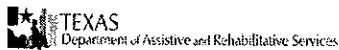


Employment and Disability Connections:
for jobseekers, business, providers and the general public.
Visit the EDC at: www.dars.state.tx.us\EDC



This program is funded by a four-year Medicaid Infrastructure Grant from the Centers for Medicare and Medicaid Services and is a part of Texas Health and Human Services Commission, Department of Assistive and Rehabilitative Services. Grant number 1QACMS030236/03



1

MEDICAID BUY-IN (MBI) :



**With the HHSC MBI program,
an individual with a disability may be able to work
AND
obtain/retain health care coverage.**



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- **Sandi had heart problems and took hundreds of pills per week**
- **Self-employed, her income was modest and disqualified her from traditional Medicaid**
- **The day she came home after surgery that saved her life, she was notified she was eligible for MBI. With hospital bills more than \$150,000, there was no way she could pay for them without MBI**

***MBI creates options for Texans like Sandi,
who have disabilities
and who are earning a paycheck.***

3

Examples of services:

- **Office visits**
- **Hospital stays**
- **X-rays**
- **Vision services**
- **Behavioral health (mental health and substance abuse services)**
- **Hearing services and**
- **Prescriptions**

A person may be eligible for Primary Home Care and Day Activity and Health Services if the program requirements are met.

4

To apply for Medicaid Buy-In, a person completes an application:

- Any of the H1200 Applications for Assistance in the Aged and Disabled series (*preferred MBI application; expected to be available online in 2010*)
- H1010-E "*Integrated Application*"

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Several ways to get an application:

- Call 2-1-1
- Visit your local HHSC benefits office
- Visit www.YourTexasBenefits.com and click on "Request an application"
 - Select "*Integrated Application*"
 - On the H1010 *Integrated Application*, check the box for "Medicaid for the Elderly and People with Disabilities"
- Helpful Hints:
 - Write "MBI" at the top of the application
 - Get a receipt via
 - * Fax
 - * Online
 - * Mail
 - * In person

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- Complete Application Form H1200 or H1010
- Enclose all necessary verifications required
- If self employed, include verification of FICA payments

The last page of the H1010 application has a handy list of items to be attached such as, birth certificate, proof of income, ID, etc. Include copies with the application. If a person is self employed, include items such as prior tax return or bank statements to show FICA tax proof of quarterly payments.

If an individual is also filing for a disability decision, complete Forms H3034 and H3035

- Include copies of pertinent medical records
- Mail the completed application, copies of requested documents and medical records to:
P.O. Box 14600 Midland TX 79711-4600
- FAX completed application to: 1-877-HHSC-TEX or 1-877-447-2839

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•Select "Request an Application" (example: H1010)

•Then click "Integrated Application"

TEXAS
Health and Human
Services Corporation

Your Texas Benefits

Your Benefits. Your Way.

Home | Help | Website Tips | FAQ | Login

Change font size
Small Large

Save and Continue

Request an Application

* Required Fields

Which application(s) do you need?

Click on [Integrated Application](#) to open an electronic file that is a blank application for all HHSC benefits programs, or click on [Children's Insurance](#) to open an electronic file that is a blank application for children's insurance.

We can also mail you these applications:

Integrated Application (Food Stamps, Medical Assistance including Children's Health Insurance, Temporary Assistance for Needy Families, Medicare Savings Programs, Long Term Care Services and Support)

Children's Health Insurance application

Who are you requesting the application for?

My household and me

Someone else

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Application for Assistance **MBI**

Instructions: There are various ways to apply for assistance. You can:

- Call 2-1-1 to apply over the phone or to get help in applying.
- Go online at: www.yourtexasbenefits.com to apply.
- Complete and fax this application to: 1-877-HHSC-TEX or 1-877-447-2839
- Complete and mail this application to: HHSC, P.O. Box 14600, Midland, Texas 79711-4600

Last Name: _____ MI: _____
 First Name: _____
 Social Security Number: _____ - _____ - _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____
 Home address: _____
(street address, apt #, city, county, state, zip)
 Home phone number: (____) ____ - _____
(area code, phone number)
 Mailing address: _____
(if different from home address)

You can apply for services by filling out, signing and returning only this page. However, we encourage you to fill out this entire application now because we may be able to determine your benefits sooner. Benefits for food stamps will be provided from the date it is received by Health and Human Services Commission (HHSC), if you submit just this page, you will need to provide more information before we can decide if you qualify for benefits. Answer the questions marked for the program(s) for which you want to apply. Please fill out this application in dark ink. If there is not enough room for all your information on this application, include that information on additional pages.

Program	Description	Check To Apply
Food Stamps	Helps people buy food. If you qualify, we may be able to process your application in one day. Benefits will be provided from the date of application.	<input type="checkbox"/> Apply
	Medical Assistance for Children	<input type="checkbox"/> Apply
	Medical Assistance for Pregnant Women	<input type="checkbox"/> Apply
	Medicaid for low income adults who are caring for a child living in the home (TANF-level Medicaid)	<input type="checkbox"/> Apply
	Medicaid for the Elderly and People with Disabilities (including payment for care in nursing facilities, other institutional settings, or for people who have lost SSI benefits)	<input type="checkbox"/> Apply
Temporary Assistance for Needy Families	Helps families with children meet their basic needs with monthly cash assistance or a one time annual payment.	<input type="checkbox"/> Apply
Medicare Savings Programs	Helps with Medicare premium(s), co-payments, and deductibles.	<input type="checkbox"/> Apply

Check the box for

... and People with

Check this box

enough room for all your information on this application, include that information on additional pages.

Program	Description	Check To Apply
Food Stamps	Helps people buy food. If you qualify, we may be able to process your application in one day. Benefits will be provided from the date of application.	<input type="checkbox"/> Apply
	Medical Assistance for Children	<input type="checkbox"/> Apply
	Medical Assistance for Pregnant Women	<input type="checkbox"/> Apply
Medical Assistance Provides help in the payment of medical bills, including doctors, hospitals, and medicines.	Medicaid for low income adults who are caring for a child living in the home (TANF-level Medicaid)	<input type="checkbox"/> Apply
	Medicaid for the Elderly and People with Disabilities (including payment for care in nursing facilities, other institutional settings, or for people who have lost SSI benefits)	<input type="checkbox"/> Apply
Temporary Assistance for Needy Families	Helps families with children meet their basic needs with monthly cash assistance or a one time annual payment.	<input type="checkbox"/> Apply
Medicare Savings Programs	Helps with Medicare premium(s), co-payments, and deductibles.	<input type="checkbox"/> Apply
If you mark "Yes" for one or both of the programs below, Department of Aging and Disability Services staff will contact you.		
Long Term Services and Supports Provides assistance at home and access to community-based services allowing those who qualify to live in the community. This assistance can include meals, nursing care and help with tasks like dressing and bathing.	Check if you are interested in receiving Long Term Services and Supports for people with mental retardation .	<input type="checkbox"/> Yes
	Check if you are interested in receiving Long Term Services and Supports for people who are elderly or have disabilities other than mental retardation .	<input type="checkbox"/> Yes

Food Stamps: You may qualify for emergency Food Stamps if any of the following apply to you:
 Yes No **Is anyone in your home a migrant worker or a seasonal farm worker?**

**Follows current HHSC Medicaid criteria
(Medicaid for the Elderly and People with Disabilities)**

MBI-SPECIFIC:

- Texas resident, reside in community or intend to return
- no age limit;
- disabled or age 65 or older; and,
- each applicant considered a household of one.

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If a person already receives disability benefits from the Social Security Administration (SSA), they automatically meet the disability criteria.

If a person has a DISABILITY that may qualify for SSA disability and they are WORKING, there is another option:

- ***HHSC's Disability Determination Unit will process application***
- ***SSA's disability criteria is used in determination***
- ***Earned income is not considered***

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**Countable resources less than or equal to
\$5,000**

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**These resources are not counted when
determining MBI eligibility:**

Retirement-related accounts:

IRAs, 401(k)s, Tax Sheltered Annuities (TSAs), KEOGHs that comply with IRS regulations

PASS Resources:

Resources set aside, separate from other money, as part of an HHSC-approved Plan to Achieve Self-Support (PASS)

Independence Account:

A designated, separate account in a financial institution of earnings set aside to be used for future health care and work-related expenses That will increase a person's independence and employment potential (up to 50% of earnings can be saved)

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Income Pretest:

- Be employed or self-employed full or part-time
- Earning at least **\$1,120 (in 2010)** in a “Qualifying Quarter”*
- Paying FICA taxes on earnings

** Three month period ending on either March 31, June 30, September 30 or December 31*

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Countable earned income must be *less than* \$2,257 a month in 2010

- Income calculated starting with gross salary, then subtracting all eligible exclusions; income limits change annually.
- HHSC does not consider unearned income to determine eligibility; it is considered when the monthly premium is calculated.

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- Earned income tax credit payments
- Child tax credit payments
- Earned income of blind or disabled student children (monthly and yearly limit)
- Earned income to pay impairment related work expense and Blind work
- \$20 monthly income exclusion
- Expenses ("reasonable limits")
- Income set aside and used for an HHSC-approved PASS plan
- \$65, and
- One-half of the remainder of monthly earned income

Remember: A person must earn at least \$1,120 over a three-month period and have monthly countable income less than \$2,257

Sandi earns a gross income of:

$$\begin{array}{r}
 \$4000.00 \text{ per month} \\
 - 20.00 \text{ (monthly general income exclusion)} \\
 \hline
 \$3980.00 \\
 - 65.00 \text{ (monthly earned income exclusion)} \\
 \hline
 = \$3915.00
 \end{array}$$

Next step in eligibility calculation: subtract one-half of remaining earned income: Divide \$3915 / 2
 = \$1957.50
 (less than \$2,257: less than 250% of the FPL)

Note: This is a common income calculation example and does not include other potentially allowable exclusions

- Determined by examining both earned and unearned income
- Earned income amount is the gross income minus mandatory payroll deductions; premiums are calculated based on a sliding scale
- Unearned income premium amount is all unearned income over the SSI federal benefit rate, currently \$674 a month

WHAT CAN A PREMIUM COST?

Earned Income

Federal Poverty Level (FPL)	Premium
	\$0: Less than or equal to \$1,354
>150% - 185% of FPL	\$20: Greater than \$1,354, up to and including \$1,670
>185% - 200% of FPL	\$25: Greater than \$1,670, up to and including \$1,805
>200% - 250% of FPL	\$30: Greater than \$1,805, up to and including \$2,257
> 250% of FPL	\$40: Greater than \$2,257

EXAMPLE:

Income	Net Amount	Premium Amount
Earned income *	\$2,000	\$30

All participants whose net pay (gross income, minus mandatory payroll deductions) exceeds 150% of FPL are required to pay amount based on earned income.

What might it cost calculating earned and unearned income?

EXAMPLE

<u>Income</u>	<u>Net Amount</u>	<u>Premium Amount</u>
Earned income	\$2,000	\$30
<u>Unearned income</u>	<u>\$700 (minus \$674* equals)</u>	<u>\$26</u>
	Premium Amount	\$56

Unearned income premium amount is all unearned income over the SSI federal benefit rate, currently \$674* a month.

* Income limits change annually

- **Coverage established AFTER first premium is paid**

HHSC typically makes the decision in 45 days; 90 days if a disability determination is needed

- **Applicants receive notice indicating premium amount and due date**

Coverage starts after the first premium has been paid

- **MBI coverage can start as early as first day of third calendar month before application file date**

- **Monthly premiums DUE end of each month**

It is highly recommended the payment is sent by the 20th of each month

- **If payment is not received by end of month, coverage stops at end of following month**

If payment is not received, the person will be denied at the end of the following month and would pay the missed premium in order to get coverage in the future

Participants in the MBI program get services depending on where they live through one of the following models:

- **Traditional Medicaid (fee-for-service)**
- **Primary Care Case Management**
- **A Managed Care Organization**

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Any applicant dissatisfied with the HHSC decision concerning their eligibility for medical assistance has the right to appeal.

The appeal process is outlined in the HHSC Fair Hearings and Fraud Handbook at:

<http://www.dads.state.tx.us/handbooks/ffhh/>

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Helpful websites:

Medicaid Buy-In Frequently Asked Questions:

www.hhsc.state.tx.us/medicaid/Buy_In_QNA.html

Social Security Disability Listings:

www.ssa.gov/disability/professionals/bluebook/AdultListings.htm

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Health and Human Services Commission
Jonas Schwartz, M.S. Manager for Long Term
Services & Support Policy,
Texas Medicaid/CHIP Division
(512) 491-1103
jonas.schwartz@hhsc.state.tx.us

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Qualified with this standard:

Fed 300% Minimum Income Standard $\$2,022/\text{mon}$ = Medicaid waiver limit
 $3 \times \$674$ \uparrow \uparrow $\$11.66/\text{hr}$ to stay under this standard,

Fed Poverty Level = $\$902/\text{month}$

• After $\$2,022$ - transfer from "Waiver standard" to "Medicaid Buy-In standard"

• Transition should be seamless

Unearned ^{portion of} premium capped at $\$500$

Earned income for Premium calculations NOT w/ allowable excursions.

Allowable excursions:

- Impairment-related work expenses
DARS \rightarrow Employment Work Site

WIPA
Comm Work
Incentive Coordinator

- Expenses

CHIP

Feb 1st - Star Plus - Dallas / Fort Worth