

**0373 WORKING ADULTS WITH DISABILITIES**  
**EFF:01/2006**

**0373.05 PROGRAM DESCRIPTION**  
**EFF:01/2006**

The Working Adults with Disabilities Program is an SSI-related categorical eligibility group comprised of working adults with disabilities pursuant to the Balanced Budget Act of 1997 (42 USC section 1396a(a)(10)(ii)(XIII)). Those eligible under this category will be entitled to the full scope of Categorical Medical Assistance benefits and home health agency based personal care services, but will be required to pay a premium in order to remain active on the program.

**0373.10 PROGRAM ELIGIBILITY**  
**EFF:01/2006**

To be found eligible as a working adult with a disability, a person must:

- o Be at least eighteen (18) years of age ; and
  - o Currently meet the Medical Assistance requirement for disability. Those individuals meeting the disability requirement are not required to meet the provision that a person be unable to engage in substantial, gainful employment; and
  - o Have proof of active, paid employment such as a pay stub or current quarterly IRS tax statement (for those who are self-employed); and
  - o Have countable net income no greater than two hundred fifty percent (250%) of the Federal Poverty Level (FPL). Countable income is defined as the total income remaining after all SSI-related disregards are applied.; and
  - o Have countable assets no greater than \$10,000 (individual) or \$20,000 (couple)
1. Countable assets do not include IRS recognized medical savings accounts or retirement accounts.

2. Countable assets do not include items (such as a specially adapted vehicle) necessary for an individual to remain employed and /or independent.

**0373.10.05--PROGRAM ELIBILITY--INCOME**

**EFF:01/2006**

When calculating income, all SSI-related disregards as listed in DHS Policy Section 0364 are applied, including impairment related work expenses as defined in the Code of Federal Regulations, 20 CFR, Section 416.976.

Examples:

Ms. Garcia, who is blind uses a reader to assist her at work. She uses the reader both during regular working hours at her place of work and outside her regular working hours away from her place of work. The reader's services are only for her work and she pays for them herself. Her expenses for the reader would be deducted before calculating her income to determine if she is eligible for this program.

Mr. Bahi', who is hard of hearing, uses real-time captioning when he attends staff meetings and trainings for work. The captioner's services are only used for work and he pays for them himself. His expenses for the captioner would be deducted before calculating his income to determine if he is eligible for this program.

Participants in this program will be defined as a family size of one (1) for financial eligibility purposes.

Only the individual's income will be reviewed and counted in income calculations.

**0373.10.10 PROGRAM ELIGIBILITY--RESOURCES**

**EFF:01/2006**

RESOURCE LIMITS

Individual	\$10,000
Couple	\$20,000

When calculating available resource amounts for a married couple, the resources of both the individual accepted into the

program and their spouse must be determined available as a resource and applied to the resource limit of \$20,000.

**0373.10.15 PROGRAM ELIGIBILITY—RETROACTIVE COVERAGE**  
**EFF:01/2006**

As an SSI-related coverage group, participants in the Working Adults with Disabilities Program are eligible for retroactive coverage. Eligibility for retroactive coverage will be determined in accordance with the rules established in DHS Policy Section 0310 with the following exception particular to this coverage group:

- O Premiums must be paid in full before retroactive eligibility can be instituted.

Individuals may deduct premium amounts from the total amount of any unpaid medical bills in the retroactive eligibility period.

EXAMPLE: Mr. Jones has an unpaid medical bill in his retroactive eligibility period that totals \$1,500. His premium is \$100. He may assume responsibility for the first \$100 of the \$1,500 unpaid medical bill thereby leaving \$1,400 to be considered for Medical Assistance coverage.

**0373.15 INDIVIDUALS WITH DISABILITIES WHO HAVE ACCESS TO EMPLOYER-BASED HEALTH INSURANCE**  
**Eff: 01/2006**

**Reserved**

**0373.20 PREMIUM RATE SETTING**  
**EFF:01/2006**

Once a person has been found eligible as a working person with a disability, a premium will be calculated using the following methodology:

- O All unearned income over the Medically Needy Income Limit (MNIL) will be owed as a monthly premium;
- O Countable earned income will be assigned premiums in the following amounts:

Countable Earned Income:	Premium:
Between 100% and 149% FPL	\$ 42.00
Between 150% and 184% FPL	\$ 62.00
Between 185% and 199% FPL	\$ 82.00
Between 200% and 250% FPL	\$100.00

Example 1: Joe has unearned income that equals 150% of the FPL and countable earned income of 50% of the FPL. His premium (based on 2004 rates) is calculated at \$1,163 minus the MNIL of \$667 for a premium of \$496.00. Because his countable earned income is below 100% of the FPL, he does not pay a portion of earned income toward his premium.

Example 2: Jane has unearned income equaling 50% of FPL and countable earned income equaling 150% of the FPL. Because her unearned income is below the MNIL, none of her unearned income is applied toward her premium. However, she will owe a monthly premium of \$62.00 based on her countable earned income.

### **0373.25 PREMIUM COLLECTION METHODS**

**EFF:01/2006**

#### Electronic Funds Transfer (EFT):

The eligible individual requests that their bank allow the state to withdraw the monthly premium directly from the family's savings or checking account by an electronic transfer to DHS. The person is given an EFT form to fill out. The funds will be withdrawn by the state on the third (3<sup>rd</sup>) day of the month prior to the month of coverage. The person will be notified by letter if the EFT premium payment was not successful.

#### Wage withholding:

The recipient may request that their employer withhold the monthly premium. The employer will then pay the monthly premium to DHS through an EFT. The employed person is given a special form requesting wage withholding and deposit or transfer to take to his or her employer to be completed and mailed.

#### Direct Pay:

The individual pays the premium to DHS by check or money order every month. A premium payment coupon and pre-addressed envelope will be provided to the family before the premium is due. The check or money order and the premium payment coupon are mailed or delivered to the DHS fiscal agent.

#### Non-payment of Premiums:

Non-payment of premiums is treated in the same manner as for Rite Care and Rite Share participants as detailed in policy section 0349.10.20.15.05.

#### **0373.30 PREMIUM EXCEEDING COST OF CARE EFF:01/2006**

In the event that paid claims are less than the collected premium amount, the full difference will be refunded to the individual.

#### **0373.35 LOSS OF EMPLOYMENT OR ELIGIBILITY EFF:01/2006**

A person who loses employment may retain eligibility, under this group, for up to four (4) months by paying a premium equal to the sum of all of their unearned income over the MNIL. If the person is still unemployed at the end of the four (4) month period, he/she will no longer qualify as a working adult with a disability.

A person no longer eligible as a working adult with a disability may retain approved medical savings accounts and retirement account assets in the amount held on the last full day of eligibility as a working adult with a disability. These medical savings account and/or retirement account assets will be considered non-countable assets for purposes of Medical Assistance eligibility under any other coverage group. The individual is responsible for providing verification of these account balances as of the last date of eligibility as a working adult with a disability if it is to be disregarded for future Medical Assistance eligibility.

**0373.40 PERSONAL CARE SERVICES**

**EFF: 01/2006**

A person eligible as a working adult with a disability will be eligible for personal care services provided by a home health agency when prior approved as medically necessary by the Center for Adult Health. The person requesting personal care must submit the DHS Functional Assessment signed by his/her physician to the Center for Adult Health. This functional assessment must include documentation of the ADLs/IADLs with which the individual requires assistance, and documentation of the individual's diagnosis(es) and functional status. Authorized personal care services may be provided in the home, workplace or other necessary setting (i.e.physician office).