

Apple Health for Workers with Disabilities (HWD) program FAQ

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General Information

1. What is the Apple Health for Workers with Disabilities (HWD) program?

The Apple Health for Workers with Disabilities (HWD) program recognizes the employment potential of people with disabilities, and represents Washington State's response to the landmark "Ticket to Work" legislation passed by Congress in 1999. In order to enroll in the HWD program, an individual must be working and pay a monthly premium that is based on his/her income.

2. What is the Ticket to Work Program?

The "Ticket to Work and Work Incentives Improvement Act of 1999" (Public Law 106-170) provides States with new options and flexibility to make it possible for people with disabilities to join the workforce without fear of losing their Medicare and Medicaid coverage. Additional information about the Ticket Act is provided below.

3. What benefits does Ticket to Work make available to people with disabilities?

The Ticket to Work legislation has one section that covers employment and another that covers health care.

Title I of the Act establishes the "Ticket to Work and Self Sufficiency Program." This voluntary program provides improved access to employment training and placement services for people with disabilities who want to work.

Title II of the Act establishes the optional Medicaid program, which enabled Washington State to implement the HWD Program. The Centers for Medicare and Medicaid Services (CMS) administer the health care provisions at the federal level.

4. How may I get more information about the Ticket to Work and Self-Sufficiency program now?

You may contact MAXIMUS on their toll-free number at 1 (866) 968-7842 (Voice) or 1 (866) TDD2WORK (TDD) or view comprehensive information on their web site.

You may also contact the Social Security Administration (SSA) on their toll-free number at 1 (800) 772-1213 or contact your local SSA office. Comprehensive information is also available on the SSA web site.

5. How will my employment affect my Supplemental Security Income (SSI) or my Social Security Disability Insurance (SSDI) benefit?

You may access the SSA Redbook on Work Incentives or the Ticket to Work Meet Your Employment Team web page.

If you receive county services as an individual with intellectual or developmental disabilities, ask your Case Resource Manager (CRM) about Benefits Planning services that may be available for you.

If you receive services from the state Division of Vocational Rehabilitation (DVR), DVR provides Benefits Planning services for DVR customers ONLY.

6. Does Ticket to Work legislation affect individuals receiving Medicare?

Yes. Ticket to Work extends premium free Medicare Part A benefits to SSDI beneficiaries who lose cash payments because they return to work, effectively extending coverage from 4 to 8 1/2 years. SSA determines whether an individual qualifies for this extension.

Eligibility

1. How do I know if I qualify for the HWD program?

- You must be a Washington State resident;
- You must be at least 16 and under 65 years old;
- You must have monthly net income* that does not exceed 220% of the federal poverty level (FPL). This is \$2,178 for a single person or \$2,937 for a married couple.
- You must meet federal disability requirements; and
- You must be employed full or part time (including self-employment)

Note: Once approved, you must pay your monthly premium to continue to qualify for the HWD program.

2. Which income standard does the department use when determining if I qualify - the one-person or two-person standard?

If you are single, we use the one-person standard.

If you are married, we use either the one-person or two-person standard, depending upon whether we must count your spouse's income. See below for information on whether we must count it and which standard we use when determining if you qualify.

- If your spouse's income is equal to or less than 1/2 of the federal benefit rate (FBR), we do not count it and we use the one-person standard. (The current FBR amount is \$733).
- If your spouse's income is more than 1/2 of the FBR, we count it and use the two-person standard.
- If both you and your spouse apply for HWD, we add your income together and use the two-person standard.

3. What does the department consider as income when determining if I qualify for the HWD program?

When determining if you qualify for HWD, we must use a net income standard (220% FPL), which after the deductions described below, is roughly the same as the gross income standard (450% FPL), if you are no longer receiving unearned income. Federal regulations require use of a net income standard. See examples below for determining net income.

We do not count the following amounts as part of your income before comparing it to the 220% FPL limit:

- \$20 from unearned income, e.g., Social Security Disability Insurance (SSDI) benefit, Veterans benefit and pension
- \$65 and 1/2 the remainder of earned income
- Impairment-related work expenses (IRWE), e.g., expenses that allow you to work
- Other amounts excluded by federal statute

Note: Your financial worker must approve an IRWE before we may deduct it from your income. An IRWE is a service you pay for that Medicaid does not cover, e.g., payment for vehicle modification to accommodate your disability (plus installation, maintenance, and associated repair costs). An IRWE may be either a one-time or an ongoing cost.

*Examples for determining net income:

Example 1 - Unearned income (SSDI) of \$885; Earned income of \$1,865.

Deduct \$20 from \$885 (885 - 20) for a net amount of \$865.

Deduct \$65 from \$1,865, then one-half of the remainder [(1,865 - 65) - 900] for a net amount of \$900.

Add amounts together to calculate total net income.

In this example, the individual has a net income of \$1,765, which is below the income limit.

Example 2 - No unearned income**; Earned income of \$3,685.

Deduct \$20 and \$65, then one-half the remainder from \$3,685 [(3,685 - 85) - 1,800] for a net amount of \$1,800.

In this example, the individual has a net income amount of \$1,800, which is below the income limit.

**The individual is no longer receiving SSDI because of earnings at or above the "substantial gainful activity" (SGA) level of \$1,130 (or \$1,820 if statutorily blind) after completion of the "Trial Work Period," but continues to meet federal disability requirements for Medicaid under HWD.

4. How current does my disability determination have to be?

HWD enrollees must have a current disability determination on file with the Social Security Administration (SSA). If you are receiving SSI or SSDI benefits, you have a current disability

determination. If you do not have a current disability determination, your financial worker will help you start the process to obtain one.

Note: If you are referred to SSA for a disability determination for the HWD program, they will not look at whether your earnings equal or exceed the "substantial gainful activity" (SGA) level. For 2016, the monthly SGA amount for statutorily blind individuals is \$1,820. For non-blind individuals, the monthly SGA amount is \$1,130.

5. What is the definition of employment?

To be eligible for HWD, you must be employed full or part time. Employment means that you are engaged in a reasonable work effort. You must:

- Get paid for working; and
- Have earnings that are subject to federal income tax; and
- Have payroll taxes taken out of your wages, unless you are self-employed. If you are self-employed, you must provide tax forms such as the Internal Revenue Service Schedule SE form and/or legitimate business records.

6. What if I lose my job after enrolling in the HWD program?

You may choose to continue your enrollment in the HWD program through the end of your current certification period (up to 12 months), if:

- Your loss of employment is due to a health crisis or involuntary dismissal; and
- You intend to return to work after the health crisis has passed or continue looking for new employment; and
- You continue paying your monthly premium based on your remaining income.

7. What are the reporting requirements for this program?

You must report changes in your personal status, such as income or employment, to your financial worker by the 10th day of the following month. Reporting these changes as soon as possible will enable your worker to adjust your premium as quickly as possible. Any change in your premium amount will take effect the first of the following month in which the change is reported and processed.

Application

1. How do I apply for the HWD program?

To apply online, select HWD when completing the application screens. To begin your application, [click here](#).

2. What if I have other health insurance?

We will ask you about any health insurance you have when completing your application. After your application is approved, you will need to contact the Coordination of Benefits Section at HCA (1 (800) 562-3022, ext. 16134) to see if we can pay for the cost of your health insurance. HCA may pay for employer-related and private health insurance for persons who qualify for Medicaid only when it determines it would be cost effective to do so.

Note: You must continue to pay in full your monthly HWD premiums to continue receiving HWD coverage, even if you continue paying for other health insurance benefits.

3. **What if I disagree with your decision about my application or any action you take regarding my HWD coverage?**

For all benefits administered by DSHS, you will receive written notice of your fair hearing rights at the time of application, denial, termination, suspension, grant reduction or notification of overpayment.

Covered Services

1. **Will HWD provide all Medicaid services?**

HWD provides the same scope of coverage as other Medicaid Categorically Needy (CN) programs. See [CN Scope of Care](#).

2. **Will HWD provide Medicaid coverage to other members of my family?**

No. HWD covers individuals only; it is not family coverage. If more than one family member has a disability, each person with a disability may qualify for HWD, if he/she meets all program requirements.

3. **Are mental health services and substance abuse treatment services covered under HWD?**

Yes. HWD enrollees may receive mental health services, if they meet medical necessity requirements for such treatment. HWD enrollees may receive substance abuse treatment services, if they meet requirements set by the Behavioral Health and Service Integration Administration. They may also receive a set of services provided by a managed care plan, if they are enrolled in one.

HWD enrollees obtain mental health and substance abuse treatment services through the same systems as other Medicaid recipients. Mental health services may be obtained from providers who contract with the local Regional Support Network. Substance abuse treatment services may be obtained from contracted providers.

4. **What if a patient wants a medical service not covered under the Medicaid program? Can the doctor (provider) bill the client for this service?**

Medicaid policy requires all program participants to sign an agreement to pay for non-covered services prior to services being delivered. If you have questions regarding Medicaid scope of care, call the customer service line at 1 (800) 562-3022.

5. **Will HWD cover medical bills that I had before I apply for HWD?**

If you meet all program requirements, you may apply for Medicaid coverage for up to three months prior to the month of application, with the following exception.

Note: If you want to apply for retroactive coverage and have paid providers for services received during those months, you need to talk to those providers before purchasing this coverage. Providers are not required to reimburse you for services that you already paid for, even if you show them a Provider Once services card for those previous months. Make sure your provider will reimburse you for those services before you purchase retroactive coverage.

Monthly Premium

1. What type and amount of premium will I pay to purchase Medicaid coverage under the HWD program?

We follow a two-step process to determine the amount of your premium, which will be billed to you on a monthly basis. First, we use the following formula to calculate the monthly premium. We add the following together for a total amount:

- 50% of your unearned income above the Medically Needy Income Level (MNIL); the MNIL is equal to \$733; plus
- 5% of your total unearned income; plus
- 2.5% of your earned income after first deducting \$65

Then we compare that amount to 7.5% of your total income and take the lesser amount.

Example: A person earns \$736 per month and receives \$859 SSDI.

Item	Calculation	Premium
<i>Income</i>		
Monthly earned income	\$736.00	
Monthly unearned income (Social Security Disability Insurance)	\$895.00	
Total monthly income	\$1,631.00	
<i>Premium Calculations</i>		
Subtract \$733 (MNIL) from unearned income (\$895)	\$162.00	
Take 50% of the result (.5 x \$162)	\$81.00	
Include the result as part of your premium		\$81.00
Take 5% of unearned income (.05 x \$895)	\$44.75	
Include the result as part of your premium		\$44.75
Subtract \$65 from gross earned income (\$736-\$65)	\$671.00	
Take 2.5% of the result (.025 x \$671)	\$16.77	
Include the result as part of your premium		\$16.77

<i>PREMIUM - Step 1</i>		\$142.52
Take 7.5% of total income (.075 x \$1,631)	\$121.42	
<i>PREMIUM - Step 2</i>		\$122.32
Take the lesser amount found in Step 1 and Step 2 & round down		\$122.00
<i>ACTUAL PREMIUM</i>		\$122.00

In this example, you would pay \$122 per month or 7.5% of your total income. When calculating premiums, we do not include cents, so the premium is \$122 per month.

Note: We do not count income of a spouse when determining the HWD premium amount. If two spouses receive HWD, we determine their monthly costs separately.

2. When do I pay my first premium?

After you are approved for the HWD program, you will begin to receive a monthly bill (with a return envelope) from the Office of Financial Recovery (OFR). It usually arrives the first week of the month and is for coverage provided the month before. If you do not send full payment by the middle of the month in which you receive your bill, your next bill will indicate you are behind on your account.

3. What if my application is not approved until after the month in which I apply?

If you apply in one month, but your application is not approved until the next month, the first bill for your monthly premium will include costs for both the first and second month.

Example: You apply for HWD on July 10 and provide the information we need to complete your application on August 6. The Office of Financial Recovery receives information from us about your monthly premium on the last business day of August and bills you on September 5. Your first monthly premium includes charges for both July and August for HWD coverage that begins July 1.

Note: In this example, if you do not pay this bill in full by the end of September, you will be one month behind in making your premium payments.

4. May someone else pay my monthly premium?

Yes, but your monthly billing statement can be sent only to your address, unless you sign papers to make someone your authorized representative and provide the necessary information to HWD staff. Otherwise, you are responsible for making sure that the person (or entity) knows when the premium is due, that your identifying information is indicated on the payment, and that payment is made on time.

5. **What happens if I make a partial or late payment for current and ongoing coverage?**

If the Office of Financial Recovery receives a partial payment, they will post that amount as paid on your account. You will remain behind for one full month, however, for the monthly amount you owe minus the partial payment. We will apply payments received to any past due charges first.

Example: You send in a payment on September 15 and have not yet paid for the months of June, July or August. Your payment will first be applied to enrollment costs for the month of June. You would still owe for July and August and remain two months behind on your premiums.

6. **How do I pay premiums for "retroactive" coverage described in Covered Services #5?**

You must pay the premium for each month for which you are requesting retroactive coverage before HWD benefits can be approved for those months. You will receive your bill for retroactive coverage (with a return envelope) in the mail from the Office of Financial Recovery after completing the application process. To be approved for retroactive coverage, you must pay in full the premium for each month requested within 120 days of receiving your bill.

When processing your application, we will ask you to identify each of the months in the retroactive period for which you want to purchase HWD coverage. If we receive only partial payment within the 120 days, we will deny coverage for the retroactive period and refund the partial payment.

You may also pay HWD premiums directly from a bank account, if you set up a SecureAccessWashington (SAW) account. Go to [SecureAccessWashington](#) for more information on this option.

Non-payment of Premiums

1. **What happens if I do not pay my premiums?**

If you do not pay your premium for four consecutive months, your Medicaid coverage under the HWD program will end. If this happens, you will not qualify again for HWD until four months after your coverage ended. If after those four months you want to re-enroll, you must pay any unpaid premiums for the months before your coverage ended.

Note: We will determine whether you qualify for the Medically Needy (MN) program or another medical program, if your HWD coverage ends for non-payment of premiums. We will not use unpaid premiums to reduce your spenddown amount for MN coverage.

2. **Is there "good cause" for my HWD coverage not to end because of non-payment of my premiums?**

Good cause is limited to situations that are beyond your control, e.g., a premium processing error. Good cause does not include a lack of money to make premium payments required for HWD coverage.

3. **What if my premium costs more than medical services I receive in one or more months?**

You must continue to pay your premiums in full to continue your HWD coverage in the same you are required to do to maintain other types of insurance, e.g., home or automobile insurance.

4. **What if I have difficulty accessing care, e.g., finding a provider that accepts Medicaid payment?**

Use this tool to help locate a Medicaid provider in your area - [Find a ProviderOne Provider](#).

Miscellaneous Information

1. **What does HWD offer me, if I receive free Medicaid under the Supplemental Security Income (SSI)?**

You may be interested in purchasing Medicaid through the HWD program, since it allows you to earn income above the SSI 1619(b) threshold and does not have an asset test. In Washington State the 1619(b) threshold amount for 2016 is \$32,875 annual income (gross income minus IRWE). You may not enroll in HWD, however, while you remain eligible for Medicaid under the SSI program.

2. **What if I have already applied for or am currently receiving Medicaid under the Medically Needy (MN) or "spenddown" program?**

- If you prefer to receive Medicaid under the MN program, you do not have to enroll in the HWD program, unless you want to do so.
- If you have applied for the MN program and have not yet met your spenddown, you may enroll in the HWD program instead, if you meet program requirements.
- If you have met your spenddown, you can enroll in the HWD program beginning the first of the month after MN coverage can be closed.

Note: The HWD program is a Categorically Needy (CN) Medicaid program. This means that HWD pays for certain services not covered under the MN program, such as Medicaid personal care services.

3. **What if my medical condition improves after participating in the HWD program?**

If in the future SSA determines you no longer meet federal disability requirements, you may continue to qualify for Medicaid under the HWD program. At that point, the HCA program staff would determine if you have a "severe medically determinable impairment" (SMDI). We would continue your HWD coverage while we make that determination.

Note: To qualify for a continuation of HWD coverage if your medical condition improves to a point at which you no longer meet the regular disability requirements, you must:

- Have had a disability on file with SSA;
- Have been approved for and receiving HWD benefits;
- Have an SMDI as determined by the HWD Program Manager; and
- Be working at least 40 hours per month, earning at least minimum wage.