

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Division of Coverage and Enrollment

SUBJECT: Changes to MBL for the Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD)

EFFECTIVE DATE: October 18, 2010

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The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) of changes for the Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) data entry and SSI-related (SSI-R) MBL output screens.

Effective with the October 18th migration, for any SSI-related community budget with an effective date of November 1, 2010 or later, MBI-WPD Expanded Eligibility Codes "V" (MBI-WPD SSI-Related Budgeting Prior to MBI-WPD Budgeting) and "W" (MBI-WPD Only) will be disabled. MBI-WPD eligibility will no longer be displayed on the Expanded Eligibility screen. For SSI-related Budget Types 04, 05, 06 and 08, MBI-WPD eligibility will be displayed on the SSI-Related MBL budget output screen just below the Earned Income section. This new section will consist of three lines: the individual's MBI-WPD Net Income Amount; the individual's eligibility (at 150% or 250% FPL) or ineligibility due to excess income and/or resources; and the amount of MBI-WPD premium, if applicable. See below for a sample MBL budget screen for an individual eligible at 150%.

Note: There continues to be a moratorium on premium collection.

When calculating an SSI-related community budget, eligibility for the MBI-WPD program will automatically be displayed even if there is no earned income in the Earned Income section. As work is a requirement of the MBI-WPD program, the LDSS must verify that there is work activity and earned income before eligibility under the MBI-WPD program is authorized.

LDSS Reminders

At renewal or when performing an undercare change, if an individual has an Individual Categorical Code (ICC) of "70" (Medicaid Buy-In Disabled Basic Group) or "71" (Medicaid Buy-In Medically Improved) and there is no earned income in the budget, the worker must check to see if the individual is in a grace period. If there is no grace period, the worker must determine if one is needed and take the appropriate steps. For further information on grace periods, see 04 OMM/ADM-5, pages 6-8 and 10 OHIP/ADM-2, page 5. If a grace period has been exhausted or the individual is ineligible for a grace period, Medicaid eligibility cannot be continued under the MBI-WPD program. If an individual had been participating in the MBI-WPD Basic Group (ICC of 70), eligibility must be re-determined under an SSI-related budget (Medicaid Income Level) or under an ADC-related budget, if eligible. The individual is given a choice between the two budget types. If an individual was in the MBI-WPD Medical Improvement Group (ICC 71), eligibility cannot be re-determined using

