



PATH

Projects for Assistance in
Transition from Homelessness

Technical Assistance Resource Page

Income and Medical

Need \$3.15 as
co-payment on
psychiatric prescriptions...
Spare Change Please



Acknowledgments

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Additional SAMHSA Resources

For more information about SAMHSA resources and programs, contact the SAMHSA Health Information Network at 1.877.SAMHSA.7 (1-877.726.4727).



Technical Assistance Resource Page:

Income and Medical



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov





Introduction

In order for individuals and families to exit homelessness and stabilize in permanent housing, they must have access to adequate income and health coverage. Individuals working with people experiencing homelessness must know what income and medical coverage resources are available.

National standards exist for some benefits but resources, programs, and policies may vary by state. Individuals and families who are homeless may need and be eligible for one or more of the major types of income and medical coverage resources listed below.

A general overview of resources and documents related to income and medical coverage is presented on the following pages, followed by detailed information about these resources.

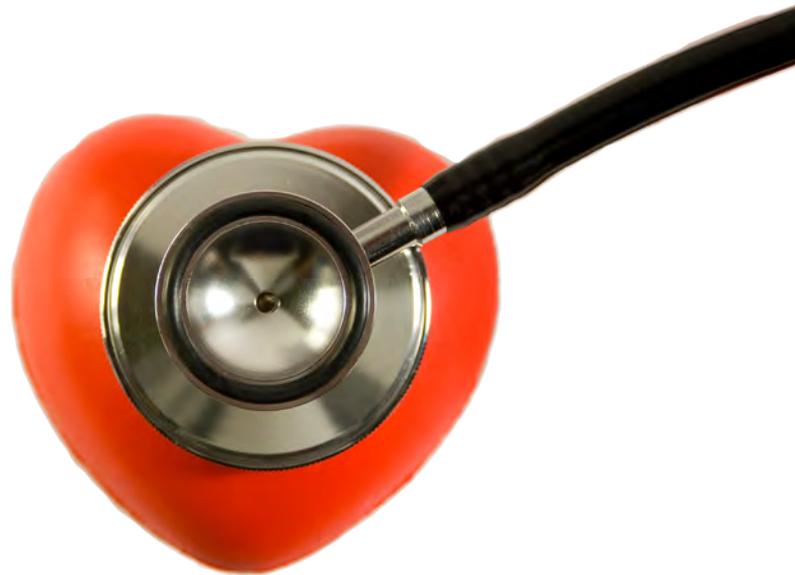
Social Security Administration Benefits and Work Incentives (SSI, SSDI)

Veterans Administration Income and Health Care (VA)

Temporary Assistance to Needy Families (TANF)

Earned Income Tax Credit (EITC)

Medicaid and Medicare Benefits (MCAID, MCARE) & Children's Health Insurance Program (CHIP)



Web Sites

Direct Link:
<http://cms.hhs.gov/apps/firststep/index.html>

FirstStep—On the Path to Benefits for People who are Homeless

This website helps case managers understand benefits and how to access them. Worksheets, tools, information on programs, and fact sheets are included.

Other Resources

Direct Link:
http://www.schwabfoundation.org/Publications/pub_01030801.aspx

Charles and Helen Schwab Foundation. (2003). *Holes in the safety net: Mainstream systems and homelessness*. San Mateo, CA: Author.

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32858>

Government-funded programs for low-income persons (mainstream systems) can play a key role in the effort to end homelessness nationwide. This document analyzes how mainstream systems can serve clients experiencing homelessness.

Direct Link:
<http://www.ncjrs.gov/pdffiles1/nij/grants/211989.pdf>

Conly, C. H. (2005). *Helping inmates obtain federal disability benefits: Serious medical and mental illness, incarceration and federal disability entitlement programs (NCJ 211989)*. Washington, DC: Abt Associates, Inc.

PATH Record:
<http://pathprogram.samhsa.gov/resource.aspx?id=32857>

This document provides information on the relationship between incarceration and benefits, including tips on connecting individuals to benefits upon their release.



Direct Link:
[http://www.coverageforall.org/pdf/
FHCE_FedPovertyLevel.pdf](http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf)

PATH Record:
[http://pathprogram.samhsa.gov/
Resource/View.aspx?id=46457](http://pathprogram.samhsa.gov/Resource/View.aspx?id=46457)

Direct Link:
<http://www.gao.gov/new.items/rc00184.pdf>

PATH Record:
[http://pathprogram.samhsa.gov/
resource.aspx?id=19275](http://pathprogram.samhsa.gov/resource.aspx?id=19275)

Foundation for Health Coverage Education. (2009). *Federal poverty levels. Federal Register, 74(14), 4199-4201.*

Most income assistance and public medical insurance programs use the Federal Poverty Income Guidelines to determine eligibility. This chart contains the 2009 federal income levels for poverty.

U.S. General Accounting Office. (2000). *Homelessness: Barriers to using mainstream programs (GAO/RCED-00-184).* Washington, DC: Author.

This report is the result of an expert panel that discussed strategies the federal government could pursue to improve access to, and use of, mainstream federal programs for people experiencing homelessness.



Social Security Administration Disability Benefits and Work Incentives

Many people experiencing homelessness who have disabilities are eligible to apply for Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI). Other Social Security Administration (SSA) benefits are available to individuals who are 62 years or over (Retirement) and to dependents and spouses of deceased individuals who were covered by Social Security (Survivors). In addition to SSI and SSDI, these individuals may be eligible for work incentives. Work incentives provide opportunities to work while receiving benefits and ways to transition back into the workforce.



Supplemental Security Income (SSI) and Social Security Disability (SSDI)

Supplemental Security Income (SSI) is a monthly benefit for low-income individuals who are elderly, blind, or disabled according to Social Security Administration (SSA) criteria. Social Security Disability Insurance (SSDI) is a monthly benefit for individuals who meet disability criteria and have worked enough to be “insured” under SSA for benefits.

To qualify for SSI, an individual must first meet non-medical or non-disability criteria of having gross (pre-tax) earnings less than Substantial Gainful Activity (SGA), which in 2009 is \$980/month, and countable resources under \$2,000. To qualify for SSDI, an individual must meet the non-medical criteria of being insured and having gross (pre-tax) earnings less than SGA.

NOTE: The amount of SGA changes every January 1st.

Both SSI and SSDI have the same disability or medical criteria. The definition of disability under SSA emphasizes functioning (e.g., whether or not one can function, despite a disorder or medical condition). Medical records as well as additional information that address not only an individual’s diagnosis but also the impact of this diagnosis on functioning are essential to the disability determination for these benefits.

Applications for these programs can be submitted to local SSA offices. A tool to find listings of SSA offices by zip code is located at the bottom of the page on <http://www.socialsecurity.gov/disability>. Applications for SSDI can be completed online.

With the passage of the Deficit Reduction Act of 2005, identification and citizenship requirements for these benefits have become more stringent. Contact your local SSA office to discuss these requirements.



Web Sites

Direct Link: <http://www.ssa.gov/applyfordisability> **Apply for SSDI Benefits Online**
The Social Security Administration website allows individuals to apply for SSDI online.

Direct Link: <http://www.socialsecurity.gov/homelessness> **Social Security.gov: Services to the Homeless**
This website provides resources and documents related to homelessness and Social Security. Examples of items on this page include: information for specific populations (e.g., people in prison and hospitals); pre-release agreements that can be used to complete applications prior to release; information on representative payee and how SSA determines the need for a payee; information of how living situation affects payments; and "Spotlight on Homelessness."

Direct Link: <http://www.prainc.com/SOAR> **SSI/SSDI Outreach, Access, and Recovery (SOAR)**
The SOAR website contains tools and resources to assist people who are homeless with SSI/SSDI claims. It includes contact information for 41 states participating in the SOAR initiative and for local trainers familiar with the Stepping Stones to Recovery training curriculum.



Other Resources

Direct Link:
<http://www.prainc.com/SOAR/soar101/PromisingPractices.pdf>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32863>

Dennis, D., Perret, Y., Seaman, A., & Well, S.M. (2007). *Expediting access to SSA disability benefits: Promising practices for people who are homeless*. Delmar, NY: Policy Research Associates.

This is a review of practices that assist in the expedition of disability benefits and can be used in homeless services programs.

Direct Link:
<http://www.prainc.com/SOAR/training/manual.asp>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=18026>

Rosen, J., & Perret, Y. (2005). *Stepping stones to recovery: A manual for case managers assisting homeless adults with SSI/SSDI (DHHS Pub. No. SMA 05-4051)*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

This free publication outlines the requirements of SSI and SSDI and includes practical examples and tools for addressing eligibility.

Direct Link:
http://www.prainc.com/SOAR/community/ppts/StartingSOAR_Project04_02_08.ppt

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=46462>

SOAR Technical Assistance Initiative. (2008). *Starting a SOAR project: A tool to reduce and prevent homelessness (PowerPoint slides)*. New York: Policy Research Associates, Inc.

This PowerPoint provides a brief training on SOAR, explains its benefits, and offers suggestions for establishing a SOAR initiative in your community.



Direct Link:
<http://www.nhchc.org/DocumentingDisability.pdf>

PATH Record:
<http://homeless.samhsa.gov/Resource/View.aspx?id=32861>

O’Connell. J.J., Zevin B.D., Quick P.D., Anderson S., Perret Y.M., Dalton, M., Post P.A. (Eds.) (2007). *Documenting disability: Simple strategies for medical providers.* Nashville, TN: Health Care for the Homeless Clinicians’ Network.

National Health Care for the Homeless Council published this report to assist physicians in documenting information for SSI/SSDI.

Direct Link:
<http://www.nlchp.org/content/pubs/SSI%20Rights%20Children%20and%20Youth1.pdf>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=46444Resource.aspx?id=32861>

Rosen, J. (2003). *SSI Rights of Homeless Children.* Washington, DC: National Law Center on Homelessness and Poverty.

This quick reference provides information on children experiencing homelessness and SSI. Homelessness does not disqualify children from these benefits.

Direct Link:
<http://www.ssa.gov/disability/professionals/bluebook>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32862>

U.S. Social Security Administration. (2006). *Disability evaluation under Social Security (SSA Pub. No. 64-039).* Washington, DC: Author.

This Social Security Administration publication, also known as the “The Blue Book” or “The Listings,” discusses the disability programs administered by the Social Security Administration. It explains how SSA disability programs work and the kinds of information a health professional can furnish to help ensure sound and prompt decisions on disability claims. Included are specific criteria that must be met for each diagnostic category.



Social Security Work Incentives

Both the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs incorporate work incentives designed to encourage recipients to enter or re-enter employment. Contrary to what is commonly believed, an individual does not lose all benefits and health insurance immediately upon returning to work.

Recipients' concerns about re-entering the workforce should be addressed with information, education and individual advocacy.

Under SSI, reductions are made once, depending on the individual's income. Medicaid continues until earnings are quite significant. The amount of earnings varies from state to state. Also, no reductions are made for individuals who have reached retirement, regardless of work-related income.

Under SSDI, an individual can work for nine months and receive the entire monthly SSDI check. In addition, Medicare will continue for years after a person stops receiving the SSDI cash benefit.



Web Sites

Direct Link to Work Incentives General Information:
<http://www.ssa.gov/disabilityresearch/wi/generalinfo.htm>

Direct Link to Ticket to Work Program:
<http://www.ssa.gov/work>

Social Security Administration

The SSA website has information on work incentives and the “Ticket to Work” program.

Other Resources

Direct Link:
<http://download.ncadi.samhsa.gov/ken/pdf/SMA03-3834/workpriority.PDF>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=21209>

Shaheen, G., Williams, F., & Dennis, D. (Eds.). (2003). *Work as a priority: A resource guide for employing people who have serious mental illnesses and who are homeless (DHHS Pub. No. SMA 03-3834)*. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

This manual provides strategies for developing services and resources to assist people experiencing homelessness with obtaining employment. The interchange of work and benefits income is discussed.

Direct Link:
<http://www.socialsecurity.gov/redbook>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32864>

U.S. Social Security Administration. (2009). *Social Security Red Book*. Washington, DC: Author.

This Social Security Administration publication clearly explains all the various work incentives and includes worksheets and planning guides. The Red Book is available in English and in Spanish.





Veterans Administration Benefits

The Veterans Administration (VA) provides monthly disability benefits for individuals who were honorably discharged from the military. For the VA to find a veteran eligible, the VA must evaluate the veteran and determine that the disability is service-connected.

Service-connected is defined as a medical condition that either began or worsened during military service and became disabling. Unlike SSA, the VA also determines whether a veteran has a partial or complete disability and this determination is tied to the benefit amount. A benefit may also be available for a disabled veteran's family, depending on the circumstances.

When applying for SSI/SSDI benefits, proof of an application for VA benefits must be submitted to SSA before SSA will process the application for SSI or SSDI.

VA Medical Care

VA care generally includes access to inpatient and outpatient services as well as case management. To be eligible for health care from the VA, one must have:

- Been honorably discharged from military service;
- Served at least one day of active duty before 9/7/80;
- Served at least two years of active duty in a row after 9/7/80; or
- Been in the National Guard or Reserves and met specific criteria.



Web Sites

Direct Link to VA: <http://www.va.gov>

Direct Link to Veterans Benefits Administration: <http://www.vba.va.gov>

Direct Link to Facilities Locator and Directory: <http://www2.va.gov/directory/guide/home.asp>

Direct Link to Online Application: <http://vabenefits.vba.va.gov/vonapp/main.asp>

U.S. Department of Veterans Affairs
The VA has many sources for veterans' benefits information including a Veterans Benefits Administration website, a facilities locator, and a place to apply for benefits online.

Direct Link: <http://www.nchv.org>

National Coalition for Homeless Veterans
This organization provides information and resources specifically related to veterans experiencing homelessness.

Direct Link: <http://www.usvetsinc.org>

US Vets Inc.
U.S. Vets provides housing, counseling, employment and training assistance for homeless veterans.

Direct Link: <http://www.vetcenter.va.gov>

Vet Center
This is the United States Department of Veterans Affairs' web site for Vet Centers. Vet Centers are community-based counseling centers around the country.

Other Resources

Direct Link: <http://www.va.gov/healtheligibility/library/pubs/vaincomethresholds/VAIncomeThresholds.pdf>

PATH Record: <http://pathprogram.samhsa.gov/Resource.aspx?id=46464>

US Department of Veterans Affairs. (2009). VA health care: VA national income threshold. (VA Fact Sheet 164-10). Washington, DC: Author.
This reference guide indicates which health benefits veterans are eligible for based on their income levels.







Temporary Assistance to Needy Families

Temporary Assistance to Needy Families (TANF) is a monthly income benefit for parents and children. It replaced the federal Aid to Families and Dependent Children (AFDC). Unlike AFDC, TANF has a strong emphasis on employment and a limited eligibility period for receipt of benefits, generally a maximum of 5 years. Often, but not always, parents are required to work or engage in “work-related” activities for a certain number of hours each week.

Eligibility for TANF is managed at the state level and is federally administered under the U.S. Department of Health and Human Services (HHS), Office of Family Assistance (OFA). The program goes by different names in different states, although eligibility is comparable across states. Generally, to be eligible for TANF, one must be a resident of the state, be a U.S. citizen (children born in the U.S. are automatically citizens and therefore may be eligible even if their parents are not U.S. citizens), and be able to provide Social Security numbers for all eligible family members.

In most states TANF includes a health care benefit, generally Medicaid. It can include childcare services and employment services as well. However, these benefits vary greatly from state to state and are difficult to generalize.

Under the Deficit Reduction Act of 2005, identification and citizenship requirements have become more stringent. The requirements can be explained by staff at the local or state TANF offices.

Web Sites

Direct Link:
<http://www.nclej.org>

National Center for Law and Economic Justice (NCLEJ)

The National Center for Law and Economic Justice (NCLEJ) advocates for TANF recipients, food stamp recipients and others who are economically disadvantaged.

Direct Link:
<http://www.acf.hhs.gov/programs/ofa>

Office of Family Assistance

This website describes TANF benefits and eligibility.

Direct Link:
<http://www.cbpp.org/research/index.cfm?fa=topic&id=42>

The Center on Budget and Policy Priorities

This center provides updates on TANF.



Other Resources

Direct Link:
[http://www.endhomelessness.org/
 content/article/detail/1006](http://www.endhomelessness.org/content/article/detail/1006)

PATH Record:
[http://pathprogram.samhsa.gov/
 Resource.aspx?id=32866](http://pathprogram.samhsa.gov/Resource.aspx?id=32866)

National Alliance to End Homelessness. (2004). Using TANF block grants to end family homelessness. In *National Alliance to End Homelessness Source Book on Ending Family Homelessness: Problems and Solutions (pp. 29)*. Washington, DC: Author.

This sourcebook provides many resources for communities. It includes a Mayor's Checklist and tips for what state and local TANF agencies can do to end family homelessness.

Direct Link:
[http://www.endlongtermhomelessness.org/
 downloads/news/file_Coordinating_HPF_and_TANF_Programs_1_Pager%5B1%5D.pdf](http://www.endlongtermhomelessness.org/downloads/news/file_Coordinating_HPF_and_TANF_Programs_1_Pager%5B1%5D.pdf)

PATH Record:
[http://pathprogram.samhsa.gov/
 Resource/View.aspx?id=46461](http://pathprogram.samhsa.gov/Resource/View.aspx?id=46461)

National Alliance to End Homelessness. (2009). *Coordinating prevention and re-housing initiatives: Temporary Assistance for Needy Families (TANF) programs*. Washington, DC: Author.

This one-page overview suggests ways for communities to coordinate with TANF agencies to efficiently use American Recovery and Reinvestment Act funds.





Earned Income Tax Credit

The Earned Income Tax Credit (EITC) is a tax credit for people who work but earn less than a designated amount in a tax year. For example, during the 2008 tax year, the earned income must have been under a maximum of \$41,646 for a married couple (or \$38,646 for a single parent) with two or more qualifying children. A tax credit permits individuals or families to lower their taxes, allowing them to keep more of their earnings. The EITC may also provide a tax refund.

To be able to apply for this credit, an individual must:

Have earned income from employment or self-employment;

Have a valid Social Security number for yourself, your spouse (if filing jointly), and your qualifying child(ren);

Not be a qualifying child on someone else's tax return;

Be a U.S. citizen or resident alien all year; and

Meet the EITC income and investment limits.

The income limits for EITC eligibility depend on whether or not a person has qualifying children. For example, an individual with no children may qualify for an EITC, but the income eligibility amount is much less than for a family with two or more qualifying children. To be a qualifying child, one must meet certain relationship, age, and residency requirements. For example, a child must have lived with the parent claiming the credit for at least half of the tax year.

Sometimes, individuals can receive some of their EITC over the course of the year rather than at the time they file a tax return. To do so, the individual must fill out a W-5 at the place of employment and express an interest in receiving this credit over the year.

For many people, the easiest way to determine the EITC is to request that the IRS compute it when they file their income tax. Reputable tax preparers should also be able to assist with questions about EITC.



Web Sites

Direct Link:
<http://www.cbpp.org/pubs/eitc.htm>

Center on Budget and Policy Priorities – Earned Income Tax Credit

The Center on Budget and Policy Priorities provides extensive materials on the EITC.

Direct Link to IRS:
<http://www.irs.gov>

Internal Revenue Service (IRS)

The IRS provides information on eligibility for the Earned Income Tax Credit.

Direct Link to Earned Income Tax Credit – Should I Claim It?
<http://www.irs.gov/individuals/article/0,,id=130102,00.html>

Direct Link:
<http://www.cbpp.org/eic2009>

National Tax Credit Outreach Campaign Website

This website provides assistance to low-income individuals who may qualify for the EITC. Each year millions of eligible workers risk missing out on federal tax benefits because they do not know that they qualify, do not know how to claim, or do not know where to find free tax filing assistance.

Other Resources

Direct Link:
<http://www.nlchp.org/content/pubs/Common%20Questions%20on%20EIC1.pdf>

National Law Center on Homelessness and Poverty. (2005). *Common questions on the earned income credit*. Washington, DC: Author.

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32867>

This fact sheet explains EIC eligibility, how to apply, and what forms and documents are needed.



Medicaid, Medicare, and Children's Health Insurance Program

Accessing healthcare can be a difficult process for individuals and families who are homeless. Expensive and inadequate healthcare is often provided solely through emergency room visits and inpatient stays with little follow-up.

Public insurance programs generally include Medicaid, Medicare, and Children's Health Insurance Program (CHIP), along with supplemental Medicaid programs for Medicare recipients. These programs are Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB) and Qualifying Individuals-1 (QI-1). Medicaid coverage and eligibility vary from state to state. Medicare eligibility and coverage are consistent nationally but Medicare can be confusing as there are deductibles, premium costs, and co-pays. Administration of CHIP is determined by the state. Eligibility for supplemental Medicaid programs for Medicare recipients is generally consistent nationally, although there may be slight state variability.

Though not exactly a health insurance program, those serving homeless individuals and families should be aware that, in most states, if a person is ineligible for Medicaid or other insurance programs, programs called "spend-downs" might be available. To learn about these, individuals should contact their local Medicaid agencies. If an individual has excessive medical bills and is ineligible for Medicaid because of income, he/she might become eligible for the "spend-down" for six months. Medical bill amounts, including pharmacy costs, would be applied against the person's income.



Web Sites

Direct Link: <http://www.cms.hhs.gov> **Center for Medicare and Medicaid Services Homepage**
This site includes policy and program information on Medicare and Medicaid.

Direct Link: <http://www.nhchc.org> **National Health Care for the Homeless Council (NHCHC)**
The National Health Care for the Homeless Council website provides policy briefs on health issues as well as tools, resources and technical assistance for providing health care to people who are homeless.

Direct Link: <http://www.coverageforall.org> **Coverage for All**
This website helps uninsured individuals navigate the United States health care system.

Direct Link: <http://www.familiesusa.org> **Families USA**
Families USA is a non-partisan organization that began in 1982 and is devoted to promoting health care for all Americans. The website clearly summarizes changes in the public health insurance programs.

Direct Link: <http://www.kff.org> **Kaiser Family Foundation**
The Kaiser Family Foundation site includes a wealth of information, including state-specific data on health and health care in the U.S. and on public insurance programs.

Direct Link: <http://www.nhpf.org> **National Health Policy Forum**
Provides non-partisan policy briefs on health issues before Congress.



Medicaid

Medicaid is a means-tested, federal and state entitlement program that covers basic health care (including medications) and long-term care for certain categories of low-income Americans. Medicaid is available to individuals and families who can demonstrate need established through income. Asset standards may vary from state to state. Few states now have state-only Medicaid programs that cover single adults. Generally, Medicaid with federal funding provides coverage to children, parents of dependent children, pregnant women, or individuals who are blind, disabled, or age 65 or older.

Medicaid is complex because federal and state governments jointly fund it, with specific matching amounts of funding depending on the state and the arrangement. When an individual moves from one state to another, the Medicaid rules may be different. In most states, when recipients receive Supplemental Security Income (SSI), Medicaid eligibility is automatic. In other states, a person has to apply separately for Medicaid when receiving SSI but approval is guaranteed. In a few states, additional criteria apply to eligibility for Medicaid even when receiving SSI.

For most individuals covered by Medicaid, there are no co-pay costs for services and minimal co-pay costs for medication. For Medicare recipients, supplemental Medicaid programs (explained below under QMB, SLMB, and QI-1) help with some of the costs associated with Medicare.

Medicaid is a key resource to ending homelessness for families and individuals with disabilities. Medicaid pays for primary health care, mental health and substance use services, and many support services such as case management. The Medicaid program continues to evolve and change and up-to-date information can be found on the Web Sites listed below.



Web Sites

Direct Link:
<http://www.cms.hhs.gov/apps/firststep/index.html>

Centers for Medicare and Medicaid Service: FirstStep

The Centers for Medicare and Medicaid Services' First Step is an online program that provides detailed information on how to assist people who are homeless in accessing Medicaid and other benefit programs.

Direct Link:
<http://www.kff.org/medicaid/benefits>

Kaiser Family Foundation Medicaid Benefits Online Database

This database contains Medicaid benefits survey data from 2003, 2004 and 2006 with information about benefits, limits, co-payments and reimbursement methodologies for the 50 states, the District of Columbia and the Territories.

Direct Link:
<http://www.ssa.gov/disabilityresearch/wi/medicaid.htm>

Social Security Administration's Webpage on Medicaid

The SSA website has a FAQ section for Medicaid.



Other Resources

Direct Link:
<http://www.cms.hhs.gov/HomelessnessInitiative/Downloads/HomelessPrimer2007.pdf>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32873>

Smith, G.A. (2007). *A primer on how to use Medicaid to assist persons who are homeless to access medical, behavioral health and support services*. Baltimore, MD: Centers for Medicare and Medicaid Services.

The primer is a resource for state officials and homeless program managers to support efforts to access and coordinate services for people who are homeless using the Medicaid program.

Direct Link:
<http://www.cms.hhs.gov/HomelessnessInitiative/Downloads/ImprovingMedicaidAccess.pdf>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=22285>

Eiken, S., & Galantowicz, S. (2004). *Improving Medicaid access for people experiencing chronic homelessness: State examples*. Washington, DC: MEDSTAT Group, Inc.

This technical assistance report is designed to highlight several state initiatives that increase Medicaid access for people who are chronically homeless.

Direct Link:
http://gainscenter.samhsa.gov/pdfs/integrating/Maintaining_Medicaid_02.pdf

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32874>

National GAINS Center for People with Co-Occurring Disorders in the Justice System. (2002). *Maintaining Medicaid benefits for jail detainees with co-occurring mental health and substance use disorders*. Delmar, NY: Author.

This brief discusses the rules and regulations of Medicaid services for jail detainees with co-occurring mental health and substance use disorders.



QMB, SLMB, AND QI-1

QMB, SLMB, and QI-1 are state supplemental Medicaid programs that assist with Medicare associated costs. Each program has income and asset eligibility requirements, which generally change every year and are available April 1. Application for these programs can be submitted to the same places where an individual applies for Medicaid.

Qualified Medicare Beneficiary (QMB, also known as “Quimby”) program

The QMB program helps to cover most of the Medicare associated costs (premiums, deductibles and coinsurance costs) for disabled individuals. To be eligible in 2009, a person must:

- Currently be receiving Medicare;
- Have gross monthly income of no more than \$922.50/month or \$1,234.17/month for a couple; and
- Have assets below \$4,000 for an individual and below \$6,000 for a couple. (Some states allow larger amounts of resources or have no resource limit at all.)

Specified Low-Income Medicare Beneficiary (SLMB, also known as “Slimby”) program

As the eligibility criteria for SLMB are higher, coverage is less. SLMB pays for the Medicare Part B premium, which is a minimum of \$96.40/month in 2009. To be eligible in 2009, a person must:

- Currently be receiving Medicare, and;
 - Have gross monthly income of no more than \$1,103/month or \$1,477/month for a couple.
- Effective April 1, 2008, there is no asset test for SLMB.



Qualified Individual – 1 (QI-1)

This program pays for part of the Part B premium, which is a minimum of \$96.40/month in 2009. States have limited funds for QI so to be eligible in 2009, a person must:

- Currently be receiving Medicare, and
- Have gross monthly income of no more than \$1,239/month or \$1,660/month for a couple.

There are no asset limits for QI.



Web Sites

Direct Link: <http://www.aging.ny.gov/healthbenefits> **The HIICAP Notebook**
The HIICAP Notebook, from the New York State Office of Aging has a link to a chapter on SLMB, QMB, and Q1 – 1.

Other Resources

Direct Link: <http://www.ssa.gov/policy/docs/ssb/v64n3/v64n3p76.html> **Sears, J. (2001). *Comparing beneficiaries of the Medicare savings programs with eligible nonparticipants*. Washington, DC: Social Security Online.**
PATH Record: <http://pathprogram.samhsa.gov/Resource.aspx?id=32875>
This report was presented at the Association for Public Policy Analysis and Management.



Medicare

Medicare is a Federal health insurance program that is the same from state to state. There are four parts to Medicare:

Part A: Hospital or inpatient coverage with no premium.

Part B: Outpatient services that have a monthly premium that changes yearly.

Part C: Prescription drug coverage with a monthly premium and co-payment for medications.

While the Medicare **Part D** includes assistance for low-income Medicare beneficiaries, costs and coverage can vary by program.

An individual is automatically eligible for Medicare if:

The individual is 65 years or older and receives retirement benefits from the Social Security Administration or the Railroad Retirement Board OR

The individual is under the age of 65 and has received disability benefits (SSDI) from Social Security or the Railroad Retirement Board for 24 months.

There are two exceptions to the 24-month waiting period for Medicare: If an individual receives SSDI because of Amyotrophic Lateral Sclerosis (often called Lou Gehrig's disease) or has End-Stage Renal Disease.

Medicare eligibility is processed at the Social Security Administration (1-800.772.1213 or <http://www.socialsecurity.gov>) and administered through contractual programs in each state. Medicare has associated premium costs (noted above), deductibles, and coinsurance costs. Some individuals may be eligible for both Medicare and Medicaid. In that instance, Medicare is the primary insurance, and Medicaid the secondary. For these individuals, Medicaid would pay the premiums associated with Medicare.



Web Sites

Direct Link: **Medicare**
<http://www.medicare.gov> Official U.S. Government site for Medicare provides information and resources.

Direct Link: **Medicare.org**
<http://www.medicare.org> Medicare.org is a private information source on all aspects of Medicare.

Direct Link: **Medicare Resources**
<http://www.ssa.gov/mediinfo.htm> This is the Social Security Administration's webpage on Medicare and contains a FAQ section.

Direct Link: **What do I need to know about Medicare prescription drug coverage?**
<http://www.cms.hhs.gov/HomelessnessInitiative/Downloads/HomelessFactSheet.pdf> This website provides information on the application processes and eligibility criteria for Medicare prescription drug coverage. It is particularly relevant to people experiencing homelessness.



Other Resources

Direct Link:
<http://www.medicare.gov/Publications/pubs/pdf/10050.pdf>

PATH Record:
<http://pathprogram.samhsa.gov/Resource/View.aspx?id=33354>

Centers for Medicare and Medicaid Services. (2008). *Medicare and you*. Baltimore, MD: Author.

Medicare and You is published every year and contains information about costs, coverage, preventive services, health plans, prescription drug plans, and rights and appeals. A printed copy can be obtained for free by calling 1-800-MEDICARE (1-800.633.4227). TTY users should call 1-877.486.2048.

Direct Link:
<http://www.ajph.org/cgi/content/abstract/93/5/753>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32876>

Gornick, M. (2003). A decade of research on disparities in Medicare utilization: Lessons for the health and health care of vulnerable men. *American Journal of Public Health, 93*(5), 753-759.

This article reviews information on service utilization disparities specifically for vulnerable men.



Children's Health Insurance Program (CHIP)

The Children's Health Insurance Program (CHIP) is designed to help low-income families who have uninsured or homeless children age 18 or younger. The aim of the program is to ensure ongoing regular medical care so children grow up healthier. Benefits include most primary care services, immunizations, dental care, and general health maintenance related services. There are no-low costs for each of these services.

Each state sets the eligibility criteria for CHIP. In general, CHIP eligibility covers families with much higher incomes than does Medicaid. Families often can apply where they apply for Medicaid (in some states, this is not the case), and some states have one application that covers both Medicaid and CHIP.



Web Sites

Direct Link: <http://www.cms.hhs.gov/home/chip.asp> **Children's Health Insurance Program (CHIP)**
The CHIP website provides information and resources from the Center on Medicare and Medicaid Services, including policy and benefit regulations related to CHIP.

Direct Link: <http://www.insurekidsnow.gov> **Insure Kids Now**
This U.S. Department of Health and Human Services website provides eligibility criteria for free and low cost health insurance including CHIP information by state. To contact by phone, call 1-877-KIDS-NOW.

Direct Link: <http://www.kff.org/medicaid/index.cfm> **Kaiser Family Foundation's Medicaid/CHIP Webpage**
This website provides research updates and information on current funding.



Other Resources

Direct Link:
<http://pediatrics.aappublications.org/cgi/reprint/106/1/14>

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32877>

Byck, G.R. (2000). A comparison of the socioeconomic and health status characteristics of uninsured, state children's health insurance program-eligible children in the United States with those of other groups of insured children: Implications for policy. *Pediatrics*, 106, 14-21 (fee).

This policy compares the health and socioeconomic status of children with and without insurance.

Direct Link:
http://futureofchildren.org/futureofchildren/publications/docs/13_01_FullJournal.pdf

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=32878>

David and Lucille Packard Foundation. (2003). Health insurance for children. *The Future of Children*, 13(1).

This journal issue covers a range of topics related to children and health insurance with an emphasis on vulnerable populations.

Direct Link:
http://nhpf.org/library/background-papers/BP_Waivers_9-03.pdf

PATH Record:
<http://pathprogram.samhsa.gov/Resource.aspx?id=19120>

Shirk, C. (2003). *Shaping public programs through Medicare, Medicaid, and SCHIP waivers: The fundamentals*. Washington, DC: National Health Policy Forum.

This paper provides a background to alternative methods of changing federally funded health care programs. Research, demonstration, and program waiver authorities are examined in respect to Medicare, Medicaid and SCHIP waivers.



WHAT IS PATH?

The PATH Program—or Projects for Assistance in Transition from Homelessness—was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH funds community-based outreach, mental health and substance abuse services, case management, and limited housing services for people experiencing serious mental illnesses—including those with co-occurring substance use disorders—who are experiencing homelessness or are at risk of becoming homeless.

PATH funds stimulate state & local contributions

PATH funds are worth more than their face value because they are matched with state and local resources. For every \$3 in federal funds, state or local agencies must put forward \$1 in cash or in-kind services. At a minimum, a \$52 million Federal allocation would result in a \$17 million match. In some states PATH funds and the state and local match are the only resources specifically for serving people experiencing homelessness and mental illnesses.

PATH providers deliver innovative services

PATH providers work with service delivery systems and embrace practices that work. These include:

- Partnering with housing first and permanent supportive housing programs

- Providing flexible consumer-directed and recovery-oriented services to meet consumers where they are in their recovery

- Employing consumers or providing consumer-run programs

- Partnering with health care providers, including Health Care for the Homeless to integrate mental health and medical services

- Assertively improving access to employment

- Improving access to benefits, especially through SSI/SSDI Outreach, Advocacy, and Recovery (SOAR)

- Using technology such as PDAs, electronic records, and HMIS

PATH providers are strong community partners

PATH providers and State Contacts are involved in local and regional planning efforts to end homelessness, including Continuum of Care, 10-Year Plans to End Homelessness, and other planning efforts. PATH providers and State Contacts work to ensure that services are coordinated and available to people experiencing homelessness.

For more information about PATH, please visit <http://pathprogram.samhsa.gov/>

