

DMA

CHANGE NOTICE FOR MANUAL 01-14

DATE: 03/4/14

Manual: Family and Children's Medicaid
Change No: 01-14
To: County Directors of Social Services
Effective: 3/01/14

Make the following change(s)

I. BACKGROUND

North Carolina is authorized to provide Medicaid for disabled/blind workers under the Health Coverage for Workers with Disabilities Act (G.S. 108A-66.1). Health Coverage for Workers with Disabilities (HCWD) provides an incentive for persons with disabilities to go to work or to increase their hours of work while protecting their Medicaid eligibility.

Health Coverage for Workers with Disabilities was implemented in November 2008, providing eligibility for disabled individuals with income of 150% or less of the federal poverty level (FPL) (See MA-2180, Health Coverage for Workers with Disabilities). On August 26, 2013, the income limit was raised to 200% of FPL with the requirement that those whose income exceeds 150% FPL must pay an enrollment fee.

Administrative Letter 08-13, Addendum I, instructed the counties that, beginning 11/14/13, eligibility for HCWD must be determined regardless of income or CAP status. The only income limit for the HCWD program is a 150% FPL limit on unearned income. However, those with incomes above 200% FPL must pay a monthly premium, based on income, as well as the yearly enrollment fee.

This Change Notice obsoletes Administrative Letters 08-13, Health Coverage for Workers with Disabilities, and 08-13, Health Coverage for Workers with Disabilities, Addendum 1.

II. CONTENT OF CHANGE

A. MA-3215, Processing the Application, is revised in:

1. III.B.1.a., to state that processing time can be excluded when waiting for HCWD enrollment fees and/or premiums.

2. III.B.1.e., to state that the end date for excluding days in HCWD cases is the day the enrollment fee and/or premium is received or the 13th calendar day, whichever occurs first.

B. MA-3230, Eligibility of Individuals Under Age 21, is revised in:

II.A., to state that the only income limit for the HCWD program is that unearned income cannot exceed 150% FPL. Individuals whose total countable income exceeds 150% of FPL must pay a \$50 yearly enrollment fee. Individuals whose total countable income exceeds 200% FPL must pay a premium based upon income in addition to the yearly enrollment fee.

III. EFFECTIVE DATE AND IMPLEMENTATION

This Change Notice is effective 03/01/2013. Apply this change to applications taken and redeterminations started on or after March 1, 2014 and for applications and redeterminations presently in process for months beginning March 1, 2014 or later. Note that the increase in the federal poverty levels is effective April 1, 2014.

Review all terminations and denials for excess income that were completed on or after November 14, 2013. Determine if the individuals would have been eligible under the expanded HCWD program. A list of all those potentially affected can be found in NCXPTR. The report is titled: NCXPTR: DHRWDB HCWD RECIPIENT > 150% FPL.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-3215, Processing the Application, pages 5–28.

Insert: [MA-3215](#), Processing the Application, pages 5–30.

B. Remove: MA-3230, Eligibility of Individuals Under Age 21, pages 1-2.

Insert: [MA-3230](#), Eligibility of Individuals Under Age 21, pages 1-2.

If you have any questions, please contact a Medicaid Program Representative.

Sandra Terrell, MS, RN,
Acting Director

(This material was researched and written by Wanda McLeoud, EIS Consultant and William Appel, Project Director, Division of Medical Assistance, Recipient and Provider Services)