

Virginia Department of Social Services
Medicaid Fact Sheet #16
SUPPLEMENTAL SECURITY INCOME (SSI),
MEDICAID, AND 1619(b) STATUS

The following information is given as a guideline only. To determine Medicaid eligibility, an application must be filed with the local department of social services for the area in which you live.

Are you an SSI recipient? If the answer is yes, then you may be eligible for Medicaid.

You can file an application for Medicaid online at www.commonhelp.virginia.gov. Applications for SSI recipients are also available online at http://www.dss.virginia.gov/benefit/medical_assistance/forms.cgi, and can be completed and mailed/faxed/ or dropped off to the local Department of Social Services. You can also request a Medicaid application be mailed to you.

You can find the address and phone number for your local Department of Social Services at <http://www.dss.virginia.gov/localagency/>. You do not need to visit the office to file an application.

You will be asked to:

- Provide your social security number,
- Confirm you are a Virginia resident,
- Confirm you are a US citizen or provide documentation of alien status, and
- Verify certain resources.

If all eligibility factors are met in the month you apply for SSI Medicaid, eligibility for this program will begin the first day of the application month and you may be entitled to a three month retroactive determination. Your Medicaid coverage will continue as long as you:

- Receive an SSI payment of any amount,
- Meet Medicaid non-financial requirements, and
- Meet Medicaid resource requirements.

If you go to work and your SSI payment stops, you may continue to receive Medicaid. Your Medicaid coverage will continue if:

- Social Security places you in a 1619(b) status,
- You received Medicaid the month before you first gained 1619(b) status,
- You continue to meet Medicaid non-financial requirements.

You will need to contact your Social Security Representative to determine if you meet 1619(b) status requirements.

If you have questions or need assistance with completing your Medicaid application, contact your local Department of Social Services.

**MEDICAID FACT SHEET #16 - SUPPLEMENTAL SECURITY INCOME (SSI), MEDICAID,
AND 1619(b) STATUS**

FORM NUMBER - 032-03-0648-01-eng (05/16)

PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding coverage for individuals in the SSI or QSII-1619(b) covered groups.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.