

	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES		
	MEDICAID POLICY MANUAL		
	Chapter:	2100	Effective Date:
Policy Title:	Specified Low-Income Medicare Beneficiaries		
Policy Number:	2144	Previous Policy Update:	MT 55

REQUIREMENTS

Specified Low-Income Medicare Beneficiaries (SLMB) is a Q Track class of assistance (COA) that pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the Federal poverty level (FPL).

BASIC CONSIDERATIONS

To be eligible under this COA, an A/R must meet the following conditions:

- The A/R is entitled to Part A Medicare coverage.
- The A/R meets all basic eligibility criteria.

NOTE: Since SLMB recipients receive Medicare, they are exempt from the citizenship verification requirement. Citizenship was verified by SSA prior to awarding Medicare. The Declaration of Citizenship form is still required.

EXCEPTION: Application for Other Benefits, Third Party assignment, Length of Stay (LOS) and Level of Care (LOC) are not requirements under this COA.

- The A/R has countable resources of less than or equal to the current QMB/SLMB/QI-1 resource limit.
- The A/R has countable net income of less than the SLMB income limit but greater than the QMB income limit.

SLMB pays only the monthly premium for Part B Medicare for the SLMB eligible individual.

Retroactive coverage (three months prior and intervening months) is allowed under this COA. SLMB eligibility cannot pre-date January 1993.

The SLMB income limit is based on the federal Poverty level (FPL). The FPL/SLMB income limit is subject to change between February and April of each year. Therefore, the annual January RSDI COLAs are disregarded in determining SLMB eligibility until the effective month of the new SLMB income limit.

BASIC CONSIDERATIONS (cont.)

In-kind support and maintenance (ISM) is NOT considered in determining SLMB eligibility.

NOTE: THE STANDARD OF PROMPTNESS FOR PROCESSING A SLMB APPLICATION IS 10 WORKING DAYS FROM THE DATE OF RECEIPT OF THE APPLICATION.

SPECIAL CONSIDERATIONS

The 1999 Government Performance Results Act simplified the policy and procedures for this class of assistance and has changed the application process. In addition to applying at the county office, an A/R may apply with the local Community Health Center or with HICARE on a simplified application form, DCH 700, Medicare Savings for Individuals. (County DFCS shall also use Form 700 for initial applications and annual reviews. It is available from Central Supply.)

The local Community Health Center and HICARE will forward all applications to DMA, who will forward the applications to the appropriate County Departments. The application date is the date stamped as received by DMA.

PROCEDURES

Follow the steps below to determine SLMB eligibility.

Step 1 Accept the A/R's SLMB application.

Step 2 Contact the A/R by telephone only if information provided on the application is not sufficient to process the case.

NOTE: A face-to-face contact and office interview is not required at initial application or annual redetermination.

Step 3 Verify Part A Medicare entitlement by one of the following:

- client statement, if copy of card or other written verification is not provided or available
- a RSDI Award Letter
- a Medicare card
- BENDEX under Clearinghouse on the system
- an MBR Query Card
- notification from a local SSA office

NOTE: If the A/R has not been approved for Part A Medicare, but is entitled to free Part A, obtain notification from SSA, scan into document imaging system and process SLMB as though the A/R is currently covered by Part A Medicare. (If an A/R is required to pay a premium to receive Part A Medicare, he/she is not considered entitled for purposes of eligibility for SLMB.)

PROCEDURES (cont.)

Step 4 Determine all basic eligibility criteria except LOS, LOC and Application for Other Benefits. Accept the A/R's statement regarding residency. Refer to Chapter 2200, Basic Eligibility Criteria.

NOTE: To fulfill the TPR requirement on a SLMB applicant who has a TPR, copy the application and send to DMA only if the SLMB applicant becomes Medicaid eligible under another COA. Attach a copy of the insurance card, if available.

Step 5 Determine financial eligibility using SLMB income and resource limits. Refer to the **Chapter 2500, ABD Financial Responsibility and Budgeting** to determine the following:

- whose income and resources to consider
- which SLMB income and resource limit (individual or couple) to use
- which eligibility budget to complete

NOTE: For all applications and annual redeterminations: The A/R's statement of income and resources provided on the application/review form is acceptable verification. No further verification is required unless questionable. If BENDEX/SDX or other information known to the agency indicates a different amount from the A/R's statement and is determined to be current, use this amount over the A/R's statement.

EXCEPTION: If a Medicare eligible couple both apply for a Q Track COA and they are income ineligible as a couple for all Q Track COA, calculate their eligibility as individuals for income but jointly for resources and approve each under whichever Q Track COA they are eligible.

No property search is required for this class of assistance.

The Social Security number of a spouse who is **not** applying for benefits is not required unless eligibility cannot be established without it.

Step 6 If the A/R meets all the above eligibility requirements, approve SLMB by entering the information in the current eligibility system and approve the case for SLMB.

Step 7 Notify the A/R of the case disposition via the system generated notice.