

Hand Outs

MEDICAID BUY-IN: OUTREACH, EDUCATION, AND CLIENT REPRESENTATION

ATTACHMENT I

<u>Agency/Contractor</u>	<u>Address</u>	<u>Phone Number</u>	<u>Primary Contact</u>	<u>Proposed Area Covered</u>
Brain Injury Association of New York State (BIANYS)	10 Colvin Avenue Albany, NY 12206	518-459-7911	Judith Avner	Statewide
New York Association of Psychiatric Rehabilitation Services	1 Columbia Place Albany, NY 12207	518-436-0008	Harvey Rosenthal	Statewide
Cerebral Palsy Association of New York State, Inc.	90 State Street Albany, NY 12207	518-436-0178	Michael Parker	Statewide
Self Advocacy Organization	Balltown & Consaul Roads Schenectady, NY 12304	518-382-1454	Steve Holmes	Statewide
The Mental Health Empowerment Project	261 Central Avenue Albany, NY 12206	518-434-1393	Peter Ashenden	Statewide
Lexington Center	Fulton ARC 127 East Street Gloversville, NY 12078	518-762-0024	Paul Nigra	Northeast (Fulton, Montgomery, Saratoga, Warren, Washington, Hamilton, Essex, Franklin, Clinton)
Resource Center for Independent Living (RCIL)	PO Box 210 409 Columbia Street Utica, NY 13502	315-797-4642	Burt Danovitz	Central North (St. Lawrence, Jefferson, Lewis, Oswego, Onondaga, Oneida, Madison, Herkimer)
Southern Tier Independence Center	24 Prospect Avenue Binghamton, NY 13901	607-724-2111	Maria Dibble	Southern Tier (Broome, Delaware, Otsego, Chenango, Cortland, Tompkins, Tioga, Schuyler, Chemung)
Association for the Help of Retarded Children	200 Park Avenue South New York, NY 10003	212-780-2500	Kurt Flaherty	New York City
Westchester Independent Living Center	200 Hamilton Avenue White Plains, NY 10601	914-682-3926	Joseph Bravo	Lower Hudson Valley (Ulster, Dutchess, Sullivan, Orange, Putnam, Rockland, Westchester)
Hands Across Long Island	PO Box 1179 Central Islip, NY 11722	631-234-1925	Ellen Healion	Long Island (Nassau, Suffolk)

Western New York Independent Living Project, Inc.	3108 Main Street Buffalo, NY 14214	716-836-0822	Douglas Usiak and Sherri Sinefelder	Western New York (Erie, Niagara, Orleans, Genesee, Wyoming, Cattaraugus, Chautauqua, Monroe(?))
PEOPLE Inc.	PO Box 5010 Poughkeepsie, NY 12602	845-452-2728	Steve Miccio	Lower Hudson Valley (Ulster, Dutchess, Sullivan, Orange, Putnam, Rockland, Westchester)
Village Care Center/AIDS Adult Day Services Council	154 Christopher Street New York, NY 10014	212-924-1120	Arthur Webb	New York City
AIDS Community Resources	627 West Genesee Street Syracuse, NY 13204	315-475-2430	Michael Crinnin	Central New York

Attachment II

**Benefits Planning Assistance and Outreach
Cooperative Agreement Awards in New York State**

BPA&O Awardee	Address	Phone Number	Service Area
Abilities, Inc. for Disability Services	201 I.U. Willets Road, Albertson, NY 11507	(516) 465-1522	Nassau & Suffolk Counties of Long Island NY
Barrier Free Living, Inc.	270 East Second Street, New York, New York 10009	(212) 677-6668 x 123	New York and Richmond Counties (Staten Island)
Independent Living, Inc.	5 Washington Terrace, Newburgh, NY 12550	(845) 565-1162 x 224	Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, and Westchester Counties
Neighborhood Legal Services, Inc.	295 Main Street, Room 495, Buffalo, NY 14203	(716) 847-0655 x 262	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates Counties
Queens Independent Living Center, Inc.	140-40 Queens Boulevard, Jamaica, NY 11435	(718) 658-2526	Bronx and Queens Counties
Research Foundation for Mental Hygiene	44 Holland Avenue, 6 th Floor, Albany, NY 12229	(518) 485-2584	Kings County (Brooklyn - Brooklyn Works)
Resource Center for Independent Living	401-409 Columbia Street, PO Box 210, Utica, NY 13503	(315) 797-4642	Broome, Cayuga, Chemung, Chenango, Clinton, Cortland, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, St. Lawrence, Schoharie, Tioga, Tompkins, Warren, and Washington Counties

Explanation of the Medicaid Buy-In Program For Working People with Disabilities (MBI-WPD)

The MBI-WPD program offers people with disabilities who are working the chance to buy Medicaid health care coverage. The Medicaid Buy-In program works much like any insurance program. Currently, no premium will be charged for this coverage, however, in the future you may be asked to pay a monthly premium. The amount of your premium will be based on your income.

To qualify for the Medicaid Buy-In program, you must:

- Be certified disabled by either the Social Security Administration (SSA) or State or County Medical Review Team
- Live in New York State
- Be at least 16 but under 65 years of age, and be a U.S. Citizen, a National, a Native American or an Immigrant with satisfactory immigration status
- Work in a paid position for which all applicable State and Federal income and payroll taxes are paid
- Meet the income and resource limits (see below)
- Pay a premium, if required

If you have applied for Medical Assistance, the local department of social services worker will tell you if you meet the eligibility requirements for full Medicaid coverage under the MBI-WPD program. Participation in this program is voluntary.

Budgeting

Special budgeting rules (called *methodology*) are used to figure the amount of your *income* and *resources* that will be counted to decide if you are eligible for the MBI-WPD program. We will not count all of your income and resources. See the **Income** and **Resources** sections below for an explanation.

Income

Because of the special budgeting rules that are used, the amount of your income that is counted may be considerably less than your gross income. *Income* is defined as anything a person receives that can be used to buy food, clothing or shelter. All of your income (earned and unearned) will be considered. If your spouse is not disabled, his/her income may also be considered. Examples of earned income are wages, salary, and compensation for work for which financial compensation is received and all applicable State and Federal income and payroll taxes are paid. Examples of unearned income are Social Security disability or retirement benefits, interest, or dividends. The income that is counted after the special budgeting rules are applied is called your *net* income. Under the MBI-WPD program, if your net income is less than 150% of the FPL, you will receive full Medicaid coverage without paying a premium. If your net income is equal to or above 150% of the Federal Poverty Level (FPL), you

will have to pay a premium for the coverage. If your net income is above 250% of the FPL, you will be determined *ineligible* for Medicaid under this program.

A premium payment will not be required at this time. However, in the future New York State Medicaid may implement a premium payment if your net income is between 150% and 250% of the Federal Poverty Level. You will be notified when the premium payment requirement becomes effective.

If you already get Medicaid at no cost because you qualify through another program (such as persons receiving SSI, or those in the 1619 (a) or (b) program) you will not be considered for Medicaid under the MBI-WPD program. If you are receiving Medicaid coverage with a spenddown, you will have the choice of staying on the spenddown program or switching to the MBI-WPD program.

Resource Limits

The amount of resources a person has is also used to decide if a person is eligible for the MBI-WPD program. A *resource* is anything a person owns that can be converted to cash to purchase food, clothing or shelter. Examples of resources include checking or savings accounts, real estate, cars, boats, or other vehicles, stocks, and bonds. To be eligible for the Medicaid Buy-In program, a person may have countable resources up to \$10,000. However, because a special budget is used, certain resources are not counted. See the next section for items that might not be counted.

Exemptions, Exclusions, Deductions, and Disregards

The words: exemptions, exclusions, deductions, and disregards may all be used to describe amounts of money or values of items that are subtracted from a person's total income to figure the person's *countable* income and resources. Some examples of these include \$20.00 deducted from unearned income, \$65.00 deducted from earned income (plus ½ the remainder deducted from earned income), one automobile not counted as a resource, etc.

NOTE:

- Co-pays: Some Medicaid services have a small co-payment. These services may be provided using your Medicaid card or through your managed care plan if you are enrolled in managed care. You will not have a co-pay if you are in a managed care plan.
- Managed Care: Only applicants with an income that is below 150% of the Federal Poverty Level are eligible to participate in a managed care plan through the MBI-WPD program.
- You are required to tell us if your income changes. You may call your local department of social services.

Attachment V

**NOTICE OF ACCEPTANCE OF YOUR MEDICAL ASSISTANCE APPLICATION
(MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES)**

Notice Date		Name and Address of Agency/Center or District Office		
Case Number	CIN Number	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP OR Agency Conference _____ Fair Hearing Information and Assistance _____ Record Access _____ Legal Assistance _____		
Case Name and Address				
Office No.	Unit No.	Worker No.	Worker Name No.	Telephone No.

We will **ACCEPT** the Medical Assistance Application dated _____ for the Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) effective _____, for (name(s): _____)

Please review the Medical Assistance Utilization Threshold Fact Sheet, found in the Medical Assistance section of the booklet "LDSS-4148B: "What You Should Know About Social Services Programs". The Fact Sheet explains any services limitations. The LDSS-4148B was given to you when you applied for assistance.

This is because your net income (gross income less Medical Assistance deductions) of \$_____ is at or below the Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) income limit of \$_____ (250% of the Federal Poverty Level) and your countable resources of \$_____ are at or below the resource limit of \$10,000.

This means that you will be enrolled in the New York State MBI-WPD program, which will provide you with Medical Assistance coverage as long as you are:

- certified disabled; **and**
- are working; **and**
- are at least 16 but less than 65 years of age; **and**
- have net income at or below 250% of the Federal Poverty Level (FPL); **and**
- have resources at or below \$10,000; **and**
- are meeting your premium payment obligations (if required).

NOTE: A PREMIUM PAYMENT WILL NOT BE REQUIRED AT THIS TIME. HOWEVER, IN 2004 NEW YORK STATE MEDICAID WILL IMPLEMENT A PREMIUM PAYMENT COLLECTION SYSTEM. IF YOUR NET INCOME IS BETWEEN 150% AND 250% OF THE FEDERAL POVERTY LEVEL YOU WILL BE REQUIRED TO PAY A PREMIUM. WHEN THE PREMIUM PAYMENT REQUIREMENT BECOMES EFFECTIVE YOU WILL BE NOTIFIED OF THE AMOUNT OF THE PREMIUM REQUIRED.

Since you requested that we determine your Medicaid eligibility for all covered care and services INCLUDING community-based long-term care BUT NOT nursing facility services, we did not review your resources for the past 36 months (60 months for trusts) and you will not be covered for the following nursing facility services:

- Nursing home care that is expected to last at least 30 days; or
- Nursing home care provided in a hospital; or

- Hospice in a nursing home; or
- Managed long-term care in a nursing home.

If you need nursing facility services, notify your local Department of Social Services. They will then arrange to review your resources for the past 36 months (60 months for trusts) to find out if you are eligible for Medicaid coverage for these services.

We have enclosed a budget worksheet(s) so that you can see how we determined your eligibility for benefits.

The LAW(S) AND/OR REGULATION(S) which allows us to do this is Sections 366(1)(a)(12) and 367-a(12) of the Social Services Law.

ATTENTION: Persons accepted for Medical Assistance may be eligible for a discount on their telephone service.
For information on LIFELINE call Verizon, toll free at 1-800-555-5000

**REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT
OF ANY CHANGES IN NEEDS, RESOURCES, LIVING ARRANGEMENTS OR
ADDRESS**

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL
THIS DECISION**

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the front page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

(1) Telephoning: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: New York City (Manhattan, Bronx, Brooklyn, Queens, Staten Island): (212) 417-6550

If you live in: Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans or Wyoming County: (716) 852-4868

If you live in: Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County:
(716) 266-4868

If you live in: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego,
St. Lawrence, Tompkins or Tioga County: (315) 422-4868

If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery,
Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren,
Washington or Westchester County: (518) 474-8781

If you live in: Nassau or Suffolk County: (516) 739-4868

OR

(2) Writing: By sending a copy of this notice **completed**, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because:

Signature of Client: _____ Date: _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay stubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the front of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of the front of this notice or write to us at the address printed at the top of the front of this notice.

ATTACHMENT VII

**MEDICAID BUY-IN FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)
GRACE PERIOD REQUEST FORM**

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

COUNTY: _____ SOCIAL SECURITY #: _____

I AM REQUESTING A GRACE PERIOD FOR CONTINUED PARTICIPATION IN THE MBI-WPD FOR THE FOLLOWING REASON:

CHANGE IN MEDICAL CONDITION: (medical verification needed)

Verification Attached (physician's statement)

Date of Last Day Worked: _____

JOB LOSS (through no fault of the participant)

_____ This is a temporary layoff. My anticipated return date is _____.

_____ I am actively seeking new employment.

Verification Attached (e.g., layoff notice, statement from Department of Labor, VESID, etc.)

Please Explain: _____

Date of Last Day Worked: _____

I certify, under penalty of perjury, that the information I have provided on this request form is true and complete to the best of my knowledge.

Print Full Name

Signature of Application

Date

To be Completed by the Local District Social Services Office

LDSS Contact: _____

Phone #: _____

REQUEST APPROVED Date: _____

Grace Period: _____ to _____

REQUEST DENIED Date: _____

Reason for Denial: _____

Signature of LDSS Contact

Date

MBI-WPD GRACE PERIOD INSTRUCTIONS

What Are Grace Periods?

A grace period is a time period during which MBI-WPD program participant is not working but remains eligible for the program. Two types of grace periods may be granted:

- **Medical Reasons:** a grace period of up to six months will be allowed if, for medical reasons, the MBI-WPD participant is unable to continue working. Medical verification will be required. When an applicant requests this type of grace period, LDSS must request medical verification.
- **Grace Period for Job Loss:** a grace period of up to six months will be allowed if, no fault of the participant, job loss is suffered, i.e., due to layoff, etc. Verification is required. Districts must verify that the recipient is reasonably expected to return to employment, for example, a temporary layoff, or that the recipient is actively seeking new employment.

Note: MBI-WPD participants reporting job loss due to non-medical reasons should be referred to One-Stop Centers, VESID and BPAO services as applicable, so that assistance with employment may be sought prior to loss of eligibility in the program.

How Do I Go About Getting a Grace Period?

A MBI-WPD participant must complete a grace period request on the opposite side of this form. The completed form, along with the required documentation must be submitted to your Local District Social Services (LDSS) office.

How Often Can I Have a Grace Period?

Recipients may be granted multiple grace periods during a 12-month period. However, in no event may the sum of the grace periods exceed six months in the 12-month period.

What Kind of Documentation Do I Need?

When applying for a Change in Medical Condition Grace Period, a physician's statement is required which contains the current health problem, treatment and the anticipated amount of time you will be out of work.

When applying for a Job Loss Grace Period, verification is also required. Acceptable forms of verification include layoff notice, statement from Department of Labor, VESID, etc.

How Will I Know if My Grace Period is Approved?

Your LDSS office will send you a letter informing you of your approval and the period of time authorized. Remember, the sum of your grace periods cannot exceed six months in a 12-month period.

What Happens When I Return to Work?

You should immediately notify your LDSS office of your return to work. Unless you inform the LDSS office of your return to work, your grace period continues throughout the approved period. This is important because the sum of the grace periods cannot exceed six months in a 12-month period.

Will My Grace Period Affect My Premium Payments?

Premium payments are calculated on the applicant's net (earned and unearned) income between 150% and 250% of the FPL. You must notify your LDSS office immediately of any change in income. The LDSS office will use this information to re-calculate your premium payments.

SSI Work Incentives

- 1619 (a):
 - Automatic Medicaid
 - Earn over SGA
 - Receive decreasing cash benefit

PASS

- Plan for Achieving Self-Support
- Income and/or resources set aside for the purpose of meeting an occupational objective
- Approved by the LDSS Commissioner
- Deducted from income in determining Medicaid eligibility

SSI Work Incentives

- 1619 (b)
 - Automatic Medicaid
 - No cash benefit
 - Earn up to Threshold amount of \$34,136 for the year 2003

Legislation

- Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA)
- NYS Health Workforce Recruitment and Retention Act 2002

IRWEs

- Impairment Related Work Expenses
- Non-medical expenses that enable the individual to work
- Paid out-of-pocket by the disabled individual
- Deducted from earned income when a Medicaid eligibility determination is made

MBI-WPD Two Groups

- **Basic Group**
 - At least 16 but under 65 years of age
 - Meets SSI definition of disabled
 - Engaged in a work activity
 - Income (250% FPL) and resource (\$10,000) limits apply

MBI-WPD Two Groups

- **Medical Improvement Group**
 - Lost eligibility under the Basic Group
 - At least 16 but under 65 years of age
 - Meet SSI definition of disabled
 - Work 40 *hrs/month* @ minimum wage
 - Income and resources apply as for the Basic Group

Second Criterion

- **Work Requirement:**
 - Must be engaged in a work activity for which they receive financial compensation and pay all applicable state and federal income and payroll taxes
 - Work may be full-time or part-time
 - Verification of work is needed

Eligibility Determination

- **Five Basic Eligibility Criteria**
 1. **Age**
 2. **Work**
 3. **Certification of disability**
 4. **Income test**
 5. **Resources test**

Second Criterion continued

- **Work: Medical Improvement Group**
 - Must have been a participant in the Basic Group and lost eligibility due to medical improvement but retain a severe impairment
 - Must be employed at least 40 hours / month at federal minimum wage

First Criterion

- **Age**
 - The applicant must be at least 16 years of age but not yet 65

Third Criterion

Disability Determination

- Accept existing disability certification from
- Social Security Administration (SSA) or
 - State Disability Review Team
 - Local Disability Review Team

Disability Determinations

Disability Review is performed by the Albany Central Office for:

- All applicants for MBI-WPD that do not have a current certification of disability
- All Continuing Disability Review cases for MBI-WPD recipients

Processing MBI-WPD Cases

- Shared responsibility between State and LDSS
- LDSS conducts face-to-face interview
- Initial case processing by LDSS
- Eligibility determination/data entry by State teams

Fourth Criterion

- **Income Test**
- SSI-Related budgeting methodology
- Consideration of IRWEs and PASS
- Household size = 1 or 2 person(s)
- Net income compared to 250% FPL
- No income spenddown for income

LDSS Staff

- Use common application LDSS 2921
- Conduct a face-to-face interview
- Provide PASS and IRWE information
- Photocopy all necessary documentation
- Document disability status or initiate disability determination process
- Register application in WMS/assign case number

Fifth Criterion

- **Resources Test**
- Use SSI-Related methodology to perform resource evaluation
- Resources must be at or below \$10,000

Inter-Agency Team

- Perform eligibility determination
- Follow-up on outstanding documentation
- Create and store MBL budget
- Perform full data entry/Obtain signoff
- Send notice (Acceptance/Denial)
- Send Bi-Weekly Report to LDSS

MBI-WPD Disability Process

- SGA test eliminated for MBI-WPD
- Individuals with disabilities are able to work and earn above the SGA threshold

Mailing Address

MBI-WPD Coordinator
Division of Consumer and Local District
Relations
NYS Department of Health
Office of Medicaid Management
One Commerce Plaza, Room 728
Albany, New York 12260

To send or not to send?

Send to Albany:

- All MBI-WPD cases w/o current certification of disability
- All MBI-WPD cases for continuing disability review

Process as usual:

- All other disability reviews – new and CDR
- If performing disability reviews now, continue to do so for *non-MBI-WPD* cases

Disability Packet

- LDSS 1151
- Copies of all Request for Information forms sent to medical providers
- Copies of all Consent for Release of Information forms, signed by applicant
- Copies of any medical information
- MBI-WPD Transmittal sheet (2 copies)

Medical Evidence

- Information from all treating sources
- Up to 12 months prior to the date of application
- Covering the timeframe for which disability is sought
- 486T - Functional Capacity Assessment
- Office notes, treatment records, etc.

Grace Periods

- Two types of grace period
 - Change in Medical Condition
 - Job loss
- Completion of the MBI-WPD Grace Period Request form is required

Managed Care and MBI-WPD

- Managed Care is a voluntary option only for those with net income below 150% FPL
- All other recipients are excluded from the Managed Care option
- Individuals cannot be required to enroll in Managed Care (even in Mandatory Counties)

Spenddown Cases

- If applicant meets requirements for MBI-WPD, submit documentation to ACO for eligibility determination and case processing
- If not certified disabled at time of application A/R remains on spenddown until the disability and eligibility determinations are made at the ACO

Premium Payments

- Moratorium on premium payments until automated system is operational
- Net income between 150% and 250% FPL pay a monthly premium equal to 3% net earned plus 7.5% net unearned income
- No premium for income below 150% FPL

Undercare Maintenance

- Lost cards
- Address changes
- COLAs
- Mass rebudgeting
- Fair hearings
- Renewal
- CDR
- PASS accounts
- Closings
- Grace Periods

Co-op Cases

- For mixed households only the applicant for MBI-WPD will be processed at the ACO
- Eligibility for the rest of the household will be determined by the LDSS
- For an existing mixed household, LDSS coordinates with the ACO to set up a separate case

Upstate Address

MBI-WPD Coordinator
Division of Consumer and Local District Relations
NYS Department of Health
Office of Medicaid Management
One Commerce Plaza, Room 728
Albany, New York 12260

MBI – WPD Systems Changes
Will be available on 07/21/03.

SSI-Related Total Net Income
- PASS Amount

= MBI-WPD Total Net Income

New Expanded Eligibility Codes (EEC)

'V' ~ MBI-WPD (SSI-Related budgeting prior to MBI-WPD)

'W' ~ MBI-WPD (Only)

Valid with:

- FROM date of 07/01/03
- Budget Type (BT) must be 04, 05 or 06

'Second EEC Screen'

Display:

MBI-WPD Total Net Income
and
One of the Following Messages:

New MBL Input Field

- PASS –
Plan to Achieve Self Support Amount

'Second EEC Screen'

Eligible	150%	Amount
<u>Or</u> Eligible	250%	Amount
<u>Or</u> Ineligible Income	250%	Amount
<u>Or</u> Ineligible Resource		10,000
<u>Or</u> Ineligible Inc./Res.	250%	Amt./10,000

WMS MBI-WPD Codes For:

- Individual Categorical Codes
- Recipient Aid Category Codes
- Restriction / Exception Codes

The Restriction / Exemption Codes:

- 90** – Managed Care Excluded (Net Income Between 150% and 250% FPL)
- 91** – Managed Care Exempt (Net Income Below 150% Who Do Not Choose to be in Managed Care)

The New Individual Categorical Codes Are:

- 70** – MBI – Disabled Basic Group
- 71** – MBI – Medically Improved

Valid With:

- Medicaid Coverage Codes 01, 10 or 30
- Individual Between 16 and 64 Years of Age

The New CNS Reason Codes:

- Several New Denial, Closing and Undercare Codes

The New Recipient Aid Category Codes:

- 82** – MBI – Disabled Basic Group
- 83** – MBI – Medically Improved