Medicaid Eligibility Across the Lifespan



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This project is funded by the Pennsylvania Developmental Disabilities Council

PA Health Law Project

 PHLP provides free legal services to help people having problems accessing public health care coverage and services



HELPLINE
1-800-274-3258
staff@phlp.org





CONSUMER/COMMUNITY EDUCATION

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SYSTEMIC ADVOCACY



How Can PHLP Help?

- Answer Medicaid eligibility questions/screen for benefits
- Advice and/or help troubleshooting eligibility problems
 - Includes denials and terminations
 - Representation at appeals
- Advice/help to resolve problems getting health care services or medications
- Advice/help when someone is denied a medication or service her doctor prescribed
 - Can include representation at appeals (Grievances and Fair Hearings)

Medicaid Basics

Medicaid is called Medical Assistance in PA

- Run by the PA Dept of Human Services (DHS)
- Medicaid is health insurance for people with limited incomes who fit into certain groups or categories
 - Can be the person's only insurance
 - Can work with other insurance someone has as their secondary insurance

Medicaid Eligibility Basics

To qualify for Medicaid, the person must:

- ✓ Meet Citizenship/Immigration Status requirements;
 - Children and Pregnant Women-"lawfully present"
 - Others-"qualified status" (usually for five years)
- ✓ Be considered a resident of Pennsylvania;
- ✓ Fit into covered group/category; and
- ✓ Meet income and resource guidelines.

Medicaid Groups/Categories

- SSI
- People with disabilities
- People age 65+
- Workers with Disabilities (MAWD)
- MAWD-WJS (With Job Success)
- Adults ages 19-64 (Medicaid Expansion; cannot also have Medicare)
- Children
- Children with Disabilities
- Pregnant Women
- Women with breast or cervical cancer
- People needing long-term care services and supports (at home, in the community or in nursing home)

Medicaid Eligibility

- Income limits are different for each category of Medicaid
 - There are different rules for how income is counted and what/whose income is counted
- Resource limits apply to some categories
 - No resource limit for Medicaid Expansion category, kids, pregnant women
 - Some categories do not count resources if minor children live in household
 - Not all resources count

See handout for more info about income/resource limits

Medicaid for Kids, Pregnant Women & Adults Ages 19-64

- This is referred to as the MAGI (Modified Adjusted Gross Income) categories of Medicaid
- Eligibility is based on tax filing status, household size and income
- Various income limits for the different populations and age of children
- NO resource limit with this category based on household size, income and tax filing status

Medicaid for Kids, Pregnant Women, Adults Ages 19 through 64

Household Size	Kids Birth - 1	Kids 1-5	Kids 6-18	Adults 19-64	Pregnant Women
1	\$2673	\$1969	\$1677	\$1677	
2	\$3616	\$2663	\$2268	\$2268	\$3616
3	\$4558	\$3357	\$2859	\$2859	\$4558
4	\$5500	\$4050	\$3450	\$3450	\$5500
5	\$6443	\$4744	\$4042	\$4042	\$6443

- * Income limits per month for 2023
- * No resource limits in this category
- * Pregnant woman counts as household of 2

Medicaid for Older Adults 65+ and Disabled Adults with Medicare

- Household of 1 \$1215
- Household of 2 \$1643
- Household of 3 \$2072
- Household of 4 \$2500
- Household of 5 \$2928



- * Income limits for 2023
- * Resource limit \$2000/single \$3000/married
- * No resource limit if dependent children under 21 in HH

What is MAWD?

- MAWD is a category of Medical Assistance
 - Medical Assistance for Workers with Disabilities
- It provides full Medical Assistance benefits the same adult benefit package that any adult on Medicaid receives
- It can be someone's only insurance or a secondary coverage
- It is the only category of Medicaid that requires someone to pay a monthly premium

MAWD Eligibility Basics

- Age 16-64
- Have a disability or chronic health condition
 - If on SSDI, automatically meet disability standard
 - If not on SSDI, must verify disability/chronic health condition
 - Note: Applying for SSI/SSDI is <u>not</u> required for MAWD
- Must be doing some paid work every month
- Meet income and resource limits
- Monthly premium 5% of individual's income (after deductions)

Proving Disability for MAWD

To prove a "disability" for MAWD, an applicant must:

- Be receiving SSDI benefits or
- Submit verification from their doctor that they have a disabling condition. This could be:
 - Employability Assessment Form (PA 1663)
 - Health Sustaining Medication Form (PA 1671)
 - A letter from physician describing the health condition(s), expected duration, and treatment needed

NOTE: The CAO may ask for medical records from the doctor to determine whether condition is "disabling"

MAWD's Work Requirement

- No minimum # of hours required but must be working at least one a month
- No minimum earnings requirement wages must be reasonable for the work being done
- Job can be formal <u>or</u> informal
- Consumer must prove earnings by either
 - A paystub or earnings statement from employer, or
 - A written statement from person they are working for verifying their work, hours and earnings

MAWD Income Limits

250% Federal Poverty Level

Household Size	Monthly	Annual
HH of 1	\$3038	\$36,456 (approx.)
HH of 2 (only if spouse)	\$4109	\$49,308 (approx.)

- Significant earned income disregards apply
- Resource limit: \$10,000
- Only applicant's income is used to determine the monthly premium

MAWD- Workers with Job Success

A second category of MAWD

Criteria:

- Must be on MAWD for at least 12 consecutive months
- Then countable income exceeds the MAWD income limit
- Resource limit less than \$10,000

MAWD- Workers with Job Success (cont.)

Once criteria is met:

- MAWD-WJS can have countable income up to 600% FPL (\$7290/single; \$9860/married) – and then...
- Resources can exceed \$10,000 with no resource limit
- Premium for MAWD-WJS is 7.5% of countable income

Medicaid - Home & Community Based Services (HCBS)/ Waivers

- Services to help people remain in the community and out of institutions
- PA has several HCBS programs for various populations:
 - ID waivers Community Living, PFDS, Consolidated
 - Autism waiver
 - OBRA waiver
 - CHC- Community HealthChoices waiver

Different clinical criteria for various waivers

Income and resource limits the same for each waiver:

2023 income limit - \$2742/mth

Resource limit - \$8000 (with disregards for married applicant)

People approved for HCBS also receive full Medicaid coverage

If Denied Medicaid...

Appeal

- In writing keep a copy, submit in a way that allows for proof of mailing/delivery
- 30 days from date on denial notice; 15 days to get continued benefits!

Request Reconsideration

- If application was denied, individual can ask the CAO to reconsider
- Request within 60 days of the date of denial
- Make the request in writing or by talking to caseworker/supervisor at the CAO
- This works best if eligibility rules were not followed, all categories not reviewed, or if all documentation was not provided

How to Apply

• Online: COMPASS – <u>www.compass.state.pa.us</u>

• By phone: 866-550-4355

By mail: <u>paper application</u>

("any form is a good form")

In person: at your local <u>County Assistance Office</u>

When: anytime – there is no "open enrollment period" for Medicaid

Renewing Medicaid Eligibility

- People on Medicaid must report changes
 - Income, resources, household, address, etc
 - By 10th of the month after change
 - Submit written verification of change or call DHS Customer Service Center at 1-877-395-8930
 - If don't report change, could result in overpayment
- Each year, CAO must review eligibility for Medicaid
 - Renewal packet sent to address on file with deadline
 - COMPASS notification
 - If renewal not completed, benefits will end
 - Some categories require semi-annual review of eligibility (i.e., MAWD)

Application/Renewal Tips

- Keep copy of information submitted and records of phone calls (dates and who talked to)
- Put name and record number (or SSN) on each page that is submitted
- Individuals can add representatives to case file (should get copy of paperwork and can talk to CAO/DHS Customer Service Center staff)
- Can ask for help if not able to get all the information needed to submit for eligibility/renewal

Where To Call for Info/Help?

- DHS Customer Service Center: 1-877-395-8930
- County Assistance Office: MA Ombudsman, Managers, Human Services Program Specialists
- PA MEDI (formerly APPRISE): 1-800-783-7067; in Allegheny County: 412-661-1438
 - If working with a consumer on Medicare who needs help applying for programs to help with health care costs and/or needs help with their Medicare coverage/benefits
- PHLP Helpline: 1-800-274-3258 Monday & Wednesday 8am

Medicaid "Unwinding"

- VERY important for Medicaid recipients to complete and return their annual Medicaid renewals.
- During the pandemic, people could not be terminated from Medicaid.
- People who are eligible but don't return the renewal and any requested documents, will be terminated from Medicaid.
- Report any changes of address to the County
 Assistance Office or Customer Service Center 877 395-8930, otherwise renewal will be mailed to wrong address.

Questions?

With questions or for help

- Janice Meinert <u>jmeinert@phlp.org</u> or 412-434-5637
- Contact PHLP's Helpline at 1-800-274-3258 or email staff@phlp.org
 - Open Monday and Wednesday starting at 8am
- See <u>www.phlp.org</u> for Medicaid-eligibility related information/fact sheets: click "Resource Library"