
MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO "AT-HOME" COVERAGE GROUPS

**E. QUALIFIED
WORKING
DISABLED
INDIVIDUALS
(QWDI's)**

Section 6408 of the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239) requires States to provide Medicaid to certain qualified disabled and working individuals for the purpose of paying Medicare cost sharing expenses. Medicare cost sharing expenses are limited to payment of Medicare Part A premiums only.

**1. SSA's
Eligibility
Criteria**

Section 6012 of OBRA-89 makes Medicare available to working disabled individuals whose disability insurance benefits (DIB) terminated because of work, even though their disabling condition did not improve. This provision of federal law allows the disabled individual to purchase Medicare Part A Hospital Insurance Benefits (Premium HI).

The Social Security Administration (SSA) will make the initial eligibility determination for individuals potentially eligible for Premium HI. These individuals must meet all of the following criteria:

- The individual must be under age 65,
- Have been entitled to disability insurance benefits (DIB) under title II,
- Continue to have a disabling physical or mental condition,
- DIB ended due to earnings exceeding the substantial gainful activity (SGA) limits, and
- Not otherwise eligible for Medicare.

An individual who loses DIB due to SGA but continues to be disabled can continue Medicare coverage for several months (generally up to 24 months). Premiums for the supplemental medical insurance portion of Medicare (Part B) are payable by the disabled individual during this time.

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At the time this extended (free Part A) Medicare coverage ends, SSA will mail the disabled individual a notice informing him/her of the right to enroll for Premium HI under this new federal law. The individual has 7 months to enroll for Premium HI beginning with the month of the notice. If the individual does not enroll during this 7 month period, the next enrollment period is the general enrollment period which is January - March of each year. Delayed enrollment (during general enrollment) will result in a delay in entitlement effective the following July 1.

A disabled individual who meets all of the criteria used by SSA can enroll and pay his/her Part A and B premiums after DIB terminates and "free" Part A of Medicare terminates. Out of this group of disabled working individuals, some can qualify for Medicaid to pay their Part A premiums if the Medicaid criteria specified below is met.

**2. Medicaid's
Eligibility
Criteria**

Effective July 1, 1990, a Qualified Working Disabled Individual (QWDI) (as defined by SSA criteria outlined above) can apply with the appropriate Medicaid Regional Office and become eligible for Medicaid to pay his/her Medicare Part A premium if all of the following criteria is met:

- The individual must be "entitled to enroll" for Medicare Part A hospital insurance benefits under Section 6012 of OBRA-89.
- The individual must have income that does not exceed 200% of the federal poverty level (FPL). The income limits for QWDI individuals and couples are listed in the "Chart of Need Standards and Resource Limits" located in the Appendix.
- Effective 07-01-99, there is no resource test. Effective 07-01-90 - 06-30-99, the resources could not exceed twice the SSI resource limit.

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- The individual is not otherwise eligible for Medicaid under any other existing coverage group.
- All other non-financial requirements for Medicaid eligibility must be met.

Note: A separate disability decision by DDS is not required since continuing entitlement to Medicare ensures disability.

3. Effective Date of Benefits

The effective date of benefits under this provision is based on the date of application and the date on which all eligibility criteria are met, including enrollment for Medicare Part A. For example, if an individual applies for benefits on October 1, and is already enrolled in Medicare Part A, eligibility can be effective October 1 (or up to 3 months prior to October 1, if all eligibility criteria was met during the 3-month period). However, if in this example, the individual's enrollment for Part A is not effective until November 1, eligibility as a QWDI cannot be effective until that date. In no case can eligibility as a QWDI be effective prior to July 1, 1990, the effective date of the law.

Note: A QWDI is eligible only as a QWDI. There is no dual eligibility as in QMB eligibility. If a QWDI would qualify under another coverage group, such as PLAD coverage, then the individual should have his/her eligibility determined under the category where the full Medicaid Services are available (or additional Medicare cost-sharing is available such as QMB coverage). Remember, a QWDI will receive payment of Part A monthly premiums as the only Medicaid benefit available under this category. There will be no payment of Medicare Part B premiums, co-insurance or deductibles for QWDI's.

4. Termination of QWDI Benefits

Eligibility as a QWDI may terminate as a result of no longer meeting any eligibility factor. In addition, when a QWDI reaches age 65 or otherwise becomes eligible for free Medicare Part A, eligibility as a QWDI for Medicaid purposes must end. Also, a medical recovery would terminate QWDI eligibility.

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- There is no requirement for the eligible to have had a disability determination prior to WD coverage.
- Individuals age 65 or over may be considered for WD coverage, but disability must be determined the same as for someone under 65.
- Individuals who are blind must also be determined disabled.
- Utilization of Other Benefits is not applicable to WD's; however, if coverage changes to another coverage group, Utilization of Benefits apply.

Budget Rules & Income follow SSI criteria as follows:

- The WD eligible may be an individual, a WD couple or a WD eligible with an ineligible spouse, in which case allocations to ineligible children rules apply.
- Mixed Budgeting is not allowed; one member of a couple cannot be tested as a PLAD while the other spouse is a WD.
- Income is budgeted in two separate steps:
 1. Earned income from all sources for the WD and spouse, if any, is combined and earned income disregards are applied. The remaining countable earned income cannot be equal to or exceed 250% of the FPL for an individual or couple, as appropriate.
 2. Unearned income from all sources for the WD and spouse, if any, is combined and the general exclusion applied and remaining unearned income must not be equal to or exceed the SSI FBR for an individual or couple, as appropriate.

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Resources must not exceed \$3000 for an individual and \$4000 for a couple.

All other non-financial requirements of Medicaid eligibility must be met.

2. Effective Date of Benefits

Medicaid benefits for WD coverage is effective with the first of the month in which all factors of eligibility are met, which includes up to 3 months prior to the month of application. However, benefits cannot begin any earlier than July 1, 1999, which is the implementation date for this coverage group.

WD eligibles receive full Medicaid benefits.

3. Premiums

Certain individuals eligible for Medicaid as a WD will pay premiums or cost-sharing charges, set on a sliding scale based on earned income. If total countable earned income is less than 150% of FPL, no premium is due. The Sliding Scale for Working Disabled Premiums is located in the appendix.