

CHANGE NOTICE FOR MANUAL NO. 24-08, HEALTH COVERAGE FOR WORKERS WITH DISABILITIES

DATE: 11/01/08

Manual: Aged, Blind, and Disabled Medicaid

Change No: 24-08

To: County Directors of Social Services

Effective: 11/01/08

Make the following change(s)

I. BACKGROUND

The federal Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999 offers states the option to protect Medicaid coverage for workers with disabilities. People with disabilities are often discouraged from working for fear that their earnings would make them ineligible for Medicaid. TWWIIA offers state Medicaid programs options to expand Medicaid eligibility criteria for workers with disabilities. Additionally, it provides support for the states in developing programs to reduce barriers to and create work incentives for persons with disabilities. This support comes in the form of Medicaid Infrastructure Grants.

North Carolina is authorized to provide Medicaid for disabled workers under the Health Coverage for Workers with Disabilities Act (G.S. 108A-54.1). 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.

II. INTRODUCTION

HCWD covers blind or disabled workers age 16 through 64 with incomes equal to or less than 150% of the federal poverty level. The resource limit is the minimum community spouse resource standard, currently \$20,880. HCWD recipients are entitled to full Medicaid coverage under MAB or MAD. Recipients age 16 through 20 are also entitled to additional services provided under EPSDT. HCWD consists of two groups, the Basic Coverage Group and the Medically Improved Coverage Group. HCWD recipients can not be receiving under any CAP program at this time. CAP recipients will be eligible for HCWD at a later time.

III. CONTENT OF CHANGE

A. MA-2180, Health Coverage for Workers with Disabilities, has been added to the manual.

1. MA-2180 III. defines the Basic and Medically Improved Coverage Groups.
2. MA-2180 IV. defines the eligibility requirements

To qualify for HCWD an individual must:

- a. Be age 16 through 64;
- b. Meet the Social Security Administration definition of disability, except for earnings, or meet the Division of Services for the Blind (DSB) blindness criteria, or be eligible in the Medically Improved Group;
- c. Be employed;
- d. Have countable resources equal to or less than the minimum community spouse resource allowance;
- e. Meet the income requirements for his coverage group; and
- f. Meet all the other eligibility requirements applicable to Adult Medicaid coverage groups.

B. MA-200, Definitions, has had the following definitions added or changed:

1. Authorized Representative
2. Client
3. Health Coverage for Workers with Disabilities
4. Money Follows the Person
5. Representative

C. MA-500, Classification, has been changed as follows:

1. HCWD individuals are classified as “N,” “G,” “B,” or “Q.”
2. HCWD “N” individuals have eligibility determined based on 150% of FPL.

3. Dually eligible HCWD individuals have “Q” eligibility based on 100% of FPL and “B” eligibility based on income between 100% and 120% of FPL.4. The resource limit for HCWD is the community Spouse Resource Allowance.
4. The resource limit for HCWD is the Community Spouse Resource Allowance.
5. HCWD individuals have a 6 month certification period, including HCWD dual eligibles.

D. MA-2525, Disability, has been changed as follows:

1. SGA is not a consideration in determining disability for HCWD cases.
2. HCWD has its own criteria for determining when a referral to DDS for a disability determination is required.
3. HCWD has its own DDS disability referral form, DMA-4037A.
4. HCWD applicants who have lost RSDI/SSI for reasons other than a change in disability status within may still be considered disabled for HCWD purposes.
5. Individuals who are working and terminated from RSDI/SSI must be referred to DDS for a “Special Review.”

E. MA-2531, Blindness M-AB, has been reorganized and clarified.

F. Additional sections of the manual have been changed to add references to HCWD (see VI. Below).

IV. EIS INSTRUCTIONS

A. Instructions for Authorization

Eligibility under HCWD can be authorized as MAB or MAD, Medicaid classification N G, B or Q and can begin no earlier than November 1, 2008. Evaluate for eligibility under other Medicaid programs for any months prior to November 1, 2008. Due to system modifications necessary to accommodate HCWD, individuals found eligible as of November 1, 2008 cannot be approved in EIS until November 10, 2008. Register the application in EIS, send a manual approval notice, and key the DSS-8125 for approval on or after November 10, 2008.

B. Special Use Codes

In order to identify HCWD recipients, two special use codes are being employed. This is a temporary method of identifying these recipients until a permanent identifier is devised. The begin date for the Special Use Codes is the first month of eligibility under HCWD, which may be a retroactive month, but not prior to November 1, 2008.

1. Enter on the DSS-8125 an individual special use code B1 for eligibility in the Basic Coverage Group. Key a begin date for the special use code which can be no earlier than November 1, 2008. The begin date must be the first day of the month. Key an end date for the special use code when the individual ceases to be eligible in the Basic Coverage Group. The end date must be the last day of the month.

Until a permanent identifier is devised, it will be necessary to key the individual special use code and original begin date on “every” DSS-8125 keyed for the HCWD individual. This will enable EIS to edit for maintenance and income correctly.

2. To change from the Basic Coverage Group (B1) to the Medically Improved Group, key B1, the original begin date and the end date in the special use fields. The end date must be the ongoing month minus 1. It cannot be retroactive. For example: You are changing coverage from B1 to M5 on November 14, 2008. The ongoing month in EIS is December. The end date for B1 will be November 30, 2008.

The following day, key another DSS-8125 to enter M5 and the associated begin date. The begin date can be no earlier than the first day of the month following the month of termination in the Basic Coverage Group.

C. Certification Period

The certification is for a six month period.

D. Existing Medicaid Recipient Authorized for HCWD

1. When the existing certification period is greater than six months, reenter the certification period. The certification from is the first month of HCWD coverage and the certification through is the sixth month. Send a manual timely notice to shorten the certification.
2. When the existing certification period is less than or equal to six months, use the existing certification period. Do not rekey.

E. Terminations

When terminating Medicaid eligibility of an HCWD recipient, reenter the individual special use code, original begin date, and the end date. The end date must be the ongoing month minus 1. See example in IV.B.2. above.

V. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective November 1, 2008. Apply this policy to any applications or redeterminations in process or taken on or after November 1, 2008. VI. Maintenance of Manual

A. Remove: MA-200, Definitions, pages 3-16 and 27-28.

Insert: [MA-200, Definitions, pages 3-16 and 27-28.](#)

B. Remove: MA-500, Classification, pages 1-8 and figure 1.

Insert: [MA-500, Classification, pages 1-9 and figure 1.](#)

C. Remove: MA-2000, Non-SSI Eligibility Regulations, pages 1-4.

Insert: [MA-2000, Non-SSI Eligibility Regulations, pages 1-4.](#)

D. Remove: MA-2100, Categorically Needy-No Money Payment, page 1.

Insert: [MA-2100, Categorically Needy-No Money Payment, page 1.](#)

E. Insert: [MA-2180, pages 1-9](#), and [Figures 1 and 2.](#)

F. Remove: MA-2250, Income, pages 95-100.

Insert: [MA-2250, Income, pages 95-100.](#)

G. Remove: MA-2260, Financial Eligibility Regulations – PLA, pages 13-15.

Insert: [MA-2260, Financial Eligibility Regulations – PLA, pages 13-15.](#)

- I. Remove:** MA-2300, Initial Contact, pages 9-10.
Insert: [MA-2300, Initial Contact, pages 9-10.](#)
- J. Remove:** MA-2301, Conducting a Face-to-Face Intake Interview, pages 1- 12.
Insert: [MA-2301, Conducting a Face-to-Face Intake Interview, pages 1- 12.](#)
- K. Remove:** MA-2302, Receiving Mail-In Applications, page 5.
Insert: [MA-2302, Receiving Mail-in Applications, page 5.](#)
- L. Remove:** MA-2340, Change in Situation, pages 9-10.
Insert: [MA-2340, Change in Situation, pages 9-10.](#)
- M. Remove:** MA-2352, Terminations/Deletions, pages 1-4.
Insert: [MA-2352, Terminations/Deletions, pages 1-4.](#)
- N. Remove:** MA-2525, Disability, pages 1-30.
Insert: [MA-2525, Disability, pages 1-30](#) and [Figure 3A.](#)
- O. Remove:** MA-2531, Blindness M-AB, pages 1-3.
Insert: [MA-2531, Blindness M-AB, pages 1-4.](#)

For information regarding Medicaid, please contact your Medicaid Program Representative. For any Medicaid issues that are not able to be handled through that venue, Angela Floyd, Assistant Director for Recipient and Provider Services, will be your point of contact and can be reached at (919) 855-4000.

Tara R. Larson, Acting Director

(This material was researched and written by William Appel and John Benske, Policy Consultants, Medicaid Eligibility Unit.)