



STATE OF NEW YORK DEPARTMENT OF HEALTH

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Commissioner

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ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 10 OHIP/ADM-2

TO: Commissioners of
Social Services

DIVISION: Office of Health
Insurance Programs

DATE: March 3, 2010

SUBJECT: Medicaid Buy-In Program for Working People with Disabilities
Medical Improvement Group

**SUGGESTED
DISTRIBUTION:**

Medicaid Staff
Disability Staff
Fair Hearing Staff

**CONTACT
PERSON:**

Local District Liaison
Upstate (518)474-8887 NYC (212)417-4500

ATTACHMENTS:

- I. Explanation of the Medicaid Buy-In Program for Working People with Disabilities
- II. Basic Group Grace Period Request Form
- III. Medical Improvement Group Grace Period Request Form
- IV. Grace Period Approval Letter MI Group-Job Loss
- V. Grace Period Approval Letter MI Group-Medical Condition
- VI. Grace Period Approval Letter BC Group-Medical Condition
- VII. Grace Period Approval Letter BC Group-Job Loss

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
03 ADM-04 04 ADM-05			366(1)(a), (12),(13) 367-a (12) Chapter 1 of the Laws of 2002	Medicaid Reference Guide page 72, Self- Employment	GIS 08 MA/04 GIS 08 MA/013 WWMS/NYC Soft- ware Version 2006.1 WMS/CNS Coordinator Letter 07/10/03

I. PURPOSE

This Administrative Directive (OHIP/ADM) provides direction to local Departments of Social Services (LDSS) regarding the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) Medical Improvement group. It also provides revised versions of the grace period request form and grace period approval letters for the Basic Coverage group. This ADM is a supplement to 04 ADM-05, "Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD): Transition of the MBI-WPD Program to Local District Staff."

II. BACKGROUND

Chapter 1 of the Laws of 2002 enacted two Medicaid eligibility groups under the MBI-WPD program by adding two new subparagraphs (12) and (13) to Section 366(1)(a) of the Social Services Law (SSL). The two groups are the Basic Coverage group and the Medical Improvement group. On July 1, 2003, the MBI-WPD program was implemented and all new eligible applicant/recipients (A/Rs) were enrolled in the Basic Coverage group.

Eligibility for the Medical Improvement group is considered only if the individual is no longer eligible for disability under the Basic Coverage group by reason of medical improvement. This determination is made by the State Disability Review Team (SDRT) at the time of a regularly scheduled Continuing Disability Review (CDR). For the first few years following implementation of the MBI-WPD program, individuals participated in the Basic Coverage group. Recently, the SDRT has determined that some of these recipients now meet the disability requirements for the Medical Improvement group. This ADM advises LDSS of the eligibility requirements for participation in the Medical Improvement group.

III. PROGRAM IMPLICATIONS

The Basic Coverage group and the Medical Improvement group share the following basic MBI-WPD program requirements:

- the A/R must be at least 16 but less than 65 years of age;
- the A/R must be a resident of New York State;
- the A/R must be engaged in a work activity;
- the A/R must have net available income at or below 250% of the Federal Poverty Level (FPL) and countable resources that do not exceed the Medicaid resource level; and
- the A/R must pay a monthly premium, if net available income is at least 150% FPL but at or below 250% FPL.

Note: There is currently a moratorium on premium payments.

To be eligible for the Basic Coverage group, an individual must have certification of disability. To be eligible for the Medical Improvement group, the individual must first be in receipt of Medicaid coverage through the Basic Coverage group and then lose eligibility for that group as a direct result of medical improvement. These

individuals are no longer disabled by Social Security standards, but still have a severe impairment. These individuals are referred to as Medically Improved. The following sections contain the requirements for the Medical Improvement group that differ from the Basic Coverage group.

A. Medical Improvement

Individuals who are no longer eligible for disability under the MBI-WPD Basic Coverage group by reason of medical improvement, as determined at the time of a regularly scheduled CDR, but who continue to have a severe medically determinable impairment, may be eligible for coverage under the Medical Improvement (MI) group. A severe medically determinable impairment exists if an acceptable medical source, as defined in the New York State Medicaid Disability Manual, documents that an individual has a physical or mental impairment that has been stabilized by any one of the care, services or supports listed below, the loss of which could result in the individual's inability to continue to function at his/her current level.

- On-going, impairment-related monitoring (including psychotherapy and counseling) by a health care provider, which is essential to sustain the individual's current level of function.
- Medications, prescribed and necessary for control of the disabling condition, that enable the individual to maintain the current level of function. Control refers to reducing or eliminating symptoms or slowing down the progression of disease.
- Medical equipment and supplies including, but not limited to, prostheses and other impairment-related equipment, such as one-handed keyboards and typing aids, vision and sensory aids, telecommunication devices, and special tools designed to accommodate the individual's impairment.
- Medical services related to the control of a disabling condition, including physical or occupational therapy, which enable the individual to perform at the current level of function.
- Impairment-related support services including assistant care services, supportive living programs, and subsidized employment, as defined in the New York State Medicaid Disability Manual.

Note: The State Disability Review Team (SDRT) performs all new and Continuing Disability Reviews for the MBI-WPD program.

B. Work Requirement for the Medical Improvement Group

For participation in the Medical Improvement group, the recipient must be engaged in a work activity of at least **40 hours per month** and **earn at least the applicable federal minimum wage** (currently \$7.25).

1. Monitoring Work and Wages

Local districts are responsible for reviewing an individual's work activity and wage rate every six months for participation in the Medical Improvement group. Examples of proof of work and wages include: current pay stub(s); pay check(s) or a detailed written statement from the employer. If these documents are not available, the individual's income tax return, W-2 form, or records of bank deposits may be used. The Medicaid Reference Guide (MRG) may be used for guidance regarding self-employment verification. In order to compute hourly wages, individuals who are self-employed may attest to the number of hours worked. (See Section B.2 below.)

If the individual's income has increased or decreased at the time of a six-month work and wage review, the local district is responsible for re-determining eligibility for the MBI-WPD program and taking the appropriate action. If an individual falls below 40 hours of work a month or falls below the minimum wage requirement, the individual may be eligible for a grace period. (See Section C below.)

Note: The six-month work and wage check does not eliminate the recipient's responsibility to report any change in income within 10 days of the change.

2. Determining Hourly Wage for Self-Employed Recipients

To determine the hourly wage for a self-employed individual in the Medical Improvement group, the *gross monthly income* is divided by the number of hours worked as attested by the recipient. The result is rounded to the nearest penny and compared to the federal minimum wage.

For example: Mr. Frasier owns a business that made \$725 in May, for which he worked 100 hours. The gross income of \$725 is divided by the number of hours worked (100) to give an hourly wage rate of \$7.25, which is equal to the federal minimum wage, thus meeting the minimum wage requirement.

If it is determined that a recipient does not meet the hourly work and/or wage requirement of the Medical Improvement group and is ineligible for a grace period, eligibility must be determined for other Medicaid programs. A medically improved individual, by definition, is not disabled; therefore, the individual is not eligible for SSI-related budgeting.

Note: Individuals in the Medical Improvement group may attest to resources if not requesting Medicaid coverage of long term care services.

C. Grace Periods

Grace periods for the Medical Improvement group may be given for the following two reasons.

1. Job Loss/Reduction

The grace period policy for the Medical Improvement group is essentially the same as for the Basic Coverage group, in that the individual may request up to six months grace period in a twelve-month period. Additionally, for the Medical Improvement group the grace period is available if, *through no fault of his or her own*, the individual loses employment or falls below the 40 hours per month or minimum wage work requirement. Documentation is required from the employer that the individual was laid off or work hours or wages were reduced. If the individual is self-employed, a detailed explanation for the loss of work, reduction of work hours or wages is required.

The individual will be required to resume work for no less than the federal minimum wage and work for at least 40 hours per month at the end of the six-month grace period.

If an individual quits a job, falls below 40 hours per month or below minimum wage *by choice*, a grace period is denied and the individual is discontinued from the MBI-WPD program.

2. Change in Medical Condition

A grace period of up to six months in a twelve-month period may be requested if an individual in the Medical Improvement group loses a job or falls below 40 hours per month or earns less than minimum wage, and *states that the loss or decrease is related to his/her medical condition or to the worsening of his/her medical condition*. Documentation is required from an acceptable medical source and must include a statement indicating when the individual is reasonably expected to return to work.

At the end of a six-month grace period, if the individual is working less than 40 hours per month and/or earning less than the federally required minimum wage, the MBI-WPD CDR process is initiated to determine if the individual is eligible for re-instatement in the Basic Coverage group.

If, at the end of a six-month grace period, the individual is not working, the individual is no longer eligible for the MBI-WPD program. Eligibility under other Medicaid programs must be determined. If the individual needs a disability determination, a CDR must be performed using the most recent favorable Aid to Disabled (AD) decision as a point of comparison.

Note: Recipients may be granted multiple grace periods during a twelve-month period; however, in no event may the sum of the grace periods exceed six months in a twelve-month period. The start date for the twelve-month period is the first day of the first grace period authorized.

D. Managed Care

As with the Basic Coverage group, Medicaid Managed Care is a voluntary option only for those Medical Improvement group individuals who are income eligible under 150% of the FPL. In districts where enrollment in a Managed Care plan is mandatory, these individuals cannot be required to enroll.

Pursuant to statute, MBI-WPD recipients with income at or above 150% FPL but below 250% FPL are excluded from Managed Care. Such recipients may voluntarily participate in Managed Long Term Care.

IV. REQUIRED ACTION

A. SDRT Responsibilities

- The SDRT is responsible for notifying the local district when it is determined that an individual meets the medical requirements for the Medical Improvement group. The district will be notified via the "Disability Review Team Certificate" (LDSS-639) with a "Notice of Medical Assistance Disability Determination - MBI-WPD MI Group."
- Upon receipt of a CDR packet from the LDSS, the SDRT is responsible for determining if an individual continues to meet the medical requirements for the Medical Improvement group.

B. LDSS Responsibilities

- When the LDSS receives the Disability Review Team Certificate (LDSS-639) indicating that the individual meets the medical requirements for the Medical Improvement group, eligibility for the MBI-WPD program is evaluated using the Medical Improvement group work and wage requirements. If the individual does not meet the eligibility requirements for the Medical Improvement group, eligibility must be determined as a non-SSI-related recipient.
- If the individual is eligible for the Medical Improvement group, the Individual Categorical Code must be changed from 70 to 71.
- If the individual's income has changed, it is necessary to determine if Managed Care should be offered to the individual or if necessary, discontinued and the appropriate Restriction/Exemption code entered in WMS.
- The LDSS must complete the "Notice of Medical Assistance Disability Determination - MBI-WPD MI Group" received from the SDRT with the LDSS-639. Copies of the notice and the LDSS-639 must be filed in the case record and the originals sent to the recipient with a copy of the revised "Explanation of the MBI-WPD Program". (See Attachment I to this ADM.)
- The LDSS must send the recipient the CNS notice "Continue MBI-WPD, Medically Improved with a Severe Impairment," (Reason Code U05) to inform the recipient that Medicaid coverage continues under the Medical Improvement group of the MBI-WPD program.

- The LDSS is responsible for requesting work and wage information from the recipient every six months.
- At the time of the six-month work and wage review, if the individual's income has increased or decreased but still meets the minimum requirements, the local district is responsible for re-determining eligibility for the MBI-WPD program. If the individual's work and/or wages fall below the minimum requirements, the district must determine whether the individual meets the requirements for a grace period. To obtain additional information necessary to determine whether a recipient qualifies for a grace period, districts must send the recipient a copy of the "Medical Improvement Group Grace Period Request Form." (See Attachment III of this ADM.)
- When sending a "Grace Period Request Form," the LDSS must add the LDSS' address, fill in the client's identifying information and the LDSS' contact name and phone number.
- When a recipient completes a grace period request form (see Attachment III) and submits it with supporting documentation to LDSS, the LDSS staff reviews and, if appropriate, approves the request. The signed decision is copied and placed in the recipient's file, the original is sent to recipient with a letter listing the steps to take when the grace period draws to a close. (See Attachments IV and V to this ADM. Also see Attachments II, VI and VII for revised versions of the grace period request form and approval letters for the Basic Coverage group.)
- If the recipient fails to return the "Grace Period Request Form," eligibility must be determined as a non-SSI-related recipient and the appropriate notice sent to the recipient.
- The LDSS must track grace periods to insure that the recipient does not exceed six months in a twelve-month period.
- The LDSS must track the expiration of the LDSS-639. Two to three months before the expiration, a Continuing Disability Review Packet must be compiled and sent to the SDRT.

C. Recipient Responsibilities

- Comply with all requests for information and documentation.
- Notify the local district immediately of any changes in address, income, resources, employment or medical condition.
- Return a grace period request form, when applicable.
- If premium eligible, pay the monthly premium.

Note: There is currently a moratorium on premium collection.

V. SYSTEMS IMPLICATIONS

A. Upstate and New York City

The following System modifications have been made to support the MBI-WPD's Basic Coverage group and the Medical Improvement group.

1. WMS

- a. Two Individual Categorical Codes are available for identification and Federal/State/Local claiming purposes:

70 Medicaid Buy-In - Basic Coverage group

71 Medicaid Buy-In - Medical Improvement group

If the Individual Categorical Code is 70 or 71:

- The individual must be at least 16 but less than 65 years of age.
- Only Case Type 20 may be used.
- The Medicaid Coverage Code for **Upstate** must be 01, 06, 10, 11, 19, 20, 30 or 31.
- The Medicaid Coverage Code for **New York City** must be 01, 10, 11, 19, 20, 24, 30 or 31.

Note: The Individual Categorical Code 71 may only be used when the State Disability Review Team determines an individual medically improved.

- b. Restriction/Exception codes for Managed Care apply as follows:

Code 90 (Managed Care Excluded) is to be used for individuals with net income at least 150% FPL but at or below 250% FPL (who do not request enrollment in a Managed Long Term Care plan).

Code 91 (Managed Care Exempt) is to be used for individuals with net income below 150% FPL who choose not to be enrolled in Managed Care.

- c. Corresponding Recipient AID Categories:

Code 82 MBI-WPD Basic Coverage group

Code 83 MBI-WPD Medical Improvement group

These AID Categories are for reporting purposes and are system generated.

2. MBL

Expanded Eligibility Codes (EEC)

a. Upstate:

Code V - MBI-WPD (SSI-Related budgeting prior to MBI-WPD). This code will not show MBI-WPD eligibility if the individual is fully Medicaid eligible.

Code W - MBI-WPD (MBI-WPD budget only). This code will show MBI-WPD eligibility.

The EEC Codes are valid for Budget Types 04, 05 and 06. In addition, a field entitled "PASS" is available on MBL to enter income that is to be disregarded in accordance with an approved Plan for Achieving Self-Support.

b. New York City:

Code W - This code is used with Budget Type 04 to determine MBI-WPD eligibility only.

Note: A request has been made to Systems that would eliminate the use of EEC codes for determining MBI-WPD eligibility. The MBL budgets 04, 05 and 06 will be changed to reflect MBI-WPD eligibility on the SSI-related output screen. When this change is made, information will be forthcoming.

3. CNS - Upstate

CNS Reason codes available to use for the Medical Improvement group include:

- U05 Continue MBI-WPD, Medically Improved with a Severe Impairment
- U03 Discontinue MBI-WPD, No Longer Meets Requirements of the Medical Improvement group, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Public Employee, S/CC
- U06 Discontinue MBI-WPD, Medical Improvement group Not Working 40 Hrs, Not Working at Federal Minimum Wage, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Public Employee, FP
- U07 Discontinue MBI-WPD Medical Improvement group Not Working 40 Hrs, Not Working at Federal Minimum Wage, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Public Employee, FNP Parent
- U08 Discontinue MBI-WPD No Longer Meets Requirements of the Medical Improvement group, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Public Employee, FNP Parent

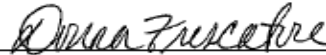
- U09 Discontinue MBI-WPD No Longer Meets Requirements of the Medical Improvement group, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Public Employee, FP
- U16 Discontinue MBI-WPD Medical Improvement group Not Working 40 Hrs, Not Working at Federal Minimum Wage, MA Ineligible Due to Excess Income, FHP Ineligible Due to Excess Income, Equivalent Health Insurance or Public Employee, S/CC

4. Manual Notices - New York City

Manual notices for New York City will be issued under separate cover.

VII. EFFECTIVE DATE

The provisions of this Administrative Directive are effective March 1, 2010, retroactive to July 1, 2003.



Donna Frescatore, Deputy Commissioner
Office of Health Insurance Programs

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

Attachment I

The Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) offers Medicaid coverage for working people with disabilities who have net incomes at or below 250% of the Federal Poverty Level (FPL) and non-exempt resources at or below the Medicaid resource limit. The program is designed to help people with disabilities, who work, retain their health care coverage. If you have applied for Medicaid, the local Department of Social Services worker will tell you if you meet the eligibility requirements under the MBI-WPD program. Depending on your income, you may be asked to pay a monthly premium.

To qualify for the MBI-WPD program, you must:

- Be certified disabled by either the Social Security Administration (SSA) or State or Local District Disability Review Team; **and**
- Live in New York State; **and**
- Be at least 16 but less than 65 years of age; **and**
- Be engaged in work activity for which you receive financial compensation; **and**
- Meet the income and resource limits (see below); **and**
- Pay a premium, if required.

2009 MBI-WPD Program Income and Resource Levels*

The chart below shows how much net income you can receive in one month and the amount of resources you can retain and still qualify for Medicaid under the MBI-WPD program. The income and resource limits depend on whether you are single (1) or married (2), and if married, whether your spouse has a disability or sufficient income to be included in your budget.

Household Size	150% FPL	250% FPL	Resources **
1	\$1,354	\$2,257	\$13,800
2	\$1,822	\$3,036	\$20,100

*Income and resource levels are subject to yearly adjustments.

**If married, your resource limit is always for a household of (2).

Income may be a combination of earned and unearned income. Unearned income includes Social Security payments and retirement benefits. Earned income includes wages, salaries and any financial compensation for work. Some examples of resources may include checking or savings accounts, stocks and bonds, and cash value of life insurance policies. Not all your income and resources are counted to determine if you are eligible for the MBI-WPD program. Some examples of the deductions that may be taken from your gross monthly income include a \$20 deduction and the first \$65 of any earned income plus one-half of the remainder. Consult your local social services worker for other deductions that may apply. Certain burial trusts/funds may be disregarded from your resources.

Premium Payments

Under the MBI-WPD program, if your net income is less than 150% of the Federal Poverty Level (FPL), you will receive Medicaid coverage without paying a premium. If your net income is at least 150% but at or below 250% of the FPL, you will have to pay a monthly premium for Medicaid coverage.

Note: A premium payment will not be required at this time. Currently there is a moratorium on premium collection. When the premium requirement becomes effective you will be notified by mail.

The Medical Improvement Group: Participants in the MBI-WPD Basic group who are determined at the time of a Continuing Disability Review (CDR) to be no longer disabled but continue to have a severe medically determinable impairment may be eligible for continued coverage under the MBI-WPD Medical Improvement group. To qualify for this group, you must:

- Be determined eligible for the Medical Improvement group by the State Disability Review Team; **and**
- Meet **all** age, residency, income and resource requirements for the MBI-WPD program; **and**
- Work **at least 40 hours per MONTH** in a work activity for which financial compensation is received; **and**
- Earn **no less than the federal minimum wage; and**
- Pay a premium if required.

If you become a member of the Medical Improvement group you will be required to submit proof of work and wages to the local Department of Social Services every six months.

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

Please complete, sign and date this form and return it with the required documentation (see below) to the Department of Social Services at the above address by _____.

NAME: _____

ADDRESS: _____

_____ COUNTY: _____

PHONE NUMBER: _____

CLIENT ID NUMBER (CIN): _____

I AM REQUESTING A GRACE PERIOD FOR CONTINUED PARTICIPATION IN THE MBI-WPD PROGRAM FOR THE FOLLOWING REASON: (Choose Medical Condition or Job Loss and check the appropriate boxes.)

CHANGE IN MEDICAL CONDITION:

Documentation Attached
(Physician's statement needed)

JOB LOSS

Documentation Attached (layoff notice, statement from Department of Labor, VESID, etc. needed)

This is a temporary layoff
My anticipated return date is _____

I am actively seeking new employment

Please Explain: _____

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 Applicant

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: _____

If your request for a grace period is denied, no change is being made to your Medicaid coverage with this letter. You will receive a separate notice in the mail regarding your Medicaid coverage. The notice will include information on how to request an agency conference and/or a fair hearing.

Signature of LDSS Contact

Date

MBI-WPD GRACE PERIOD INFORMATION

What Are Grace Periods?

A grace period is a time period during which an 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 the MBI-WPD participant is unable to continue working for medical reasons. Medical documentation will be required. When an MBI-WPD participant requests this type of grace period, medical documentation must be sent to the local Department of Social Services office.
- **Grace Period for Job Loss:** a grace period of up to six months will be allowed if through no fault of the participant, job loss is suffered, i.e., due to layoff, etc. Documentation is required. There is an expectation that the participant will return to employment (for example, if it is a temporary layoff) or that the participant is actively seeking new employment.

Note: MBI-WPD participants reporting job loss due to non-medical reasons can contact the LDSS for a referral to One-Stop Centers, Vocational and Educational Services for Individuals with Disabilities (VESID) and Work Incentives, Planning and Assistance (WIPA) 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 the grace period request on the opposite side of this form. The completed form, along with the required documentation must be submitted to your local Department of Social Services (LDSS) office.

How Often Can I Have a Grace Period?

Participants 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, documentation is also required. Acceptable forms of documentation 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.

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 required for any recipient with net income (earned and unearned) that is at least 150% of the Federal Poverty Level (FPL) but at or below 250%FPL. You must notify your LDSS office immediately of any change in income. The LDSS office will use this information to determine if a premium is still required.

Note: A premium payment will not be required at this time. Currently there is a moratorium on premium collection. When the premium requirement becomes effective you will be notified by mail.

MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD)
MEDICAL IMPROVEMENT GROUP
GRACE PERIOD REQUEST FORM

Please complete, sign and date this form and return it with the required documentation (see below) to the Department of Social Services at the above address by _____.

NAME: _____

ADDRESS: _____

_____ COUNTY: _____

PHONE NUMBER: _____

CLIENT ID NUMBER (CIN): _____

I AM REQUESTING A GRACE PERIOD FOR CONTINUED PARTICIPATION IN THE MBI-WPD PROGRAM FOR THE FOLLOWING REASON: (Choose Medical Condition or Job Loss and check the appropriate boxes.)

[] CHANGE IN MEDICAL CONDITION:

[] JOB LOSS

[] Documentation Attached (Physician's statement needed)

[] Documentation (layoff notice, statement from Department of Labor, VESID, etc. needed)

[] I am working less than 40 hours per month

[] I am working less than 40 hours per month

[] I am working for less than minimum wage

[] I am working for less than minimum wage

[] I am no longer working

[] I am no longer working

[] This is a temporary layoff
My anticipated return date is _____

[] I am actively seeking new employment

Please Explain: _____

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 Applicant

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: _____

If your request for a grace period is denied, no change is being made to your Medicaid coverage with this letter. You will receive a separate notice in the mail regarding your Medicaid coverage. The notice will include information on how to request an agency conference and/or a fair hearing.

Signature of LDSS Contact

Date

MBI-WPD GRACE PERIOD INFORMATION

What Are Grace Periods?

A grace period is a time period during which an 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 the MBI-WPD participant is unable to continue working for medical reasons. Medical documentation will be required. When an MBI-WPD participant requests this type of grace period, medical documentation must be sent to the local Department of Social Services office.
- **Grace Period for Job Loss:** a grace period of up to six months will be allowed if, through no fault of the participant, job loss is suffered, i.e., due to layoff, etc. Documentation is required. There is an expectation that the participant will return to employment (for example, it is a temporary layoff) or that the participant is actively seeking new employment.

Note: MBI-WPD participants reporting job loss due to non-medical reasons can contact the LDSS for a referral to One-Stop Centers, Vocational and Educational Services for Individuals with Disabilities (VESID) and Work Incentives, Planning and Assistance (WIPA) services as applicable, so that assistance with employment may be sought prior to loss of eligibility in the program.

Note: Recipients in the Medical Improvement Group are eligible for a Grace Period if the recipient does not work at least 40 hours each month and/or is working for less than the federally-required minimum wage.

How Do I Go About Getting a Grace Period?

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

How Often Can I Have a Grace Period?

Participants 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, documentation is also required. Acceptable forms of documentation 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.

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 required for any recipient with net income (earned and unearned) that is at least 150% of the Federal Poverty Level (FPL) but at or below 250%FPL. You must notify your LDSS office immediately of any change in income. The LDSS office will use this information to determine if a premium is still required.

Note: A premium payment will not be required at this time. Currently there is a moratorium on premium collection. When the premium requirement becomes effective you will be notified by mail.

**MBI-WPD Grace Period Approval
Medical Improvement Group - Job Loss**

Date: _____

Case name: _____

Dear Consumer:

This letter confirms the approval of your request for a grace period in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) because:

- you lost your job.
- you are working less than 40 hours a month.
- you are working for less than the federally-required minimum wage.

This grace period is effective _____ through _____. Your participation in the MBI-WPD program means that your Medicaid coverage will continue unchanged during this grace period.

Important Information about your Grace Period

Once you are again working 40 hours a month and/or your wages are at least the federally-required minimum wage, you must notify us immediately and submit documentation of employment, for example, a copy of your first pay stub. At that time, you will no longer be in a grace period as you will, once again, be considered an actively employed participant in the MBI-WPD program.

You are allowed up to six months grace period in a twelve-month period. If you have not used the full six months grace period by the end of the effective date stated above, you may request in writing an extension of this grace period. If you lost your job, you must document your efforts to actively seek employment during the time of the current grace period. Documentation of employment-seeking means you must keep a job interview record containing the following:

1. The date of each job interview that you have attended.
2. The name and title of the individual who conducted the interview and the address and phone number of the business or agency where the interview took place.
3. The outcome of each interview (offered a job, or not offered a job).
4. If you declined a job offer, the reason you declined.
5. If a VESID counselor is assisting you in your job-seeking efforts, written verification from the VESID counselor will be accepted as supportive documentation, as long as it contains the information in your job interview record.

Please send in your job interview record by _____.

We wish you luck in your efforts to obtain employment.

Sincerely,

**MBI-WPD
Grace Period Approval
Medical Improvement Group- Medical Condition**

Date: _____

Case Name: _____

Dear Consumer:

This letter confirms the approval of your request for a grace period in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) due to a change in your medical condition that:

- does not allow you to work, or
- does not allow you to fulfill the requirements of the Medical Improvement group to work at least 40 hours per month or to work for at least the federally required minimum wage.

This grace period is effective _____ through _____. Your participation in the MBI-WPD program means that your Medicaid coverage will continue unchanged during this grace period.

If there is a change in your medical condition such that:

- you can return to work, or
- you can work at least 40 hours per month or work for at least the federally required minimum wage,

you must notify us immediately and submit documentation of employment, for example a copy of your first pay stub. At that time, you will no longer be in a grace period as you will, once again, be considered an actively employed participant in the MBI-WPD program.

You are allowed up to six months grace period in a twelve-month period. If you have not used the full six months by the end of the effective date stated above and you require an extension of this grace period, you must request an extension in writing. You must document your medical condition with a letter from your physician.

Please contact me if you have any further questions.

Sincerely,

**MBI-WPD
Grace Period Approval
Basic Coverage Group - Medical Condition**

Date: _____

Case Name: _____

Dear Consumer:

This letter confirms the approval of your request for a grace period in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) due to a change in your medical condition that does not allow you to work.

This grace period is effective _____ through _____. Your participation in the MBI-WPD program means that your Medicaid coverage will continue unchanged during this grace period.

If you return to work, you must notify us immediately and submit documentation of employment, for example, a copy of your first pay stub. At that time, you will no longer be in a grace period as you will, once again, be considered an actively employed participant in the MBI-WPD program.

You are allowed up to six months grace period in a twelve-month period. If you have not used the full six months by the end of the effective date stated above and you require an extension of this grace period, you must request an extension in writing. You must document your medical condition with a letter from your physician.

Please contact me if you have any further questions.

Sincerely,

**MBI-WPD
Grace Period Approval
Basic Coverage Group - Job Loss**

Date: _____

Case Name: _____

Dear Consumer:

This letter confirms the approval of your request for a grace period in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) due to your job loss.

This grace period is effective _____ through _____. Your participation in the MBI-WPD program means that your Medicaid coverage will continue unchanged during this grace period.

Once you have a new job, you must notify us immediately and submit documentation of employment, for example, a copy of your first pay stub. At that time, you will no longer be in a grace period as you will, once again, be considered an actively employed participant in the MBI-WPD program.

You are allowed up to six months grace period in a twelve-month period. If you have not used the full six months by the end of the effective date stated above and you require an extension of this grace period, you must request the extension in writing. You must document your efforts to actively seek employment during the time of the current grace period. Documentation of employment-seeking means you must keep a job interview record containing the following:

1. The date of each job interview that you have attended.
2. The name and title of the individual who conducted the interview and the address and phone number of the business or agency where the interview took place.
3. The outcome of each interview (offered a job, or not offered a job).
4. If you declined a job offer, the reason you declined.
5. If a VESID counselor is assisting you in your job-seeking efforts, written verification from the VESID counselor will be accepted as supportive documentation, as long as it contains the information in your job interview record.

Please send in your job interview record by _____

We wish you luck in your efforts to obtain employment.

Sincerely,