

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



April 13, 1993

Letter No. 93-26

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: NO REDUCTION OF TIME ELIGIBILITY PERIOD FOR REFUGEE MEDICAL  
ASSISTANCE (RMA)

REFERENCE: EMC2 DHS #93053

The purpose of this letter is to inform County Welfare Departments that the Office of Refugee Resettlement (ORR) is instructing states that it has withdrawn the regulation (45 CFR Part 400) that would shorten the RMA time eligibility period from eight months to five. (ORR State Letter No. 93-08.) This reduction was to become effective April 1, 1993 for both current and newly-arriving refugees. Please cease immediately all efforts to implement this regulation.

If notices of action for termination of RMA benefits have been sent, please issue correction notices which state that RMA will continue for the period of eight months, and that there was no reduction in time eligibility. Please make reference to Title 22, Code of California Regulations (CCR), Section 50257(d)(2) and 45 Code of Federal Regulation (CFR), Sections 400.200-400.204.

A copy of ORR State Letter No. 93-08 is attached. If you have any questions, please call Elena Lara at (916) 657-0712.

This All County Letter rescinds ACWDL No. 93-19.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosures


WR-16-1993 16116 FROM: ACF/OFC OF PIR MST/DC

TO

69163231136 F.01

DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

OPTIONAL FORM 93 (7-90)



## ORR State Letter

# 93-08


Post-It™ brand fax transmittal memo 7671

# of pages \*

To <i>El Salvador</i>	From <i>Bruce K.</i>
Co.	Co.
Dept.	Phone
Fax # <i>657-3224</i>	Fax #

TO: STATE REFUGEE COORDINATORS

FROM: David B. Smith  
 Acting Director  
 Office of Refugee Resettlement



SUBJECT: Intent to Withdraw the Regulation Reducing the Time-  
 Eligibility for RCA/RMA

This is to notify States that the Department of Health and Human Services intends to withdraw, prior to its effective date, the regulation that was published in the Federal Register on March 1, 1993, to reduce the eligibility period for refugee cash and medical assistance (RCA/RMA) from a refugee's first 8 months in the U.S. to a refugee's first 5 months, effective April 1, 1993. A notice is being prepared for publication in the Federal Register to withdraw the regulation.

The Administration intends to seek supplemental funds to maintain the RCA/RMA eligibility period at the current 8-month level for the remainder of FY 1993.

Therefore, States are advised to cease immediately all efforts to implement the March 1 regulation. If termination notices have already been sent to recipients in anticipation of the change in eligibility period from 8 months to 5 months, States are advised to issue correction notices to recipients as quickly as possible.

Thank you for your cooperation on this issue. We are mindful of the confusion this may cause in the field and will keep you informed of new developments as they occur. If you have questions regarding this issue, please contact Toyo Biddle at (202) 401-9250 in the Policy Division.

## DEPARTMENT OF HEALTH SERVICES

14/744 P STREET  
P. BOX 942732  
CRAMENTO, CA 94234-7320



April 20, 1993

TO: All County Welfare Directors                      Letter No.: 93-27  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: "MEDI-CAL BUY-IN PROGRAMS" CHART, SLMB QUESTIONS AND ANSWERS

REFERENCE: 92-61, 92-81, 93-08

The purpose of this letter is to provide the counties with the Medi-Cal Buy In Programs Chart. We thank LA County for designing the enclosed chart. The chart delineates the Medicare benefits available to each program classification as well as other information. Counties may use this chart to determine which program offers the broadest Medicare benefits to the applicant/beneficiary. For example, the QMB program provides greater benefits than the SLMB program; therefore, the county should consider SLMB benefits only if the applicant is ineligible for the QMB program.

Please note the following answers to frequently asked questions:

1. Should an SSI recipient who is ineligible for QMB benefits due to excess income be evaluated as a SLMB?

Answer: No. The only SLMB benefit is the payment of the Part B premium. Since the SSI recipient already has the Part B premium covered under Medi-Cal (and the state collects FFP), there is no benefit to being determined a SLMB.

2. In determining SLMB eligibility when a person has paid the Part B premium, is there a deduction allowed for these costs?

Answer: No, as with the QMB program, health insurance premiums are not allowed as a deduction.

3. Is payment of the Part B coinsurance and deductible amounts a benefit under the SLMB program?

Answer: No, the coinsurance and deductible are not benefits under the SLMB program.

4. Are the Part A and B coinsurance and deductibles paid under the regular Medi-Cal program?

Answer: Yes, Medi-Cal covers the Part B premium and, after any share of cost is met, Part A and B coinsurance and deductibles for Medi-Cal eligibles who qualify. However, there is no FFP in the Part B premium costs for Medically Needy individuals. There is FFP for the Part A and B coinsurance and deductibles.

5. If someone who is Medically Needy is also made a SLMB, are you

All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

taking away any benefits?

Answer: No, if you make the person dually eligible as Medically Needy and a SLMB, he/she would not lose any benefits. As a Medically Needy person, he/she is bought-in for the Part B premium and the Part A and B coinsurance and deductibles. Once a SLMB, California then receives FFP for the Part B premium.

6. Should a Pickle or IHSS person be evaluated under the SLMB program?

Answer: No, Pickle or IHSS individuals already are bought-in for the Part B premium and there is FFP in these costs.

Note: If a person is determined Pickle or IHSS ineligible and becomes Medically Needy, he/she should also be evaluated for SLMB eligibility.

7. When should the county report SLMB benefits for FFP purposes only?

Answer: As soon as the individual is eligible for SLMB benefits.

8. Are we expecting many SLMB eligibles?

Answer: No, only 100,000 SLMBs are projected for the entire nation. (SLMB would be those persons whose income is above the QMB limit of 100% but below 110% of the FPL.)

9. Must a SLMB-only person be entitled to Part A benefits?

Answer: Yes, a SLMB-only person must be entitled to Part A Medicare benefits. This means he/she must either: a) purchase Part A benefits, or b) receive Part A free.

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

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

# MEDI-CAL BUY-IN PROGRAMS CHART

For Aged, Blind, & Disabled

Program	Scope of Medi-Cal Benefits	What It Pays						Income Limit	Property Reserve Limit	Medi-Cal Card Issued?	Open Enrollment Period	Retro-active Period (month)	Effective Date of Buy-In
		Part A (Hospital Ins.)			Part B (Doctor's Medical Ins.)								
		Prem	Deduct	Co-Ins	Prem	Deduct	Co-Ins						
MN-ABD (Regular Medi-Cal Only)	Full	-	✓	✓	✓	✓	✓	Share of Cost based on maintenance need unless in a percent program	\$2,000	Yes	-	3	Part B: 3rd month after approval
			If enrolled in Part A										
SSI/SSP	Full	-	✓	✓	✓	✓	✓	Various levels, depending on circumstances	\$2,000	Yes	-	3	Part B: Month approved (cash)
			If enrolled in Part A										
QMB	Limited	✓	✓	✓	✓	✓	✓	100% of FPL *	(2X) \$4,000	Yes/No	Jan-Mar	None Allowed	Parts A & B: Month after approval if on Part A; or July 1 when Part A usually starts
SLMB	Limited	-	-	-	✓	-	-	110% of FPL *	(2X) \$4,000	No	-	3	Part B: Month Approved
QDWM	Limited	✓	-	-	-	-	-	200% of FPL *	(2X) \$4,000	No	Jan-Mar	3	Part A: Month Approved

\* Federal Poverty Level