

CATEGORICAL FACTORS

MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES

Policy: Sections 62-69 of Part A of Chapter 1 of the Laws of 2002 extends Medicaid coverage to working disabled applicants/recipients (A/Rs) who have net incomes at or below 250% of the Federal Poverty Level (FPL) and non-exempt resources at or below \$10,000.

SSI-related budgeting, including allocation and deeming, is used for determining net available income and resources. (See page 209.1 for a discussion on budgeting of income and page 325.1 for budgeting of resources.)

References: SSL Sect. 366(1)(a)(12) & (13)

ADM 04 OMM/ADM-5
03 OMM/ADM-4

Interpretation: *The Medicaid Buy-In program for Working People with Disabilities consists of two groups of A/Rs, the Basic Coverage Group and the Medical Improvement Group.*

The Basic Coverage Group includes individuals who meet the following criteria.

The A/R is certified disabled (see pages 24-32).

The A/R is at least 16 years of age, but under the age of 65.

The A/R is working and receiving financial compensation. The A/R pays all applicable state and federal income and payroll taxes.

The A/R has a net income at or below 250% of the FPL.

The A/R has non-exempt resources that do not exceed \$10,000.

The Medical Improvement Group includes individuals who meet the above criteria and have lost eligibility under the Basic Coverage Group. The loss of eligibility under the Basic Coverage Group is the direct and specific result of loss of disability status because of medical improvement. The A/R is no longer certified disabled, but continues to have a severe medically determined impairment. A recipient in the Medical Improvement Group must be employed at least 40 hours per month and earn at least the federally required minimum wage. A recipient can only be added to the Medical Improvement Group by action of the State Disability Review Team.

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