

Contents:

Purpose/Disclosure..... 2

PART 1: HEALTH FIRST COLORADO 2

Communication with Health First Colorado/Medicaid—Tips and Tricks 2

What is Health First Colorado/Long Term Care (LTC) Medicaid? 3

Health First Colorado/Medicaid Contacts--Department of Human Services by County 3

Financial Requirements of Health First Colorado/Long Term Care (LTC) Medicaid 4

Health First Colorado Medicaid Buy-in 5

Disability Requirements of Health First Colorado/Long Term Care (LTC) Medicaid 5

Annual Health First Colorado/LTC Medicaid Re-Determinations..... 6

Sheltering Excess Resources/Assets: Special Needs Trust..... 7

 How to submit a trust..... 8

 Important Contacts:..... 9

Sheltering Excess Resources/Assets: Achieving a Better Life Experience (ABLE)..... 9

Frequently Asked Questions about Health First Colorado/Medicaid 10

Medicaid Disability Application..... 15

Other Health First Colorado/Medicaid Information 15

PART 2: SOCIAL SECURITY 17

Social Security Contacts 17

Frequently Asked Questions about Social Security Benefits 18

Work Subsidies and Special Conditions..... 22

Other-- Tax Resources for Individuals with Disabilities 24

Other—Medicare 24

Purpose/Disclosure

This guide was developed as a tool for the individuals that we serve and their caregivers/families/providers to help navigate various Health First Colorado Medicaid mail items, to provide various contacts for Health First Colorado Medicaid, and to answer some frequently asked questions about Health First Colorado Medicaid; as well as to provide contacts and answers to frequently asked questions about Social Security benefits.

This guide is not meant to replace direct assistance from Health First Colorado and/or The Social Security Administration.

***Note--Colorado Medicaid is Health First Colorado.** Medicaid and Health First Colorado will be used interchangeably throughout this guide.

PART 1: HEALTH FIRST COLORADO

Communication with Health First Colorado/Medicaid—Tips and Tricks

- Explain that the individual is on a **Long Term Care Medicaid Waiver (LTC)**. You can even name the waiver/program that they are currently enrolled into.
- If the individual has lost LTC Medicaid, and you are trying to find out why, you will want to mention to the customer service representative that they were on a waiver and you are trying to get them back on it.
- It is strongly suggested that when calling your Department of Human Services that you **ask to speak with a representative from the Long Term Care team**. That may mean that they will have to call you back.
- **It is strongly suggested that you contact your local Medicaid office if you receive Medicaid mail that you do not understand.**
- It is strongly suggested that you keep track of the names of the Medicaid representatives you speak with and report any issues to your case manager at Developmental Pathways. We are partnering with the counties/Medicaid to provide the best customer service possible and want to provide feedback to them when we can. We are all invested in providing top-notch customer service!
- If you receive a denial notice from Medicaid, we suggest you call the Medicaid office listed on the denial paperwork to speak directly with them about the denial. **You are then encouraged to file an appeal.** Information on how to appeal is in the denial paperwork.
- Some counties/Medicaid have a call-back option so you don't have to sit on hold. You can leave your call back number. Please be advised that when the person from Medicaid calls back, they will only leave a message if:
 - a. It is clear on the voicemail who the phone number belongs to.
 - b. The person has given Medicaid permission to leave a message at that number.
- If an individual is unable to speak with a Medicaid representative and needs to appoint someone else to speak on their behalf, you have a few options to communicate this to Medicaid.
 - You can fill out a [Personal Representative form](#) and submit it to Medicaid. For Case Managers, the form is linked to this page. Those outside of DP will need to request it from the case manager or a county representative.
 - You can write an informal letter to the county stating who has permission to speak on the individual's behalf and have the individual sign the letter. This can then be faxed to Medicaid.

- When filling out a Medicaid application, you can complete the form and submit it with the application.
- While talking to the call center representative, ask the individual to give verbal permission for the caller (parent, PASA representative, etc) to speak on their behalf.
- If you are having **technical issues** with **PEAK** or have questions about how to navigate the PEAK site, **please contact PEAK customer support**. The number and link are available on the PEAK site. They are not able to assist with Medicaid issues.

What is Health First Colorado/Long Term Care (LTC) Medicaid?

- An individual who is enrolled into any Home and Community Based Service (HCBS) waiver is on a Long Term Care (LTC) Medicaid waiver. The following waivers are all LTC Medicaid waiver programs administered by Developmental Pathways:
 - Children's Extensive Support Waiver (HCBS-CES or CES)
 - Supported Living Services Waiver (HCBS-SLS or SLS)
 - Waiver for Persons with Developmental Disabilities (HCBS-DD or DD; also known as Comprehensive Services)
 - Children's Habilitation Residential Program Waiver (HCBS-CHRP or CHRP)
- For a full list of programs, services, and benefits available through Health First Colorado, please go to: <https://www.healthfirstcolorado.com/benefits-services/>
- For a full list of LTC programs available through Health First Colorado, please go to: <https://www.colorado.gov/hcpf/long-term-services-and-supports-programs>
- An individual on an LTC Medicaid waiver will be able to access all benefits available with Health First Colorado (state Medicaid), as well as the services chosen on the Service Plan to utilize through the waiver.
- If the individual had another type of Medicaid program through Health First Colorado Medicaid prior to their enrollment onto the waiver, they will start to have LTC Medicaid as soon as waiver services begin. This is a switch that we (DP) will notify the Medicaid about. You do not need to contact them about this.

Health First Colorado/Medicaid Contacts--Department of Human Services by County

Department of Human Services	Contact Information
Adams County 11860 Pecos St. Westminster, CO 80234	Phone: 720-523-2000 Fax: 720-523-2158 Email: ltcunit@adcogov.org Note: This county does not accept documents emailed to them. Web: http://www.adcogov.org/human-services-center-resources
Arapahoe County (2 locations) (1) 14980 E Alameda Dr, #007 Aurora, CO 80012 (2) 1690 W Littleton Blvd, #123 Littleton, CO 80120	Phone: 303-636-1170 Fax: 303-734-4301 Email: HSCSSCC@arapahoegov.com (PROVIDER USE ONLY) Web: https://www.arapahoegov.com/1906/ArapaSOURCE
Denver County 1200 Federal Blvd Denver, CO 80204	Phone: 720-944-3666 Fax: 720-944-3094 Email: DenverDHS@denvergov.org Web: www.denvergov.org/humanservices Note: This county does not accept documents faxed to them.
Douglas County 4400 Castleton Ct.	Phone: 303-688-4825 Fax: 877-285-8988

Castle Rock, CO 80109	Web: https://www.douglas.co.us/
Jefferson County 900 Jefferson County Pkwy Human Services Building Golden, CO 80401	Phone: 303-271-4707 Fax: 303-271-4805
Colorado Medical Assistance Program (CMAP)/Denver Health	Phone: 1-800-359-1991 Fax: 303-602-7637 Email: EEMAPClient@dhha.org Web: https://www.denverhealth.org/patients-visitors/billing-insurance/enrollment-services
Connect for Health Colorado (C4H)	Phone: 855-752-6749 Fax: 855-346-5175 Email: countypartners@c4hco.com Web: https://connectforhealthco.com/

Financial Requirements of Health First Colorado/Long Term Care (LTC) Medicaid

- Individuals enrolled into LTC programs must maintain LTC Medicaid eligibility in order to continue with waiver services.
 - **HCBS-CES Financial Requirements:** <https://www.colorado.gov/hcpf/childrens-extensive-support-waiver-ces>
 - Children must meet the Health First Colorado financial determination for Long-Term Services and Supports eligibility. Financial determination requirements are outlined in the Colorado Code of Regulations [10 CCR 2505-10, Section 8.100](#).
 - **HCBS-SLS Financial Requirements:** <https://www.colorado.gov/hcpf/supported-living-services-waiver-sls>
 - Your income must be less than three times the current Federal Supplemental Security Income (SSI) limit per month. (See [SSI website](#); <https://www.ssa.gov/OACT/COLA/SSI.html> for current information)
 - For a single person, their countable resources must be less than \$2,000 and for a couple it must be less than \$3,000.
 - If you do not meet these financial requirements, you may be eligible through the [Health First Colorado Buy-In Program for Working Adults with Disabilities](#).
 - **HCBS-DD Financial Requirements:** <https://www.colorado.gov/pacific/hcpf/developmental-disabilities-waiver-dd>
 - Your income must be less than three times the current Federal Supplemental Security Income (SSI) limit per month. (See [SSI website](#); <https://www.ssa.gov/OACT/COLA/SSI.html> for current information)
 - For a single person, countable resources must be less than \$2,000.
 - For a couple, countable resources must be less than \$3,000.
 - **HCBS-CHRP Financial Requirements:** <https://www.colorado.gov/pacific/hcpf/childrens-habilitation-residential-program-waiver-chrp>

- Children must meet the Health First Colorado financial determination for Long-Term Services and Supports eligibility. Financial determination requirements are outlined in the Colorado Code of Regulations
[10 CCR 2505-10, Section 8.100.](#)

Health First Colorado Medicaid Buy-in

- Health First Colorado Buy-in Program for Working Adults with Disabilities
 - The Health First Colorado Buy-In Program for Working Adults with Disabilities lets adults with a disability who qualify to "buy-into" Health First Colorado (Colorado's Medicaid Program). If you work and earn too much to qualify for Health First Colorado you may qualify. If you qualify, you pay a monthly premium. Your monthly premium is based on your gross monthly earned and unearned income after any applicable disregards.
 - You must be between 16 and 64 years old.
 - You must be employed.
 - You must have a qualifying disability. The [Social Security Administration \(SSA\) listings](#) (<https://www.ssa.gov/disability/professionals/bluebook/>) describes what disabilities qualify, and
 - Your income after disregards must be below 450% of the Federal Poverty Level (FPL).
 - You will get regular [Health First Colorado benefits](#) (<https://www.healthfirstcolorado.com/benefits-services/>). You may also qualify for extra long-term services and supports. These additional services are accessed through the following Home and Community Based Services (HCBS) waivers:

[Brain Injury Waiver:](#)

<https://www.colorado.gov/hcpf/brain-injury-waiver-bi>

[Community Mental Health Supports Waiver:](#)

<https://www.colorado.gov/hcpf/community-mental-health-supports-waiver-cmhs>

[Elderly, Blind and Disabled Waiver:](#)

<https://www.colorado.gov/hcpf/elderly-blind-disabled-waiver-ebd>

[Spinal Cord Injury Waiver](#)

<https://www.colorado.gov/hcpf/spinal-cord-injury-waiver>

[Supported Living Services Waiver](#)

<https://www.colorado.gov/hcpf/supported-living-services-waiver-sls>

Disability Requirements of Health First Colorado/Long Term Care (LTC) Medicaid

- An individual must meet the Federal Social Security Administration's definition of disability to qualify for LTC Medicaid.
- **Social Security's definition of a disability for adults:** "The law defines **disability** as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months."
- **Social Security's definition of a disability for children:** We consider a child disabled if:
 - The child has a physical or mental impairment (or combination of impairments)
 - That causes marked and severe functional limitations;
 - And has lasted or is expected to last for at least 12 consecutive months, or to result in death;
 - The child is not working at a job and/or isn't able to engage in substantial gainful activity (SGA)

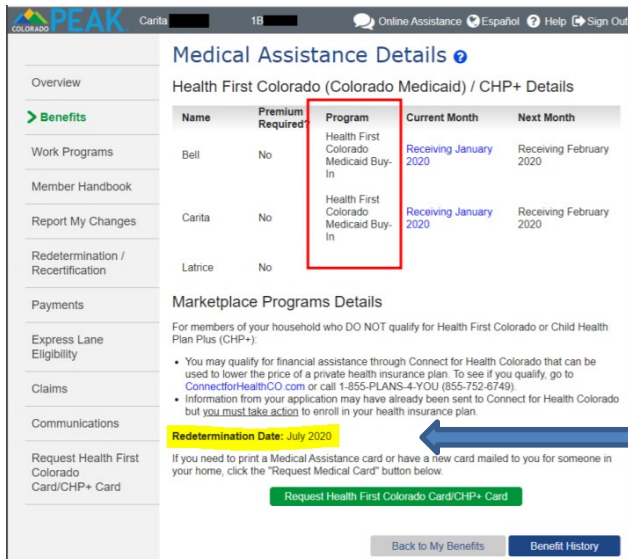
- Health First Colorado encourages Medicaid recipients to apply for all government assistance programs that they may qualify for. Health First Colorado wants to always be the payer of last resort.
- There are two paths you can take to get this disability determination.
 1. Apply for Social Security benefits—SSI and/or SSDI
 2. Complete a Medicaid disability application. More information about this application can be found later in this guide. Note that this option does not come with a cash payment.

*We recommend completing the Medicaid Disability application and then applying for SSI, if you would like to do so.

Application Completed	Entity	Application Reviewer	Disability definition	Timeframe	Monetary Benefit
Medicaid Disability Application	Health First Colorado Medicaid	Action Review Group (Arbor/ARG)	Definition put out by SSA	Up to 90 days	None
Social Security Application	Social Security Administration	Disability Determination Services (DDS)	Definition put out by SSA	Approximately 2-4 months	Maximum SSI amount for that year. (Amount awarded is dependent on earned and unearned income, as well as expenses reported.)

Annual Health First Colorado/LTC Medicaid Re-Determinations

- **TIP: Want to know what month your redetermination is? Log onto the PEAK site and scroll to the “Benefits” page.**
- You can complete the redetermination on the PEAK site, if you wish!



- Every year, Medicaid recipients have to be re-determined eligible for Medicaid, to make sure that they still qualify financially. **Medicaid Re-determination paperwork is a required step for continued eligibility for any LTC Medicaid program** (such as CES, CHRP, DD, or SLS).
- All Medicaid mail will be sent to the individual’s home address and/or to the designated mailing address on file or emailed via the PEAK site. It will depend on what you asked for when you completed the Medicaid application or

when you provided updates to the county. If you are unsure of where your Medicaid mail is being sent, you can always log onto the PEAK site to check what mailing address Health First Colorado has on file for you.

- **Medicaid re-determination paperwork should never be ignored.** It should be completed and returned to Medicaid as close to the due date as possible, but no later than the last day of the month. For example, if the paperwork is due on August 5th, the paperwork should be returned to the county as close to the beginning of August as possible, but no later than the last day of August.
- Individuals should submit **current financial statements** with their yearly re-determination paperwork, as applicable. It is advised that all financial documents be submitted to Medicaid even if you are not asked specifically for them.
- **Examples of verifications include**, but are not limited to:
 - Current trust account statement
 - Current bank account statement for all open accounts (including joint accounts)
 - Current Direct Express statement or ATM receipt showing current balance
 - Proof of a closed bank account (if closed within the last year)
 - Life Insurance Policy statement showing the current cash value
 - Statement showing the current value of stocks and/or bonds
 - Personal Needs Account (PNA) statement through a residential agency
 - Current ABLE account statement
 - Marriage license (if newly married)
 - Pay stub/statements for all current jobs, showing GROSS amount earned
- Important things to note about any **bank/financial statement** submitted with the redetermination paperwork:
 - **ALL pages of the statement** should be submitted to Medicaid, even if they seem irrelevant.
 - It must be clear on the statement what the **account number** is and who the **account holder(s)** is/are.
 - If the individual's SSI or SSDI is deposited into an account that their name is NOT on, then the county may ask to see a copy of that statement as well, to see where the Social Security money is going.
 - If the individual's account shows a direct transfer to another account over \$500, then the county may ask to see a statement for the other account and may ask for an explanation of what the money was for.
- **Medicaid re-determinations can be returned to the county in one of the following ways:**
 - **In person** at Medicaid—It is suggested that you ask for a receipt and make a copy of the paperwork before it is submitted.
 - **Mailed** to Medicaid—It is suggested that you make a copy of the paperwork before it is submitted. Address it to the LTC Medicaid Team.
 - **Faxed** to the county's/Medicaid LTC Medicaid team. Be sure to include the individual's Medicaid ID #, full name, and case # on the cover sheet.
 - Via the **PEAK site**.
- Once the county/Medicaid receives the paperwork, it can take them several weeks to review the paperwork and make a determination about the individual's Medicaid.
- **If the individual receives a notice that shows a denial for LTC Medicaid, we suggest that you reach out to your local Department of Human Services with any issues/questions about eligibility.**
- **If the individual receives a "verification request" asking for more financial information, we suggest the additional documentation is submitted promptly to Medicaid.**

Sheltering Excess Resources/Assets: Special Needs Trust

(Please note: we are not experts in trusts and highly recommend that you seek professional advice from an attorney who specializes in trusts.)

- A Special Needs Trust shelters assets (resources) so an individual may qualify for SSI and/or Medicaid.
- The items for which the money in the trust can be spent on are clearly specified by Medicaid.
- There are 2 types of trusts—an individual trust and a pooled trust. Most people who are part of a pooled trust have it with CFPD—Colorado Fund for People with Disabilities.
- It is our understanding from the Medicaid personnel we have consulted with that **all individual trusts, whether funded or non-funded, must be submitted to the Department of Health Care Policy and Financing (HCPF) for review.** Trusts are usually submitted by the attorney who wrote the trust. **It is best for a complete trust to be submitted to both the county eligibility site (Medicaid office) and to HCPF. HCPF will then provide an opinion letter as to the effect of the trust on the individual’s Medicaid eligibility.**
- The Social Security Administration has its own review process of Trusts.

Medicaid regulations require that if a Medicaid applicant/client or their spouse has transferred assets into a trust **or is a beneficiary of a trust**, the trust document shall be submitted to the Department to determine the effect of the trust on Medical Assistance eligibility. 10 C.C.R. 2505-10, Section 8.100.7.E.7.a.

- It is advised that when setting up a special needs trust, an individual use an attorney who is well versed in the requirements and special format of this type of trust.
- Currently, it is taking between 1 and 3 months for HCPF to review trusts. However, that could fluctuate in either direction.
- Only complete trusts will be reviewed. They will **not** accept trust summaries, often called Abstract of Trust or Certificate of Trust.
- The expenditures are reported on a yearly basis at the time of Medicaid re-determination.
- It is recommended that any individual who may be getting a lump sum at any time (inheritance money, settlement money, SSI/SSDI back pay) should set up a trust and/or ABL account.

How to submit a trust

→IF YOU DON’T ALREADY HAVE MEDICAID

Note: The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF.

Option 1: Submit the trust to your local Department of Human Services or Medicaid Application Assistance Site, with the completed Health First Colorado Medicaid application. Ask that a copy of the trust be forwarded to HCPF.

Option 2: Submit the trust to your local Department of Human Services or Medicaid Application Assistance Site, with the completed Health First Colorado Medicaid application and submit a copy of the trust to HCPF.

→IF YOU ALREADY HAVE MEDICAID IN PLACE

Note: The attorney who created the trust can submit it on your behalf to both Medicaid and HCPF.

Option 1: You can submit the trust to your local Department of Human Services and HCPF.

Option 2: You can submit the trust to your local Department of Human Services and ask that they forward a copy to the trust department at HCPF.

A **cover letter** should include the following information: the individual’s full name, contact information, and Medicaid ID (if applicable).

- Trusts can be faxed, emailed, mailed, or hand delivered to HCPF.
- Trusts can be faxed, mailed, or hand delivered to your local Department of Human Services.
- If the individual does not have Medicaid yet, note that you are submitting this trust with the expectation that they will have Medicaid in the future.

If extra support is needed, please contact your case manager at Developmental Pathways.

Important Contacts:

Medicaid Trust Department with Health Care Policy and Financing (HCPF):

Email: Medicaid.trusts@state.co.us

Fax #: 303-866-3552.

Address: HCPF Trust Unit, 1570 Grant Street, Denver, CO 80203

NOTE: We do not have a direct phone number for the trust department at HCPF.

Colorado Fund for People with Disabilities (CFPD):

Phone: 303-733-2867

Web: <http://www.cfpdtrust.org/>

Sheltering Excess Resources/Assets: Achieving a Better Life Experience (ABLE)

(It is highly recommended that you seek expertise from a certified financial planner when looking into the possibility of setting up an ABLE account.)

What is it?

The Stephen Beck, Jr. Achieving a Better Life Experience (ABLE) Act (PL 113-295) amends the federal tax code to add Section 529A in order to:

- Create a new option for eligible people with disabilities, to save money in a tax-exempt account, that may be used for qualified disability expenses, while still keeping their eligibility for federal public benefits.

Eligibility Requirements:

Individuals must meet two requirements—

- Age requirement—the individual must have been determined disabled before the age of 26; AND
- Severity of disability--
 - Have been determined to meet the disability requirements for Supplemental Security Income (SSI) or Social Security Disability benefits (Title XVI or Title II of the Social Security Act) and are receiving those benefits, **OR**
 - Submit a “disability certification” assuring that the individual holds documentation of a physician’s diagnosis and signature, and confirming that the individual meets the functional disability criteria in the ABLE Act (related to the severity of disability described in Title XI or Title II of the Social Security Act).

Basic Characteristics:

- An eligible individual is not obligated to enroll in their state of residence.
- The ABLE Account is known as the 529A account. It is mirrored after the 529 College Savings Account.
- The money in a 529 College Savings Account can be directly rolled into an ABLE account. (Inquire about additional fees.) The funds rolled over from the 529 college savings account to an ABLE account are subject to the annual contribution limit and thus capped at \$15,000 for any given tax year (provided that no other contributions into the account have been made during that tax year).
- You can only have one ABLE account.
- Each state has its own maximum account limit. The limit in Colorado is \$400,000.
- The “Designated Beneficiary” is the account owner (although another person such as a parent, guardian, or person with power of attorney may be allowed signature authority over the account).

- Funds in the account may be used for “qualified disability related expenses”
- Multiple individuals may contribute to an individual’s ABLÉ account.
- The maximum contribution amount to an ABLÉ account each year is \$15,000.
- For SSI recipients only--Once the ABLÉ account exceeds \$100,000, the SSI will be “suspended” until the balance is back below \$100,000. **This WILL NOT affect Medicaid if SSI is suspended for this reason.**
- There is a Medicaid pay-back amendment that must be understood. If there is money left in the ABLÉ account upon the death of the beneficiary, after expenses are paid (burial & funeral, outstanding qualified disability expenses), Medicaid can ask for the remaining money. The state must create a claim to get the money back. Medicaid is only able to recover money going back to when the ABLÉ Account was set up.

An expense is “qualified” if:

- You incurred the expense at a time you were considered an “Eligible Individual;”
- The expense relates to your blindness or disability; and
- The expense helps you maintain or improve your health, independence or quality of life.

Each person is unique and the needs of individuals can vary depending on the disability, circumstances and specific treatment. ABLÉ accounts can help pay for expenses related to maintaining the health, independence and quality of life for people with disabilities.

Some examples:

- | | |
|---|---|
| Basic Living Expenses | Health and Wellness |
| Housing | Financial Management |
| Transportation | Education and Training |
| Assistive Technology and related services | Employment training and support |
| Funeral and burial | Other expenses approved by the Secretary of the U.S. Treasury |

Important Links:

- **ABLE National Resource Center:** <http://www.ablenrc.org/>
- **Colorado ABLÉ:** <http://www.coloradoable.org/>
- **Colorado ABLÉ, FAQs:** <https://www.coloradoable.org/faqs/>
- **Basic Information about ABLÉ accounts:** <http://www.ablenrc.org/about/what-are-able-accounts>
- **Becoming ABLÉ ready:** <http://ablenrc.org/about/becoming-able-ready>
- **Debunking ABLÉ Myths:** <http://www.ablenrc.org/about/debunking-able-myths>
- **Special Needs Alliance:** <http://www.specialneedsalliance.org/>
- **Shop the states to choose the BEST ABLÉ Program for you:** http://www.ablenrc.org/state_compare/
- **Webinars:** <http://www.ablenrc.org/webinars>

If you have additional questions about Colorado ABLÉ, please reach out to:

- **Mike Keglovits, CollegeInvest:** mkeglvits@collegeinvest.org; 303-376-8833

Frequently Asked Questions about Health First Colorado/Medicaid

1. How do I get a new Health First Colorado Medicaid card?

- The individual/guardian/rep payee can contact their local Department of Human Services or Medicaid Customer Service to request a new card. (See page 2 for phone numbers)

- You can also create an account on the Colorado PEAK website and **print a card**. To log onto the PEAK site, you will need the individual's case number in addition to their Medicaid ID #. All case numbers start with "1B" and are listed on Medicaid paperwork.

2. How long until I will get a Health First Colorado/Medicaid card after my Medicaid is activated?

Medicaid cards are mailed out in batches to first time Health First Colorado recipients. It can take up to 6-8 weeks to get a new card. It is suggested that individuals print a card from the PEAK system, if one is needed sooner.

3. What changes do I need to report to Health First Colorado?

Individuals getting Medicaid are required to **report all changes to the Department of Human Services** within 10 days of the change.

- Possible changes include, but are not limited to: address updates; marital status; name change; employment change; household member change.

4. How do I report changes to Health First Colorado?

These changes can be reported in one of the following ways:

- Call Medicaid Customer Service at 1-800-221-3943 (1-800-659-2656-hearing impaired).
- Call your local Department of Human Services (see list on pages 3-4) or go to the office in person.
- Log onto the PEAK site and make the changes directly on there.
- **An important note about address updates:** When a individual's residential address is different from their mailing address for Medicaid, it is very important that when an address is updated, the distinction is made between the two.

5. Where can I find my case # with Medicaid?

The case # is the number that starts with "1B" that appears on all Medicaid paperwork. All members of the same household will be attached to the same case.

6. I received a bill for Health First Colorado/Medicaid Buy-in. Why did I get this and what should I do with it?

- Please reach out to contact listed on the Buy-in paperwork if you have questions about this program and why you received bill for it.
- There are two types of Health First Colorado Buy-in programs.
 1. Health First Colorado Buy-In Program for Working Adults with Disabilities
 2. Health First Colorado Buy-In for Children with Disabilities

For information on both programs: <https://www.colorado.gov/pacific/hcpf/medicaidbuyinprograms>

- **Possible reasons for the switch:**

1. All requested verification documents were not submitted with the yearly re-determination to the county.
2. The individual is over the asset/resource limit for LTC Medicaid.
3. The individual is over the income limit for LTC Medicaid.

- **Steps to take:**

1. We strongly suggest that you contact your local Department of Human Services to ask them the reason for the switch in Medicaid.
2. If you are unable to get the help that you need by calling the county, then please reach out to your case manager at Developmental Pathways.

**Providers may experience billing denials while you are working to get the LTC Medicaid back in place.

7. I need to request reimbursement for payments I made for Medicaid Buy-in after the individual was approved for LTC Medicaid. Who should I contact?

Option 1: Reach out to the Colorado Medical Assistance Program.

Option 2: Reach out to your case manager with Developmental Pathways, who will then have a member of the Benefits team contact the Colorado Medical Assistance Program on your behalf.

Contact Information: Parent/Individual phone line: 800-359-1991; email: emapclient@dhha.org

**Be prepared to provide the name, Medicaid ID or Case #, and the individual's social security number when you call. Emails can be sent encrypted, for privacy purposes.

8. I received a Health First Colorado/Medicaid Verification Checklist. What is this?

A verification checklist contains a list of documents that Health First Colorado Medicaid needs from the individual, in order to check to see that they continue to maintain financial and disability eligibility for LTC Medicaid. If received, the individual must **submit the requested document(s) back to the county by the due date given**. If there are questions about the verifications being asked for, please contact Medicaid as soon as possible.

➤ **Examples of verifications include**, but are not limited to:

- Current trust account statement
- Current bank account statement for all open accounts (including joint accounts)
- Current Direct Express statement or ATM receipt showing current balance
- Proof of a closed bank account (if closed within the last year)
- Life Insurance Policy statement showing the current cash value
- Statement showing the current value of stocks and/or bonds
- PNA- Personal Needs Account statement through a residential agency
- Current ABLE account statement
- Marriage license (if newly married)
- Pay stub/statements for all current jobs

9. I received a tax refund. Will this impact my Health First Colorado/Medicaid eligibility?

No. A tax refund is considered exempt income and should not affect an individual's Medicaid status.

10. What is HIBI?

The Health Insurance Buy-in Program (HIBI) is a premium assistance program for Medicaid recipients. Monthly payments are given to individuals for all or a portion of the cost of their commercial health insurance premiums, and in some cases, also reimburses for deductibles, coinsurance, and co-pays. **The idea behind it is to encourage individuals to keep their private health insurance in addition to having Medicaid.** That will make Medicaid truly the payer of last resort.

For more information, visit: <http://www.mycohibi.com/>

11. What is The Adult Financial Program?

There are a few different programs that fall under Adult Financial: Home Care Allowance (HCA); Aid to the Needy Disabled (AND); Aid to Blind (AB); Aid to the Needy Disabled /Blind Colorado Supplement (AND-CS); Old Age Pension (60 and older); Burial Assistance. For more information about these programs, please go to:

https://coloradopeak.secure.force.com/resource/1427500102000/StaticPdfs_StaffAids/StaffAids_Pdfs/ProgramOverview_AdultFinancialAssistance.pdf

12. Who qualifies for Aid to the Needy Disabled (AND)?

Aid to the Needy Disabled Program (AND) is an interim assistance program provided by the State of Colorado to people who meet the requirements of need and disability, between the ages of 18 and 59. Claimants prove disability for this program by having a doctor certify that they are unable to work for a period of at least six months. Benefits are paid

under this program only if the claimant has a pending claim for Supplemental Security Income (SSI) disability benefits. Upon receipt of SSI benefits, the claimant reimburses the state for any AND benefits received. If denied by Social Security, they must appeal the denial to continue getting AND. A medical form must accompany the application for AND. This can be obtained from the Department of Human Services.

13. The Individual on the LTC Medicaid waiver is now receiving Medicare (or will be getting Medicare soon). Will this affect their Medicaid benefits?

No. Medicaid is always the payer of last resort, so all items will be billed through private health insurance and Medicare prior to going through Medicaid. This is in regards to all items not billed through the waiver. **Individuals are automatically signed up for Medicare two years from their first SSDI payment.**

14. Who should I contact if I need financial assistance with Funeral Expenses?

Please contact your local Department of Human Services and ask to complete the **burial assistance application**. It is recommended that you bring a copy of the death certificate to the county, in case they ask to see it.

15. Who should I contact if the individual is having trouble with prescription coverage?

It depends on what kind of health insurance coverage the individual has. If they have Medicaid, you will need to contact Medicaid customer service (not the county); if they have Medicare, you'll need to contact Medicare; if they have private health insurance, you'll need to contact that insurance company. If they have multiple insurance carriers, unfortunately, you will need call each carrier separately. Be sure to explain that they have other coverage and ask how the coverage should work with multiple insurance providers.

16. What should I know about Food Benefits?

- Food benefit recipients get a separate food stamp re-determination once a year, in addition to a Food Stamp Change Report that also comes once a year.
- All documents should be completed in a timely manner and returned to the Department of Human Services office that is listed on the paperwork. Pay stubs, rental agreements, and current bank statements should be submitted with the Food Stamp re-determination.
- Individuals receiving food benefits may also get paperwork throughout the year whenever there are changes to their food benefit amount.

17. What is an Income Trust?

An income trust can be created to shelter excess work income if the individual earns more than the monthly income limit for LTC Medicaid.

- Total monthly income cannot be more than three times the current maximum SSI (Social Security Income) amount. For 2020, that is 3 x \$783 or \$2349.
- This includes unearned income from Social Security or other benefits and gross wages.
- If the amount is over the limit, an income trust can be set up to "take" the excess income so that the individual continues to qualify for Medicaid and waiver benefits. Otherwise, the client may no longer qualify for Long Term Care Medicaid.
- Money that goes into an income trust belongs to the State and cannot be accessed by the individual, so this may be a good short term solution while you work to figure out a long term solution.

18. Do I need to keep my private health insurance with my Medicaid?

It is a personal choice if you choose to keep your private health insurance on top of Medicaid (and Medicare, as applicable). Medicaid prefers to be the payer of last resort and would prefer that you keep your private health insurance to pay for all medical expenses. Check out the HIBI program, detailed in #10 in this section, as well as the link for it on page 16, which is an incentive program to help people pay for their monthly private health insurance premiums.

19. What are the financial requirements/limits for MAGI Medicaid (Modified Adjusted Gross Income)?

Link: <https://www.colorado.gov/pacific/sites/default/files/April%202020%20Medicaid%20Income%20Chart.pdf>

Income Guidelines: <https://www.healthfirstcolorado.com/apply-now/?tab=do-i-qualify>



MAGI MEDICAID
Monthly Maximum Income Guidelines¹
Effective April 1, 2020

Family Size	Parents & Caretaker Relatives 68% Poverty Level	Adults (Ages 19-65) 133% Poverty Level	Children (Ages 0-18) 142% Poverty Level	Pregnant Women 195% Poverty Level
1	724	1415	1510	2074
2	977	1911	2041	2802
3	1231	2408	2571	3530
4	1485	2904	3101	4258
5	1739	3401	3631	4986
6	1993	3897	4161	5714
7	2247	4394	4691	6442
8	2501	4890	5221	7170
9	2754	5387	5751	7898
10	3008	5884	6282	8626

¹ Co-payments may apply; no co-pays for American Indians, Alaska Natives, or for a pregnant woman and her household.
Effective 1/1/2020 to 12/31/2020 Tax Filing Thresholds for a Tax Dependent or Child:
• Earned Income \$12,400
• Unearned Income \$1,100

20. I received an “SSI Packet” from Health First Colorado Medicaid. What is this, why did I get it, and what should I do with it?

- This is a packet sent to people who were receiving SSI, but their SSI coverage has been disrupted. This can be due to going from SSI to getting SSDI or losing SSI for some other reason.
- For SSI recipients, Health First Colorado relies on the Social Security Administration to check a person’s resources when they are getting SSI. This is not true for someone getting SSDI.
- **Completed packets should be returned by the due date** with all financial verifications of income and resources. Failure to do so could result in a loss of Medicaid.
- **If the loss of SSI was temporary, proof of re-instatement must be provided to Health First Colorado.**

Example top of letter:

This letter tells you how to find out if you can still get medical benefits from Health First Colorado (Colorado’s Medicaid program) even if you no longer qualify for Supplemental Security Income (SSI).

You have been getting Health First Colorado benefits because anyone in Colorado who is approved for SSI is automatically enrolled in Health First Colorado.

Recently, the Social Security Administration told us that you no longer qualify for SSI. **Because you will no longer have Health First Colorado automatically through SSI, we need more information from you by March 6, 2019 to see if you still qualify for Health First Colorado.** We need this information even if you have not been receiving SSI payments.

To see if you qualify to continue your benefits, **complete and return both the enclosed form and the requested document copies by March 6, 2019 to:**

21. I received a denial from Health First Colorado Medicaid. Should I appeal?

The appeal process is an opportunity for the individual to retain his/her rights to access services. DP will work with you and the county/Medicaid to help resolve the issue with the financial eligibility. However, to “play it safe” you may want to appeal.

Medicaid Disability Application

Generally speaking, the Medicaid Disability application is used to determine an individual’s disability when an individual does not qualify for Social Security, due to financial reasons, or a person has not yet applied for Social Security benefits.

- If at any time a Medicaid Disability application is received by an individual, it must be completed and returned to the county by the deadline given. The timelines are very short and the application does not generally come with specific instructions.
- **NEED HELP?** Contact your current Case Manager to inform them that you are working on a disability application and ask for a copy of the **Medicaid Disability Application Guide**. This will take you question by question through the Disability application and includes a list of supporting documents that can be submitted with the application.
- The Medicaid Disability Application will be reviewed by a third party, who contracts with the State of Colorado, by the name of Arbor/ARG.
- Once the application has been reviewed, the decision letter will come from ARG. An example of the approval letter is attached to the Medicaid Disability Application Guide.
- During the review period, the individual’s LTC Medicaid should be held open by Medicaid.
- The review period can take up to 90 days. **The key for a shorter determination time**—submit STRONG supporting documentation with the application and sign all places of the application/release page. See the guide for more tips and tricks.

Other Health First Colorado/Medicaid Information

Topic	What They Can Help With	Contact Information
Health First Colorado Customer Service	<ul style="list-style-type: none"> • All Medicaid questions • Prescription/Medical care issues • Request reimbursement for out-of-pocket expenses 	<p>WEB: https://www.colorado.gov/hcpf/contact-hcpf</p> <p>Customer Contact Center: https://www.colorado.gov/hcpf/medicaid-customer-contact-center</p> <p>PHONE: 1-800-221-3943 TTY: 1-800-659-2656 FAX: 303-866-4411</p>
Health First Colorado FAQ	Frequently Asked Questions about Medicaid	WEB: https://www.colorado.gov/pacific/hcpf/member-fags
Health First Colorado Member benefit videos	Videos to help members learn about program benefits.	WEB: https://www.healthfirstcolorado.com/videos/
Health First Colorado State Plan Covered Services	A list of all benefits covered under the State Medicaid plan.	WEB: https://www.healthfirstcolorado.com/benefits-services/
Health First Colorado Member handbook	Spanish version: https://www.healthfirstcolorado.com/wp-content/uploads/2017/01/Health-First-Colorado-Member-Handbook-Spanish.pdf	English version: https://www.healthfirstcolorado.com/wp-content/uploads/2017/01/Health-First-Colorado-Member-Handbook.pdf
Doctors who participate with	A search engine to find medical professionals who participate with Health First Colorado Medicaid.	WEB: https://www.colorado.gov/hcpf/find-doctor

<p>Health First Colorado</p>		
<p>The Colorado Health Insurance Buy-In Program (HIBI)</p>	<ul style="list-style-type: none"> • This program is not to be confused with Health First Colorado Buy-in program. • A premium assistance program for Medicaid recipients. • Monthly payments are given to individuals for all or a portion of the cost of their commercial health insurance premiums, and in some cases, also reimburses for deductibles, coinsurance, and co-pays. 	<p>WEB: http://www.mycohibi.com/</p> <p>EMAIL: CustomerService@MyCOHIBI.com</p> <p>PHONE: (855) MyCOHIBI or (855) 692-6442</p>
<p>Colorado PEAK Website</p>	<ul style="list-style-type: none"> • Apply for benefits • Check application status • Get a copy of a Medicaid card • Check status of Medicaid benefits • Update Medicaid with changes (such as address) • Receive a copy of the yearly redetermination documents • Submit redetermination documents 	<p>WEB: https://coloradopeak.secure.force.com/</p> <p>Free Health mobile app information*: https://www.colorado.gov/hcpf/peakhealth *Download the PEAKHealth mobile app to find a doctor, get your Health First Colorado card, and more – right from your phone!</p>
<p>Supplemental Nutrition Assistance Program (SNAP)</p>	<p>The Supplemental Nutrition Assistance Program (SNAP) is a Food Assistance program in Colorado, SNAP provides food assistance benefits as part of a federal nutrition program to help low-income households purchase food.</p>	<p>WEB: https://colorado.gov/pacific/cdhs/supplemental-nutrition-assistance-program-snap</p>
<p>Health First Colorado Enrollment</p>	<ul style="list-style-type: none"> • As a member of Health First Colorado (Colorado's Medicaid Program), you can choose how you get your health care. • Health First Colorado Enrollment is not a resource for information on Medicaid benefits or to find out if you qualify for Medicaid or Child Health Plan <i>Plus</i> (CHP+). 	<p>WEB: https://www.colorado.gov/pacific/hcpf/choose-plan</p> <p>PHONE: 303-839-2120 or 1-888-367-6557</p> <p>TTY: 1-888-876-8864</p>

PART 2: SOCIAL SECURITY

The Social Security Administration (SSA): An independent Federal agency that, among other responsibilities, oversees two income support programs for people with disabilities: SSI and SSDI.

Supplemental Security Income (SSI): A government assistance program that provides supplemental income to specific populations to address basic needs (i.e., food, clothing, and shelter). To receive SSI benefits, an individual must be “financially needy and disabled; financially needy and aged (over the age of 65); financially needy and blind.”

Social Security Disability Insurance (SSDI): Federal disability program, administered by the SSA, that provides benefits to individuals who are blind or disabled who are “insured” based on contributions (through work) paid into the Social Security trust fund, as authorized by FICA. Medicare eligibility usually comes two years after the first SSDI payment.

Social Security Contacts

The Social Security Administration (SSA) should be your first point of contact with any questions about SSI and/or SSDI. The individual and/or his/her rep payee can contact either the individual’s local office, based on zip code, or the main number for SSA.

To utilize the Social Security office locator, go to: <https://secure.ssa.gov/ICON/main.jsp>

OR—

Go to the Social Security website at www.ssa.gov

- ✓ click on **MENU**, then **CONTACT US**, then **FIND AN OFFICE** and enter your zip code.

List of local Social Security offices: (for more offices, please contact your case manager)

SSA Office	Phone	Address
Aurora	1-866-931-9965	14280 E Jewell Ave, Suite 250, Aurora, CO 80012
Boulder	1-877-405-5872	4949 Pearl East Circle, Boulder, CO 80301
Colorado Springs	1-888-880-0688	2306 E Pikes Peak Ave, Colorado Springs, CO 80909
Denver	1-866-613-9904	1500 Champa St. 2 nd Floor, Suite 200, Denver, CO 80202
Lakewood	1-866-563-9469	13151 W Alameda Pkwy, Lakewood, CO 80228
Littleton	1-888-824-4384	8000 Southpark Lane, Littleton, CO 80120

- **Main number for Social Security:** 1-800-772-1213 (TTY: 1-800-325-0778)
- **Website for Social Security:** <https://www.ssa.gov/>
- **Additional resources:**
 - The Mile High Independent Living Center (MHILC): 303-800-4700
 - Ability Connection Colorado: <https://www.abilityconnectioncolorado.org/>
Benefit Planner: Terry (Teresa) McGarry; 303-226-5537; tmcgarry@AbilityConnectionColorado.org
Benefit Planner (bilingual): Harold Lasso; 720-884-6454
 - Family Voices: 303-733-3000
 - Jeanette M. Cordova
Bright Futures LLC Colorado
Business: (303) 656-9488
Email: brightfuturesllc.co@gmail.com
<http://www.brightfuturesllc-co.com>

Frequently Asked Questions about Social Security Benefits

1. What are the current numbers for SSI, Personal Needs Allowance, and Room and Board?

	2020
Maximum SSI Amount	\$783
Room and Board: ACF/SLP/GRSS/IRSS	\$700
Personal Needs Allowance (PNA)	\$83

2. I moved, have a new job, new phone number, new bank account, closed bank account, etc. How should I report these changes to Social Security?

Individuals getting Social Security benefits must report all changes as soon as possible. These changes can be reported in one of the following ways:

- Call your representative at your **local office or the main number for the local office** and report the change.
- Create a “My Social Security Account” on the Social Security Administration (SSA) website and make updates there. <https://www.ssa.gov/myaccount/>

3. What are acceptable ways to spend down a lump sum from Social Security?

Taken directly from Social Security’s website:

Sometimes, the representative payee for a Social Security or SSI beneficiary receives a large payment covering several months, or even years, of benefits. When this happens, it is particularly important for the representative payee to make plans to spend the money wisely. Many payees are unsure about how to use a large sum of money. Keep in mind, your obligation is that you use the money in the best interests of the beneficiary.

Your first priority is to make sure you meet the beneficiary’s current needs. This includes food, housing, medical care and other items for the individual’s personal comfort.

If there’s money left over after you have provided for these basic needs, you can spend the money on things that improve the beneficiary’s daily living conditions or provide better medical care. You can also arrange training for the beneficiary to help him or her have a more rewarding future and become more self-sufficient.

You may decide to use the beneficiary’s funds for major health-related expenses, such as reconstructive dental care, a motorized wheelchair, rehabilitation expenses or insurance premiums. You can use funds to pay for special training programs, school tuition or daily school expenses. You also can spend some of the money on recreation such as movies, concerts, magazine subscriptions or a special trip for the beneficiary.

Effective March 2, 2004, for SSI beneficiaries, any past due benefits you get from SSI or Social Security won’t be counted as resources for nine months after the month in which you get them. If there are any past due benefits left over after the nine-month period, they will count toward the SSI resource limit (\$2,000 for individuals, \$3,000 for couples).

Read more: <https://www.ssa.gov/payee/LessonPlan-2005-2.htm#LARGESUMS>

It is suggested that receipts and careful records be maintained to document exactly how the money was spent. Parents/Caretakers can use the money to reimburse themselves for things they paid for, as long as they keep receipts to show this. An example would be if a parent/ caretaker paid for therapies and are now taking some of the back payment to cover the money they had paid out. Receipts should be kept to document what the money was used for.

Backpay may also be eligible to be sheltered in an ABLE account or a Special Needs Trust.

4. I started collecting SSDI/Title II benefits. Will this affect my Medicaid?

No. Colorado is a “1634 State,” which protects SSI recipients from losing their Medicaid eligibility if they become eligible for Title II benefits. 1634(c) allows a person’s SSI payments to be reduced to \$0.00 so they maintain their Medicaid eligibility. In order to be eligible for 1634(c), an individual must have been 18 or older when the Title II benefit began, is entitled to SSI, has resources under \$2000, and first received a Title II payment on or after 7/1/1987.

5. Can I continue to work and collect Social Security benefits?

YES!! You or a representative payee must **report your earned income on a monthly basis** to Social Security. Social Security uses a formula to figure out how much your SSI payments will be reduced by based on your monthly earned income. However, SSDI is an ALL or NOTHING program—you either qualify financially to get SSDI payments or they discontinue payments entirely. For individuals who are working, it is important to create a balance between their SSDI payment and their gross monthly work income, to be sure that they do not go over the monthly income limit (to remain eligible for LTC Medicaid and to continue getting waiver services).

Need help with this? Reach out to a Benefits Planner, as listed on page 17.

6. I am not sure if I get SSI, SSDI, or both. How can I find out for sure?

The individual and/or his/her rep payee can contact Social Security to request a **BPQY report**-- Benefits Planning Query. The BPQY statement contains detailed information about the status of a beneficiary's disability cash benefits, scheduled medical reviews, health insurance, and work history. In essence, the BPQY provides a snapshot of the beneficiary's benefits and work history as stored in SSA's electronic records.

- There should NOT be a charge for the BPQY if it is explained that it is needed to participate in a Medicaid funded program.
- Beneficiaries can request a BPQY by contacting their local office, or calling 1-800-772-1213. The BPQY will be mailed directly to the beneficiary at the address shown on the current SSA record.
- Signed consents are required only if the BPQY will be sent to someone other than the beneficiary, his/her Representative Payee, or Authorized Representative.
- **You can also pull a report from the Social Security website, by creating a “My Social Security Account” on the Social Security Administration (SSA) website. <https://www.ssa.gov/myaccount/>**

7. I am still getting my Social Security via a check. How can I get it electronically deposited into an account?

If an individual applies for Social Security or Supplemental Security Income benefits, a new law went into effect March 1, 2013, requiring that payments be received electronically. If they did not sign up for electronic payments when they applied for benefits, SSA strongly urges them to do so now. If you are still receiving checks, the U.S. Department of the Treasury will contact you about complying with the requirement.

- For more information regarding switching to an electronic payment, visit Treasury’s [Go Direct website \(https://fiscal.treasury.gov/GoDirect/\)](https://fiscal.treasury.gov/GoDirect/) or call the helpline at **1-800-333-1795**.
- The Treasury can grant exceptions in rare circumstances. For more information or to request a waiver, call Treasury at 855-290-1545. You may also print and fill out a waiver form and return it to the address on the form. [Waiver Form \(https://www.ssa.gov/deposit/EFT%20Waiver%20Form.pdf\)](https://www.ssa.gov/deposit/EFT%20Waiver%20Form.pdf)
- If the individual is already receiving benefits, they can create a **my** Social Security account and start or change Direct Deposit online. They also can sign up at their bank, credit union, or savings and loan. Or call Social Security at **1-800-772-1213 (TTY 1-800-325-0778)**.

8. I need help paying for my Medicare premium, deductible, and co-insurance. What kind of assistance programs exist for this?

All individuals who have Medicaid should have their Medicare Part B premium covered by the State (Medicaid). If that is not happening, and deductions are coming out of your Social Security check, then you may want to reach out to your local Department of Human Services to see if they can fix this.

- The coverage is supposed to automatically take place, but sometimes the Medicaid and Medicare systems don't talk to each other very well, causing glitches.
- Also, people can apply for the Medicare Savings Program through you local Department of Human Services (Medicaid office). For more information about the Medicare Savings Program, please go to: <https://www.colorado.gov/hcpf/member-fags#medicare1>

9. I have both Medicare and Health First Colorado Medicaid. Why is Health First Colorado not paying for my prescriptions?

Once a Health First Colorado Medicaid member is entitled to receive Medicare, Medicare Part D will cover most of your prescriptions. Health First Colorado will only pay for a few medications that are excluded by your Part D plan. If you need assistance to find and enroll on a Part D plan, please call 1-888-696-7213 or 303-894-2946.

Here are some links that may be of interest:

- <https://www.ssa.gov/medicare/prescriptionhelp/>
- <https://www.medicareinteractive.org/get-answers/programs-for-people-with-limited-income/medicaid-and-medicare/if-i-have-medicare-and-full-medicaid-how-will-my-drug-coverage-work>

10. How do child support payments affect an SSI recipient?

- Back pay to a child--counts as the child's income
- Back pay to the parent—counts as the parent's income
- Continuous payments—counts as the child's income

11. Supplemental Security Income (SSI) and Incarceration:

- There is a **pre-release prisoner program**. A caseworker in prison/jail should work directly with Social Security (SSA) on the application if the person has been incarcerated for more than a year.
- The application and documents can be submitted to SSA up to **90 days prior** to a person's date of release from jail/prison.
- Individuals who were receiving SSI prior to incarceration who were in jail for **less than a year**, do not need to re-apply.
 - They will need to go to their local SSA office upon discharge and provide the following documents to the SSA representative:
 - ✓ Copy of their jail/prison discharge paperwork
 - ✓ New Rep Payee paperwork, as applicable

12. I received a letter from Social Security that says that I need to respond within 15 days. Is that calendar days or business days?

This refers to calendar days.

13. I work and receive SSI. I need help to figure out how much I can work and still maintain my benefit. Is there anyone I can speak with about this?

- You can contact Terry McGarry or Harold Lasso with Ability Connection Colorado. Harold speaks English and Spanish. Terry and Harold are part of the Social Security Work Incentive Planning and Assistance

Program (WIPA) with Ability Connection Colorado. See the Social Security Contacts section for Terry and Harold's contact information.

The WIPA program is a community-based organization that receives funding from Social Security to provide all Social Security Disability Income (SSDI) and Supplemental Security Income (SSI) disability beneficiaries (including transition-to-work age youth) with FREE access to work incentive planning and assistance. Ability Connection Colorado is the only nonprofit approved to provide benefit counseling services through the Social Security Administration program.

Certified Community Work Incentives Coordinators (CWIC) under the grant with the Social Services Administration must undergo high level security screening and training in order to provide and protect important beneficiary information. This information is provided FREE OF CHARGE. Read more here:

<http://www.abilityconnectioncolorado.org/programs/employment/social-security-work-incentive-planning/>

14. What is the Ticket to Work Program?

It is a free and voluntary program available to people ages 18 through 64 who are blind or have a disability and who receive Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

Ticket to Work Help Line (866) 968-7842 (Voice) or (866) 833-2967 (TTY).

Website: www.ssa.gov/work

➤ **Some benefits of this program:**

- The individual receiving SSA benefits will be exempt from the DDS (Disability Determination Services) medical review that occurs every 3/5/7 years. It is believed that after the initial DDS decision, they will remain disabled and won't need to be screened again.
- Job coaching; employment services; employment network...funded by SSA.
- Subsidies that allow the SSA to count work income differently. Employers complete form 725 (not available online) to explain the help that the individual needs on the job and any work-related expenses.

15. What is "in-kind support and maintenance" in the eyes of Social Security?

- Adults (18 or older) receive SSI for food and shelter. When the adult child is living in someone's house (parent's) and is not paying rent, SSA assumes the adult receiving SSI has "in-kind support and maintenance" and the SSI amount is reduced by 1/3.
- Typically, SSA will ask the parent (1) what the mortgage payment is (or rent); (2) what the typical utility expenses are for a month; and the typical monthly food bill. This total amount is divided by the number of immediate family members living in the house. So, if four immediate family members live in the house, the SSI adult is responsible for 25% of the household expenses. If the SSI adult cannot meet this share with his/her SSI, then SSA says s/he has "in-kind support and maintenance" and the SSI is reduced by 1/3.

16. I am getting both Medicaid and Medicare and need help paying for Part D prescription coverage. What are my options?

- Call Medicare to discuss prescription coverage options.
- Call your local Department of Human Services (Medicaid) to ask if they can apply for the Medicare Savings Program (MSP).
- Check out this link, which may contain some valuable information:

<https://www.medicareinteractive.org/get-answers/programs-for-people-with-limited-income/medicaid-and-medicare/if-i-have-medicare-and-full-medicaid-how-will-my-drug-coverage-work>

- Another link which might have beneficial information: <https://www.ssa.gov/medicare/prescriptionhelp/>

17. My child is turning 18 soon and currently gets Survivor's benefits through Social Security. What are my next steps to make sure that s/he does not lose this benefit?

- If they are receiving child disability benefits (survivor's benefits), their benefits will end at 18, UNLESS, they will be remaining in school. The guardian should have the child's school complete **form 1372** from Social Security, and then submit it to their local SSA office. This will keep the child's disability benefits in place until they turn 19. Even though they are getting child disability benefits, they can still apply for SSI one month following their 18th birthday.
- **Link to form 1372:** <https://www.ssa.gov/forms/ssa-1372.pdf>

18. Should an adult living with parents pay rent/mortgage (room and board)? If so, how much should they pay?

- Deciding whether or not to collect rent/mortgage from an adult with disabilities is really up to the family. Parents should discuss with their accountant to see if the money collected will need to be declared as income on their tax return.
- Room and board payments may affect how much SSI a person gets, but will not affect their SSDI payment.
- To determine the appropriate rent/mortgage amount, Social Security suggests the following: Monthly expenses (mortgage/rent + electricity, water/sewage, and food) divided by the number of adults living in the household= each adults' fair share.
- Here is a form people can complete and submit to SSA to inform them about the room and board payments a person is making. <https://www.ssa.gov/forms/ssa-788.pdf>
- More information: <https://www.ssa.gov/ssi/text-living-ussi.htm>

Work Subsidies and Special Conditions

<https://www.ssa.gov/disabilityresearch/wi/subsidies.htm>

<https://secure.ssa.gov/poms.nsf/lnx/0410505010>

SSI & SSDI -- "Subsidies" and "Special Conditions" refer to support you receive on the job that could result in your receiving more pay than the actual value of the services you performed. We deduct the value of subsidies and special conditions from your earnings when we decide whether you are working at the SGA level.

Following are examples of subsidies and special conditions:

- You receive more supervision than other workers doing the same or a similar job for the same pay.
- You have fewer or simpler tasks to complete than other workers who are doing the same job for the same pay.
- You have a job coach or mentor who helps you perform some of your work. [Clarification](#)

SSI-- We do not deduct subsidies or special conditions when we figure your SSI payment amount.

Important Form:

<https://www.ssa.gov/forms/ssa-821.pdf>

Tips for completing the SSA-821

For this form, SSA is only asking for information about jobs held after the alleged date of onset. This form differs from the [SSA-3369](#), which asks about jobs held in the 15 years prior to the applicant becoming unable to work due to illness(es).

Cover Page: On the cover page of the SSA-821, SSA will provide information they have about the applicant's employers and earnings after the alleged onset date. They will ask the applicant to provide detailed information related to work for these employers, as well as any work for employers during this time frame that are not shown on the form.

Question 1: This question asks if the applicant received any employment income or wages since the date listed in the identification section.

- If yes, the applicant will skip to Question 3
- If no, the applicant will answer Question 2 about other sources of income that may have been reported for him/her, such as Workers Compensation or holiday pay

Question 2: If this question applies (see Question 1), provide information about any income that does not come from work activity (e.g. alimony, pension). The applicant may need to provide documentation of this income. When finished, the applicant can skip to Question 7.

Question 3: If this question applies (see Question 1), provided detailed information about work activity at each employer. This question also asks for details about earnings or pay stubs/wage print-outs.

Question 4: This question asks about any payments or benefits the applicant received from an employer in addition to regular pay, such as sick pay, vacation pay, or childcare benefits.

For the last half of the form, SSA is exploring the presence of subsidies, impairment-related work expenses (IRWEs), and unsuccessful work attempts (UWEs).

Question 5: [Subsidies](#) – Document any additional help the applicant received at work, or special accommodations the employer made, due to the applicant's health conditions. The questions listed in this part of the form are excellent examples of how the employer may have provided accommodations.

Question 6: [Unsuccessful work attempts](#) – These are work attempts that lasted less than six months and ended due to the applicant's health condition or the removal of special accommodations that allowed the employee to work with his/her conditions.

- For SGA determination purposes, [DDS may disregard substantial work](#) if it meets the criteria of an unsuccessful work attempt since disability evaluation is generally concerned with ability to work over an extended period rather than in short, isolated periods

Question 7: [IRWEs](#) – These are actual costs that the applicant incurred due to his/her health condition that enabled him/her to continue working. This could be paying for medications, physician co-pays, special transportation/equipment, etc.

- DDS will need receipts for these expenses
- The expenses are not reimbursed, but they could be helpful in reducing counted income

Remarks: Include any additional information about the applicant's work activity that was not captured in the questions above.

Other-- Tax Resources for Individuals with Disabilities

- Free tax help offered through the IRS for those who qualify: <http://irs.treasury.gov/freetaxprep/>
- Tax help for people with disabilities: <https://www.irs.gov/Individuals/More-Information-for-People-with-Disabilities>
- Information about the IRS 1095-B Form that was sent to all Colorado Medicaid recipients:
 - <https://www.colorado.gov/hcpf/news/colorado-medicaid-members-begin-receiving-irs-1095-b-forms>
 - <http://www.cohealthinfo.com/irsform1095b/>

Other—Medicare

- Individuals who have been getting SSDI for two years will automatically be signed up for Medicare.
- This should not affect the person's Medicaid benefits.
- Who to Contact: Social Security or Medicare?
Article: https://blog.ssa.gov/who-to-contact-social-security-or-medicare/?utm_campaign=&utm_content=&utm_medium=email&utm_source=govdelivery
 - Questions about Medicare can be directed to:
 - **State Health Insurance Assistance Program (SHIP)** serving Arapahoe, Douglas and Jefferson counties and Senior Medicare Patrol, a healthcare fraud reporting program.
SHIP provides Medicare beneficiaries with objective information, counseling, and enrollment assistance. SHIP counselors can speak to individuals and groups about Medicare benefits, coverage rules, written notices, forms, appeal rights, procedures, and more. They also provide free and unbiased in-depth, one-on-one insurance counseling and assistance to Medicare beneficiaries, their families, friends, and caregivers. Counselors assist people in obtaining coverage through options that include the original Medicare program, Medicare Advantage (Part C) plans, and Medicare Prescription Drug (Part D) plans. They can help people understand Medicare Supplemental (Medigap) insurance policies and explain how these and other insurance options work with Medicare.
Website: <https://drcog.org/programs/area-agency-aging/state-health-insurance-assistance-program-and-senior-medicare-patrol>
Phone: 303-480-6835