Section 1619b allows individuals who are eligible for SSI to continue to be eligible for Medicaid coverage when their earnings are too high to continue to receive SSI. This work incentive only applies to individuals whose earnings are below Indiana’s threshold (currently $37,087 in 2015).

How It Works

While you are earning income from work, if you:

- have a disability or are blind,
- need Medicaid in order to work,
- are unable to afford benefits, and
- you meet all other requirements (such as having less than $2,000 in resources for an individual or $3,000 for a couple),

you are eligible for 1619b Medicaid protection.

You should report your earnings to the Social Security Administration (SSA) monthly. At the time that your SSI cash payments stop due to reaching the Break-Even Point (the point when your earnings cause your SSI check to go to zero), the SSA computer will automatically determine eligibility for 1619b, and inform you of your eligibility for this Medicaid protection.

This information will be sent electronically to the local office of the Division of Family Resources (DFR). However, you should also report your earnings to the caseworker at the DFR, and inquire about your eligibility for Section 1619b Medicaid continuation when you no longer receive an SSI check due to your earnings.

With 1619b, you may still remain eligible for SSI, even though your check has stopped. If you begin earning less than the Break-Even Point or are not working again, your SSI check will start again. It is very important to always report your earnings to Social Security each month to have your check adjusted accurately.

A trained Community Work Incentives Coordinator or an Indiana Benefits Information Network Liaison can help you understand the conditions that trigger continuation of Medicaid coverage under Section 1619b.

The information contained in this fact sheet has been reviewed by the Social Security Administration, Office of Employment Support Programs, for accuracy. However, the viewpoints of this fact sheet do not necessarily reflect the viewpoints of the Social Security Administration.