

CATEGORICAL FACTORS**MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES**

Documentation: Applicants for the MBI-WPD program must provide proof of disability. Acceptable proof of disability includes the following:

- A current disability certification by the State or local Disability Review Team (DRT);
- a verification of receipt of Railroad Retirement benefits due to total and permanent disability;
- A current disability certification by the Social Security Administration (SSA), for SSDI benefits; this may include a current award letter, proof of receipt of SSDI benefits such as a check or bank statement listing the benefit, or a Medicare card;
- A current certification from the Commission for the Blind and Visually Handicapped (CBVH);
- A current letter from SSA placing the individual in a SSDI Extended Period of Eligibility;
- A current SSA letter informing the individual that he/she is no longer eligible for the 1619 (b) program (the SSA medical diary date is required).

NOTE: Districts must track the disability end date for an MBI-WPD program recipient who is in an Social Security Disability Income (SSDI) 36 month Extended Period of Eligibility or who has transitioned to the MBI-WPD program from the SSA 1619(b) program.

NOTE: End dates for all Group II certifications must be tracked through WMS and medical evidence gathered for a continuing disability review prior to the Group II disability end date. The DOH-5029, "Medical Report for MBI-WPD MI CDR" must be used when gathering medical information for a Continuing Disability Review (CDR) for an individual in the MBI-WPD Medical Improvement (MI) Group. One DOH-5029 completed in its entirety, and signed and dated by an acceptable medical source is submitted to the State Disability Review Team for a determination of the individual's continued MI eligibility. To be completed in its entirety, the treating physician must complete Part A of the form filling in all current diagnoses. Parts B, C and D must be completed if indicated (see instructions on the form. Acceptable medical sources are listed in the NYS "Medicaid Disability Manual". If an acceptable medical source does not complete the DOH-5029 in its entirety and sign and date the form, the district must follow the instructions in the NYS "Medicaid Disability Manual" for gathering medical information for the CDR.

CATEGORICAL FACTORS**MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES**

Applicants for the MBI-WPD Program must provide proof of work activity. Acceptable proof of work activity includes the following:

- A current pay stub(s), paychecks, or a written statement from the employer stating the hours worked and the wages paid;
- A current income tax return, W-2 form, or records of bank deposits;
- If the individual is not required to file an income tax return, work activity may be documented by pay stubs or a letter from the employer stating the hours worked and wages paid. If the individual presents a personal check as a “paycheck”, a statement from the employer is needed to document that the check is for work activity. If the recipient is in the Medical Improvement group, the letter must also include the number of hours worked;
- A self-employed individual may present a worksheet of hours worked, for whom, and income earned from each client.