

MANUAL MATERIAL TRANSMITTED					
MANUAL: INCOME MAINTENANCE			CHANGE NUMBER: 72		
DELETE			INSERT OR CHANGE		
PAGES	CHAPTER	DATED	PAGES	CHAPTER	DATED
Appendix A	10	1/97	Appendix A	10	4/97
ES-SLIMB-1	FORM	4/96	ES-SLIMB-1	FORM	4/97
ES-MCAT-1	FORM	4/96	ES-MCAT-1	FORM	4/97
DATE: March, 1997			TO: All Income Maintenance Manual Holders		

This change updates the income guidelines that are based on the Federal Poverty Level.

The ES-MCAT-1 and ES-SLIMB-1 are being reprinted. Make copies of the ones attached until you receive a new supply.

The ES-CG-TM-1 and ES-CG-TM-2 are being updated.

The 1997 TRIP income amounts have also been updated.

This change is effective April 1, 1997.

Questions should be directed to the IM Policy Unit in the Office of Family Support.



APPENDIX A - INCOME LIMITS

NUMBER OF PERSONS	100% FPL	120% FPL	133% FPL	150% FPL	185% FPL	200% FPL	300% FPL	C/U PAYMENT	C/U 100% SON	C/U 185% SON	TRIP
1	658	789	875	987	1,217	1,316	1,974	149	581	1,075	504
2	885	1,061	1,176	1,327	1,637			201	786	1,454	746
3	1,111		1,478	1,667	2,056			253	991	1,833	821
4	1,338		1,779	2,007	2,475			312	1,196	2,212	896
5	1,565		2,081	2,347	2,894			360	1,401	2,592	971
6	1,791		2,382	2,687	3,314			413	1,606	2,971	1,046
7	2,018		2,684	3,027	3,733			462	1,811	3,350	1,121
8	2,245		2,985	3,367	4,152			477	2,016	3,729	1,196
9	2,471		3,287	3,707	4,572			477	2,221	4,108	1,271
10	2,698		3,588	4,047	4,991			477	2,426	4,487	1,346

NUMBER OF PERSONS	MAXIMUM COUPON ALLOTMENT	FOOD STAMP GROSS/NET TEST			E & D		MNIL		QMB	SLIMB	SSI MAX	EMER. ASST.	LIEAP
		GROSS	NET	NET	1 Mo.	6 Mos.							
1	120	839	645	1,065	200	1,200	658	659-789	484	355	709		
2	220	1,123	864	1,425	275	1,650	885	886-1,061	726	533	950		
3	315	1,407	1,082	1,785	290	1,740				566	1,190		
4	400	1,690	1,300	2,145	312	1,872				711	1,430		
5	475	1,974	1,519	2,506	360	2,160				819	1,670		
6	570	2,258	1,737	2,866	413	2,478				939	1,910		
7	630	2,542	1,955	3,226	461	2,766				1,046	2,151		
8	720	2,826	2,174	3,586	477	2,862				1,165	2,391		
9	810	3,110	2,392	3,947	527	3,162				1,273	2,631		
10	900	3,394	2,610	4,308	547	3,462				1,394	2,871		

**NURSING HOMES**  
 Min. SMS - \$1,295  
 Max. SMS - \$1,976  
 MAX. FMA/each - \$432  
 OLE - \$175



## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

### \*\*\* SPECIFIED LOW-INCOME MEDICARE BENEFICIARY \*\*\*

The following information is given as a guideline only. In order to determine Medicaid eligibility, an application must be filed with the local Department of Health and Human Resources in the county in which you live.

The Specified Low-Income Medicare Beneficiary or SLIMB program could help you if you have Medicare Part A and have income too high to be eligible for regular Medicaid or Qualified Medicare Beneficiary (QMB) coverage. If you qualify as a SLIMB, you will be eligible to have your Medicare Part B premiums paid for you. This means you could keep the money you now use to pay the Part B premium. This is \$43.80 per month or \$525.60 a year!

Generally, to qualify for the SLIMB program you must:

- be receiving Medicare Part A,
- have monthly income between \$659 and \$789 for one person or between \$885 and \$1,061 for a couple. Income is such things as Social Security, pensions, interest income, etc. NOTE: The Qualified Medicare Beneficiary Program (QMB) covers person's with lower income amounts.
- have assets of not more than \$4,000 for one person or \$6,000 for a couple. Assets are things such as bank accounts (checking, savings, certificates of deposit, Christmas club, etc.), stocks, bonds, cash value of some life insurance policies, property that does not adjoin your home, etc. Your home and adjoining property, one automobile, burial plots, home furnishings, property in which you only have a life interest and personal jewelry are not counted as assets.

If you think you might be eligible as a SLIMB, you should file an application for Medicaid at your county Department of Health and Human Resources office. You do not need to visit the office to file an application. You could request an application to be mailed to you which could then be completed and mailed back to the local Department office.

If you are eligible, remember Medicaid will only pay for the Medicare Part B premium and you will not receive a Medicaid card. You must still pay for other Medicare coinsurance and deductibles and for prescriptions.



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

APPLICATION SCREENING FORM FOR:  
QUALIFIED MEDICARE BENEFICIARIES  
SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES

THIS FORM IS NOT AN APPLICATION FORM. This is only a guide to indicate whether or not you are potentially eligible and to outline the eligibility requirements. The only true way to make sure you are eligible is to fill out form ES-MCAT-2.

Please answer all questions as completely and accurately as you can. If you do not understand a question or have any other concerns, please contact your local Health and Human Resources Office or call toll-free 1-800-642-8589.

YOUR NAME: \_\_\_\_\_  
LAST FIRST MI

YOUR ADDRESS: \_\_\_\_\_  
Route and Box or Number and Street  
\_\_\_\_\_  
City/Town State Zip

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

\* YOUR MEDICARE CLAIM NUMBER: \_\_\_\_\_

\* This is the 9 digit number ending with an alphabetic letter and is shown on your Medicare card under "Health Insurance Claim Number"

1. Are you age 65 or older? YES \_\_\_ NO \_\_\_  
If your answer to question number 1 is "NO", please answer questions numbered 2 and 3. If your answer to number 1 is "YES", skip to question number 4.

2. Have you received Social Security disability benefits for 24 months or longer? YES \_\_\_ NO \_\_\_

3. Are you on maintenance dialysis or have you had a kidney transplant for permanent kidney failure? YES \_\_\_ NO \_\_\_

**STOP!** If you have answered "NO" to all of the 3 questions listed above, you are not eligible as a Qualified Medicare Beneficiary or a Specified Low-Income Medicare Beneficiary. If you answered "YES" to any of these 3 questions, please continue and answer the question listed below.

4. If you are an individual, do you have assets equal to or less than \$4,000? If you are applying as a couple, do you have assets equal to or less than \$6,000? YES \_\_\_ NO \_\_\_