individual - One Or Both Members Of A Couple Receives Medicaid Long Term Care Services In A Nursing Home, ICF/MR Or A Community-Based Waiver

Count only the individual's income.

C. THE NEEDS GROUP (NG)

1. Individual With No Spouse

The income limit for a single individual is used.

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2. Eligible Couple - No Medicaid Long Term Care Services

The income limit for a couple is used.

 Eligible Individual With Ineligible Spouse, No Income Deemed - No Medicaid Long Term Care Services

The income limit for a single individual is used.

 Eligible Individual With Ineligible Spouse, Income Deemed - No Medicaid Long Term Care Services

The income limit for a couple is used.

 Eligible Individual - One Or Both Members Of A Couple Receives Medicaid Long Term Care Services In A Nursing Home, ICF/MR Or A Community-Based Waiver

The income limit for a single individual is used.