

DIVISION OF MEDICAID

RB291

NOTICE OF APPROVAL OF RETROACTIVE SSI-RELATED MEDICAID

ID#:

SSN:

SSI APPLICATION DATE:

The Division of Medicaid has been informed by the Social Security Administration that you were eligible for Supplemental Security Income (SSI) in the past. Individuals who are eligible for SSI are also eligible for Medicaid. Your eligibility for SSI Medicaid begins (date) _____ and ends _____. You will not receive a Medicaid card for this prior period so you will need to show this notice to any providers of medical services, such as doctors or hospitals, if you have medical bills from this period of time. Your Medicaid ID# for this period is shown above.

If you have medical bills in the three months prior to your application for SSI, notify the regional office shown below and show them this letter to verify receipt of medical assistance. If you are found eligible for medical assistance during any of those three months, some or all of your medical bills may be paid.

Medicaid Regional Office

Telephone Number

Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have Part A Medicare Hospital Insurance and your income does not exceed \$953 for an individual/\$1265 for a couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses only for this coverage group.
2. You have Part A Medicare your income does not exceed \$1269 for an individual/\$1690 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage.
3. You are a disabled child age 18 or under and receiving medical care at home that would be provided in a medical institution.

4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below \$2,022 per month. Your resources must not exceed \$4000 for an individual.
5. You were terminated from SSI for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. a cost-of-living increase in Social Security.
 - b. entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. entitlement to Social Security widow(er) benefits for those between age 50-65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your total monthly earned income is less than \$4,579 for an individual and \$6,137 for a couple and your total unearned income is less than \$1,269 for an individual and \$1,690 for a couple. Resources can not exceed \$24,000 for an individual and \$26,000 for a couple.
7. You are disabled and not eligible for Medicare. Your income must not exceed \$1,269 for an individual/\$1,690 for a couple. Your resources must not exceed \$4000 for an individual and \$6000 for a couple.
8. You are a pregnant woman.

If you believe that you may be eligible under one of the groups described above, you should contact:

Medicaid Regional Office Telephone Number
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within thirty (30) days for a redetermination of eligibility.