



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
CN 712
TRENTON, NEW JERSEY 08625
(609) 588-2600

WILLIAM WALDMAN
Commissioner

SAUL M. KILSTEIN
Director

MEDICAID COMMUNICATION NO. 93-13

DATE: April 29, 1993

TO: County Welfare Agency Directors

SUBJECT: Specified Low-Income Medicare Beneficiaries (SLMB)

Effective January 1993, a new federally mandated program provides payments of Medicare Part B premiums for individuals who qualify as Specified Low-Income Medicare Beneficiaries (SLMBs). A SLMB is a person who:

- (1) is entitled to Medicare Parts A and B;
- (2) has income greater than 100% of the Federal Poverty Level (FPL), but less than 110% FPL (currently \$639 per month for an individual and \$865 for a couple); and
- (3) has resources less than \$4,000 for an individual, and \$6,000 for a couple.

Accordingly, some Medicare entitled individuals, who are not eligible for the non-medically needy component of the New Jersey Care...Special Medicaid Programs because their income exceeds 100% of the FPL (currently \$581 per month for an individual and \$786 per month for a couple), could qualify for this benefit. This SLMB standard (110% of FPL) will be in effect for calendar years 1993 and 1994. In January 1995, the income limit will increase to 120% of the FPL.

Unlike the aforementioned component of the New Jersey Care...Special Medicaid Programs which provides full Medicaid benefits, including certain Medicare co-payments, deductibles, and premiums for those who are Medicare beneficiaries, the SLMB program **only provides payment of Medicare Part B premiums, currently \$36.60 per month.** Premiums can be paid for a 90 day retroactive period but not for a period before January 1, 1993.

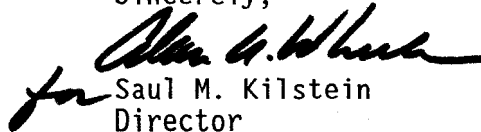
Eligibility determinations for SLMBs will be processed by the Division of Medical Assistance and Health Services, through the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. All individuals already on PAAD as well as all new PAAD enrollees will be screened for potential SLMB eligibility. For those who appear to meet the income and resource eligibility guidelines, an automatic SLMB outreach letter/application will be generated on or about April 30, 1993 (sample attached). The county welfare agencies will continue to process eligibility for the full benefit

package under New Jersey Care...Special Medicaid Programs and to screen/refer potential SLMB eligibles to PAAD.

Applicants whose income exceeds the FPL, but who meet the Medicare requirements (entitled to both Medicare Part A and Part B), with countable resources of less than \$4,000 for individuals and \$6,000 for couples, should be advised to apply through the PAAD program if they appear income eligible for the SLMB program and are interested in obtaining the new benefit. Your cooperation in assisting clients by providing a PAAD application and appropriate instructions concerning SLMB processing will be appreciated. PAAD applications are also available at local pharmacies, Medicaid District Offices, offices on aging, senior centers, offices of the handicapped, or by calling PAAD at 1-800-792-9745. Additionally, clients may be advised that assistance in completing the resource portion of the SLMB application is available through the County Office on Aging.

Questions concerning this communication may be directed to Donald Gollubier, Office of Eligibility Policy and Operations, at (609) 588-2936.

Sincerely,


for Saul M. Kilstein
Director

SMK:Gg

Attachment

cc: Marion Reitz, Director
Division of Family Development

Nicholas Scalara, Director
Division of Youth and Family Services

Lois Hull, Director
Division on Aging



Application for the Specified Low-Income Medicare Beneficiary (SLMB) Program

Department of Human Services
Division of Medical Assistance and Health Services
Pharmaceutical Assistance to the Aged and Disabled

IMPORTANT NOTICE

Dear

Based on information found in your Pharmaceutical Assistance to the Aged and Disabled (PAAD) program file, it appears that you may be eligible for the new Specified Low-Income Medicare Beneficiary (SLMB) program. **If eligible, this program will pay for your monthly Medicare Part B premiums, currently \$36.60.**

To allow us to process your application you must:

- Verify the information from the PAAD eligibility file listed below
- Complete the "Resources" list on the reverse side of this application
- Read and sign the Certification and Authorization
- Return the application to:

Division of Medical Assistance and Health Services
Specified Low-Income Medicare Beneficiary Program
CN 715
Trenton, New Jersey 08625-0715
Toll Free Hot Line: 800-792-9745

If married, both you and your spouse must sign the application.

ALL SOURCES OF INCOME	Actual Income 19		Anticipated Income 19	
	PERSON 1	PERSON 2	PERSON 1	PERSON 2
a) Net Social Security				
b) Annual Medicare Part B Premium				
c) Pension Benefits				
d) Gross Salary (before deductions)				
e) Unemployment Benefits				
f) Interest and Dividends				
g) Net Rental Income (after expenses)				
h) All Others (identify)				
Total Annual Income				
Total Combined Income				

If the figures above have changed since you last applied for PAAD benefits, please make the appropriate changes before returning this application.

Indicate your Medicare coverage and list your Medicare number(s) and suffix exactly as it is shown on your Medicare card(s).

PERSON 1	PERSON 2
Medicare Coverage Part A _____ Part B _____	Medicare Coverage Part A _____ Part B _____
_____ (MEDICARE NUMBER) (SUFFIX)	_____ (MEDICARE NUMBER) (SUFFIX)

RESOURCES: Please list below and describe any resources held jointly or individually, whether in your name or your spouse's, or in which you have legal interest.

	Person 1	Person 2
Do you have any life insurance policies? If yes, is it:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
"Term" life insurance? (Cannot be converted to cash)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
"Whole life" insurance? (Can be converted to cash)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes,		
What is the face value? (Amount that the policy pays at time of death)	\$ _____	\$ _____
What is the cash surrender value? (Amount that the policy would pay if cashed in today)	\$ _____	\$ _____
Do you have funds set aside for burial? If yes, check below.	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
_____ Irrevocable arrangement (Funeral is pre-purchased) What is the value?	\$ _____	\$ _____
_____ Other prepaid arrangements What is the total value?	\$ _____	\$ _____
What is the value of the burial space items (plots, caskets, headstones, vaults, opening/ closing costs)?	\$ _____	\$ _____
_____ Other money for burial What is the value?	\$ _____	\$ _____

Do you or your spouse own an automobile valued at more than \$4,500? ☐ yes ☐ no

 If yes,
 What is the value? \$ _____

 Is the vehicle used for work or for transportation to medical care? ☐ yes ☐ no

Do you or your spouse own any valuable personal property such as jewelry, coin/stamp collections, furs, etc.? ☐ yes ☐ no

 (Do not include wedding or engagement rings).
 If yes, what is the total value? \$ _____

Do you own any property other than the home in which you live? ☐ yes ☐ no

If yes, indicate location, co-owners, and their relationship to you on a separate sheet of paper.

LIQUID RESOURCES:

Liquid resources are cash or any item which can be easily converted to cash. These can include, but are not limited to, stocks, bonds, mutual funds, money market funds, certificates of deposit, savings accounts, checking accounts, trusts, annuities, savings bonds, treasury bills and treasury bonds. Please give the type, financial institution, account number, quantity and value of the resources. If you need more room add an additional sheet of paper.

Type	Financial Institution	Acct. #	Quantity	Current Market Value	FOR OFFICE USE

IMPORTANT - THE FOLLOWING CERTIFICATION AND AUTHORIZATION MUST BE SIGNED:

- I/we certify that the information contained in this form is true and accurate.
- I/we will notify PAAD immediately of the following: any income or resource increase; a move from New Jersey; Medicaid eligibility; cessation of disability benefits from Social Security Administration; or change in nature of the disability.
- I/we authorize the release of information necessary to determine SLMB eligibility from the records in possession of the Social Security Administration, the Internal Revenue Service, the New Jersey Division of Taxation, employers, banks, and others as the need arises.
- I/we understand that the Division of Medical Assistance and Health Services is entitled to repayment for incorrectly provided payment of Medicare Part B premiums. It is further understood that I/we will be held liable for any payments of Medicare Part B premiums which are determined to have been incorrectly provided.

Date: _____ 19 _____

Signature of Person 1 _____

Telephone Number: () _____

Signature of Person 2 (if applicable) _____

Telephone Number: () _____

Contact Person _____