

Department of Public Health
and Human Services

MEDICAL ASSISTANCE

Section:
MEDICARE SAVINGS
PROGRAMS

Subject:
Specified Low-Income Medicare
Beneficiaries (SLMB)

Supersedes: MA 802-1 (07/01/08)

References: ARM 37.82.101, 37.83.501

GENERAL RULE -- Certain applicants may qualify for Special Low-Income Medicare Beneficiaries (SLMB) benefits. The applicant must:

1. be entitled to Medicare Hospital Insurance (Part A) – see MA 800;
2. meet all medical assistance non-financial criteria:
 - a. categorical eligibility (aged, blind or disabled);
 - b. citizenship or alien status;
 - c. state residency; and
 - d. social security number;
- ▶ 3. have countable resources (MA 400 Section) which do not exceed the resource limit for the Specified Low-Income Medicare Beneficiary Program (MA 004).

NOTE: The resource limit may be met on any day during the month as per MA 400 “Date of Resource Eligibility.”

4. have countable income which does not exceed 120% of the federal poverty level for the appropriate household size as listed in MA 004.

NOTE: Some households consist of a married couple including an ineligible spouse. If no income is deemed from the ineligible spouse to the eligible spouse, the income standard for an individual (one) is used to determine income eligibility. If income is deemed from the ineligible spouse, the income standard for a couple (two) is used.

Disregard the yearly cost of living adjustment (COLA) increase to Social Security benefits for those SLMB recipients who would lose eligibility due to the COLA increase. These recipients are entitled to receive continuous SLMB benefits until the new SLMB income standards are published.

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► **NOTE:** CHIMES is programmed to disregard the COLA automatically.

► **APPLICATION FORMS ACCEPTED** Applicants may use any valid paper or electronic Montana Medicaid application form to apply for SLMB. Applications for SSI and Social Security Extra Help (LIS) are among the valid Montana Medicaid applications.

APPLICATION BY MAIL Upon request, applications can be mailed to SLMB applicants. The completed application may be returned to the county office by mail. Individuals applying for SLMB benefits only are not required to participate in an office interview. Eligibility case managers may make an SLMB eligibility determination based on verified information from the application and related documentation.

NOTE: An interview is required if the applicant requests one or if the applicant is also applying for other programs that do require interviews (e.g., SNAP or TANF).

INCOME ELIGIBILITY COMPUTATION Income eligibility for individuals and couples is determined as follows:

If both spouses are applying for SLMB coverage and meet all non-financial and resource criteria, determine their income eligibility using STEP III.

STEP I**COMPUTATION FOR ELIGIBLE INDIVIDUAL/SPOUSE**

1. Unearned income
2. - Legally obligated child support/alimony
3. - General income disregard (\$20 max.)
4. = Countable unearned income

5. Earned income
6. - Legally obligated child support/alimony balance
7. - General income disregard balance
8. - Blind/disabled work expenses
9. - Work expense disregard (\$65)
10. = Remainder
11. - ½ Remainder
12. = Countable earned income

13. Total countable income (Line 4 + 12)
14. - SLMB income standard for one
15. = If line 15 is \$0 or less and the applicant is a single individual (or is a married individual whose ineligible

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spouse's income does not deem in Step II), the applicant is eligible for SLMB benefits.

If line 15 is more than \$0 and the applicant is a single individual (or is a married individual whose ineligible spouse's income does not deem in Step II), applicant is ineligible for SLMB benefits.

If the applicant is **married to an ineligible spouse**, continue to Step II and determine whether the ineligible spouse's income must be deemed to the applicant.

STEP II

DEEMED INCOME FROM INELIGIBLE SPOUSE

16. Gross unearned income of ineligible spouse
 17. - Ineligible child(ren) allocation
 18. = Countable unearned income of spouse

NOTE: The allocation for each ineligible child is equal to the difference between the SPA for 1 and 2 people minus the child's own gross income.

19. Gross earned income of ineligible spouse
 20. - Remaining ineligible child(ren) allocation not offset
by unearned income
 21. = Countable earned income of spouse
 22. Total countable income of spouse (line 18 + 21)
 23. - The difference between the SPA for a couple and the
 SPA for an individual
 24. = If line 24 is **\$0 or less**, STOP. Use STEP I to determine applicant's income eligibility. Deeming does not apply.

If line 24 is **more than \$0**, continue to STEP III.

STEP III

COMPUTATION FOR A COUPLE (after ineligible child allocation)

25. Combined unearned income (line 1 + 18)
 26. - Legally obligated child support/alimony
 27. - General income disregard (\$20 max.)
 28. = Countable unearned income
 29. Earned income (line 5 + 21)
 30. - Legally obligated child support/alimony balance
 31. - General income disregard balance
 32. - Blind/disabled work expenses

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33. - Work expense disregard (\$65)
 34. = Remainder
 35. - ½ remainder
 36. = Countable earned income
 37. + Countable unearned income (line 28)
 38. = TOTAL COUNTABLE INCOME
 39. - SLMB income limit for a couple
 40. = If **\$0 or less**, recipient(s) is eligible for SLMB benefits.

If **more than \$0**, recipient(s) is ineligible for SLMB benefits.

If resources are within the MSP resource limit and total countable income exceeds the SLMB limit, deny SLMB eligibility and evaluate for QI or medically needy.

SLMB BENEFITS

Medicaid benefits available to SLMB eligible recipients include only payment of Medicare Part B premiums.

Because SLMB benefits are limited to payment of the Medicare Part B premium, no Medicaid ID card is issued for this program.

SLMB benefits may be determined for up to three months of retroactive coverage prior to the month of application/coverage request.

PROCEDURE:

Responsibility

ACTION

Applicant/
Representative:

1. Complete acceptable application form and provide required documentation/verification.
2. Provide proof of Medicare Part A entitlement.

Eligibility Case
Manager

3. Determine whether the amount of countable resources is within Medicare Savings Program standard.
4. Determine whether countable income is within the SLMB limit.
5. Notify the applicant of the determination.
6. Inform recipient, if eligible, of his/her responsibility to timely report future changes in resources, income or circumstances.
7. Certify eligible applicants/recipients for twelve (12) months. Schedule an earlier redetermination if recipient's circumstances

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are expected to change earlier, or in order to coincide with
another program's redetermination due date.

TPL Unit

8. Buy into Medicare Part B for the recipient, if eligible for SLMB.

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