
HEALTH COVERAGE FOR WORKERS WITH DISABILITIES (HCWD)

EIS 2600 - HEALTH COVERAGE FOR WORKERS WITH DISABILITIES (HCWD)
REVISED 01/01/10 - CHANGE NO. 02-10

I. INTRODUCTION

The federal Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999 offers states the option to protect Medicaid coverage for workers with disabilities. People with disabilities are often discouraged from working for fear that their earnings would make them ineligible for Medicaid. TWWIIA offers state Medicaid programs options to expand Medicaid eligibility criteria for workers with disabilities. Additionally, it provides support for the states in developing programs to reduce barriers to and create work incentives for persons with disabilities. This support comes in the form of Medicaid Infrastructure Grants.

North Carolina is authorized to provide Medicaid for disabled workers under the Health Coverage for Workers with Disabilities Act (G.S. 108A-54.1). Health Coverage for Workers with Disabilities (HCWD) provides an incentive for persons with disabilities to go to work or to increase their hours of work while protecting their Medicaid eligibility.

HCWD covers blind or disabled workers age 16 through 64 with income equal to or less than 200% of the federal poverty level. HCWD recipients are entitled to full Medicaid coverage under MAB or MAD. Recipients age 16 through 20 are also entitled to additional services provided under EPSDT. HCWD consists of two groups, the Basic Coverage Group and the Medically Improved Coverage Group. HCWD recipients can not be receiving under any CAP program at this time. CAP recipients will be eligible for HCWD at a later time.

The initial phase of Health Coverage for Workers with Disabilities (HCWD), which was implemented in November of 2008, covered disabled workers with incomes at or below 150% of the federal poverty level. The second phase, which will provide coverage for workers with incomes from 151% through 200% of the federal poverty level (FPL), is effective May 1, 2009. Eligibility for those in the second phase of implementation will require payment of an enrollment fee of \$25 per certification period. All other HCWD eligibility criteria are also applicable to those at the higher income level. (Phase II of the HCWD Program is Suspended effective 12/1/2009).

Refer to MA-2180, Health Coverage for Workers with Disabilities, for additional information.

II. HCWD POLICY

- A. To qualify for HCWD an individual must:
1. Be age 16 through 64;
 2. Meet the Social Security Administration definition of disability or blindness, except for earnings, or be eligible in the Medically Improved Group;
 3. Be Employed;

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II.A. (CONT'D)

4. Have countable resources equal to or less than the minimum community spouse resource allowance;
5. Meet the income requirements for his coverage group; and
6. Meet all the other eligibility requirements applicable to Adult Medicaid coverage groups.

B. Authorization

Eligibility under HCWD can be authorized as MAB or MAD with Medicaid classification N, G, B, or Q and can begin no earlier than November 1, 2008.

III. COMPLETING THE DSS-8125

HCWD coverage can be authorized, changed or terminated using a DSS-8125. Use the following instructions to add, change or terminate HCWD coverage.

- A. Enter the CASEHEAD/PAYEE NAME at the top of the form for filing purposes.
- B. Enter the COUNTY NAME.
- C. Enter the CASE ID from the current Case Profile when authorizing HCWD for an existing Medicaid recipient. When approving an applicant, follow the instructions in EIS 2251, Approving M-AA, M-AB, and M-AD New Applications or Reapplications, and the instructions below.
- D. Enter your assigned WORKER NUMBER.
- E. Enter the COUNTY NUMBER.
- F. Enter the DISTRICT NUMBER.
- G. Enter the appropriate AID PROGRAM/CATEGORY. M-AB or M-AD.
- H. Enter the CERTIFICATION PERIOD FROM and THROUGH DATES.
 1. For application approvals, the CERTIFICATION PERIOD is six months.
 2. For existing recipients:

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III.H.2. (CONT'D)

- a. HCWD Applicant in a Full Coverage Program

Where an HCWD applicant currently has full coverage and has more than six months left on an existing certification period, send a manual timely notice and shorten the certification period. Reenter the certification from date as the first day of the month of HCWD eligibility. The certification through date will be six months from the certification from date.

- b. HCWD Applicant Receiving MQB Only

Where an HCWD applicant currently has MQB coverage only and has more than six months left on an existing certification period, send a manual adequate notice and shorten the certification period. Reenter the certification begin date as the first day of the month of HCWD eligibility. The certification through date will be six months from the certification begin date.

- c. HCWD Applicant With Less Than Six Months Left on Existing Certification Period

Where an HCWD applicant has less than six months left on an existing certification period, use the existing certification period for HCWD eligibility.

- I. Enter the SUB PROGRAM (SP) GROUP code. The appropriate HCWD codes are:

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1. B1 - Basic Coverage Group equal to or less than 150% Federal Poverty Level (FPL).
2. M5 - Medically Improved Group equal to or less than 150% of the Federal Poverty Level (FPL). A/R must be in the Basic Coverage Group before they can be in this group.
3. B2 - Basic Coverage Group 151% through 200% of the Federal Poverty Level (FPL). (Suspended Effective 12/01/2009)
4. M6 - Medically Improved Group 151% through 200% of the Federal Poverty Level (FPL). A/R must be in a Basic Coverage Group before they can be in this group. (Suspended Effective 12/1/2009)

Note: For B2 and M6, there is an enrollment fee of \$25 at application and \$25 at redetermination the applicant must pay to the county DSS before they can be authorized.

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III.I.4. (CONT'D)

For applications, the time the applicant has to pay the enrollment fee can be excluded from the application processing time. Enter the exemption using the Date Screen. Refer to EIS 2400, Application Processing, for further information.

J. Enter the %FPL FEDERAL POVERTY LEVEL indicator

The %FPL is entered on the 8125 immediately after the sub program codes are entered. The appropriate %FPL codes are:

1. 2H = %FPL is equal to or less than 100% FPL. Can be B1 or M5.
2. 3A = %FPL is 101% up through 150% FPL. Can be B1 or M5.
3. 4A = %FPL 151% through 200% FPL. For B2 or M6. (Suspended Effective 12/1/2009)

K. Enter the SUB PROGRAM (SP) GROUP BEGIN DATE.

1. Enter the date coverage begins. Must be MMDDYY.
2. HCWD cannot be posted to a period of time that is authorized in an aid program/category that is not eligible for HCWD (i.e. MQB, MAA, MAF, etc.). Only MAD and MAB are correct for HCWD.
3. The Begin Date must be the first day of the month and cannot be later than the ongoing month.
4. For B1 and M5, the Begin Date can be retroactive but cannot be earlier than November 1, 2008.
5. For B2 and M6, the Begin Date can be retroactive but cannot be earlier than May 1, 2009, or after 12/1/2009.
6. An A/R can have a different SUB PROGRAM in the retroactive period than in the ongoing period.

L. Enter the SUB PROGRAM (SP) GROUP END DATE when the individual ceases to be eligible for the existing HCWD SUB PROGRAM.

1. When HCWD ends, enter the SUB PROGRAM GROUP code, the FPL indicator, the BEGIN DATE, and the END DATE. The END DATE must be after the BEGIN DATE and must be the last day of the month.

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III.L. (CONT'D)

2. For an open/shut approval, the END DATE may be retroactive to the current date but must be the last day of a month.
 3. For an ongoing case, the END DATE must not be earlier than the last day of the month prior to the ongoing month. The END DATE cannot be retroactive.
 4. When HCWD coverage changes from one SUB PROGRAM to another, for instance, changing from B1 to M5, use the following instructions:
 - a. To end coverage in the old SUB PROGRAM, enter the old SUB PROGRAM code and FPL indicator, BEGIN DATE, and END DATE. The END DATE must be after the BEGIN DATE and must be the last day of the month prior to the ongoing month.
 - b. Enter the new SUB PROGRAM code, FPL indicator, and BEGIN DATE. The BEGIN DATE cannot be earlier than the first day of the ongoing month.
- M. Enter the SPOUSE INDICATOR. Refer to the Codes Appendix to determine the appropriate code.

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IV. HCWD INQUIRY

To view the posted Sub Program on Case Data (CD) screen, key "CD" in the SELECTION field and the eight digit Case ID in the KEY field. The Sub Program is displayed at the bottom of the screen.

EIS CURRENT CASE DATA									
CASEID	CREATED	LAST-CHG		FORM ID					
CO	CO-CASE	DIST	CO-REASSIGN		TERM				
CHEAD/PAYEE			ID	PH					
ADDRESS LINE 1				ADDRESS LINE 2					
CITY	STATE	ZIPCODE	WORKER-NO	NEEDS UNIT					
SUB-PAY-CODE		SUB-PAYEE-NAME							
APPLICATION-NO		APPL-DATE		APPL-TYPE					
ONGOING-DISP:	DATE	REASON	RETRO-DISP:	DATE	REASON				
AID-PROG	AID-CATG	CHILD ONLY RSN	SPOUSE IND						
PYMT-REVW-PERD	PAYMT-TYPE	MO-PYMT-AMT	PYMT-EFF						
MED-STAT	MED-EFF-DATE	MEDICAID-CERT-PERD							
MED-DEDUCTIBLE-BAL	MEDIC-CLASS	PAT-MO-LIABILITY-AMT							
GROSS INC	DISREGD	TOT-UNEARN	MAIN-AMT						
WORK-EXP	NET-EARNED	RSDI-AMT	AMBULATORY-CAP						
CHILD/ADULT-CARE	SSI-AMT	DOMICILLIARY-RATE							
GRANT-RECOUPMENT	TOT-COUNTABLE-MO-INC								
FOOD-STAMP	STEP-PARENT	PACE-ENRLL	EPICS CLM	SSI	VA-PAY				
SELECTION:	KEY:	99999999							
		SUB PGM: B1							

To view the posted Sub Program and FPL for an individual, enter "IE" Individual Medicaid Eligibility in SELECTION, key the Individual ID number, and press ENTER. The following screen is displayed:

EIS INDIVIDUAL ELIGIBILITY HISTORY FOR XXXXXXXXS												
HIST FROM	AUTH FROM	HIST THRU	PGM	CLS	SSI	CO	PAY	CASE ID	LIV	CD	DB/PML	COV
SUBPGM - CDE - FPL			AMB	SN		PCHP	PROVDR	NUM	(AUTO	RSN	DIST)
04/01/2009	04/03/2009	06/30/2009	MAD	Q	N	29	9	00000000	10			
B1 3A				1			P	9999903		()
03/01/2009	03/01/2009	03/31/2009	MAA	N	N	29	9	00000000	10			
				1						()
04/01/2008	04/01/2008	09/30/2008	MAA	N	N	29	9	00000000	10			
				1				9999903		()
SELECTION	KEY		00000000M									
604-INQUIRY IS COMPLETE												