

Extra Help for Medicare Prescription Drug Benefits Narrative/Worksheet

Application/Review Date	Interview Date
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Consumer Information				
Case Name	Phone Number	Representative Phone #	County of Residence	
Address				
Social Security Number	Social Security Claim #	State ID#	Marital Status	
Spouse's Name	Spouse's Social Security Number		Spouse's State ID#	

Does the client receive SSI? or

Does the client receive any Medicaid benefits including QMB, SLMB, or E-SLMB?

☐ Yes, then deny as automatically eligible for extra help. ☐ No, continue processing application.

Resources					
Bank Account Type	Where	Balance	Interest	Verification	
Type	Verification	Amount	Type	Verification	Amount
Annuities			Safe deposit box		
Cash on hand			Stocks, bonds, time certificates		
Dividends/interest			Certificates of deposit		
Mortgages and contracts			Nonhomestead property		
Promissory notes			Mutual funds/money market		
Burial contract irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No			Retirement accounts		
Interest added to contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			Life insurance policies		
Total value of all resources listed above:					

Client declaration that any of the listed resources are to be used for funeral or burial expenses for client or spouse, if married and living together:

Client: ☐ Yes ☐ No

Spouse: ☐ Yes ☐ No

Household Size

Number of relatives that the client states are living with them and the spouse: _____

Are they related by blood, marriage or adoption? ☐ Yes ☐ No

Number who are dependent on applicant for at least one-half of their financial support: _____

Income

Wages before taxes	\$	Wages before taxes	\$
Self-employment net earnings or net loss	\$	Self-employment net earnings or net loss	\$
Work related expenses	\$	Work related expenses	\$
Alimony/child support	\$	Black lung	\$
Civil services	\$	Educational monies	\$
Gifts	\$	Inheritance	\$
Insurance	\$	Interest/dividends	\$
IPERS	\$	Lump sum	\$
Miller trust	\$	Pension	\$
Property sold on contract	\$	Rental property	\$
RR retirement	\$	Social Security	\$
UIB	\$	Veteran's benefits	\$
VA aid and attendance	\$	Veteran's pension	\$
Worker's comp	\$	Other income sources:	
In-kind support and maintenance	\$		\$
Comments:			

Calculation – Income	
Total unearned income	
Less \$20.00 general deduction	- 20.00
Countable unearned income	

Total earned income	
Less \$65.00 work expense	- 65.00
Less work impairment	
Less ½ of the remainder	
Blind work impairment	
PASS	
Countable earned income	

Countable earned income	
Plus countable unearned income	
Subtotal	
Divided by 100% of poverty for the household size and then multiply by 100	
Percent of poverty	%
Compare to the attached desk aid after both income and resources have been determined.	

Calculation – Resources	
Total resources	
-1500.00 that client states is for their burial	
-1500.00 that client states is for the spouse burial	
Total countable resources	
Compare to the attached desk aid after both income and resources have been determined.	

Action on Application			
<input type="checkbox"/> Approved	% of POV:	<input type="checkbox"/> Denial	Reason:
Eligibility Date	Worker's Name	Date	Review Date

Calculation Table Desk Aid

Subsidy calculation for one person		
Countable Resources	< 150% FPL	> 150%
< \$ 17,600	Y	N
> \$17,600	N	N

Subsidy calculation for couple		
Countable Resources	< 150% FPL	> 150%
< \$ 35,130	Y	N
> \$ 35,130	N	N

Subsidy benefits					
Subsidy	Subsidized monthly premium	Yearly deductible	Co-pay per prescription	Coverage gap? Y/N	Catastrophic co-pay per prescription
Y	100% *	\$0	\$4.90 / \$12.15**	N	\$0
N (No subsidy)	0%	\$500	25%	Y	\$0

* Percentage is the greater of the low income benchmark premium amount or the lowest PDP premium for basic coverage in the region.

** For full subsidy FBDE beneficiaries who are institutionalized or receiving HCBS services, the copayment per prescription is \$1.60 (for generic) and \$4.80 (for name brand) medication.