

# Implementation Guide:

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

### Specified Low-Income Medicare Beneficiaries

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# Specified Low-Income Medicare Beneficiaries

## **POLICY CITATION**

**Statute:** 1902(a)(10)(E)(iii)  
1905(p)(3)(A)(ii)

## **BACKGROUND**

### **Overview**

This reviewable unit (RU) describes the Medicaid eligibility group for specified low-income Medicare beneficiaries (SLMBs). It provides the criteria under which an individual may be covered under this group, the income and resource standards used, and the medical assistance provided.

The Medicaid eligibility group for SLMBs is one of four groups collectively called the Medicare savings program (MSP) eligibility groups. These are mandatory groups under which certain individuals who are entitled to Medicare Part A can have various Medicare cost-sharing expenses paid on their behalf by Medicaid.

The MSP eligibility groups are:

- Qualified Medicare Beneficiaries (QMB),
- Specified Low-Income Medicare Beneficiaries (SLMB),
- Qualifying Individuals (QI), and
- Qualified Disabled and Working Individuals (QDWI).

Each of the MSP groups has its own eligibility requirements and medical assistance limitations. Depending on the group, the medical assistance available ranges from payment of all Medicare cost-sharing expenses to payment of only the Medicare Part A or Part B premiums.

### **Characteristics**

The SLMB group is a mandatory eligibility group established by section 1902(a)(10)(E)(iii) of the Social Security Act (the Act). SLMBs are individuals who meet all requirements to qualify as QMBs, except for income. The income standard for QMBs is 100 percent of the federal poverty level (FPL). To qualify for the SLMB group, an individual must have income that exceeds 100 percent but is less than 120 percent of the FPL.

Like for QMBs, the resource standard for SLMBs is the same standard used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

Individuals eligible as a SLMB may also meet the separate requirements for another Medicaid eligibility group. In such cases, the individual is eligible for both groups, and therefore eligible for coverage of Medicare cost-sharing and any other state plan services available under the non-SLMB group.

### **Financial Methodologies**

SSI income and resource methodologies are used to determine eligibility for SLMBs. 209(b) states may not apply their more restrictive eligibility criteria to this group. A separate RU, **Non-MAGI Methodologies**, describes the methodologies used by the state.

For SLMBs who receive Social Security retirement, survivors or disability benefits, any increase in those benefits resulting from the most recent cost-of-living adjustment (COLA) (usually effective on January 1 of each year) is not counted as income for a certain period of time. That period, known as a "transition period," begins in January when the COLA becomes effective, and ends with the last day of the month following the month of publication of the revised FPL in the Federal Register.

Options: Less Restrictive Methodologies. While SSI methodologies are used to calculate income and resource eligibility for SLMBs, states can apply less restrictive income and resource methodologies under section 1902(r)(2) of the Act. However, the less restrictive methodologies applied to SLMBs may not be more liberal than those applied to QMBs. States may apply the same less restrictive methodologies to both QMBs and SLMBs or apply a less liberal methodology to SLMBs. For example, if a state disregards all earned income for QMB eligibility, the state may disregard all earned income for SLMB eligibility or disregard only a portion of earned income, such as the first \$50.

Additional information on less restrictive income and resource counting methodologies can be found in the implementation guides that accompany the **Less Restrictive Income Methodologies under 1902(r)(2)** screen and the **Less Restrictive Resource Methodologies under 1902(r)(2)** screen.

### **Medical Assistance Provided**

The medical assistance provided to SLMBs is limited to payment for Medicare Part B premiums.

## **INSTRUCTIONS**

### **A. Characteristics**

There are two statements (**A.1.** and **A.2.**) describing the characteristics of this eligibility group.

### **B. Financial Methodologies**

- At **B.1.**, there is a statement that SSI methodologies are used in calculating household income for this eligibility group. A separate RU, **Non-MAGI Methodologies**, describes the Non-MAGI methodologies used by the state.

If you wish to view the approved methodologies, select the *View approved version of Non-MAGI Methodologies* link.

- The **Non-MAGI Methodologies** RU will appear if there is an approved version in the MACPro system.
  - If there is no approved version of the RU in MACPro, a screen will appear with the following message: “There is no approved version of this reviewable unit in MACPro available to display.”
  - Select the *Specified Low-Income Medicare Beneficiaries* link to return to the **Specified Low-Income Medicare Beneficiaries** RU.
- At **B.2.**, select *Yes* or *No*, to indicate if less restrictive methodologies are used in calculating countable income.
    - If *Yes* is selected, select the *Add/Modify Less Restrictive Methodologies* button.
      - Complete less restrictive methodologies either to match the selections made for Qualified Medicare Beneficiaries (QMB) or with selections that are not as liberal as those used for the QMB eligibility group.
      - When you have completed these screens, the less restrictive methodologies selected will be inserted into the **Specified Low-Income Medicare Beneficiaries** RU. (See the implementation guides, **Less Restrictive Income Methodologies – Selection** and **Less Restrictive Income Methodologies** for how to complete these screens.)
  - At **B.3.**, select *Yes* or *No*, to indicate if less restrictive methodologies are used in calculating countable resources.
    - If *Yes* is selected, click the *Add/Modify Less Restrictive Methodologies* button.
      - Complete less restrictive methodologies either to match the selections made for Qualified Medicare Beneficiaries (QMB) or with selections that are not as liberal as those used for the QMB eligibility group.
      - When you have completed these screens, the less restrictive methodologies selected will be inserted into the **Specified Low-Income Medicare Beneficiaries** RU. (See the implementation guides, **Less Restrictive Income Methodologies – Selection** and **Less Restrictive Income Methodologies** for how to complete these screens.)

**C. Income Standard Used**

There is a statement of the income standard used for this eligibility group.

**D. Resource Standard Used**

There is a statement of the resource standard used for this eligibility group.

**E. Medical Assistance Provided**

There is a statement of the medical assistance provided for this eligibility group.

**F. Additional Information (Optional)**

Except in limited circumstances, this field remains blank. Please consult with CMS before adding any additional information concerning this RU.

**REVIEW CRITERIA**

*Less restrictive methodologies must be the same as or more restrictive (less liberal) than those used in the Qualified Medicare Beneficiaries group.*