

NOTICE OF SSI TERMINATION OF MEDICAID

CLIENT'S NAME/ADDRESS:

ID#:

SSN:

- I. The Division of Medicaid has been notified by the Social Security Administration that your Supplemental Security Income (SSI) payment has been terminated or suspended. Since the receipt of SSI was the basis of your entitlement to Medicaid, your Medicaid benefits will be terminated effective _____ (Date).

If you disagree with the decision made to terminate your SSI check and Medicaid, you should immediately contact your local Social Security Office in _____ (town) as directed in the Supplemental Security Income notice of change which you recently received.

- II. 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:
1. You have Part A Medicare Hospital Insurance and your income does not exceed \$848 for an individual/\$1120 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 and your income does not exceed \$1127 for an individual/\$1494 for a couple. **Medicaid will pay your Medicare Part B premiums only under this coverage group.** There is no resource test for this coverage group.
 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 \$1737 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 \$4053 for an individual and \$5411 for a couple and your total unearned income is less than \$1127 for an individual and \$1494 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 \$1127 for an individual/\$1494 for a couple. Your resources must not exceed \$4,000 for an individual and \$6,000 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 ten (10) days for a redetermination of your eligibility.

FOR AGED AND DISABLED ONLY

If you believe that you would continue to be eligible for Medicaid under one of the Medicaid groups described above, complete the attached SSI Redetermination Form and take or mail it in to the Medicaid Regional Office shown above within 10 days.