

DEPARTMENT OF HUMAN SERVICES, COUNTY OPERATIONS

SUBJECT: Form DCO-950; Workers with Disabilities Application for Assistance
Medical Services Policy 28000-28070

DESCRIPTION: Effective July 1, 2012, The DCO-950, Workers with Disabilities Application for Assistance will be used for individuals to apply for Medicaid in the Workers with Disabilities category. Medical Services Policy 28000 – 28070 has been revised to incorporate the use of the DCO-950 in the application process and to remove the reference to form DCO-777, which is currently used for this category.

PUBLIC COMMENT: No public hearing was held. The public comment period expired on April 19, 2012. No public comments were submitted. The proposed effective date is July 1, 2012.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: There is no financial impact.

LEGAL AUTHORIZATION: Arkansas Code § 20-76-201 authorizes the Department of Human Services to administer programs for the indigent and to "make rules and regulations" pertaining to the administration of those programs. Arkansas Code § 20-77-107 specifically authorizes the department to "establish and maintain an indigent medical care program."

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY: Arkansas Department of Human Services
DIVISION: Division of County Operations
DIVISION DIRECTOR: Joni Jones
CONTACT PERSON: Linda Greer
ADDRESS: P.O. Box 1437, Slot S-332, Little Rock, AR 72203-1437
PHONE NO.: 501-682-8257 **FAX NO.:** 501-682-1597 **E-MAIL:** linda.greer@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING: Linda Greer
PRESENTER E-MAIL: linda.greer@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.**
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.**
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.**
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:**

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule?

Form DCO-950, Workers with Disabilities Application for Assistance
Medical Services Policy 28000-28070

2. What is the subject of the proposed rule?

Form DCO-950, Workers with Disabilities Application for Assistance, has been created for individuals to apply for Medicaid in the Workers with Disabilities category.

Medical Services Policy 28000-28070 has been revised to incorporate the use of the DCO-950 for the application process for the Workers with Disabilities category.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No **X**

If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes No **X**

If yes, what is the effective date of the emergency rule? N/A

When does the emergency rule expire? N/A

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No

5. Is this a new rule? Yes No If yes, please provide a brief summary explaining the regulation.

Currently individuals applying for Workers with Disabilities Medicaid use form DCO-777, Long Term Care Application. The new form, DCO-950, will now be used for individuals to apply for this category.

Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

Medical Services Policy 28050 has been revised to incorporate the use of the DCO-950 instead of the DCO-777.

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Code Annotated 20-76-201 and 42 CFR 460.

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of this rule is to provide an application that will capture the specific eligibility criteria required to determine eligibility for the Workers with Disabilities Medicaid category.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<http://humanservices.arkansas.gov/Pages/LegalNotices.aspx>

9. Will a public hearing be held on this proposed rule? Yes No
If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

April 19, 2012

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

July 1, 2012

12. Do you expect this rule to be controversial? Yes No If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medicaid associations, providers of legal services and advocacy organizations. Their position for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Human Services

DIVISION Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 501-682-1857 **FAX NO.** 501-682-3889 **EMAIL:** randy.helms@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE

Medical Services Policy 28050, and DCO-950, Workers with Disabilities Application for Assistance

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes No **X**

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes No **X**

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total 0

Total 0

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

ARKANSAS REGISTER

Transmittal Sheet

* Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State
Mark Martin
State Capitol, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-3527
www.sos.arkansas.gov



For Office
Use Only:

Effective Date _____ Code Number _____

Name of Agency Arkansas Department of Human Services

Department Division of County Operations

Contact Linda Greer E-mail linda.greer@arkansas.gov Phone 501-682-8257

Statutory Authority for Promulgating Rules ACA 20-76-201 and 42 CFR 460

Rule Title: Medical Services Policy 28000-28070, Workers with Disabilities and the DCO-950

Intended Effective Date
(Check One)

- Emergency (ACA 25-15-204)
- 30 Days After Filing (ACA 25-15-204)
- Other 7.1.12
(Must be more than 30 days after filing date.)

	Date
Legal Notice Published	<u>3.21.12</u>
Final Date for Public Comment	<u>4.19.12</u>
Reviewed by Legislative Council	_____
Adopted by State Agency	<u>7.1.12</u>

Electronic Copy of Rule submitted under ACA 25-15-218 by:

Dave Mills

dave.mills@arkansas.gov

4.23.12

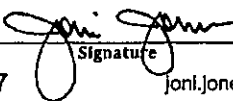
Contact Person

E-mail Address

Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 the Arkansas Administrative Procedures Act. (ACA 25-15-201 et. seq.)


Signature

501-682-8377 joni.jones@arkansas.gov
Phone Number E-mail Address

Director, Division of County Operations
Title

3/12/12
Date

Notice of Rule Making

Pursuant to Arkansas Code, 20-76-201 and 42 CFR 460, the Director of the Division of County Operations issues the following proposed changes to Medical Services Policy 28000-28070 incorporating the use of the new form, DCO-950 effective June 1, 2012. The form DCO-950, Workers with Disabilities Application for Assistance, has been created for individuals to use to apply for Medicaid in the Workers with Disabilities category.

Copies of the proposed change may be obtained by writing the Division of County Operations, P.O. Box 1437, Slot S-332, Little Rock, AR 72203, Attention: Office of Program Planning & Development. You may also access it on the DHS website <http://humanservices.arkansas.gov/Pages/LegalNotices.aspx>. All comments must be submitted in writing to the address indicated above no later than 4-19-12.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 501-682-8922 (voice) or 501-682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin.



Joni Jones,
Director, Division of County Operations

Date: 3/12/12

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28010 Extent of Services

28000 Medicaid Coverage for Workers with Disabilities

MS Manual 07/01/12

The "Ticket to Work and Work Incentives Improvement Act of 1999" (TWWIIA), enacted on December 17, 1999, provides states with new options for making it possible for people with disabilities to join, or remain in, the workplace without fear of losing their Medicare and Medicaid coverage. Arkansas elected to provide Medicaid coverage in the "Basic Coverage Group" of TWWIIA. Under this group, Medicaid can cover individuals at least 16, but less than 65 years of age, who, except for earned income, would be eligible to receive Supplemental Security Income (SSI). Medicaid for the Workers with Disabilities in Arkansas became effective February 1, 2001.

SGA (substantial gainful activity) is not an eligibility factor for the Workers with Disabilities category; therefore, persons with disabilities may increase their earnings or return to work and either retain or obtain Medicaid coverage.

Individuals who lose SSI and SSI related Medicaid, due to earnings, are potentially eligible for Medicaid under the Workers with Disabilities policy. There is no requirement that an individual must have at one time been an SSI recipient to be eligible for Medicaid under this category. However, if an individual was not an SSI recipient or a recipient of SSA disability, a disability determination must be made by MRT. Although SGA is not considered for this determination, the individual's unearned income must be under the SSI payment amount for one person.

28010 Extent of Services

MS Manual 07/01/12

Recipients of Medicaid in the Workers with Disabilities category will be eligible for the full range of Medicaid services. Cost sharing will be assessed at the point of service in the form of co-payments for medical visits and prescription drugs (Re. MS 28045).

Recipients will also be able to access services available through the AAPD Waiver provided the medical criteria for AAPD have been met as well as the financial criteria of the Workers with Disabilities category. (Refer to MS 26125 for guidance and procedures regarding the medical assessment process.) Applicants will be advised by the caseworker that if they accept services from AAPD Waiver providers while their applications are pending and are subsequently denied for AAPD Waiver, they will be responsible for paying the provider.

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28015 Workers with Disabilities Eligibility Criteria

28015 Workers with Disabilities Eligibility Criteria

MS Manual 07/01/12

Individuals eligible for Medicaid under the Workers with Disabilities program must:

1. Be a resident of the state of Arkansas (Re. MS 2200).
2. Be a U.S. citizen or qualified alien (Re. MS 3310#3 & MS 3324).
3. Be at least 16 years of age but under age 65.
4. Furnish a Social Security Number, or apply for one (Re. MS 1358).
5. Be working (Re. MS 28020).
6. Have a disability according to the SSI definition of disability except for SGA (Re. MS 28025).
7. Have net personal income less than 250% of the poverty level for his/her family size (Re. MS 28030), with unearned income below the SSI/SPA for one person.
8. Have countable resources equal to or less than twice the medically needy resource limit for his/her family size. Only the resources of the individual and the spouse will be counted. (Re. MS 28035)
9. Assign rights to medical support /third party liability (Re. MS 1350).

28020 Definition of Working

MS Manual 07/01/12

As defined for this category, working means being employed in any ongoing work activity for which income is received and reported to the IRS. Employment must be verifiable by viewing paycheck stubs, tax returns, form 1099, or proof of Quarterly Estimated Taxes for self-employment. The individual with a disability must be working at the time of application. If an individual stops working temporarily, and states that he/she intends to return to work, coverage can continue for up to six months. If the individual has not returned to work by the end of the sixth month, a ten-day advance notice will be given on form DCO-700, and the case closed after the tenth day. The caseworker will review the individual's circumstances to determine if he/she is eligible in another Medicaid category, and if so, certify the individual in that category.

28025 Disability Determination

MS Manual 07/01/12

Only individuals with current, on-going, physical or mental disabilities should be considered for Workers with Disabilities.

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28030 Income Determination

The individual must have a disability according to the SSI definition of disability. To be eligible, the applicant must have already had disability established through SSI or SSA, or disability must be established through the Medical Review Team.

Individuals who are currently employed, and apply for Medicaid to cover medical bills for a temporary disability due to illness or surgery and plan to return to work after a period of recuperation, are not eligible in this category and should not be referred to MRT. Such applicants should be evaluated for eligibility in other Medicaid categories.

Persons who have received SSI or SSA disability within the last year, and lost entitlement solely due to employment, can automatically be considered to have a disability at the time of application. However, disability must be re-determined at the first annual re-evaluation. Procedures for verifying disability through SSI/SSA and the Medical Review Team found at (MS 3322) through MS 3323.6 should be followed.

A disability determination through MRT for this category will not consider whether an individual is engaged in substantial gainful activity (SGA).

NOTE: Individuals may still be receiving SSA based on disability and have earnings over the SGA. SSA allows beneficiaries who earn over the SGA to continue receiving benefits for up to 12 months before SSA benefits are suspended. This time period includes a 9 month Trial Work Period plus a 3 month Grace Period. If SSA benefits cause the individual to be income ineligible for Workers with Disabilities, the County Office should inform the applicant to reapply after SSA benefits stop.

28030 Income Determination

MS Manual 07/01/12

Income eligibility will be determined in a two-step process. Only the income of the individual with a disability will be used to determine eligibility. Any income of the spouse or children will be disregarded.

Step 1:

First determine the amount of unearned income for the individual. Only individuals with unearned income under the SSI/SPA will be eligible in this category. SSI exclusions and disregards (Re. MS 3348-3348.1) will be allowed. Total all unearned income for the individual and subtract the \$20.00 general exclusion. If the resulting amount is under the SSI/SPA for an individual, proceed to the second step. If the resulting amount is over the SSI/SPA, deny the application.

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28035 Resources

Step 2:

Determine the individual's gross monthly earnings. If there was no unearned income, subtract the \$20.00 general exclusion from the earned income. Deduct \$65.00 plus ½ of the remaining gross earnings. Add the net unearned income, if any, and remaining net earnings to determine countable income. Compare the total to 250% of the federal poverty level for the individual's family size. If the income falls below the 250% level, the individual is eligible. (Refer to the FPL chart at Appendix F for current amounts.)

Family, in this category, is defined as the applicant, his/her spouse, and the minor children, natural or adoptive, of either spouse. To be included in the family unit, children must be under 18 years of age and reside in the home of the individual with a disability.

28035 Resources

MS Manual 07/01/12

Workers with Disabilities Resource Limits

Household Size	Resource Limit
1 (Individual)	\$4000
2 (Individual & Spouse)	\$6000
3	\$6200
4	\$6400
5	\$6600
6	\$6800



NOTE: Add \$200 for each additional family member.

Countable resources are determined according to LTC guidelines (Re. MS 3330-3333) with certain exceptions. A second car can be disregarded as a resource if it is used by the spouse to maintain employment. There will be no penalty imposed for the transfer of resources; and all funds held in retirement accounts, including private retirement accounts such as IRAs and other individual accounts and employer-sponsored retirement plans such as 401(K) plans, Keogh Plans and employer pension plans will be disregarded as resources.

Only the resources of the individual and the spouse will be counted. Although children are included in the standard, their resources are not counted. Countable resources are compared to twice the Medically Needy Resource Limit (MNRL) for the family size. An "approved account"

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28040 Approved Account

can be established by the individual with a disability and be used to enhance independence and increase employment opportunities. Funds in the approved account, up to an established maximum, are disregarded in the resource calculation (Re. MS 28040).

28040 Approved Account

MS Manual 07/01/12

An approved account may be used to save for any expense that will enhance an individual's independence and/or increase employment opportunities. The account must be kept separate from all non-exempt accounts such as regular savings and checking accounts. Up to \$10,000.00 of an approved account can be disregarded as a countable resource. Interest generated on an approved account will not be counted as income. If the interest generated causes the approved account to exceed \$10,000.00, or the approved account otherwise exceeds \$10,000.00, the amount in excess of \$10,000.00 will be counted toward the resource limit for the individual's family size.

If an individual declares a checking account, savings account, or cash at the time of application, he/she will be given the opportunity to designate all or part of the funds as an approved account. If the individual designates only a portion of the funds as an approved account, he/she should be given a written notice via the DCO-700 with instructions to separate the account and provide verification of the new account within 10 days. If the funds designated for the approved account are not deposited into a separate account, they will be counted as a resource.

Some approved expenditures follow:

Educational Expenses: Expenditures for training to enhance employment and independent living skills which include tuition, fees, books and other related expenses.

Work-Related Expenses: Expenditures for job accommodations, equipment, service animals, computer software and hardware, business capital, tools and other related expenses.

Home Purchase/Modification: Costs of acquiring, constructing, modifying or reconstructing a residence to meet the needs of the individual with a disability.

Transportation: Cost of acquiring, modifying, maintaining or repairing a motor vehicle to be used by the individual with a disability, or an immediate family member, on his/her behalf. The cost of insurance for the vehicle is also included.

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28040 Approved Account

Medical Expenses-Medically related expenditures, including dental bills, not covered by Medicaid or other insurance, and Medicaid co-pays.

Assistive Technology and Related Services-Expenditures for assistive technology devices, which include any item, piece of equipment, product system, or assistive technology service that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. The term "assistive technology service" means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. These services include:

- a. The evaluation of the assistive technology needs of an individual with a disability, including a functional evaluation of the impact of providing the appropriate assistive technology and services to the individual in his/her customary environment.
- b. Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices, and services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices.
- c. Coordination and use of necessary therapies, interventions, or services associated with education and rehabilitation plans and programs.
- d. Training or technical assistance for the individual with a disability, or where appropriate, the family members, guardian or authorized representative of the individual.

When establishing the approved account, the individual must state in writing the intended purpose of the account. The signed statement must include the projected cost of the item(s) or services for which they are saving. If at any time the individual has no intended use for the money in the account, or the intended use is for items that do not meet the definition of an approved item, the account will become a countable resource.

At each re-evaluation, the County will review the approved account history for the past year. The individual must provide receipts for any expenditure from the account. If the individual has accessed the account and used the money for a non-approved reason, the amount withdrawn will be considered unearned income in the month withdrawn. A new signed statement of intended use must be provided at each re-evaluation.

In the case of qualified emergencies, funds may be withdrawn and used for living expenses if there is a hardship on the family caused by such instances as extended illness, loss of employment, natural disasters, or similar events beyond the control of the individual.

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28045 Cost Sharing

28045 Cost Sharing

MS Manual 07/01/12

Recipients of Medicaid for Workers with Disabilities with gross income under 100 percent of the Federal Poverty Level for their family size (Re. FPL chart at [Appendix F](#) for current amounts) will be subject to the usual Medicaid co-pays. Recipients with gross income equal to or greater than 100 percent of the FPL will be assessed co-payments at the point of service for medical visits and prescription drugs according to the following schedule:

1. Physician's visits - \$10.00;
2. Prescription drugs - \$10.00 for generic, \$15.00 for brand name;
3. Inpatient Hospital – 25% of the first day's Medicaid per diem rate;
4. Orthotic appliances, prosthetic devices, durable medical equipment & augmentative communication devices – 10% of the Medicaid maximum allowable reimbursement rate;
5. Occupational, physical and speech therapy, & private duty nursing - \$10.00 per visit, with a cap of \$10.00 per day.

After certification, any increases in income that will cause the individual to exceed 100% of the FPL, will not be processed until the next reevaluation. If the individual reports a decrease in income that puts him under the 100% FPL, his income will be adjusted when reported to reflect the lower co-payment amounts. Any increase in co-payments determined at reevaluation will require a 10-day advance notice. A DCO-700 will be sent and the changes keyed after the notice is up.

28050 Approval of Applications

MS Manual 07/01/12

Applications for the Workers with Disabilities will be made on form DCO-950, "Workers with Disabilities Medicaid Application for Assistance", by the individual requesting assistance, or his/her authorized representative, at the DHS County Office located in the individual's county of residence.

In instances where disability is already established, the County Office will have 45 days to dispose of the application by approval, denial, or withdrawal. When eligibility must be established by MRT, 90 days will be allowed for processing.

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28055 Denials and Withdrawals

28055 Denials and Withdrawals

MS Manual 07/01/12

If an applicant does not meet all of the eligibility requirements for Workers with Disabilities, the application will be denied.

The caseworker will record the pertinent information stating the reason for denial; complete the denial data on the application form and notify the applicant of the denial by DCO-700 or a system generated notice.

If an individual wishes to withdraw the application, the caseworker should obtain a signed statement from the applicant stating that he/she wishes to withdraw the application. The procedures for denying an application will then be followed.

28060 Effective Date of Eligibility

MS Manual 02/01/01

Eligibility will begin on the date of application unless retroactive coverage is needed. If retroactive coverage is needed, and eligibility is established for a retroactive period, eligibility can begin up to 3 months prior to the date of application; but in no case can coverage be authorized before February 1, 2001.

28065 Re-Evaluations

MS Manual 07/01/12

Medicaid eligibility for the Workers with Disabilities will be re-evaluated annually by the County Office. The application form and all other forms required at initial application will be completed. If the individual has an approved account, the County will review the account history for the past year, and a new statement of intended purpose for the account will be obtained.

An MRT disability re-determination may or may not be necessary at re-evaluation. If a re-examination by MRT is necessary, it will be indicated on the DCO-109. Individuals that did not require an MRT decision initially due to loss of SSA or SSI in the previous year will require an MRT determination at the first re-evaluation.

MEDICAL SERVICES POLICY MANUAL, SECTION 28000

28000 Medicaid Coverage for Workers with Disabilities

28070 Changes and Closures

28070 Changes and Closures

MS Manual 02/01/01

When a change occurs that affects eligibility, or an increase in the cost sharing (Re. MS 28045), a ten-day advance notice of action will be given unless advance notice is not required (Re. MS 3633). Case closure will be effective the date the notice expires.



Workers
Disabilities
MEDICAID
Health care you can
take to work

- Work and earn a living
 - Save for the future
- And have health care coverage

ARKANSAS
DEPARTMENT OF
 **HUMAN
SERVICES**

Work, Save and Keep Your Health Benefits

Many Arkansans with disabilities want to work but can't afford to lose their Medicaid or Medicare health benefits. The Workers with Disabilities Medicaid program gives individuals the opportunity to work, **earn a good income, save for the future and have Medicaid health care benefits.**

The Workers with Disabilities program is intended for people with disabilities who support themselves by work rather than by disability benefits. This program covers only the individual with a disability and does not provide family coverage.

Who Qualifies for Workers with Disabilities Medicaid?

Age

You must be at least 16 and less than 65.

Disability

You must have a significant disability expected to last 12 months or longer, based on Social Security guidelines. Unlike Social Security, you may work full-time and earn more than the Substantial Gainful Activity (SGA) limit. The SGA is \$1,010/month in 2012.

Work

You must be working and provide proof that your work income is reported to the IRS. Paycheck stubs, tax returns, Form 1099 or quarterly estimated tax receipts for self-employment could be used to prove that you work.

Income

Only the applicant's income is counted for the Workers with Disabilities program. Income of the spouse and other family members is not counted. There are two income limits which apply to all applicants:

1. **Non-Work Income** may not exceed the SSI individual benefit plus \$20 (\$698 + \$20 = \$718/month in 2012), regardless of your family size. Non-Work Income is income such as Social Security, worker's comp, VA benefits, or interest on your bank account.

Workers with Disabilities Medicaid covers Arkansans ages 16-64 who:

- Meet the Social Security/SSI disability definition
- Work and have work income reported to the IRS
- Support themselves by work rather than disability benefits
- Need health care coverage or home and community-based services

2. **Net Personal Income** must be less than 250% of the Federal Poverty Level for your family size. Net Personal Income = ALL Non-Work Income + HALF of Work Income (wages, salary, income from your business).

250% of the 2012 Federal Poverty Level:

- 1 person \$2,327.08/month
- 2 persons \$3,152.08/month, plus \$825 for each child under 18 living at home.

How much can I earn from Work?

You'll be surprised how much you can earn and still qualify because only half of your work income is counted. However, almost all non-work income is counted.

For example, Joe is single and receives a Social Security check of \$500/month. He could earn up to \$3,600 a month and still qualify for Workers with Disabilities coverage. After his Social Security check stops, he could earn up to about \$4,600/month.

Resource Limits

Your countable resources (cash, savings, investments, and property other than your home and household goods) must be less than \$4,000 for a single person, or \$6,000 for a couple, plus \$200 for each additional person. Only resources belonging to you and your spouse are counted.

Your home, household goods and one car are not counted. A second car is allowed if your spouse needs it to work. Retirement accounts such as IRAs, pensions and 401Ks are not counted. Additional funds may be saved in an approved account (see below).

Save for Your Future and Self-Sufficiency

You can also save up to \$10,000 in a special Approved Account approved by DHS. This account must be separate from your regular checking or savings account. This account can be used for expenses to help you work or become more independent, such as:

- Education that helps you work and live independently
- Work-related expenses, such as job accommodations, tools, service animals or starting a business
- Home purchase, construction and/or modification
- Vehicle purchases, modification, maintenance or repair
- Medical expenses (such as contact lenses) not covered by Medicaid

Medicaid Services

Medicaid covers a wide range of health care services including doctor visits, hospital care, prescription drugs and therapy. Medicaid also covers personal care and other home and community services. There are no premiums, but there are co-pays for most services, such as \$10 for doctor visits.

If you already have Medicare, Medicaid will pay your Medicare premiums, deductibles and co-pays and cover services that are not covered by Medicare or health insurance such as personal care. Medicaid can also provide secondary coverage for other insurance coverage.

Before You Get a Job, Get Advice

If you are currently receiving disability benefits, going to work may affect your benefits. That's why it's important to talk to a benefits counselor before looking for work. Free, confidential counseling is available by calling Project AWIN at 1-888-284-7521.

Workers with Disabilities Examples:

Example 1: Jimmy has a disabling medical condition but still works when he is able. He is uninsured and needs help with medical bills. He applies for Workers with Disabilities Medicaid and is approved.

Example 2: Martha has a disability and works part-time. She lost her SSI benefits and Medicaid when she got married. She may qualify for Workers with Disabilities coverage because her husband's income is not counted.

Example 3: Joe has a disability and works. He earns \$3,000/month from work. Joe qualifies for Workers with Disabilities because after work related deductions are applied, only half of his salary is counted.

Example 4: Bobby is 17 and lives with his parents. He has a disability and works. He is not eligible for SSI because his parents earn too much. He is able to qualify for Workers with Disabilities because his parents' income is not counted.

Example 5: Jerry has a disability and works. His Social Security disability benefits stopped due to earnings but he still has Medicare. He also qualifies for Workers with Disabilities Medicaid, which pays his Medicare premiums, deductibles and co-pays and covers some services not covered by Medicare.

How to Apply

Submit the enclosed application form to the local Arkansas Department of Human Services County office. Financial eligibility should be determined within 45 days. If you have not received Social Security Disability or SSI benefits in the last 12 months, your disability must be verified. This process may take up to 90 days.

If you have problems applying, call Project AWIN, toll-free at 1-888-284-7521.

When completing an application for Workers with Disabilities, some of the items that you will need to provide are:

- Verification of your bank accounts
- Proof of your monthly income
- Social Security card or number
- Your Medicare card
- Proof of life and health insurance

If you have sold or transferred any property, please provide deeds.

- If you receive SSI or Social Security Disability, you may be able to work part time and continue to receive your disability check.
- If you work full time, you may be able to continue to receive Medicare and/or Medicaid, if your disability continues.
- If you work and have Medicare only, you may qualify for Workers with Disabilities Medicaid.

For more information about employment and your benefits, call the Social Security Administration or Project AWIN at 1-888-284-7521.

- **Work and earn a living**
 - **Save for the future**
- **And have health-care coverage**

Workers with Disabilities have Other Options

WORKERS WITH DISABILITIES MEDICAID APPLICATION FOR ASSISTANCE

If you need this material in a different format, such as large print, contact your local DHS County Office
Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español

1. Applicant information

Last Name		First Name		MI	Date of Birth	Are you a U.S. Citizen?*		Social Security Number	
						Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medicare Number	Race	Sex	County of Residence	Home Phone			Message Telephone		
Street Address				City			State	Zip Code	
Mailing Address (if different)				City			State	Zip Code	
Are you between the age of 16 and 64 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>					Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Work Telephone	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>			Email Address			Fax Number		

*If you are not a U.S. citizen, attach documentation of alien status.

2. Household

List all household members (attach additional sheet if needed)

Last Name	First Name	Social Security Number	Race	Sex	Relationship

3. Income (Attach proof or verification, i.e. check stubs, tax return, Form 1099 etc.)

Complete each question for you only. Attach additional sheets to explain, if needed.

Source of Income	Yes	No	Gross Amount?	How Often?
Earnings from Employment/Work, job, farming, self-employment, part time work, income from babysitting?				
Retirement, Social Security, SSI, Veterans Benefits, Civil Service Benefits, Interest/Dividends?				
Mineral Rights/Oil Leases, Unemployment Benefits, Worker's Compensation, alimony, child support, student loans, grants?				
Miscellaneous income, rental property, contributions from friends/relatives, roomers or boarders, Insurance?				

Do you expect a change in any of the above? Yes No If yes, what and when? _____

4. Vehicles

List personal property such as cars, trucks, tractors or other farm machinery, trailers, boats, etc. Use additional sheets as needed.

Year	Make & Model	Vehicle used to drive to work?	Equity Value

5. Assets (Attach Verification)

Please list all assets owned by you and your spouse

Assets	Yes	No	Amount	Where	Name of Person(s)
Cash on Hand					
Checking or Saving Account, Christmas Club or Credit Union					
Life Insurance, Burial Fund/Insurance, Burial Plot/Crypt					
Property other than your home, Mortgages, Stocks or Bonds					
Trust Fund, C.D., IRA, Promissory Note, Mutual Fund					

6. Property

Do you own your own home? Yes No If yes, do you live in your home?

7. Special Approved Account (Checking or Savings)

If you are saving funds for Special Needs, do you wish to designate all or part of this as an approved account? Yes No
 If yes, please list any expenditures that you have to pay from the account(s) (checking, savings, etc.) and ask your worker for additional information about an approved account.

8. Health Insurance

Do you or your spouse have health insurance coverage other than Medicare and Medicaid?
 Yes No If yes, complete the following,

Name and address of Insurance	Policy #	Premium amount
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9. Do you have medical bills you obtained during the three months prior to the date of this application? Yes No
 If yes, what months?

Return This Application for any person you want considered for Working Disabled Medicaid to your local DHS office.

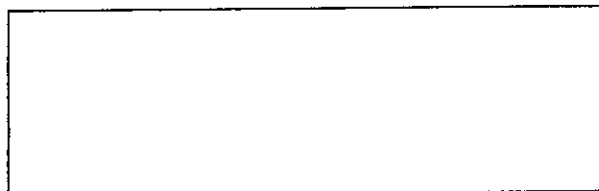
DHS County Office Mailing Addresses

County	Address	City	Zip	County	Address	City	Zip	County	Address	City	Zip
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	809 Goldsmith Rd.	Paragould	72450	Perry	213 Houston Ave.	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Hope	71801	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	2505 Pine Bluff Street	Malvern	72104	Pike	PO Box 200	Murfreesboro	71958
Benton	900 SE 13 th Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72601	Independence	100 Weaver Ave	Batesville	72501	Polk	PO Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Pope	701 N. Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski North	PO Box 5791	North Little Rock	72119
Clay-1	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski South	PO Box 2620	Little Rock	72203
Cleburne	PO Box 1140	Heber Springs	72543	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd.	Pocahontas	72455
Cleveland	PO Box 465	Rison	71665	Little River	90 Waddell St.	Ashdown	71822	Saline	PO Box 608	Benton	72018
Columbia	PO Box 1109	Magnolia	71754	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Conway	PO Box 228	Morrilton	72110	Logan-2	398 E. 2 nd St.	Booneville	72927	Searcy	106 School Street	Marshall	72650
Craighead	PO Box 16840	Jonesboro	72403	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison Suite #231	Ft. Smith	72901
Crawford	704 Cloverleaf Circle	Van Buren	72956	Madison	PO Box 128	Huntsville	72740	Sevier	924 E. Collin Ray Suite B & C	DeQueen	71832
Crittenden	401 S. College Blvd.	W. Memphis	72301	Marion	PO Box 447	Yelville	72687	Sharp	1467 Hwy. 62/412 Suite B	Cherokee Village	72529
Cross	803 Highway 64 East	Wynne	72396	Miller	3809 Airport Plz.	Texarkana	71854	St Francis	PO Box 899	Forrest City	72335
Dallas	1202 W. 3 rd St.	Fordyce	71742	Mississippi - 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E. Main	Mountain View	72560
Desha	PO Box 1009	McGehee	71654	Mississippi - 2	437 S Country Club Rd	Osceola	72370	Union	123 W. 18 th St.	El Dorado	71730
Drew	PO Box 1350	Monticello	71657	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	449 Ingram Street	Clinton	72031
Faulkner	PO Box 310	Conway	72033	Monroe-2	301 1/2 N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Franklin	800 W. Commercial	Ozark	72949	Montgomery	PO Box 445	Mt. Ida	71957	White	608 Rodgers Drive	Searcy	72143
Fulton	PO Box 650	Salem	72576	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
Garland	115 Stover Lane	Hot Springs	71913	Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Darville	72833

Fold in half, tape ends together, and mail to your local DHS County Office

Return Address

Place
Stamp
Here



Mail, deliver, or fax to your local DHS county office

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Human Services

DIVISION Medical Services

PERSON COMPLETING THIS STATEMENT Randy Helms

TELEPHONE NO. 501-682-1857 **FAX NO.** 501-682-3889 **EMAIL:** randy.helms@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE

Medical Services Policy 28050, and DCO-950, Workers with Disabilities Application for Assistance

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes No **X**

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes No **X**

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

N/A

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total 0

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total 0

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0
