

NEIL ABERCROMBIE
GOVERNOR



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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

LATE
Testimony

January 27, 2011

MEMORANDUM

TO: The Honorable John M. Mizuno, Chair
House Committee on Human Services

FROM: Patricia McManaman, Interim Director

SUBJECT: **H.B. 760 - RELATING TO PERSONS WITH DISABILITIES**

Hearing: Thursday, January 27, 2011; 9:00 a.m.
Conference Room 329, State Capitol

PURPOSE: The purpose of H.B. 760 is to establish a Medicaid buy-in program for working people with disabilities. The bill also allows the formation of a Medicaid shortfall joint legislative task force to examine issues relating to Medicaid shortfalls and makes a matching fund appropriation for employment training and placement.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) respectfully opposes this bill.

DHS is committed to serving Hawaii vulnerable populations, including the disabled. Under this bill, a disabled individual may have income up to \$4,156 a month (400% FPL) and qualify for Medicaid. A non-disabled individual must have income that does not exceed 100% FPL (\$1039 a month) in order to qualify.

DHS currently allows automatic income disregards that allow employed disabled individuals with earnings that exceed 200% FPL to be eligible for coverage without a premium share. In addition, other paid work-related expenses are also deductible. Thus, disabled individuals can have incomes more than twice that of non-disabled individuals and be eligible for the same medical assistance programs.

Individuals employed over 20 hours a week are eligible for medical insurance from their employers. Thus, disabled individuals who work less than 20 hours per week could receive hourly wages of nearly \$48 an hour and remain eligible for Medicaid under this proposed bill.

DHS faces a substantial budget shortfall in its Medicaid program, and expanding eligibility as described in this bill, will only require further benefit reductions to other medical assistance recipients with incomes under 100 % FPL.

Thank you for the opportunity to provide comments on this bill.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 26, 2011 5:16 PM
To: HUS testimony
Cc: mihalkewm@gmail.com
Subject: Testimony for HB760 on 1/27/2011 9:00:00 AM
Attachments: Legislative Authority for Medicaid Buy-in.doc

LATE
Testimony

Testimony for HUS 1/27/2011 9:00:00 AM HB760

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: William Mihalke
Organization: Individual
Address:
Phone:
E-mail: mihalkewm@gmail.com
Submitted on: 1/26/2011

Comments:
Federal information, with no UH reference.

Legislative Authority

While a number of states implemented their Buy-in programs prior to the passage of the Ticket Act, states now have a choice of implementing a Buy-in program under either the authority of the BBA or the Ticket Act.¹ Depending on the choice of legislative authority, states will be subject to different restrictions with respect to the designs of their programs.

Income Restrictions. Under the BBA, states are required to limit Buy-in eligibility to those with “net family income” no higher than 250% of FPL for a given family size, and resources not exceeding the SSI resource limits (\$2,000 for an individual/\$3,000 couple). Section 1902(r)2 of the Social Security Act allows states to disregard additional kinds and amounts of income and assets beyond what is generally allowed.¹³ As a result, the income and asset restrictions under the BBA are less restrictive than they may appear. In addition, states are required to use the SSI income counting methodology in determining eligibility for the program. That methodology defines income as equal to unearned income minus \$20 plus one-half of all earned income above \$65. In contrast, the Ticket Act puts no restrictions on income or assets for purposes of eligibility.

Definition of Disability. The Ticket Act allows states to establish up to two optional Medicaid eligibility categories. States may cover working individuals with disabilities, ages 16 to 64, who, except for earned income, would be eligible for SSI (Basic Coverage Group) and individuals whose medical conditions have improved and are determined to be no longer eligible for SSI or DI, but who still have a severe impairment (Medically Improved Group). The BBA restricts eligibility to those meeting the criteria for the Basic Coverage Group only.

Cost Sharing Restrictions. Both the BBA and the Ticket Act allow states to establish a mechanism to share the costs of the program with participants. States may charge participants premiums set on a sliding scale based on income. Under the Ticket Act, premiums may not exceed 7.5% of income. The BBA specifies no such restrictions on premiums.

Age Restrictions. The Ticket Act restricts enrollment in the Buy-in to people ages 16 to 64. There is no age restriction specified in the BBA.

The restrictions on Buy-in programs specified in the attached chart.

¹ Prior to the enactment of the BBA and the Ticket Act, Massachusetts developed a Medicaid Buy-in using 1115 demonstration waiver authority granted by what was then the Health Care Financing Administration (HCFA).

Buy-in Restrictions under the BBA and the Ticket Act		
<i>Criteria</i>	<i>BBA Restrictions</i>	<i>TWWIA Restrictions</i>
<i>Income</i>	Family Net income up to 250% of FPL and unearned income must be less meet SSI test	No restrictions
<i>Income Counting</i>	SSI disregards*	No restrictions
<i>Assets</i>	SSI asset limits (\$2,000 individual/\$3000 couple)	No restrictions
<i>Premium</i>	No restriction	Maximum premium is 7.5% of income. States must charge 100% of premiums for any individual whose adjusted gross annual income exceeds \$75,000
<i>Age</i>	No restrictions	16-64
<i>Definition of Employment</i>	Cannot define minimum earnings or hours	Same as BBA
<i>Definition of Disability</i>	Who, but for earnings" in excess of the limit established under section 905(q)(2)(B), would be considered to be receiving supplemental security income	Same as BBA
<i>Medical Improvement Group</i>	Not available	Optional to the States

*Based on HCFA Letter to State Medicaid Directors March 9, 1998.

Source: Goodman and Livermore. "The Effectiveness of Medicaid Buy-in Programs in Promoting the Employment of People with Disabilities." Washington, DC: Cornell University Institute for Policy Research, July 2004.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 26, 2011 4:51 PM
To: HUS testimony
Cc: mihalkewm@gmail.com
Subject: Testimony for HB760 on 1/27/2011 9:00:00 AM
Attachments: 4 Leg - Reasons to Implement a Medicaid Buy-in.doc

**LATE
Testimony**

Testimony for HUS 1/27/2011 9:00:00 AM HB760

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: William Mihalke
Organization: Individual
Address:
Phone: 808-375-0264
E-mail: mihalkewm@gmail.com
Submitted on: 1/26/2011

Comments:




This document can be used for the hearing without UH clearance. My sincerest apology for the confusion and if we caused any inconvenience. Mahalo.

Benefits of Implementing a Medicaid Buy-in

Fiscal

- \$ Opportunity for individuals to become employed and contribute tax revenue
- \$ Premium payments by participants
- \$ Reduction in Emergency Room Quest applications
- \$ Reduction in uncovered hospital claims
- \$ Continual coverage that reduces cycling of spending for people in and out of Medicaid
- \$ Provides federal match for some state-only programs, including LASR and some case management services for individuals who are not Medicaid eligible
- \$ Potential to reduce day-habilitation costs for individuals who are employed
- \$ Potential to reduce overall health care costs for employed persons with disabilities

Policy Alignment

-  Supports state employment policy for all individuals
-  Removes policy contradictions between Medicaid and other programs, including:
 - o Vocational Rehabilitation, Career and Technical Education,
 - o EBP Supported Employment,
 - o Clubhouses,
 - o Case Management,
 - o DD/MR Employment First and other community-based supports
-  Removes employment barriers for individuals on government programs, including Food Stamps, Housing Assistance, and other Medicaid or State Healthcare Programs

Disability Community

- ⊙ Reduction in spend downs for working people with people disabilities
- ⊙ Improved physical and mental health due to continual coverage and access to preventive care
- ⊙ Opportunity to increase income and self-sufficiency without risking insurance coverage
- ⊙ Availability of Comprehensive benefits package, including Long-term Care for workers with disabilities
- ⊙ Decreased chances of hospitalization and incarceration for persons with mental health disabilities

Common Myths about Benefits and Employment

Myth: You will often hear that in Hawaii Medicaid is offered to people at 200% FPL due to Medicaid utilizing the SSA counting method.

Reality: For people solely on SSI, Medicaid is offered at 200%, and also due to federal law (Social Security Act, sec.1619, those on SSI can keep Medicaid up to gross earnings of \$36,997 per year (\$3,083 per month). In contrast, people on SSDI have their federal disability insurance payments counted at 100 cents on the dollar, and the 2 for 1 often used by Medicaid for SSI recipients only applies for the SSDI group for a small amount of income beyond the SSDI check. The result is that those on SSDI, often people with work history, earn out of Medicaid with very low-level earnings.

Myth: Adults on the DD Waiver will be able to stay on the waiver as long as they need it.

Reality: Adults on the DD Waiver will likely have challenges staying on the HCBS waiver through their lifetimes. When a person who utilizes the DD/MR waiver has a parent who retires, passes away, or incurs a disability, that person will likely be moved to Social Security's OASDI program, and resultantly become a "Disabled Adult Child" or DAC. To remain on the waiver, he/she will need to become a Medicaid DAC, which allows for his/her Social Security Disability Insurance to be disregarded. Unfortunately, to remain on the waiver through this Medicaid DAC disregard, persons with developmental disabilities must have no additional income, and thus cannot work.

Myth: Adults with Disabilities get enough coverage through Medicare.

Reality: Adults with disabilities generally have and 80/20 coverage from Medicare, but this is based on a "reasonable and customary" determination, which for many medical services, including psychiatry, actually ends up at 60/40 or 50/50. Many of these SSDI recipients also rely on Medicaid as secondary coverage, which would often be lost if they engaged in work.

Myth: The current work incentives through Social Security Disability Insurance meet all of the needs of working persons with disabilities.

Reality: The current work incentives for persons with disabilities are more generous to those on SSI than to those on SSDI. For instance, SSI has a gradual drawdown for those returning to work, while SSDI has a "full check / no check" process. Thus, those who have paid into the system have less flexible work incentives than those who have never worked.

Myth: The Prepaid Health Act offers coverage to people with disabilities who want to work.

Reality: The Prepaid Health Act has an unintended consequence, which is that many small business employers may not be open to hiring people with disabilities because the state approved programs are both community and experience rated, which will increase the cost of their health plans.

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, January 26, 2011 5:08 PM
To: HUS testimony
Cc: mihalkewm@gmail.com
Subject: Testimony for HB760 on 1/27/2011 9:00:00 AM
Attachments: MBI_Summaries_Q4_2009.pdf

LATE
Testimony

Testimony for HUS 1/27/2011 9:00:00 AM HB760

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: William Mihalke
Organization: Individual
Address:
Phone:
E-mail: mihalkewm@gmail.com
Submitted on: 1/26/2011

Comments:
Information provided by the National Consortium for Health Systems Development.

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Program Name	Date Implemented	Federal Authority	Income Eligibility	Countable Income for Eligibility	Includes Spousal Income	Counting Earned Income Method	Counting Unearned Income Method
AK	Working Disabled Medicaid Buy-In	7/1/1999	BBA	Up to 250% FPL	Gross (before taxes)	Yes	SSI methodology	Adult Public Assistance (SSI Supplement) limit
AR	Working Disabled	2/1/2001	TWWIIA Basic	Up to 250% FPL; net unearned income (after disregarding \$20) may not exceed monthly SSI federal benefit rate for a single person, or \$674/mo.	Gross (before taxes)	No	SSI methodology	SSI methodology
AZ	Freedom to Work	1/1/2003	TWWIIA Basic + MI	Up to 250% FPL	Gross (before taxes)	No	Follow SSI method with some exceptions	Unearning income is disregarded
CA	Medi-Cal 250% Working Disabled Program	4/1/2000	BBA	Up to 250% FPL (excludes disability-related income)	Gross (before taxes)	Yes	SSI methodology	SSI methodology (excludes disability related income)
CT	Medicaid for the Employed Disabled Program	10/1/2000	TWWIIA Basic + MI	\$75,000 per year	Gross (before taxes)	No	SSI methodology	SSI methodology
IA	Medicais for Employed People with Disabilities (MEPD)	3/1/2000	BBA	Up to 250% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
ID	Medicaid for Workers with Disabilities	1/1/2007	TWWIIA Basic	Less than or equal to 500% FPG (excludes retirement accounts, life insurance); earned income >15% of total earned and unearned.	Gross (before taxes)	Yes	Use SSI methodology	Use SSI methodology
IL	Health Benefits for Workers with Disabilities	12/1/2001	TWWIIA Basic	350% FPL	Net (after taxes)	Yes	All earned income is counted	Illinois uses state specific methods
IN	Medicaid for Employees with Disabilities (M.E.D. Works)	7/1/2003	TWWIIA Basic	350% FPL	Net (after taxes)	No	SSI methodology	SSI methodology
KS	Working Healthy	7/1/2002	TWWIIA Basic + MI	Up to 300% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
LA	Medicaid Purchase Plan for workers with disabilities	1/1/2004	TWWIIA Basic	Up to 250% FPL (countable income)	Gross (before taxes)	No	SSI methodology	SSI methodology

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Program Name	Date Implemented	Federal Authority	Income Eligibility	Countable Income for Eligibility	Includes Spousal Income	Counting Earned Income Method	Counting Unearned Income Method
MA	MassHealth CommonHealth Program	7/1/1997	Waiver 1115	No limit	Net (after taxes)	No	None.	None
MD	Employed Individuals with Disabilities	4/1/2006	TWWIIA Basic	300% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
ME	MaineCare Workers Option	8/1/1999	BBA	Up to 250% FPL; unearned income limit of 100% FPL.	Gross (before taxes)	Yes	SSI methodology	SSI methodology, but capped at 100% FPL
MI	Michigan Freedom to Work for individuals with disabilities law	1/1/2004	TWWIIA Basic	Must work & have income that exceeds amount permitted under section 106, unearned income at or below 100% of FPL.	Gross (before taxes)	No	SSI methodology	Countable unearned income below 100% of FPL
MN	Medical Assistance for Employed Persons with Disabilities (MA-EPD)	7/1/1999	TWWIIA Basic	Must have monthly gross earnings >=\$65 per month.	Gross (before taxes)	No	Gross is monthly money recv'd. Self-employ is net.	Gross counted before deductions.
NC	Health Coverage for Workers with Disabilities	11/1/2008	TWWIIA Basic + MI	Up to 450% FPL	Gross (before taxes)	No	SSI methodology	SSI methodology
ND	Workers with Disabilities Coverage	5/3/2004	TWWIIA Basic	Up to 225% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
NE	Medicaid Insurance for Workers with Disabilities (MIWD)	7/1/1999	BBA	Up to 250% FPL, 2-step test disregarding unearned income if in the trial work (including EPE, Grace & Cessation) compared to FBR.	Gross (before taxes)	Yes	Disregard Disabled earned income & count spouse's	SSI methodology (disregard Disabled earned income & count spouse's)
NH	Medicaid for Employed Adults with Disabilities (MEAD)	2/1/2002	TWWIIA Basic	Up to 450% FPL	Net (after taxes)	Yes	SSI methodology	Unearned income added to calculate for net income

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Program Name	Date Implemented	Federal Authority	Income Eligibility	Countable Income for Eligibility	Includes Spousal Income	Counting Earned Income Method	Counting Unearned Income Method
NJ	NJ WorkAbility	2/1/2000	TWWIIA Basic	Up to 250% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
NM	Working Disabled Individuals (WDI) Program and Focusing on Abilities	1/1/2001	BBA	Up to 250% FPL only for earned income.	Gross (before taxes)	Yes	SSI methodology; net Income for Self-Employment is used.	SSI methodology
NV	Health Insurance for Work Advancement (HIWA).	7/1/2004	TWWIIA Basic	Up to 250% FPL	Net (after taxes)	No	Some income disregards (not all SSI)	SSI methodology
NY	New York State Medicaid Buy-in Program for Working People with Disabilities	7/1/2003	BBA	Up to 250% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
OH	Medicaid Buy In for Workers with Disabilities	4/1/2008	TWWIIA Basic + MI	Up to 250% FPL countable income; income above 250% FPL is disregarded up to \$20,000/year. Exemptions: blind work expense.	Gross (before taxes)	No	SSI methodology	SSI methodology
OR	Employed Persons with Disabilities (EPD)	2/1/1999	BBA	Up to 250% FPL	Gross (before taxes)	No	SSI methodology/allow IRWEs, BWEs, EIE, biz costs	Excluded for eligibility, counted for liability
PA	Medical Assistance for Workers with Disabilities (MAWD)	1/1/2002	TWWIIA Basic + MI	Up to 250% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
RI	The Sherlock Plan	1/1/2006	BBA	Up to 250% FPL	Gross (before taxes)	No	SSI methodology	All unearned income is included
SD	Medical Assistance for Workers with Disabilities(MAWD)	10/1/2006	BBA	Up to 250% FPL	Gross (before taxes)	No	SSI methodology	SSI methodology

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Program Name	Date Implemented	Federal Authority	Income Eligibility	Countable Income for Eligibility	Includes Spousal Income	Counting Earned Income Method	Counting Unearned Income Method
TX	Medicaid Buy-In	9/1/2006	BBA	Up to 250% FPL after SSI disregards	Gross (before taxes)	No	SSI methodology	Excluded for eligibility; counts for income
UT	Medicaid Work Incentive (MWI) program	7/1/2001	BBA	Up to 250% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
VA	MEDICAID WORKS	1/1/2007	TWWIIA Basic	80% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
VT	Medicaid for Working People With Disabilities	1/1/2000	BBA	Up to 250% FPL; after disregards must have net income below Protected Income Level or SSI Payment Level.	Gross (before taxes)	Yes	SSI methodology	SSI methodology
WA	Healthcare for Workers with Disabilities (HWD)	1/22/2002	TWWIIA Basic + MI	Up to 220% FPL	Gross (before taxes)	Yes	SSI methodology	SSI methodology
WI	Medicaid Purchase Plan (MAPP)	3/15/2000	BBA	Up to 250% FPL	Net (after taxes)	Yes	SSI methodology	SSI methodology
WV	M-WIN	5/1/2004	TWWIIA Basic + MI	Up to 250% FPL; unearned income must be equal to or less than FBR plus General Income Exclusion.	Gross (before taxes)	No	SSI methodology	SSI methodology
WY	Employed Individual with Disabilities (EID) Program	7/15/2002	TWWIIA Basic	Income/assets less than 300% SSI if: (a) EID eligibility under TWWIIA is not restricted from paying its percentage share.	Gross (before taxes)	Yes	SSI methodology	SSI methodology

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Resource Limit	Includes Spousal Resources	Additional Savings Excluded	Additional Savings are Portable	Cost-Sharing Policy	Begin Premium Payments	Method to Calculate Monthly Premiums
AK	\$10,000 individual, \$15,000 couple	Yes	No	Not applicable	Premium	100% FPL	Premiums are calculated based on an income-based sliding fee scale as a fixed percentage of income. The maximum premium is 10% of the net family income.
AR	\$4,000 single, \$6,000 couple	Yes	Yes	No	Co-pay	Other	Higher co-pays for participants with gross income equal to or above 100% of FPL.
AZ	None	No	Yes	Not applicable	Premium	Other	Amount of premium cannot exceed 2% of the enrollees net countable income.
CA	\$2,000 individual, \$3,000 couple	Yes	Yes	No	Premium	Other	A sliding scale premium is based on net countable income. Net countable income from \$1 up to 250% of the federal poverty level. Premiums range from \$20 to \$250 for an individual and \$25 to \$375 for a couple.
CT	\$10,000 individual, \$15,000 couple	Yes	Yes	Yes	Premium	200% FPL	10% of total income in excess of 200% FPL minus out of pocket health insurance payments.
IA	\$12,000	Yes	Yes	No	Premium	150% FPL	Based on gross earned and unearned income of the disabled individual
ID	\$10,000	Yes	Yes	Not applicable	Premium		Income 133% to 250% FPG = \$10; Income 250% to 500% FPG = greater of \$10 or 7.5% of income above 250% FPG.
IL	\$25,000	Yes	No	Yes	Premium, co-payments	100% FPL	Sliding scale with general parameters.
IN	\$2,000	No	No	No	Premium	150% FPL	Based on percentage of applicant and spouse's gross income according to family size; adjusted if applicant pays premiums for private health insurance.
KS	\$15,000	Yes	Yes	No	Premium	100% FPL	Sixteen premium levels ranging from \$55.00 to \$152.00 for a single person; \$74.00 to \$205.00 for a household of two or more. Income ranges are assigned to each premium level, e.g., \$798.01 - \$997.00 = \$55.00 premium. Premium cannot exceed 7.5% of income.
LA	\$25,000	No	Yes	No	Premium	150% FPL	Premium tiers based on FPL: < 150% = \$0; 150-200% = \$80; 200-250% = \$110.

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Resource Limit	Includes Spousal Resources	Additional Savings Excluded	Additional Savings are Portable	Cost-Sharing Policy	Begin Premium Payments	Method to Calculate Monthly Premiums
MA	None	No	No	Not applicable	Premium	100% FPL	Premiums based on 1 of 2 sliding scales for enrollees with and without other insurance. Premiums begin at 100% FPL and increase in increments of \$5-\$16 based on 10% increments of the FPL. Monthly premiums range from \$15 to \$912 per month (upper range in at 1000% of FPL).
MD	\$10,000	Yes	Yes	No	Premium	100% FPL	Countable income over 100% FPL up to 200% FPL = \$25/month; over 200% FPL up to 250% FPL = \$40/month; over 250% FPL up to 300% FPL = \$55/month.
ME	\$8,000	Yes	Yes	Yes	Premium, co-pays	150% FPL	\$10 premium for 150%-200% FPL, \$20 for 200%-250% FPL.
MI	\$75,000	No	Yes	No	Premium	Other	Individuals with an earned income between 250% of the FPL for family of 1 & \$75,000 (net countable) pay sliding scale fee starting at \$600 annually, increasing to 100% of average medical assistance recipient cost determined by DCH for individuals with annual income of \$75,000 or more.
MN	\$20,000	No	Yes	Yes	Premium: based on EI & UI + 0.005% of UI cost share	Other	\$35 or sliding fee scale up to 7.5% of income for incomes equal to or above 300% of FPG. There is no maximum income limit or maximum premium amount.
NC	\$20,880	Yes	Yes	Yes	Premium and annual enrollment fee	Other	Premiums based on a sliding scale.
ND	\$10,000	No	Yes	No	Premium	Other	5% of gross income.
NE	\$4,000	Yes	No	Not applicable	Premium	200% FPL	Premiums range from \$30.67 (200 to 209% FPL) to \$183.26 (240 to 249% FPL) for a single individual. And \$41.41 (200 to 209%) to \$247.45 (240 to 249%) for a couple.
NH	\$24,991 (\$37,487 for group size of 2)	Yes	Yes	Yes	Premium, pharmacy co-pays	150% FPL	7.5% of net income beginning at 150% FPL. Individuals with adjusted gross income exceeding \$75,000 pay highest premium. Client pays pharmacy co-pays.

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Resource Limit	Includes Spousal Resources	Additional Savings Excluded	Additional Savings are Portable	Cost-Sharing Policy	Begin Premium Payments	Method to Calculate Monthly Premiums
NJ	\$20,000 individual, \$30,000 couple	Yes	No	No	Premium (not in use at this time)	150% FPL	Flat Rate.
NM	\$10,000 individual, \$15,000 couple	Yes	Yes	No	Co-pay	Other	Clients are responsible for keeping track of co-payments and providing receipts to caseworker once maximum is met. When max is met, a computer code is entered so that no co-payments are to be charged/paid for the rest of the calendar year. Native Americans are exempt from co-payments.
NV	\$15,000	No	Yes	Not applicable	Premium	200% FPL	5% of Monthly Net Income (\$1,805 or less); 7.5% of Monthly Net Income (greater than \$1,805 to \$2,256)
NY	\$13,800 for individual, \$20,100 for couple	Yes	No	Not applicable	None	N/A	N/A
OH	\$10,000	Yes	No	No	Premium	150% FPL	10% of difference between 150% FPL and total income.
OR	\$5,000	No	Yes	No	Premium	Other	\$2168 = \$150.
PA	\$10,000	Yes	Yes	Yes	Premium	Other	5% of applicant's monthly countable income. (Countable income determined by using SSI methodology)
RI	\$10,000	Yes	Yes	Yes	Premium	100% FPL	Dollar for dollar for unearned income over the medically needy income limit. Fixed premiums for earned income.
SD	\$8,000	No	No	Not applicable	None	Other	N/A

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Resource Limit	Includes Spousal Resources	Additional Savings Excluded	Additional Savings are Portable	Cost-Sharing Policy	Begin Premium Payments	Method to Calculate Monthly Premiums
TX	\$5,000.00	No	Yes	No	Premium	150% FPL	Unearned Income: Greater than SSI; earned income: \$0 to \$40.
UT	\$15,000	Yes	Yes	Yes	Premium	100% FPL	Countable income of household is calculated by 5%, 10% or 15%. 100-110%=5%, 110-120%=10% and 120-250%=15% of countable income; this percent is then applied to the individual's countable income.
VA	\$2,000	Yes	No	No	Co-pay	N/A	N/A
VT	\$5,000 individual, \$6,000 couple.	Yes	Yes	Yes	Co-pay	N/A	N/A
WA	None	No	No	No	Premium	Other	Lesser of 7.5% total income or a total of the following: 50% unearned income above medically needy income level; 5% unearned income; 2.5% earned income after deducting \$65.
WI	\$15,000	No	Yes	No	Premium	150% FPL	3% of an individual's earned income. For unearned income, 100% of unearned income minus the standard living allowance, IRWEs and MREs and a minimum premium is \$25. If the calculation is between \$0-25 premium is \$0.
WV	\$5,000 individual, \$10,000 family (liquid assests, then SSI criteria)	No	Yes	Yes	Premium, enrollment fee - \$50, includes first month premium	Other	3.5% of income or a minimum of \$15/mo.
WY	\$2,000	Yes	No	N/A	Premium	Other	Example: Gross monthly earnings = \$400. Gross monthly unearned income = \$250 x 12 months = \$3000. \$3000 - \$600 = \$2,400/12 mos = \$200/mo \$400 earned income + \$200 unearned income x 7.5% = \$45/mo premium (premium must be <= 7.5% of family FPL.

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Medicaid Eligibility Review	Enrollees Start of Year	Enrollees End of Year	Enrollees-Start of Year Med Improved	Enrollees-End of Year Med Improved	Major Outreach Activities (2009 Q4)	State Legislative Authority
AK	Monthly	239	239			Informational packets, overview training and presentations.	HB 459 20th Legislature
AR	Every 12 months	117	131			In-service presentations on the Buy-In at 16 SSA Field Offices, and discussed the Buy-In in 40 other presentations. The Hotline referred screened all callers for the Buy-In and referred 174 individuals to apply for the Buy-In, either immediately or after they begin working.	Act 1197 of 1999 (Arkansas Code 20-77-1201 thru 1205)
AZ	Every 12 months	1044	1024	0	0	Physician, Case Manager and Provider Training Initiatives. Additionally, letters are mailed to individuals who are deined or discontinued eligibility because of earned income limitations for other Medicaid programs.	Arizona Revised Statute (ARS) 36-2929 and 36-2950
CA	Every 6 months	4500	4774			Statewide Women's Conference (sponsored by First Lady Maria Shriver), Jobtoberfest (San Diego), CAPED (California Association of Postsecondary Education and Disability Fall Conference-San Diego).	Assembly Bill 155, Chapter 820, Statutes of 1999. Extended by SB 1103 (2004)
CT	Every 12 months	4911	4942	3	1	Continued outreach and education with young adults, ticket recipients, DDS consumers.	Public Act 00-213
IA	Every 12 months	12376	13324			1)3 consumer outreach meetings were held with attendance over 150 for quarter 40. 2) MEPD newsletter will be mailed in Jan 2010. 3) Employment first Summit held in October 2009.	Code of Iowa 249A.3,2.a
ID	Every 12 months	581	606			Q4: four regional workshops, year-long print campaign launched	Idaho Code 56-209n (2006 HB 664)
IL	Every 12 months	676	687			Presented HBWD and other work incentive programs to HIV/Aids Conference, SSA WISE Events statewide, DRS Job Fairs, and conducted training on HBWD programs to DHS local offices, IDOT, and DOA staff.	PA91-0712
IN	Annually unless changes are reported	4899	4182			website and marketing materials, collaboration with BIN and WIPA programs, staff training.	HB 1950 Indiana Code 12-15-41
KS	Every 6 months	1080	1094	7	7	WH/WORK presentation at the Self-Advocacy Coalition of Kansas annual conference; WH/WORK, and Employment First, presentations, at the annual Interhab (DD providers) conference; WH/WORK presentation for a targeted audience of approximately 40 DD providers in Wichita, KS.	Legislative Directive
LA	Every 12 months	1302	1648			During this quarter 16,428 MPP applications were distributed during regional outreach blitzes, job fairs and many other community events.	Act 207 of the 2003 Louisiana Legislature

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Medicaid Eligibility Review	Enrollees Start of Year	Enrollees End of Year	Enrollees-Start of Year Med Improved	Enrollees-End of Year Med Improved	Major Outreach Activities (2009 Q4)	State Legislative Authority
MA	Every 12 months or when employment status changes	10270	11474			Will produce brochures on the CommonHealth program, calendars for tracking benefits for people with disabilities who return to work, & flyers for distribution by benefits specialists which contain updated info on benefits planning. Disability Issues was distributed to 6000 members.	1115 Demonstration Waiver (Health Care Reform)
MD	Every 6 months	366	507			Called VR clients who received SSDI and had cases successfully closed to inform them about EID and take applications continued EID outreach to over 45 organizations, and developed additional outreach materials (posters, tear-off sheets, reminder cards for DSS offices, mini-tri-fold brochures).	HB 630 (2003 Session)
ME	Every 12 months	850	800			Website; brochure updated annually/Benefit specialists/trainings.	None; Buy-in established through Medicaid State Plan under BBA authority
MI	Every 12 months	1124	3374			Macomb/Oakland Consumer Conference, Community Clubhouse Trainings.	MCL 400.1 to 400.119b by adding section 106a
MN	Every 6 months	7221	7351			Tip on increased earning power sent to all enrollees; presentations given at St. Louis County Conference and Minnesota Financial Workers & Case Aide Association Conferences; distributed information at Disability & Employment Conferences and Mentoring Day.	MN State Statute 256B.057 subd. 9
NC	Every 12 months	50	1200	0	15	WIPA Community Work Incentives Coordinators are discussing the buy-in in sessions with consumers.	NC Senate Bill 119
ND	Monthly	324	534			Provided Workers with Disabilities Brochures to counties who requested them. Provide educational material on Workers with Disabilities Program at the ND Housing Finance Agency.	SB 2194
NE	Monthly	108	92			Monthly "Work Incentive Topic of the Month" educational emails to diverse audience. Training for benefits planners, Employment Network representatives, consumers & DD employment providers.	PL 106-170
NH	Every 12 months	1591	1772			1) Employment Leadership Award to businesses with 41 nominees and Governor Lynch giving Welcome Note; 2) request for Proposals launched statewide for Virtual Work Incentives Resource Ctr and Evidence-Based Supported Employment w/ employment data component; 3) & regional marketing campaign efforts.	RSA 167:6, IX, House Bill 350 Work Incentive Act

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Medicaid Eligibility Review	Enrollees Start of Year	Enrollees End of Year	Enrollees-Start of Year Med Improved	Enrollees-End of Year Med Improved	Major Outreach Activities (2009 Q4)	State Legislative Authority
NJ	Every 12 months	3232	3706			Staff present to non profits, state & conty agencies, school districts & consumers with disabilities.	State Division of Medical Assistance and Health Services N.J.S.A. 30:4D-1 et se
NM	Every 12 months	819	833			Annual SW Conference On Disability in Albuquerque, Disability Employment Awareness Month (DEAM) Activities and FOA Workshops in Roswell, 2nd Annual Behavioral Health Planning collaborative (BHPC) conference.	Senate Bill 207, First Session, 1999.
NV	Every 12 months	15	13			Active participant in the systems integration meetings, bringing together groups to share and collaborate. Assisting people in working through the bureaucracy of services. Strategic planner for the upcoming Employment Support Summit.	NRS 422.2715
NY	Every 12 months	6825	7711			Medicaid buy-in toolkit.	2002 N.Y. Laws chapter 1; N.Y. Soc. Serv. Law Â§Â§ 366(1)(a)(12)-(13) and 367-a(12)
OH	Every 12 months	2341	3603	0	0	Website, promotional materials, training and advocate promotions, TA.	House Bill 119
OR	3-max. 12 mos.: stability of empl., income, other	1069	1234			Q4:Both WIN Coordinators co-trained w/ EPD Mgr. 10/21/09 on quarterly EPD training for 12 SPD staff: EPD included in all WIN trainings: 21 regional and 6 state to 650+ attendees.	N/A
PA	Every 12 months; premium amount is reviewed every 6 months.	13322	17538	13	15	Regional presentations by DPW staff, Mini grants to organizations to provide outreach, outreach by WIPA staff.	Act 77 of 2001 of June 26, 2001 (P.L.755)
RI	Every 12 months	27	19			Sherlock Plan presentations to agencies and organizations; informational fact sheet distributed, telephone triage for DHS.	General Assembly
SD	Monthly	104	126			MAWD information and brochures were shared with providers and consumers who 28 attended FTW sponsored agency meetings across the state. Presented to Board of VR and Board of SBVI. Information provided at a booth at the Fall Employment Conference.	N/A

State Medicaid Buy-In Programs - Fourth Quarter 2009

State	Medicaid Eligibility Review	Enrollees Start of Year	Enrollees End of Year	Enrollees-Start of Year Med Improved	Enrollees-End of Year Med Improved	Major Outreach Activities (2009 Q4)	State Legislative Authority
TX	Every 12 months	51	96			Basic MBI training to 629 DARS Staff working with consumers; Train-the-Trainer SME MBI training for 35 Enterprise and 5 MHMR Center Trainers; 32 MBI/WISE events; MBI focus of annual EDC conference, 129 attendees; MBI flyer to 20,000 individuals on waiver interest list.	Section 531.02444 of Texas Government Code
UT	Every 12 months	639	564			MWI training to educators, parents, providers, eligibility workers, benefits planners UAPSE members; distribution of brochures, English & Spanish. Typical Outreach total Q4: 2701. Website: 2000 unique visitors. Healthcare remains among the top ten sites visited.	State Appropriations Act
VA	Every 12 months	21	22			MIG staff attended 2009 Collaborations conf. (Va Beach, 10/4-5) & manned a table promoting MEDICAID WORKS (MW). Annual gathering draws 100's of disability service providers, consumers & advocates. Promoted MW & other MIG projects at a "Champions of Disability Employment" event (Roanoke, 10/30).	2006 Acts of the Assembly, Chapter 3, Item 302 X.
VT	Every 6 months	634	669			Brochures, counselor outreach, and presentations.	Act 62 (1999)
WA	Every 12 months	1290	1517	0	0	Continue community presentations/conferences. Maintain HWD program web page. Use newly implemented webinar capacity to provide different levels of HWD and work incentives training and easier access to this information.	Chapter 74.09.510 and 74.09.540 Revised Code of Washington (RCW)
WI	Every 6 months	13151	15677			Through vocational agencies and benefits counselors	Wisconsin Act 9
WV	Every 6 months	805	1104	58	73	Continued I&R services; continued awareness level training to agencies and consumer groups; information dissemination - conference displays, brochures, posters, spec. sheets.	WV State Code, Title 9, Article 4D. Medicaid Buy-In Program
WY	Every 12 months	124	154			Developing a customer survey to assess effectiveness of and access to program and seek suggestions for program improvement.	W.S. 42-4-115 Work Incentives Improvement Option

**LATE
Testimony**

January 26, 2011

The Honorable John M. Mizuno
House District 30
Hawaii State Capitol, Room 436
Honolulu, HI 96813

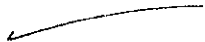
Dear Rep. John M. Mizuno:

I am writing to summarize my thoughts on HB760 regarding Medicaid for working persons with disabilities. Medicaid Buy-ins are in place throughout the country, with Hawaii as one of seven remaining states not to have one. Each of our 43 sister states that have implemented Medicaid Buy-ins have done so by tailoring their programs to match their respective Medicaid programs. In general, they have been created in a manner that, over time, reduces the long-term need for working people with disabilities to be on an extensive array of benefits and requires them to pay a portion of their Medicaid in premiums and co-pays.

I have served as the Principal Investigator for the Medicaid Infrastructure Grant since its inception in 2005. My team and I have reviewed this possibility for Hawaii over these many years. I am writing to express my general support of the concept, but we provide our opinion from an academic point of view, looking at pros and cons, and as such we understand that there are both costs and benefits to such a program. We worked extensively with Hawaii's Medicaid actuary, Milliman, to conduct a study that provides the theoretical pluses and minuses of the policy option. That study has been submitted electronically as testimony for your consideration.

I would be happy to provide any support available to assist you in making your decision on this matter

Regards,



Robert Stodden, PhD

From: Jay Goss, Deputy Attorney
General
Dept. of the Attorney General

LATE Testimony

HD 126
Committee on Human
Services - 1/27/2011 hr

587A-35 Retention of jurisdiction. (a) Except as otherwise provided in this chapter, the court may retain jurisdiction under this chapter until the full term for which any order entered expires or until the child attains [nineteen] twenty-one years of age. The extended jurisdiction of the court shall terminate on the earlier of:

- (1) The child's twenty-first birthday; or
 - (2) The date the child withdraws consent to the extension of the court's jurisdiction in writing or in court.
- (b) Notwithstanding an extension of jurisdiction, the child shall attain the age of majority at age eighteen.

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, January 27, 2011 12:34 PM
To: HUS testimony
Cc: robertscottwall@yahoo.com
Subject: Testimony for HB760 on 1/27/2011 9:00:00 AM
Attachments: H.B. 760.docx

LATE Testimony

Testimony for HUS 1/27/2011 9:00:00 AM HB760

Conference room: 329

Testifier position: support

Testifier will be present: Yes

Submitted by: Robert Scott Wall

Organization: Commission on Rehabilitation, Mental Health America, Consumer, Family, & Youth Alliance

Address: 21 S. Kuakini St. #215 Honolulu, Hawaii

Phone: 808-537-2390

E-mail: robertscottwall@yahoo.com

Submitted on: 1/27/2011

Comments:

Re: H.B. No. 760

Aloha Representative Mizuno & the Human Services Committee

My name is Robert Scott Wall and I serve on the Commission on Rehabilitation, the Mental Health America Board of Directors, and the standing committee for the Consumer, Family, & Youth Alliance being formed by the Mental Health Transformation State Incentive Grant.

I would like to discuss H.B. No. 760 and tell you why we so desperately need to have a Medicaid Buy-In. I have been trying to get a "Buy-In" passed for three and a half years. It took me the first two years before anyone would direct me to the Medicaid Infrastructure Grant. Two and a half years ago I wrote Director Koller asking about a "Buy-In" and Dr. Fink wrote back and said that DHS knew about it but it wasn't one of their priorities.

Well it is a priority of the mental health community! There is no way you can appreciate living in poverty if you are not poor. The disabled truly appreciate the help that we get from Social Security but Social Security only gives you enough to live on, not enough to have a life.

Many people in the mental health community, me included, can work part-time. The problem is how disability is computed and whether or not you get a SSI check or a SSDI check. Ticket to Work is written, (at least in Hawaii) to work for people on SSI where their earnings are calculated at \$2.00 to every \$1.00 of unearned income. For SSDI recipients that figure is even money, dollar for dollar.

That means that in my case the DHS unearned income cut-off is roughly \$1,040 a month. My SSDI check is \$963 a month so I can earn \$77.00 a month before I lose my Medicaid.

Were I to go to work under Ticket to Work I would not only lose my Food Stamps I would also have to purchase a Medicare Supplemental Insurance Policy. Added together that means that the most I could get from Ticket to Work would equate to a half time job paying roughly \$4.15 an hour, well below Hawaii's minimum wage.

This situation is true for thousands of Hawaii's disabled. We want to work to the best of our abilities. Sitting at home watching soap operas just increases depression there-by increasing hospital visits where-as work increases self esteem and decreases all forms of medical and social service support.

I repeat we want to work! We are willing to be tax-payers. The only thing standing in our way is the lack of a Medicaid Buy-In. Hawaii promised to get one in 2004. This is 2011 and perhaps the time has come.

Mahalo,

Robert Scott Wall

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#215

Honolulu, Hawaii

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808-537-2390

robertscottwall@yahoo.com