



The New York State Medicaid Buy-In Program for Working People with Disabilities

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Community Health Advocates

Community Health Advocates (CHA) is a network of 30 organizations that assist consumers and advocates to navigate New York's healthcare systems and services. NYAIL and CIDNY partner to serve people with disabilities statewide through individualized counseling and group presentations. We help consumers to obtain and navigate coverage, and we help the uninsured to find free or low-cost care.



The Medicaid Buy-In

Allows people with disabilities to work and access comprehensive health benefits provided by Medicaid.

Income limits are significantly higher than regular Medicaid limits.

Some individuals enroll when they return to work after having received SSDI. Others never had SSDI and have Medicaid determine their disability status.

Who can enroll in the Medicaid Buy-In?

- New York Residents
- Who are disabled as defined by Social Security
- Who have monthly earnings
(no minimum number of work hours required)
- Who are between the ages of 16 and 64
- Who have countable net income at or below 250% of federal poverty guidelines
- Who have no more than \$20,000 in countable savings and assets
(retirement accounts like IRA's do not count)
Couples can have \$30,000.

Who can enroll in the Medicaid Buy-In?

- Immigrant Eligibility: same rules as regular Medicaid.
- Individuals with Medicaid, Medicaid Spend-Down or 1619B Medicaid are eligible to transfer to Medicaid Buy-In.
- Individuals with Medicare, private or employer sponsored health insurance can use the Medicaid Buy-In to supplement existing coverage. Medicaid is payer of last resort.

Benefits of the Medicaid Buy-In

- Less expensive and more comprehensive than private coverage – currently no premiums.
- Easier to maintain than the Medicaid Spend Down.
- Ability to save more than allowed by 1619B Medicaid.

Two Groups: Basic and Medical Improvement

Basic Group

- Must meet SSA definition of disability.
- No minimum work or earnings requirement (one hour/month).
- New participants automatically enrolled in Basic Group.

Two Groups: Basic and Medical Improvement

Medical Improvement Group

- Lost eligibility under Basic Group yet still have severe impairment.
- Must work minimum of 40 hours per month at minimum wage or higher.

The Application Process

- May apply at any Medicaid office. Independent Living Centers can help with application process.
- New applicants use
Access NY Form ([DOH-4220](#)) (2/10) plus
Access NY Supplement A ([DOH-4495A](#)).
check “yes” to MBI-WPD (Question 3).

Suggestion: write “MBI-WPD” prominently in capital letters and highlighted at top of each page of application and recertification (Medicaid office may not understand MBI-WPD well).

- No face-to-face interview required.

Eligibility Determination

1. Age, Citizenship, Residency
2. Employment
3. Disability
4. Income and Resources

Eligibility Determination: Age, Citizenship, Residency

Eligibility Criteria

- Persons at least 16 but not yet 65 years of age.
- U.S. citizens, nationals and immigrants with Legal Permanent Resident status, and individuals Permanently Residing Under Color of Law (PRUCOL status).
- New York State residents.

Eligibility Determination: Age, Citizenship, Residency

- Birth certificate, passport, or driver's license
- Green card or application for adjustment of immigration status
- Lease, rent or mortgage payment receipts, or utility bills
- Social Security number or proof of application for Social Security

Eligibility Determination: Employment

Eligibility Criteria

- Must be employed at time of application.
- Must be paying any applicable state, federal and payroll taxes (but proof of tax payment is no longer required).

Eligibility Determination: Employment

Accepted Documentation

- Pay Stubs or copies of paychecks
- Written statement from employer
- Tax returns, W-2's, bank deposit records
- Self-employed individuals can document earnings with receipts, cancelled checks, and a signed letter from person hiring, including dates worked, hours spent, rate of pay, and amount paid.
- Tip: a resume may help document work history.
- Tip: documentation showing a consistent work pattern may be helpful (e.g. employer/employee agreement detailing a regular work schedule).

Eligibility Determination: Disability

- Must meet definition of disability used by the Social Security Administration.
- Need disability certification from one of the following:
 - Social Security
 - Commission for the Blind and Visually Handicapped
 - Railroad Retirement (documenting total disability)
 - State Disability Review Team.

Eligibility Determination: Disability

If an applicant is not certified, a State Disability Review is conducted at time of application. Three forms must be submitted:

- [DSS-486T](#) (Medical Statement of Disability), completed and signed by all treating physicians, describing diagnoses, symptoms, functional limitations, and medical history.
- [LDSS-1151](#) (Disability Questionnaire), describing SSI/SSDI history, education, work history, and functional limitations.
- [LDSS-1151.1](#) (Disability Questionnaire Continuation Sheet) – listing names and address of medical providers and hospitals where care was received.

Eligibility Determination: Disability

Additionally, the last twelve months of medical records from treating providers must be submitted (e.g. progress notes, test reports, hospital discharge reports) that document the disability(ies).

- Cover letter requesting documents is sent to provider enclosing DSS-486T and [HIPAA 960](#) release signed by consumer. Provider is asked to submit 12 months of medical records.
- Medicaid requests that consumer sign three additional HIPAA 960 release forms in case they need to request additional information from providers to assure timely disability determination.

Eligibility Determination: Income and Resources

- SSI-related budgeting methodology used to calculate countable income.
- Countable net Income must be at or below 250% of federal poverty guidelines (\$2,394/\$3,232/mo.).
- Countable Resources must be at or below \$20,000 (or \$30,000 for a married couple). Retirement accounts are not counted.

Eligibility Determination: Income and Resources

Countable Income and Assets Include:

- Salary
- Spouse's Income
- Social Security Disability Insurance
- Pension Income
- Alimony and Child Support
- Investments/Investment-Generated Income
- Workers' Compensation Payments
- Legal Settlements
- Second Home

Eligibility Determination: Income and Resources

Disregarded Income:

- First \$20 of unearned income
- First \$65 of earned income (\$85 if no unearned income)
- Impairment Related Work Expenses (IRWEs)
- Self-employment business-related expenses
- Half of remaining earned income after above deductions
- Blind work expenses
- Earned income set aside under a PASS plan

Eligibility Determination: Income and Resources

Jennifer is single and lives alone. She receives SSDI of \$1,600/month. She begins working, earning \$580/month. She has approved IRWE's totaling \$155/month.

Unearned income: $\$1,600 - \20 (unearned inc. disregard) = \$1,580

Earned income: $\$580 - \65 (earned inc. disregard) – $\$155$ (IRWE's) = $\$360$
 $\$360$ divided by 2 = \$180

$\$1,580 + \$180 =$ \$1,760, which is less than 250% FPL

Eligible for MBI-WPD

Eligibility Determination: Income and Resources

Disregarded Assets

- Student Loans
- Blind Work Expenses
- PASS Plan Funds
- Primary Home and Car
- Life Insurance and Burial Fund up to \$1,500 combined
- Irrevocable Burial Trust
- Equity Value of a Business
- Native American Payments

Application Review

- Medicaid office is to give applicant 10-day notice to submit any outstanding documents before application packet is sent to Albany Central Office for review.
- Final decision should come within 90 days of application.

Reasonable Accommodations

- People with disabilities are entitled to reasonable accommodations needed to assist with completion of application process.
- Examples of reasonable accommodations:
 - ASL Interpreter
 - Materials in alternative formats
 - Alternate interview location
 - Scheduled interview time.
- Grievance can be filed if reasonable accommodation is denied.

Appeals and Fair Hearings

- Anyone turned down for Medicaid Buy-In has right to appeal.
- Must file for fair hearing within 60 days, and within 10 days for aid continuing if already have coverage.
- Request for fair hearing handled through NYS Office of Temporary and Disability Assistance.

When a participant has to stop working or becomes unemployed

- Medicaid Buy-In Participants are allowed a grace period of up to 6 months in any 12 month period.
- A grace period is allowed if a participant experiences 1) a change in medical condition or 2) job loss not through own fault.
- Completion of the MBI-WPD Grace Period Request form is required.

Medicaid Buy-In and Managed Care

- Enrollment in a Managed Care plan is required starting 4/2013.
 - People who have Medicare plus as MBI-WPD remain excluded from managed care for now.

Premiums and Co-Pays

- Moratorium on premium payments until automated system is operational.
- Net income between 150% and 250% FPL will pay monthly premium of \$25 (\$50 for a couple).
- No premium for income below 150% FPL.
- Premiums will not be assessed retroactively.

Pre-Existing Medical Bills

- Reimbursement for medical bills incurred in the 3 months prior to month of application .
- Must have been eligible for the Medicaid Buy-In during that period.

Medicaid with a Spend Down

- Allows a person who has too much income to qualify for Medicaid by “spending down” excess income on medical expenses.
- For example: a single, disabled individual has \$900/month countable income, but in order to be eligible for Medicaid, he can only have \$800 a month. He can "spend-down" \$100 of his own money on medical expenses in order to qualify for Medicaid.

Additional Health Care Options: 1619B Medicaid

- Allows individuals to retain Medicaid when they lose SSI due to increased earnings.
- Continuation of Medicaid if individual is still disabled and would be would still be eligible for SSI if wages were not counted. Resources must be below \$2,000.
- Income threshold depends on individual's medical expenses. MBI-WPD has higher resource and income levels.

Medicaid Disability Criteria

NYSDOH Medicaid Disability Manual Describes a Sequential Evaluation Process that mirrors Social Security's.

1. Is the individual performing “substantial gainful activity” (SGA) as defined by Social Security? (does not apply to MBI-WPD, but counsel SSDI recipients on impact of SGA).
2. Does the individual have any severe medically determinable impairment?
If so, continue to the next step.
3. Does the impairment meet or equal the medical “Listing” of impairments? If so, the individual is disabled. Listings are criteria for clinical and laboratory signs and symptoms of impairments of the various body systems that, if met, indicate an impairment so severe that the individual is found disabled without considering their age, education, or work experience. If the listings are not met, go to the next step.
4. Does individual retain Residual Functional Capacity [RFC] to perform past relevant work (can individual perform their last actual job)? “Relevant” means work performed within the last 15 years. If the individual last worked more than 15 years ago, then continue to the next step. If the individual did work in the last 15 years, then the ability to meet the physical, exertional and mental demands of the relevant past work – heavy, medium, or sedentary – is assessed. If the individual lacks the RFC to return to past work, go to the next step.

Medicaid Disability Criteria

5. Does the individual meet one of the special medical-vocational work profiles that are deemed to indicate that the individual cannot work? There are three medical-vocational work profiles that apply to adults of all ages seeking to prove disability.
 - a. If the individual has no more than a marginal education (6th grade or less) and work experience of 35 years or more during which s/he did only arduous unskilled physical labor, or
 - b. If the individual is at least 55 years old, has no more than a limited education (11th grade or less), and has no past relevant work experience, or
 - c. If the individual is age 60 or older, has no more than a limited education, has a lifetime commitment (30 years or more) to a field of work that is unskilled, or is skilled or semi-skilled but with no transferable skills,

6. If no special profile is met, then the Medical-Vocational Guidelines, known as “the grid,” are used to determine whether the individual can work, based on his or her ability to perform medium, light or sedentary work, level of education, and skill level. If the result on the “grid” is unfavorable, non-exertional impairments such as allergies, environmental restrictions, and mental and sensory impairments must be considered.

MBI-WPD References

GIS 08 MA/004, 2/4/2008, <http://onlineresources.wnylc.net/pb/docs/08ma004.pdf> addresses consideration of earned income, Substantial Gainful Activity and Trial Work Period in the disability process and provides a current list of acceptable proofs of disability for the MBI-WPD program, including when individual is in SSDI Extended Period of Eligibility (EPE) or is transitioning from the SSI 1619(b) program to MBI-WPD.

GIS 08 MA/027, 9/23/2008, http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/08ma027.pdf, clarifies MBI-WPD work requirements .

GIS 09 MA/015, 5/15/2009, http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/09ma015.pdf, clarifies that proof of tax payment is not required; outlines acceptable forms of earnings documentation.

OHIP 12/MA-027, <http://onlineresources.wnylc.net/pb/docs/12ma027.pdf>, provides guidance on new MBI-WPD disability determination forms effective 6/2012. Also has forms plus provider cover letter.

10 OHIP/ADM-2, 3/3/2010, http://www.health.ny.gov/health_care/medicaid/publications/docs/adm/10adm-2.pdf, provides rules about the medical improvement group and revising grace period request and approval forms.

Links

Cornell University MBI-WPD page (has link to screening tool):

<http://www.ilr.cornell.edu/edi/mbi-wpd/>

Access NY Application:

www.health.state.ny.us/forms/doh-4220all.pdf

Access NY Supplement A:

www.health.state.ny.us/forms/doh-4495a.pdf

NY Health Access MBI-WPD informational page:

<http://www.wnylc.com/health/entry/59/>

Links (cont'd)

NY Health Access Page on Medicaid Disability Determinations:

<http://www.wnyc.com/health/entry/134/>

LDSS-486T (Medical Report for Determination of Disability):

http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/12ma027att1.pdf

LDSS-1151 (Disability Questionnaire):

http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/12ma027att2.pdf

LDSS-1151.1 (Disability Questionnaire Continuation Sheet):

http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/12ma027att2a.pdf

OCA 960 (Authorization for Release of Information Pursuant to HIPAA) :

http://www.nycourts.gov/forms/hipaa_fillable.pdf

Old DSS-486T (may be useful for documenting disability criteria or meeting a listing):

<http://www.wnyc.com/health/afile/134/60/>

Contact Information

- Community Health Advocates website:
www.communityhealthadvocates.org
- Community Health Advocates one pager:
<http://www.cidny.org/community-health-advocates.php>
- **Greg Otten**, Community Health Advocates Coordinator
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