

April 2021 Update


Medicaid & Waiver Services for People with Disabilities


Financial Eligibility for DDA HCBS Waivers (Basic + and CORE)


| | |
|-------------------------|----------|
| SSI FBR/CNIL/MNIL: | \$794 |
| SIL (3 x SSI FBR): | \$2,382 |
| 1619(b) Threshold: | \$41,112 |
| Resources — Individual: | \$2,000 |
| Resources — Couple: | \$3,000 |
| SGA (non-blind): | \$1,310 |
| 138% FPL | \$1,481 |


| | Spenddown | Financial eligibility for the DDA HCBS Waivers — CN Scope of Care | | |
|--|---|--|--|--|
| Modified Adjusted Gross Income (MAGI) | Medically Needy Coverage (MN) | Eligible for SSI Categorically Needy Coverage (CN) | 300% Special Income Level (SIL)—CN “Institutional Rules” | Apple Health for Workers with Disabilities (HWD) CN Coverage |
| <ul style="list-style-type: none"> Personal care services per CARE assessment only State Medicaid coverage for people not on a Waiver <p>Income Standard</p> <ul style="list-style-type: none"> MAGI Income mirrors federal tax filing rules for household composition and countable income and deductions <p>Who</p> <ul style="list-style-type: none"> People age 19 up to 65 People not on Medicare People with Gross Modified Income under 138% of FPL (133% FPL + 5% disregard) <p>No resource limit</p> | <ul style="list-style-type: none"> No personal care or waiver services <p>Income Standard</p> <ul style="list-style-type: none"> Depending upon income, may have to spend down to the MNIL for coverage <p>Who</p> <ul style="list-style-type: none"> People not working or not needing CN scope of care services People not eligible for CN coverage <p>Resource limit of \$2,000 for individual</p> | <ul style="list-style-type: none"> Personal care & waiver services per CARE assessment only State Medicaid coverage for people not on a Waiver <p>Income Standard</p> <ul style="list-style-type: none"> CN income level (CNIL) or 1619(b) threshold (set by SSA) <p>Who</p> <ul style="list-style-type: none"> People receiving SSI Certain DAC, Pickles, DWBs with countable income at/below CNIL People working below SGA, unless 1619(a) or 1619(b) <p>Resource limit of \$2,000 for individual</p> | <ul style="list-style-type: none"> Available for people on a Waiver only. <p>Income Standard</p> <ul style="list-style-type: none"> 300% Federal Benefit Rate (FBR) aka Special Income Level (SIL) <p>Who</p> <ul style="list-style-type: none"> People not “eligible for SSI” and/or not working People with gross monthly income at or below SIL People working below SGA <p>Resource limit of \$2,000 for individual</p> | <ul style="list-style-type: none"> Personal care & waiver services per CARE assessment only State Medicaid coverage for people not on a Waiver Pay premium based on income Must have income from work activity per program rules <p>Who</p> <ul style="list-style-type: none"> People who are working People who work above SGA People who work below SGA, if premium is less than cost share for another program People who want to save more in resources <p>No income standard No resource limit</p> |

Wise/BenefitU: benefitu.org


 MN—Spenddown

 Financial Eligibility for Home and Community Based Services (HCBS) or Waivers — CN

 No Cost of Care Participation

 \$2,000/\$3,000 Resource Limit

 Cost of Care Participation

 Personal Care Available

Medicaid & Waiver Services for People with Disabilities

Financial Eligibility for HCS HCBS Waivers (COPES)

| | |
|-------------------------|----------|
| SSI FBR/CNIL/MNIL: | \$794 |
| SIL (3 x SSI FBR): | \$2,382 |
| 1619(b) Threshold: | \$41,112 |
| Resources — Individual: | \$2,000 |
| Resources — Couple: | \$3,000 |
| SGA (non-blind): | \$1,310 |
| 138% FPL | \$1,481 |

Financial eligibility for the COPES HCBS Waivers — CN Scope of Care

Income Calculation for HCS Waiver Group 3: Those with income above the SIL

- Reduce the client’s gross income by:
 - ◇ Exclusions in WAC 182-513-1340
 - ◇ Disregards in WAC 182-513-1345
 - \$20 from unearned income
 - \$65 from earned income
 - And 1/2 of earned income
 - ◇ The cost of care standard, which is based on the monthly state average nursing facility rate .
 - ◇ Monthly private health insurance premiums (no Medicare). If paid other than monthly, prorate the expense into a monthly amount
 - ◇ Outstanding medical bills prorated into a monthly amount over the 12-month certification period.
- If the result is no greater than the MNIL, they are income eligible for COPES and can be opened on L22 (and receive CN Medicaid)

Group 1: Eligible for SSI

Income Standard

- CN income level (CNIL) or
- 1619(b) threshold (set by SSA)

Who

- People receiving SSI
- Certain DAC, Pickles, DWBs with countable income at/below CNIL
- People working below SGA, unless 1619(a) or 1619(b)

Resource limit of \$2,000 for individual

1619 CN Protection

- 1619(a): SGA plus partial SSI cash grant
- 1619(b): Earnings above “break even point” for SSI cash and below threshold

Group 2: 300% Special Income Level (SIL)—CN “Institutional Rules”

- Available for people on a Waiver only.

Income Standard

- 300% Federal Benefit Rate (FBR) aka Special Income Level (SIL)

Who

- People not “eligible for SSI” and/or not working
- People with gross monthly income at or below SIL
- Married individuals with community spouse and 1/2 of community income at or below /SIL
- People working below SGA

Resource limit of \$2,000 for individual, spousal impoverishment rules may be applied

Group 3: 300% Special Income Level (SIL): Income above SIL—CN “Institutional Rules”

- Available for people on a Waiver only

Income Standard

- 300% Federal Benefit Rate (FBR) aka Special Income Level (SIL)

Who

- SSI related individuals with income in own name and above the SIL
- SSI related married individuals with community spouse and 1/2 of community income is above the SIL
- Net income is at or below the MNIL after countable income calculation (see calculation information in far left column)

Resource limit of \$2,000 for individual, spousal impoverishment rules may be applied

Apple Health for Workers with Disabilities (HWD) (Considered Part of Group 1)

- Personal care & waiver services per CARE assessment only
- State Medicaid coverage for people not on a Waiver
- Pay premium based on income
- Must have income from work activity per program rules

Who

- People who work above SGA
- People who work below SGA, if premium is less than cost share for another program
- People who want to save more than the resource standard of other aged/blind/disabled programs

No resource limit
No income standard