



Explanations of terminology used for Social Security, Health First Colorado/Medicaid, and Medicare

Social Security Administration (SSA) - This term is used generally to refer to the Social Security Administration programs. This term is commonly used to refer to retirement benefits.

Supplemental Security Income (SSI) – SSI is a federal program that provides supplemental income 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 recipients are automatically enrolled in Medicaid if they are under 65.

Social Security Disability Insurance (SSDI) - SSDI is a federal program that provides supplemental income for individuals who are 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 contribution and is not based on income or resource levels. SSDI is available to eligible workers, a worker’s widow, surviving divorced spouse, or Disabled Adult Child (DAC). Requirements for surviving children with disabilities to be eligible are: be unmarried, age 18 or over, and be disabled prior to age 22.

Social Security Disability Insurance- Disabled Adult Child (SSDI-DAC) – SSDI-DAC is a program that allows an adult with disabilities to receive SSDI benefits based on their parents’ contributions to Social Security. Requirements for DAC include: the applicant must be 18 years or over, unmarried, and be disabled prior to age 22. Additionally, the 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 –This is a Social Security regulation that protects a Disabled Adult Child (DAC) who receives SSDI benefits from losing Medicaid eligibility. It exempts the DAC-SSDI benefit payments from income and resource considerations.

Pickle Amendment – This is a 1977 amendment to the Social Security Act that provides continued Medicaid eligibility to individuals if their income and resources, not including SSA COLA adjustments, do not exceed current SSI standards. It exempts COLA adjustments to income and resource calculations for individuals found eligible for benefits after 1977, if such adjustments are the cause of being determined ineligible.



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Health 1st Colorado formerly General Medicaid – Health 1st Colorado/Medicaid is a federal health insurance program designed to benefit low-income individuals, disabled individuals, or elderly individuals who have either no means to attain health insurance or are underinsured. Health First is always the payer of *last* resort if an individual has other health insurance. This means that if an individual has Medicare or another private insurance policy then those insurers will pay out first. Medicaid will be billed after all other companies have paid on the claim.

Health First/Medicaid is separated into 5 different types of insurance:

Supplemental Security Income Mandatory Medicaid (SSI Mandatory Medicaid) – In this program, Medicaid is awarded as the result of being automatically awarded to any adult or child receiving SSI benefits, if that person is not enrolled in any other Medicaid program at the time of SSI approval.

Modified Adjusted Gross Income Medicaid (MAGI Medicaid) – This program is open to anyone with income less than \$1337 per month in combined wages and benefits. Married couples and dependents 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.

Long Term Care Medicaid (LTC Medicaid) - Long Term Care Medicaid is a program that provides access to further services such as Home and Community Based Services and Programs for All-inclusive Care for the Elderly. Long Term Care Medicaid has both financial and disability eligibility requirements. Long Term Care eligibility requirements include:

- Income limit – Up to 300% of the Social Security Income rate, adjusted annually.
- Resource limit – \$2,000 for individuals and \$3,000 for couples both on Medicaid LTC.
- Must be 65 or older, or be disabled, or be 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.

Health First/Medicaid Buy-In Program for Working Adults with Disabilities (WAD)– This is a program for adults with disabilities who work and 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 this program is 450% of the Federal Poverty rate. Individuals must also meet Federal disability requirements either from the Social Security Administration or Arbor Review Group. 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- This is a program for children with disabilities under the age of 19 whose adjusted family income vs. family size is less than the 300% Federal Poverty Level. The child will receive Medicaid at no cost, but the family will have to pay a sliding scale premium. A chart showing sliding scale premium amounts can be found at www.colorado.gov/hcpf/MedicaidBuyInPrograms.

Medicare – This is a health insurance program for individuals over 65, individuals receiving SSDI benefits, or individuals with end-stage renal disease. Individuals on SSDI will start receiving Medicare benefits 24 months after having been approved for SSDI. After 18 months of receiving SSDI benefits, Medicare applications for all parts are distributed from Social Security to the individual or family to fill out. There are 4 parts to Medicare:

- **Part A - Hospital Insurance:** This coverage is available to individuals who have paid to Social Security taxes. Monthly premiums may apply, though there is no premium for individuals who have worked for at least ten years. This coverage may be received based on parental or spousal work history.
- **Part B – Medical Insurance:** This coverage is used to help pay for outpatient medical care. A portion of Part B is paid by monthly premium and will cover 80% of allowed benefit/services. A low-income subsidy is available to help with premium costs.
- **Part C – Supplemental insurance:** This coverage can be purchased to pay the remaining 20% of benefits/services not covered by the Part B. Cost per month is variable.
- **Part D – Drug Benefit:** This coverage is available to Medicare recipients and allows prescription medications filled at a discounted price.

If an individual has a Medicaid or Medicare Savings Program, they will also qualify for the Extra Help program. This program provides 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.

- **Qualified Medicare Beneficiary (QMB)** - This program assists with paying for Part A, B, and D premiums. There is also assistance to pay for Part B deductibles and/or coinsurance. The qualifications include income limits of \$1,032 per month for an individual or \$1,392 per month for married couples, and resource limits of \$7,560 for an individual or \$11,340 for married couples. An individual with Medicaid who is enrolled in a waiver program has resource limits of \$2000.



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- **Specified Low Income Medicare Beneficiary (SLMB)** - This program pays for part B premiums, but does not pay for deductibles, coinsurance or co-pays. The qualifications include income limits of \$1,234 for an individual or \$1,666 for married couples, resource limit of \$7,560 or \$11,340 for married couples. An individual with Medicaid who is enrolled in a waiver program has resource limits of \$2000.
- **Qualified Individual (QI)**- This program pays part B premiums, but does not pay for deductibles, coinsurance or co-pays. The qualifications include income limits of \$1,386 for an individual or \$1,872 for married couples, and resource limits of \$7,560 for an individual or \$11,340 for married couples. An individual with Medicaid who is enrolled in a waiver program has resource limits of \$2000.
- **Qualified Working Disabled Individual (QDWI)**- This program pays for Part A premiums if the free Part A premium has ended due to an individual going back to work. The qualifications include a diagnosed disability, under age 65, with income limits of \$4,132 per month for an individual or \$5,572 married couple, and resource limits \$4,000 for an individual and \$6,000 for a married couple. An individual with Medicaid who is enrolled in a waiver program has resource limits of \$2,000.

Dual eligibility reminder:

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.