

To Participate in M-WIN

Application process:

Applications for Medicaid can be completed at the DHHR office in each county. M-WIN requires verification of disability and competitive employment in addition to the information required by DHHR. Employment verification can consist of a pay stub, a letter from the employer clarifying wages and hours worked, or self-employment records. Disability information from SSA or medical records from a treating physician can also be provided. M-WIN is voluntary. Upon notification of financial and medical eligibility for the program, the individual must determine whether s/he wants to participate.

Enrollment process:

To participate in M-WIN, the applicant must pay a \$50 enrollment fee. After receipt of the enrollment fee, the applicant's eligibility is processed. If the enrollment fee is not paid within 60 days from when the individual is initially notified of eligibility for the program, Medicaid coverage is denied.

Premium information:

The participant is responsible for a monthly premium payment in order to maintain coverage. Monthly premiums are based on 3.5% of the average monthly gross income of the eligible individual. The minimum monthly premium is \$15.

Premium payments can be made by check or money order. Payment is due by the 16th day of each month. Premium notices are mailed monthly to the participant's home. It is the participant's responsibility to pay the premium when it is due. If the premium payment is not received by the 10th day of the month following the month

Premium Chart:

Monthly Income	Premium	Monthly Income	Premium
\$500 or less	\$15.00	2101 - 2300	\$73.50
501 - 700	\$17.50	2301 - 2500	\$80.50
701 - 900	\$24.50	2501 - 2700	\$87.50
901 - 1100	\$31.50	2701 - 2900	\$94.50
1101 - 1300	\$38.50	2901 - 3100	\$101.50
1301 - 1500	\$45.50	3101 - 3300	\$108.50
1501 - 1700	\$52.50	3301 - 3500	\$115.50
1701 - 1900	\$59.50	3501 - 3700	\$122.50
1901 - 2100	\$66.50	3701 - 3900	\$129.50

that the premium is due, the Medicaid coverage is terminated. If a premium payment is returned for insufficient funds, the Medicaid coverage is terminated. In either situation, the individual must re-enroll in M-WIN and again pay the enrollment fee to participate.

CONTACT INFORMATION

To apply for M-WIN, contact the local DHHR office. Office locations can be found on the DHHR website at <http://www.wvdhhr.org/bcf/county/>, or by calling 800-642-8589.

For other assistance with M-WIN, contact M-WIN staff at 800-841-8436. In Northern West Virginia, call 304-293-4692 (voice) or 800-518-1448 (TDD) or in Southern West Virginia, call 304-720-3200 (voice) or 800-819-9359 (TDD).

For information about work incentives for people with disabilities who want to work, contact the Benefits Planning, Assistance and Outreach (BPAO) program at 304-293-4692 (Voice) or 800-518-1448 (TDD), or the Social Security Administration (SSA) at 800-772-1213.

Medicaid Work Incentive (M-WIN)

The Medicaid Work Incentive (M-WIN) allows a working individual with a disability to pay premiums in order to obtain or maintain healthcare coverage through Medicaid. M-WIN establishes two new Medicaid eligibility groups that are administered by the WV Department of Health and Human Resources (DHHR), the **Basic Coverage Group** and the **Medically Improved Group**. People participating in M-WIN are allowed to earn more money than generally allowed for Medicaid beneficiaries, and to save their earnings in retirement and/or independence accounts. It is different from other Medicaid eligibility groups because a person must be employed, have a disability, and pay an enrollment fee and monthly premiums to participate in this voluntary program. Medicaid coverage for M-WIN is for the working individual only. A person is eligible for all services covered by Medicaid, including personal care, both at home and at work. M-WIN policy is found in Chapter 23 of the DHHR Income Maintenance Manual.

About M-WIN Eligibility

For the **Basic Coverage Group** eligibility, an individual must

- Be a resident of West Virginia
- Be employed, earning at least minimum wage in competitive work
- Be at least 16, but not yet 65 years old
- Have a severe disability as defined by the Social Security Administration (SSA)
- Have unearned income less than a specified amount
- Have countable income less than 250% of the Federal Poverty Level
- Meet specific asset/resource limits

For the **Medically Improved Group**, an individual must

- Have been enrolled in the Basic Coverage Group
- Have a severe medically determinable impairment as determined by the Medical Review Team of DHHR
- Be employed, earning the equivalent of at least 40 hours of employment per month paid at minimum wage

(Underlined words are explained in the following sections)

Employment:

The individual must be engaged in competitive employment. This includes self-employment and non-traditional work that is compensated at or above the federal minimum wage in a setting that also includes individuals without disabilities. This does not include settings such as sheltered workshops that pay less than minimum wage. For the Basic Coverage Group, there is no minimum number of hours that an individual must be employed. For the Medically Improved Group, the individual must earn a monthly wage of at least \$206 in 2006 (which is equivalent to the federal minimum hourly wage of \$5.15 multiplied by forty hours).

Assets/Resources:

There is an asset limit of \$2000 for an individual and \$3000 for a person living with a legal spouse. Total countable assets of the couple are combined to determine whether they fall below the asset limit. For workers under age 18, only the assets/resources of the applicant are counted, not those of the family. Assets/resources are counted according to DHHR policy. The applicant's residence and one car, if used to go to work or medical treatment, are not counted as assets/resources. Resources that are counted include land, personal property, other cars, boats, snowmobiles, recreational vehicles, all terrain vehicles and campers. There are special exclusions for liquid assets for individuals in M-WIN.



Liquid assets in the amount of \$5000 for an individual or \$10,000 for a legally married couple are excluded when determining total countable assets. Liquid assets are those in cash or payable in cash on demand. This includes checking or savings accounts, income tax refunds, and financial instruments such as Certificates of Deposit or stocks and bonds that can be converted into cash within 20 working days.



Retirement accounts are not counted as assets. This includes Individual Retirement Accounts (IRAs), Keoghs, 401(k)s, or employer pension plans.

Independence accounts are not counted as assets. These DHHR-approved savings accounts are established using the earned income of the M-WIN participant. These funds are to pay necessary expenses that enhance or maintain the person's independence or increase employment opportunities. Approved expenditures from the funds include educational expenses, home purchase or modification, transportation, medical expenses, assistive technology and related services. Short-term living expenses may be paid if a qualified emergency occurs, such as an involuntary loss of employment or an illness of the individual, spouse, child or parent which involves a loss of wages and/or extra expenses not reimbursed by a third party. DHHR may approve other expenditures upon request. The expenses cannot duplicate costs that are listed on a Plan for Achieving Self Support (PASS) or an Impairment Related Work Expense (IRWE) which are programs approved by SSA. The individual must keep evidence of expenditures to document appropriate use of the funds, and present these receipts to the DHHR worker during the financial redetermination of eligibility for M-WIN.

Income:

Only the individual's income is considered, even if the individual is under age 18. Income is 'counted' according to SSA guidelines. Eligibility for M-WIN is determined in a two-step process.

First, is the **unearned income test**. If the individual fails this test, s/he is determined ineligible. Unearned income is income that is received as a benefit and not worked for, such as Social Security Disability Insurance (SSDI), Veterans Benefits, Railroad Retirement Benefits, pensions, child support, dividends, annuity payments, Workers Compensation payments and rental income if non-business. After the amount of non-excluded unearned income is determined, a \$20 general income exclusion is subtracted. The remainder is compared to the Federal Benefit Rate for Supplemental Security Income (SSI). If this remainder is equal to or less than the \$603 per month for 2006, then eligibility determination can continue.

Unearned Income Test	
Total Gross Monthly Unearned Income	
<i>Deduct</i>	\$20 General Income Exclusion
<i>Equals</i>	Remainder
<i>Compare to</i>	SSI Federal Benefit Rate
	Greater than \$603/month _____ineligible
	Less than \$603/month _____eligible to continue

The second step to determine financial eligibility for M-WIN is the **monthly net income test**. First, the worker determines the total gross monthly non-excluded earned income. Examples of earned income include wages, salaries, commissions, profit sharing, and self-employment earnings. Several exclusions are subtracted from the gross monthly amount. Sixty-five dollars (\$65) are

subtracted as the Earned Income Exclusion, and any Impairment Related Work Expenses (IRWE). Results are divided in half (by two). Blind Work Expenses or earnings diverted to a Plan for Achieving Self Support (PASS) are subtracted. The remainder is added to the countable unearned income. If any unearned income is diverted to a PASS, death benefits or child support disregards, it is subtracted to determine the total monthly countable income. If the amount is equal to or less than 250% of the Federal Poverty Level (\$2042 per month in 2006), the individual is considered financially eligible for M-WIN. Financial eligibility for M-WIN is reviewed every six months.

Monthly Net Income Test	
Total Gross Monthly Non-excluded Earned Income	
<i>Deduct*</i>	Remainder of \$20 General Income Exclusion
<i>Deduct</i>	\$65 Earned Income Exclusion
<i>Deduct*</i>	Impairment-Related Work Expenses
<i>Divide</i>	Remainder by 2 (1/2 of Remainder)
<i>Deduct*</i>	Blind-Related Work Expenses
<i>Deduct*</i>	Earnings Diverted to a PASS
<i>Add</i>	Unearned Income Remainder from Unearned Income Test
<i>Deduct*</i>	Unearned Income Diverted to a PASS, Death Benefits or Child Support Disregard
<i>Equals</i>	Total Monthly Countable Income
<i>Compare</i>	to 250% of Federal Poverty Level
	Greater than \$2042/month _____ Ineligible
	Less than \$2042/month _____ Eligible
* if applicable	

Disability/Impairment:

A disability is a medically determinable physical or mental condition that is defined by the Social Security Administration (SSA). It is a physical or mental impairment that has lasted or can be expected to last for at least 12 months, or can be expected to result in death, and which renders a person unable to engage in substantial gainful employment. The disability can be determined by either the DHHR Medical Review Team (MRT) or by the Disability Determination Service for SSA.

If an individual has been determined to have a disability by SSA and meets all other eligibility requirements, the individual must be notified of M-WIN eligibility within 30 days of the application date.

If a disability has not been established, DHHR's MRT can determine medical eligibility for M-WIN. The MRT is required to complete the disability determination within 90 days from the date of application, while using SSA guidelines. The eligibility worker is responsible for requesting copies of medical records regarding treatment for the reported disability for consideration by the MRT. If an individual has been determined by MRT to have a disability and meets all requirements, the individual is notified of M-WIN eligibility.

Medical eligibility for M-WIN is reviewed every six (6) months. SSA regularly conducts continuing disability reviews on SSA benefit recipients. If it is established that the individual's condition has improved but is still a severe impairment, updated information must be provided to the MRT to determine eligibility for the Medically Improved Group. An individual must have previously been enrolled in the Basic Coverage Group and meet certain income requirements to qualify for the Medically Improved Group.

