

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
Annuites			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?			Retirement accounts		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest added to contract?			Life insurance policies		
<input type="checkbox"/> Yes <input type="checkbox"/> No					
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.