



Social Security Administration, Health 1st Colorado (Medicaid), and Medicare Terms, Acronyms & Information:

SSA – Term is used for retirement benefits. Also used in general to refer to Social Security Administration Programs.

SSI – Supplemental Security Income. A Federal income supplement program designed to help the disabled, blind, or those age 65 or older with limited income and resources under \$2,000. Individuals must apply through their local SSA office. Applicants are screened and must meet SSA medical/disability requirements. SSI receipts can also qualify for Medicaid benefits by virtue of being an SSI recipient.

SSDI – Social Security Disability Insurance: A Federal income supplement program designed to help individuals unable to work due to a notable disability as defined by the Social Security Administration. SSDI is based on a person's work history and Social Security tax pay-in, and is not based on income or resource levels. SSDI is available to eligible workers, a worker's widow, surviving divorced spouse, or adult aged child with disabilities (DAC). Requirements for surviving children with disabilities to be eligible are: be unmarried, age 18 or over, and be disabled prior to age 22.

SSDI-DAC – Social Security Disability Insurance- Disabled Adult Child. An adult with disabilities can receive SSDI benefits based on their parents' contributions to Social Security. Requirements for DAC include: must be 18 yrs or over, unmarried, and be disabled prior to age 22. Additionally an individual's parent(s) must have paid taxes into the Social Security System and parent(s) must be disabled per SSA definition, retired or deceased. Those eligible for DAC benefits will have a "C" attached to their Social Security Number and/or will be issued a new SS card upon becoming eligible for DAC benefits.

Title 1634C –Social Security regulation that protects DAC who begin receiving SSDI benefits based on parent(s) contributions to the Social Security system from losing Medicaid eligibility. Exempts DAC SSDI benefit payments from income and resource considerations.

Pickle Amendment – 1977 amendment to the Social Security Act & Federal law that provides continued Medicaid eligibility to individuals as long as their income and resources, less SSA COLA adjustments, do not exceed current SSI standards. Exempts COLA adjustments in income and resource calculations for individuals found benefit eligible persons after 1977 if such adjustments are the cause of over resource determination.



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Health 1st Colorado use to be known as Medicaid (General) – Health 1st Colorado/Medicaid is a Federal Insurance Program that is regulated by each states laws- benefits for low-income individuals, disabled individuals, or elderly individuals who have either no means to buy medical insurance or have inadequate Medical insurance. Medicaid is always the last payer if individuals have other health insurance also. Medicaid is further separated into 5 different types of Medicaid with different qualifications for each.

SSI Mandatory- Supplemental Security Income Mandatory Medicaid- Mandatory (Medicaid is automatically awarded to any adult or child receiving SSI benefits (if not enrolled in any other Medicaid programs at the time of SSI approval). Receives due to Federal Government already knowing the individual (or family if child) has limited income and limited resources.

MAGI Medicaid-Modified Adjusted Gross Income Medicaid. MAGI Medicaid is part of the Medicaid Expansion and anyone with income less than \$1337 per month in any wages and benefits will qualify. Other individuals may qualify based on income and tax deductions (modify adjusted gross income). A chart of family size vs. income can be found at <http://www.colorado.gov/hcpf> to show further qualifications guidelines.

LTC-Long Term Care Medicaid- Long Term Care Medicaid has both financial and disability eligibility requirements to access because being on Long Term Care Medicaid provides access to further services such as HCBS, PACE, HCA, and a few others. Long Term Care eligibility includes:

- Income limit – Up to 300% of the Social Security Income rate, adjusted annually. For 2018 the 300% rule amount is \$2250.
- Resource limit – \$2,000 for individuals and \$3,000 for couples both on Medicaid LTC.
- Must be 65+, or disabled, or blind.
- OR the applicant must be in a medical institution for 30+ consecutive days (Hospital and/or Nursing Facility), receiving nursing facility level of care in the community for HCBS, or a combination of both.

WADD/Buy-In-Working Adults with Disability Medicaid - Medicaid for adults with Disabilities who work but are over the income limits for LTC Medicaid, SSI Mandatory Medicaid, and MAGI Medicaid. Individuals can buy into Medicaid by paying a sliding scale monthly premium. The Income limit max for WADD Medicaid is 450% Federal Poverty rate. For 2018 the 450% rule amount is: \$4523. Individual most also meet Federal Disability requirements either from the Social Security Administration or Arbor Review Group



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determination. Chart showing sliding scale premium amounts can be found at www.colorado.gov/hcpf/MedicaidBuyInPrograms
(As of November 2017-Medicaid Buy-In is an option for SLS Waiver)

Medicaid Buy-In for Children with Disabilities- Medicaid for children with disabilities under the age of 19 whose adjusted family income vs. family size is less than the 300% Federal Poverty Level. Child will receive the Medicaid benefits but family will have to pay a sliding scale premium. Chart showing sliding scale premium amounts can be found at www.colorado.gov/hcpf/MedicaidBuyInPrograms

Medicare – Health insurance Program for people over 65, people receiving SSDI benefits, or persons with end-stage renal disease. Individuals on SSDI will start receiving Medicare Benefits 24 months after being approved for SSDI. After 18 months of receiving SSDI Benefits Medicare applications for all parts is disturbed from Social Security to individual or family to fill out. There are 4 parts to Medicare:

- **Part A - Hospital Insurance.** Individual receives this by contributions to Social Security taxes. Monthly premium may apply. Premium free for individuals who have worked for a total of ten years or more. May receive it based on parental or spouse work history.
- **Part B – Medical Insurance** that helps pay outpatient medical care. A portion of Part B is paid by monthly premium. Will pay 80% of allowed benefit/services. Low income subsidy available to help with premium costs.
- **Part C – Supplement insurance** an individual person may purchase to pay 20% of benefits/services covered by the Part B. Cost per month is variable.
- **Part D – Drug Benefit** Program funded by the Federal Government. Medicare eligible individuals must enroll in Part D program in order to have prescription medications filled at a discounted price. If individual has Medicaid or Medicare Savings Program individual will also qualify for Extra Help-Extra Help program pay's financial assistance or the ability to enroll into a \$0 co-pay \$0 deductible Part D plan.

Medicaid Savings Programs have different levels of coverage based on income and assets.

(Please note that any individual also enrolled into Medicaid and a Waiver (SLS Waiver or DD Waiver) would be considered DUAL Eligible and would receive BOTH Medicare and Medicaid along with qualifying for one of the Medicare Savings Programs listed below. Any bills or expenses not paid by Medicare and Medicare Savings Program does not cover will then be billed to Medicaid, Medicaid will pay to it's limit for any covered service-if not covered by Medicaid either will be individual responsibility)



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QMB- Qualified Medicare Beneficiary- will provide assistance with paying for Part A, B, and D premiums. Will pay Part B deductibles and/or coinsurance. To qualify income limit of **\$1032** or **\$1392** for married couple, resource limit of **\$7560** or **\$11340** married **(however, please remember if in Medicaid and enrolled in waiver resource limit still may not exceed \$2000)**

SLMB-Specified Low Income Medicare Beneficiary- pays part B premiums but not deductibles or coinsurance or co-pays. To qualify income limit of **\$1234** or **\$1666** for married couple, resource limit of **\$7560** or **\$11340** married couple **(however, please remember if in Medicaid and enrolled in waiver resource limit still may not exceed \$2000)**

QI-1-Qualified Individual- pays part B premiums but not deductibles or coinsurance or co-pays. To qualify income limit of **\$1386** or **\$1872** for married couple, resource limit of **\$7560** or **\$11340** married couple **(however, please remember if in Medicaid and enrolled in waiver resource limit still may not exceed \$2000)**

QDWI- Will pay for Part A premiums **only** when free Part A premium has ended due to an individual going back to work. To qualify individual must be disabled under 65 and meet the income limit of **\$4132** or **\$5572** married couple and resource limit **\$4000**, married couple **\$6000**, **(however, please remember if in Medicaid and enrolled in waiver resource limit still may not exceed \$2000.)**

Dual eligibility reminder: Medicaid is always the last payer, this means if an individual also has Medicare, Medicare will pay 1st then Medicaid will be billed after Medicare has processed their piece. If an individual does not have Medicare but does have private health insurance (Third Party Liability) example: United Health then United Health would be billed 1st, then Medicaid.

RRR- Redetermination- All individuals who receive Medicaid must complete a yearly Redetermination. Redeterminations could be for Food Assistance or Medical assistance

Verification of Income: County needs to verify any income for an individual both earned and un-earned. Social Security benefits and wages

Verification of Resources: County needs to verify financial resources including all bank accounts with individuals name on it. This also includes any special needs trusts, burial plans, life insurance policies, ABLE accounts etc. The county will need to verify countable vs. non-countable resources.

Verification of Expenses: County is requiring proof (bills or receipts) of expenses. Any expenses listed on the RRR such as XCEL, Rent, Phone, etc copies of paid receipts or last months bill should be provided



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