

DEPARTMENT OF HEALTH SERVICES

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September 13, 1996

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

Letter No.: 96-51

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) FORM MC 014
INFORMATION NOTICE UPDATED**

The purpose of this All County Welfare Directors Letter is to advise the counties that the SLMB MC 014 (7/96) Information Notice (enclosed) has been updated and reproduced. The single person SLMB income standard listed in the MC 014 has been increased to \$794, and the two-person SLMB income standard has been increased to \$1,056.

The MC 014 (7/96) is currently in the Department of Health Services (DHS) Warehouse. The DHS Warehouse is located at 1037 North Market Boulevard, Suite 9, Sacramento, California 95834. When you order forms, please complete form DHS 2031 and mail to the above listed address.

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 \$794 if he/she is a single person or \$1,056 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 \$794. A *SLMB* living with a spouse must have countable income which is equal to or less than \$1,056. 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.

I. Fill in the MONTHLY amounts for the person who wants to be SLMB.

- | | | |
|--|----|-----------------------------|
| 1. Social Security check | \$ | |
| 2. VA benefits | \$ | |
| 3. Interest from bank accounts or certificates of deposits | \$ | |
| 4. Retirement Income | \$ | |
| 5. Any other Income | \$ | |
| 6. Total – Add lines 1 through 5. | \$ | <u> </u> |

II. If you are married and living with your spouse, complete the following MONTHLY amounts for your spouse even if this spouse also wants to be a SLMB.

- | | | |
|---|----|-----------------------------|
| 7. Social Security check | \$ | |
| 8. VA benefits | \$ | |
| 9. Interest from bank accounts or certificates of deposit | \$ | |
| 10. Any other Income | \$ | |
| 11. Retirement Income | \$ | |
| 12. Total – Add lines 7 through 11. | \$ | <u> </u> |

III. Fill in the MONTHLY amounts for the person in I, and if married, the spouse in II.

- | | | |
|---|-------|--------------------------------|
| 13. Gross earnings for the person who wants to be <u>SLMB</u> | \$ | |
| 14. Gross earnings for the Spouse | \$ | |
| 15. Total – Add lines 13 and 14 | \$ | |
| 16. Subtract \$65 | -\$65 | |
| 17. Remainder | \$ | |
| 18. Divide by 2 | | \$ <u> </u> |
| 19. Total – Add lines 6, 12, and 18 | | \$ <u> </u> |

If you are not married, this amount cannot exceed \$794. If you are married and living with your spouse, this total cannot exceed \$1,056. However, if you have children or your spouse has low income this total may be higher. If you received a Title II Social Security cost of living adjustment, this amount will not be counted until April.

REQUIREMENT 3

A *SLMB* who is not married or not living with his/her spouse must have countable property which is equal to or less than \$4000. A *SLMB* who is married and living with his/her spouse must have countable property which is equal to or less than \$6000.

The following gives examples of countable property. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a *SLMB*, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the *SLMB* property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- | | |
|---|----|
| 1. Checking accounts | \$ |
| 2. Savings accounts | \$ |
| 3. Certificates of Deposit | \$ |
| 4. Stocks | \$ |
| 5. Bonds | \$ |
| 6. A second car (value minus amount owed) | \$ |
| 7. A second home (value minus amount owed) | \$ |
| 8. The cash surrender value of life insurance policies if the face value of <u>all</u> policies combined exceeds \$1500.
(Do <u>not</u> include "term" insurance policies) | \$ |
| 9. Total – Add lines 1–8 | \$ |

This amount cannot exceed \$4000 for a single person or \$6000 for a couple.

REQUIREMENT 4

A *SLMB* must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

Additional Information

For more information or if you wish to apply as a *SLMB*, please call the number of your local department of social services.