

DEPARTMENT OF HEALTH SERVICES

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(916) 657-2941



November 12, 1993

Letter No.: 93-81

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

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM INFORMATION NOTICE, MC 014,  
AND AID CODE 8C

The purpose of this letter is to disseminate the enclosed camera ready (English & Spanish) copies to the counties until the updated SLMB MC 014 Information Notice forms are available from the Department of Health Services' (DHS) Warehouse. Please discard your old forms since the income amount has been changed.

Use order form DHS 2031 to order copies of the MC 014 from the DHS Warehouse. The DHS Warehouse address is:

DHS Warehouse  
1037 North Market Boulevard, Suite 9  
Sacramento, CA 95834

The MC 014 forms will be available in the DHS Warehouse on approximately November 1, 1993.

This is to also notify you that the SLMB aid code 8C has been delayed until March 1994. We regret any inconvenience this has caused you. We will advise you by E-Mail when the 8C aid code is operational.

If you have any questions, please contact Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure

## SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

### INFORMATION NOTICE

This notice is to help you decide whether to apply for the Specified Low-Income Medicare Beneficiary Program. People eligible for this program will have their Medicare expenses for Part B premiums paid by the Medi-Cal program. You may apply for the *SLMB* program at your local county department of social services.

There are four requirements which you must meet if you want to be a Specified Low-Income Medicare beneficiary (*SLMB*).

#### HERE ARE THE FOUR REQUIREMENTS:

1. A *SLMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *SLMB* must have income which is equal to or less than \$659 if he/she is a single person or \$885 if he/she is married and living with a spouse.
3. A *SLMB* must have property which is equal to or less than \$4000 if he/she is single or equal to or less than \$6000 if he/she is married and living with a spouse.
4. A *SLMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *SLMB* requirements.

#### **REQUIREMENT 1** A *SLMB* must be eligible for Medicare Part A.

- ☐ I already have Part A Medicare Hospital Insurance.
- ☐ I do not have Part A Hospital Insurance.
  - ☐ I have already applied for Part B.
  - ☐ I already have Medicare Part B.

#### **REQUIREMENT 2** A *SLMB* who is not married or not living with a spouse must have countable income which is equal to or less than \$659. A *SLMB* living with a spouse must have countable income which is equal to or less than \$885. These amounts are expected to increase sometime in April.

The following are examples of some types of income that count towards the *SLMB* income limit. When a person applies to be a *SLMB* at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.