



HWD

Ticket to Work

Employment

**HEALTHCARE for WORKERS
with DisABILITIES (HWD)**

Health and Recovery Services Administration

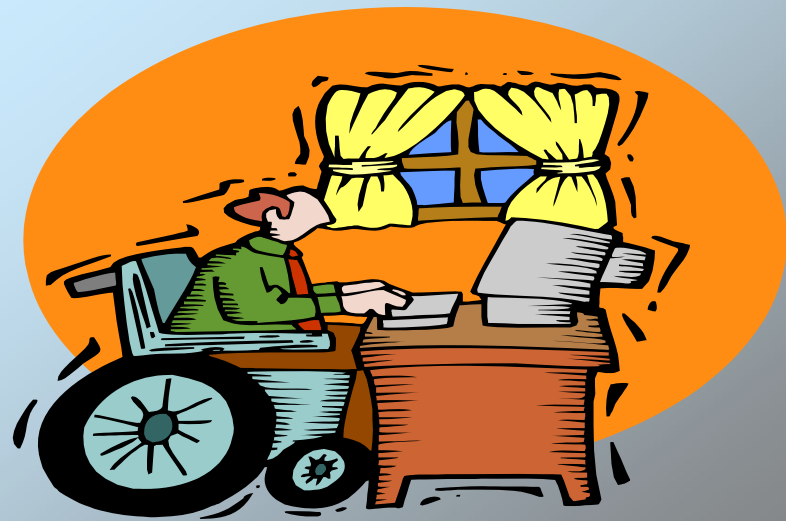
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Ticket to Work

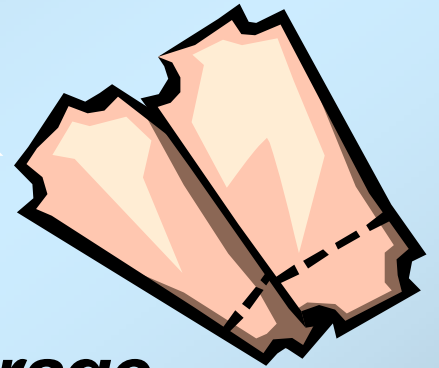


Ticket to Work Work Incentives
Improvement Act (TWWIIA) of 1999
or Public Law 106-170

***To support the competitive employment
of people with disabilities
who want to work***



Ticket to Work



Increases Healthcare Coverage

Medicaid Buy-In – implemented in WA in 2002 as *Healthcare for Workers with Disabilities* (HWD) to encourage work without the fear of losing Medicaid

Note: People receiving or “eligible for SSI” get Medicaid without enrolling in HWD and having to pay a monthly premium.

Medicaid Buy-In In WA State - HWD

Title 19 of the Social Security Act
Two New Eligibility Groups

- Basic Coverage Group
- Medical Improvement (MI) Group

Must first be enrolled in the basic group.

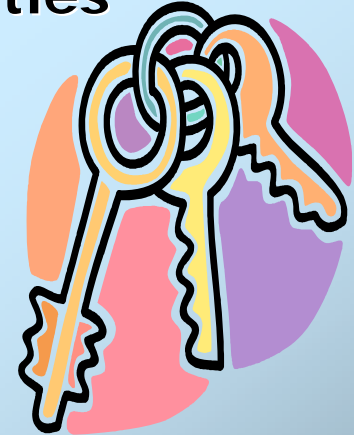
Then, continue in the MI group.

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Healthcare for Workers with Disabilities

Who Qualifies?

- Washington State resident
- Age 16 through 64
- Net Income standard - 220% fed poverty level (FPL)
- Meet federal disability requirements
- Employed full or part time (including self-employment)



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Net Income limit - 220% FPL

- ***Net*** income:
 - ✓ \$1797 for single person
 - ✓ \$2420 for married couple
- ***Deductions:***
 - ✓ \$20, \$65, and 1/2 remainder
 - ✓ Other amounts (by statute)
 - ✓ Impairment-related work expenses (IRWE)

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Healthcare for Workers with Disabilities

Total Income limit - 450% FPL

- **Total*** income:
 - ✓ \$3,676 for single person
 - ✓ \$4,950 for married couple
- **Deductions:**
 - ✓ None
 - ☉ When the individual no longer receives unearned income, e.g., SSDI. Income standard is slightly lower when counting unearned income, since deductions for earned income do not apply to unearned income.

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Healthcare for Workers with Disabilities

What income is counted and what standard is used?

- If you are single, we use the one-person standard
- If you have children, we deduct up to 1/2 the federal benefit rate (FBR) - \$301.50 for each child in the home

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Healthcare for Workers with Disabilities

- If you are married, we compare spouse's income to 1/2 FBR - \$301.50
- If your spouse's income is more than that:
 - ✓ We add both incomes
 - ✓ Use the two-person standard
- If your spouse's income is less than that:
 - ✓ We count only your income
 - ✓ Use the one-person standard

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Healthcare for Workers with Disabilities

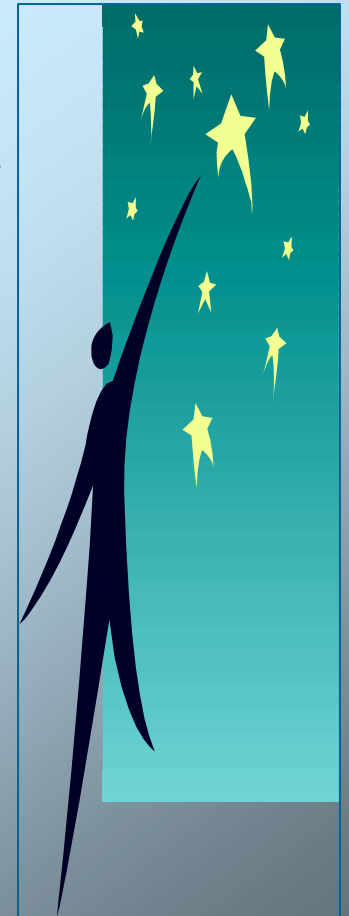
What about resources/ assets?

There is no asset test

Encourage earnings and savings

Promote self-sufficiency

Improve quality of life



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Healthcare for Workers with Disabilities

What are the disability requirements for HWD?

- Same as those for SSI and SSDI (physical and/or psychological impairment), but
- No substantial gainful activity (SGA) test



Definition of Employment

For the Basic Coverage Group:

Must be employed full or part time,
including self-employment:

- Get paid with earnings subject to federal income taxes – taxes taken out of wages*
- Self-employed: Receiving income for work activity that is subject to federal income taxes**

*Unless prohibited by law

**Documentation may include business records and/or
IRS Schedule SE form

Definition of Employment

For the Medical Improvement Group:

Must be employed full or part time, including self-employment - like the Basic Coverage Group, ***and***

- Working at least 40 hours per month
- Earning at least minimum wage

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

Can choose to continue enrollment through the the 12-month certification period, if:

- Job loss due to a health crisis or involuntary dismissal
- You intend to return to work after health crisis or continue to look for new job
- You continue to pay your monthly premium

How much is my monthly premium for HWD?

HWD Premium equals whichever is less:

- 7.5% of total income, or

A total of the following:

- 50% of unearned income above the medically needy income level - \$603
- 5% of all unearned income
- 2.5% of earned income after deducting \$65

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What income is counted when determining the amount of my premium?

- We only count your income
- If both spouses apply, we calculate a premium for each person, using his or her own income

Premium Calculation -1

Income	Calculation	Premium
Earned	\$665.00	
Unearned	\$803.00	
Premium calculation		
(Unearned - \$603) x ½	200 x ½	\$100.00
5.0% x Unearned	5% x 803	\$40.15
2.5% x (Earned - \$65)	2.5% x 600	\$15.00
Premium amount		\$155.15

Premium Calculation -2

Income	Calculation	Premium
Earned	\$665.00	
Unearned	\$803.00	
Premium calculation		
Total income	\$1,468.00	
7.5% Income	$.075 \times 1,444$	\$110.10
Compare to formula	X+Y+Z	\$155.15
Premium amount (lesser of two)		\$110.10

Spenddown example for comparison

Income	Calculation	Spenddown
Unearned	\$803.00	
Earned	\$665.00	
Spenddown calculation		
(Unearned - \$603) - 20	803 - 603 - 20	\$180.00
(Earned - 65) - 1/2	665 - 65 - 300	\$300.00
Total		\$480.00
Spenddown x 3		\$1,440.00

Premium Calculation

(Earned Income Only)

Income	Calculation	Premium
Unearned	None	
Earned	\$1,444.00	
Premium calculation		
Earned income - \$65	\$1,379.00	
2.5% of \$1,379	.025 x 1,379	\$34.47
Premium amount (rounded down)		\$34.00

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Medicare and HWD

- Medicare Buy-In pays for Medicare Part A (if not eligible for free Part A)
- Pays for Medicare Part B premiums – currently \$88.50 per month
- Enrollee automatically qualifies as a dual eligible, which provides full Part D subsidy
- This can be a huge benefit for folks and can offset the HWD premium expense

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Who else may benefit from HWD?

- ✓ Person whose SSI terminated due to income or resources
- ✓ Person who is over resources for MN spenddown
- ✓ Person with spenddown bigger than HWD premium
- ✓ Person who needs services not covered by MN, e.g. Medicaid Personal Care
- ✓ Person who is functionally eligible for DD waiver but has income over the SIL or resources above the SSI standard
- ✓ Person on DDD waiver who resides in an ALF and pays a large portion of their income towards participation

NOTE: HWD enrollees living in an ALF on the Waiver pay room and board plus the HWD premium. They DO NOT pay toward the service participation.

<http://fsa.dshs.wa.gov/hwd/>



State of Washington

Department of Social and Health Services

Healthcare for Workers with Disabilities

Log In

Saved Entries

Entry Form

Results Form

[| Inside WA](#) | [Access WA](#) | [DSHS Intranet](#) | [EA-Z Manual Online](#) | [ACES Online](#)

Please Log In

Username:

Password:

User Log In

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Healthcare for Workers with Disabilities

❖ *How do I use the HWD Website?*

WEBSITE: <http://fsa.dshs.wa.gov/hwd/>

Don't try to log in. Hit Entry Form Tab, input sample case, then back out of the system without saving

Client First Name:

Client Middle Name:

Client Last Name:

Client Date of Birth:

 (MM/DD/YYYY)

Spouse Date of Birth:

 (MM/DD/YYYY)

Check area where client resides:

Area 1: Area 2:

Is there a spouse?

Yes: No:

Is the spouse applying?

Yes: No:

Enter Non-Excluded Income

	Regular Monthly Coverage	Month 1 Retro Coverage	Month 2 Retro Coverage	Month 3 Retro Coverage
Client's earned income:	<input type="text" value="900"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client's unearned income:	<input type="text" value="250"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's earned income:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's unearned income:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's unearned income:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Retro Coverage Dates:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If the applicant has a child or children with income, enter it below for each child.

- If there are no children, leave the fields blank.
- If there is a child with no income, enter "0".
- If a child receives SSI income, leave the field blank.
- Reduce any child support income by 1/3.

Enter the child #1 income.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Enter the child #2 income.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Enter the child #3 income.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Enter the child #4 income.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Submit to Calculate

Reset to Start Over

Client Name:

Regular Retro 1 Retro 2 Retro 3

Is client eligible for SSI-Related CN Medical (S02)?

(If eligible, stop and establish eligibility for S02 in ACES)

No

Does the client qualify for HWD?

Yes

Premium calculation for the client:

\$33.00

Premium calculation for the spouse (if applying):

Below are the spenddown amounts should the client choose the MN program instead.

Regular Retro 1 Retro 2 Retro 3

Spenddown for a three-month period:

\$229.50

Spenddown for a six-month period:

\$459.00

If \$0 spenddown, advise client of MHI eligibility at no cost.

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❖ *How are Premiums Paid?*

- ✓ FSA sends bills during the first week of the month following the month covered
- ✓ Payments are sent to FSA in Olympia
- ✓ FSA notifies HWD Coordinator if premium falls 4 months behind

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❖ *What if payment isn't made?*

- ✓ If person falls 4 months behind, term letter is sent to give “last chance notice”
- ✓ If closed for nonpayment, person cannot be eligible for four months, must pay debt in full and reapply

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What is my responsibility?

- ✓ Assist individual with submitting an application (or ER for program change) for HWD
- ✓ Send DSHS 14-084 to request a program change when necessary
- ✓ Indicate the individual's living arrangement
- ✓ Attach verification of earnings and new source of income (if appropriate)
- ✓ Indicate if MPC or waiver service.

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HWD CONTACT INFORMATION – see handout

For more info online about HWD, visit:

<http://fortress.wa.gov/dshs/maa/Eligibility/HWD.htm>

