

How do I apply for MBIWD?

Contact your local county job and family services office. Ask for an Application for Medicaid Buy-In for Workers with Disabilities. Fill it out and return it as requested on the form.

If you don't know how to contact your local office, phone **1-800-324-8680** or visit <http://jfs.ohio.gov/OHP/mbiwd.stm>

Questions?

If you have additional questions about MBIWD, your eligibility, or how to apply, contact the Help Office in your area, listed below.

COVA

(614) 294-7117
(877) 521-2682
(614) 294-7443 fax
www.cova.org

Counties served: Adams, Ashland, Athens, Belmont, Carroll, Champaign, Clark, Columbiana, Coshocton, Crawford, Delaware, Fairfield, Fayette, Franklin, Gallia, Greene, Guernsey, Hardin, Harrison, Hocking, Holmes, Jackson, Jefferson, Knox, Lawrence, Licking, Logan, Madison, Mahoning, Marion, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Perry, Pickaway, Pike, Richland, Ross, Scioto, Stark, Summit, Tuscarawas, Union, Vinton, Washington, Wayne, and Wyandot

Disability Rights Ohio

(614) 466-7264
(800) 282-9181
www.disabilityrightsohio.org

Counties served: Allen, Ashtabula, Auglaize, Cuyahoga, Darke, Defiance, Erie, Fulton, Geauga, Hancock, Henry, Huron, Lake, Lorain, Lucas, Medina, Mercer, Miami, Montgomery, Ottawa, Paulding, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Trumbull, Van Wert, Williams, and Wood

Legal Aid Society of Greater Cincinnati

(513) 241-9400
(800) 582-2682
(513) 241-1930 tty
www.lascinti.org

Counties served: Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren

This document was designed by the AXIS Center for Public Awareness, Columbus OH, axiscenter@columbus.rr.com.

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For more information: Chuck Beatty, cwbeatty@centurylink.net, Home: (513) 398-4923, Cell: (513) 254-3978



How does Medicaid Buy-In help people with disabilities?

Medicaid Buy-In for Workers with Disabilities (MBIWD) allows individuals with disabilities to earn money from a job (income) and to keep their Medicaid health care coverage.

Am I eligible for MBIWD?

To find out if you are eligible, answer the questions on the following pages.



NOTE: Poverty levels change each year. Numbers listed in this document are for 2014. For future years, get updated numbers at <http://aspe.hhs.gov/poverty>.

This document presents guidelines for MBIWD. For more details, contact one of the sources listed on the back page.

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**START
HERE**

Are you between 16 and 64 years old?

- YES.** Continue.
- NO.** Sorry, you are not eligible.

SSI and SSDI are Social Security Programs that provide money to people who meet the requirements.

2 Do you have a job that pays you regularly?

- YES.** Continue.
- NO.** Sorry, you are not eligible.

3 Do you have a disability that meets the SSI or SSDI standard?

- YES.** Continue.
- NO. You may not be eligible.** However, you may become eligible if you take your medical records to your local Job and Family Services (JFS) office and ask for a disability determination.

4 What is your monthly gross income?
(See box above.)

\$ _____ .

Is your income less than \$2,433 per month, or less than \$29,175* per year?

- YES.** Continue.
- NO. You may not be eligible.** However, there are deductions that can be applied to your income. Contact your Help Office (see list on back) and ask them to apply the appropriate deductions, including the \$20,000 MBI deduction, to see if you will be eligible.

Income that counts:
(SSI rules apply)

Unearned:

- Benefit checks
- Other income
- Medicaid does not count \$20

Earned:

- Medicaid counts
- Gross wages (\$65 taken away, with the remainder divided by 2)
- Other work rewards may be deducted

To figure your resources:

DO NOT COUNT things like

- House you live in
- One car
- Term life insurance
- PASS Plan
- Irrevocable burial account

DO COUNT items like

- Cash
- Savings accounts
- Certificates of deposit
- Anything you own that could be converted to cash

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Do you have more than \$11,281 in resources? (See box below.)

- YES. You may not be eligible.** However, you may become eligible if you contact the Help Office in your area and ask them to apply possible deductions to your resources.
- NO. You are eligible for MBIWD.**
See back page to learn how to apply.

6 Premiums

Some people who are eligible for MBIWD will have to pay a monthly fee for their health care coverage. This is called a premium. This premium will take the place of any spend down or patient liability you may be paying.

If your total family income is less than 150% of the poverty level, you will NOT have a premium. (See chart below.)

If your total family income is more than 150% of poverty level, follow these directions to find out the approximate amount of your premium:

What is your total family income per month? \$ _____

Subtract the amount that is 150% of poverty level for the number of people living in your house _____

Multiply by 10% _____ x .10

Amount of monthly premium \$ _____

Note: If you are currently paying for any health insurance, you may deduct that payment from your MBI premium.

| No. of people in house | 150% of poverty level** |
|------------------------|-------------------------|
| 1..... | \$1,460 |
| 2..... | \$1,967 |
| 3..... | \$2,474 |
| 4..... | \$2,982 |
| 5..... | \$3,489 |
| 6..... | \$3,996 |
| 7..... | \$4,505 |
| 8..... | \$5,012 |

** 2014 monthly poverty levels. These levels change each year.

* In 2014, \$29,175 is considered 250% of poverty level for an individual. 250% of poverty level is a requirement of MBIWD.