>> Hello, everyone, and welcome to today's webinar. The title for today's webinar is "What You Need to Know About Medicaid for the Disabled, Aged and Blind". My name is Shajira Brown, and I will be going over some of our housekeeping tips. The audio for today's webinar is being broadcast through your computer. Please make sure your speakers are turned on, or your headphones are turned in. You can control the audio broadcast via the audio broadcast panel. If you accidentally close the panel, you can reopen by going to the communicate menu at the top of the screen, and choosing "join audio broadcast". If you do not have sound capabilities on your computer, or prefer to listen by phone, dial 1-650-479-3207, event number 666777514. Real-time captioning is provided during the webinar. The captions can be found in the media viewer panel, which appears in the lower right corner of the webinar platform. If you want to make the media viewer panel larger, you can minimize other panels like chat, Q&A, and/or participants. For Q&A, please use the chat box, or Q&A box, to send any questions you have during the webinar, and we will direct them accordingly during the Q&A portion. If you are listening by phone and not logged into your webinar, you may also ask questions by emailing them to me, Shajira, which is sbrown@ndi-inc.org. Please note, this webinar is being recorded and the materials will be placed on the webpage, realeconomicimpact.org/our-work/financialcounseling. If you experience any technical difficulties during the webinar, please use the chat box and send a message to Shajira Brown, project coordinator, or email her at sbrown@ndi-inc.org. With that, I'm going to turn it over to Nancy Boutot, who will introduce you to our partners.

>> Thank you very much, Shajira, and yes, we are very happy to have Wanda Lopez with us, Francis Liu, and I also believe we have Abby with us from the Mayor's Office for People with Disabilities. And I will introduce them in one moment. Next slide. So just before I would introduce everyone, I would like to talk to everyone a moment about EmpoweredNYC, which is a groundbreaking new partnership dedicated to improving the financial stability of New Yorkers with disabilities and their families. EmpoweredNYC is a collaboration, an initiative that will create, test, and promote new strategies to enable New Yorkers with disabilities to improve their financial stability. This initiative will advance financial capability through broad engagement and education, tailored one-on-one financial counseling, enhanced with new expertise, outreach, and tools, and specialized benefits support purposes. We have many partners that are working with us on this project, the New York City Office of Financial Empowerment, the Mayor's Office for People with Disabilities, City Community Development, you will hear from those three entities in a moment; also National Disability Institute, the Mayor's Fund to Advance New York City, Poses Family Foundation, and also we have a wonderful advisory board of municipal offices, disability service providers, and financial empowerment service providers as well. And with that, I would like to turn it over to Wanda Lopez from the Office of Financial Empowerment.

>> Thank you, Nancy. The New York City Department of Consumer Affairs protects and enhances the daily economic lives of New Yorkers to create thriving communities. And "DCA", as we call it, licenses more than 81,000 businesses, and over 50 industries , and enforces consumer protection, licensing, and workplace laws, ensuring truth in advertising, and that New Yorkers are able to take paid leave for sick time to care for themselves, or their loved ones. Within the Department of Consumer Affairs, we have the Office of Financial Empowerment, with a mission to educate, empower, and protect those with low income so they can build assets and make the most of their financial resources. And one of the largest programs within the Office of Financial Empowerment is the Financial

Empowerment Center. We operate over 25 across the city to provide free, confidential one-on-one financial counseling. It's open to all New Yorkers, all who live and work in New York, and we've served over 50,000 consumers with financial counseling. In addition, during the tax season, we partner with community-based organizations to provide free tax prep services, and we've helped over 500,000 New Yorkers file their taxes and claim over 700,000 in taxes and state fees. So we're very excited to be a part of the EmpoweredNYC initiative. And with that, I'll turn it over to our colleagues at the Mayor's Office for People with Disabilities. Abby, are you on?

>> Yes, hi, everyone, thanks for joining, and thank you Wanda. So for those of you who are not familiar with MOPD, the Mayor's Office for People with Disabilities, works to ensure that New Yorkers with disabilities can lead happy, productive, and healthy lives. We are working to make New York City the most accessible city in the world. One of our key initiatives, which I'll speak about in a moment, is NYC: ATWORK, which is our new public private partnership for people with disabilities. Next slide, please. So the pillars that you see on the screen, they are reflective of kind of our key initiatives and our key -- the key underpinnings of the office. They include transportation, which includes accessible transport, access ride [phonetic]. We work very closely with the MTA and the TLC as well, education, not just within our schools, but also educating the community. Access, which is access to all of the things that New York City has to offer, and how we can ensure that people with disabilities in engage in all of those things, health, housing, financial security, of course, EmpowerNYC, and at the center you see is employment. Next slide, please. And in terms of employment, as I mentioned, NYC: ATWORK is the first public-private partnership for employment for people with disabilities. It's a collaboration of -- where we're working to create a sustainable pipeline of talent that are able to meet the needs of employers and high-growth sectors across New York City. We work by engaging businesses to learn about what they look for in prospective employees, what kinds of challenges they face in employing people with disabilities. And then we work to connect those businesses with qualified, talented individuals who come to us through colleges, high schools, different provider agencies, as well as location realization, in other to engage people and help connect them to meaningful well-paid jobs in the areas of their choice. So I will pass it along to Francis. Thank you, with City.

>> Thank you, Abby. Hi, everybody, this is Francis Liu from City Community Development. For those of you who don't know City Community Development, we are the arm within City that leads the commitment to financial inclusion and economic empowerment for underserved individuals, families, and communities. We do this by partnering with municipal partners, like those who are part of this collaboration, community groups, and leading nonprofit organizations, and we lend our own expertise, products, and services to help expand opportunities for all, and to create and scale up new programs that ultimately advance financial inclusion. We've done a lot of work with the city of New York over the years, in particular with the Department of Consumer Office of Financial and Consumer Affairs Office of Financial Empowerment, [inaudible] on financial inclusion for New Yorkers through the provision of financial counseling and other financial empowerment services. And we are thrilled to be a partner of EmpoweredNYC here with the Mayor's Office for People with Disabilities, with [inaudible], the National Disability Institute, and other partners. This is a very intentional effort to build new programmatic offerings that ultimately strengthen the financial stability of people with disabilities. And these webinars, like the

one today, coupled with the soon to become Financial Counseling Services, which will be offered free and tailored for people with disabilities, we really hope will move the needle in strengthening financial empowerment and stability for the disability community here in New York. So with that, we are glad to be part of this partnership, and with our great collaborators on this webinar. And I think I'll turn it back over to Nancy at NDI.

>> Thank you so much, Francis. So briefly, I just wanted to let everybody know, who may be new to the webinar, NDI is the National Nonprofit Organization dedicated to building a better economic future for people with disabilities. We are the first national organization committed exclusively to championing economic empowerment, financial education, asset development, and financial stability for all persons with disability. NDI effects change through public education, policy development, training, technical assistance, and innovative initiatives. And I am very happy to introduce to you today Diane Wenzler from Community Services Society in New York City. Diane is the director of the Benefits Plus Learning Center. She has been providing our new counselors for this pilot with a wealth of New York City, specific New York State specific information, to help them increase their skills as financial counselors. And with that, I would like to turn it over to Diane.

>> Okay, thank you, Nancy. So today's webinar is going to be about Medicaid for the disabled, aged, and blind populations. One of the first things that's really important to understand is when you're working with one of these populations, disabled, aged, or blind, you need to understand what happened with Medicaid when the Affordable Care Act, the ACA, was implemented. And one of the important points of the ACA was it expanded the income eligibility thresholds up to a minimum of 138% of the federal poverty level for certain categories or population groups. And these are what is known as the "Medicaid Expansion groups", or the "MAGI populations", and that's a term that we're going to keep on seeing over and over again. And I wanted to talk about who those MAGI populations are, who that includes. It includes pregnant women, dependent children under the age of 19, parents or caretaker relatives with children under the age of 19, and singles and childless couples between the ages of 19 through 64. And what's important to keep in mind about this is this last category includes individuals with disabilities, or with blindness, who do not have dependent children, but who are not yet entitled to or enrolled in Medicare. So as we know, many SSDI beneficiaries do not have Medicare yet because they only get Medicare upon entitlement to SSDI for 24 months -- after 24 months. So during that interim, while they are waiting for Medicare and they don't have Medicare , and therefore they would be included under this Medicaid expansion. Okay. And under the ACA, there were new procedures regarding how household income is budgeted, what the income eligibility guidelines are, they increased. And we're going to be seeing what that increase is in a few minutes. The resource limits were completely eliminated for the MAGI population. So that test in terms of how much resources does a MAGI individual or family have has been eliminated, as well as application procedures. Now I want to talk about non-MAGI, who were not included in this Medicaid expansion under the Affordable Care Act? And these include the disabled, aged, and blind. Okay, they were not included under the ACA. And these include the SSDI beneficiaries with Medicare. So as soon as an SSDI beneficiary receives Medicare, they're no longer in this expanded group. They go back to the old Medicaid rules before the ACA was implemented. So there are actually two sets of rules, one set of rule, and another set of rules for the non-MAGI population. So that includes SSDI

beneficiaries with Medicare, and those who are aged, that's 65 and over, whether they have Medicare or not. There is one exception to this rule. When you have a Medicare beneficiary who is a parent or a caretaker relative with children under 19, they remain categorized as MAGI, even when they have Medicare, but they have to have children under the age of 19 to be considered in this exception. And if they're in the exception group, then they have the -- they continue to have these expanded income thresholds when Medicaid eligibility is being determined. Okay. So for the non-MAGI population, how household income is budgeted, what is the income eligibility guidelines are, what the resource limits are, and what the application procedures are, have remained exactly the same as prior to the ACA. So that means the income guidelines did not increase, and the resource test remains the same. Okay. So I just wanted to give a couple of case -- well, before that, I wanted to talk a little bit about when you're working with clients, when you're working with an individual with disabilities, or with blindness, or who's aged, okay, you need to determine whether or not they're MAGI DAB, or MAGI DAB, okay? So the first question you would ask is, "Are you a parent or caretaker relative of children under the age of 19?" If that individual says yes, they can be categorized as MAGI even when in receipt of Medicare. If the answer is no, you would then ask, "Do you receive SSDI, Social Security Disability Insurance, but not Medicare?" If they say, "Yes, I don't -- I have SSDI, but I don't have Medicare," then they're categorized as MAGI. So here are a couple of case examples to give you a sense of what I'm talking about. So you have Lisa, who is a 39-year-old woman with no children. She would be categorized as MAGI, and as such, she would have -- she would be eligible under the Expanded Medicaid Income Guidelines. Mike is a 64-year-old and receives Social Security retirement benefits, receiving early retirement benefits. He's also considered MAGI because he's not yet aged, and he's not in receipt of Medicare. So he's MAGI. Mark is a 41-year-old with two children five and nine. He's receiving social security disability benefits, and he has Medicare. Now, the thing is he has Medicare, but because he's a parent with children under the age of 19, he remains as a MAGI category with all of the expanded income guidelines. Paula is a 69-year-old with social security retirement benefits and Medicare. She's living with her daughter and her two grandchildren, six and nine, whom she picks up from school and provides childcare until their mother comes home from work. She's non-MAGI. Because the mom is living in the household, she is -- Paula is not considered a caretaker relative. She's a grandmother with Medicare, not a caretaker relative, so she is non-MAGI. Paul is 30 years old, single, with Medicare, living with his sister and a nephew. He's also non-MAGI, because he is in receipt of Medicare, and most likely SSDI. Again, Paul is not the caretaker relative, because his sister who's the mom is the parent. Luke -- last example, Luke is a 45-year-old married to Sue who is 43 years old. They have one child who's aged 20 living with them. They're MAGI. Now remember, MAGI includes childless couples, so even though they have a child, that child is not under the age of 19 years old, so they would not be considered a parent with children under 19, but they would be considered as a childless couple and therefore, they would be MAGI. So you're thinking so it's very important to understand which of the people who you're working with when they are in receipt of social security disability insurance, whether they're MAGI or non-MAGI, because that will determine what eligibility guidelines we're going to be looking at when determining eligibility for Medicaid. So what is the advantage of being classified as MAGI versus non-MAGI? Income limits are higher under MAGI, and there's no resource test under MAGI. So here is a chart, okay, and we have just up to a household size of four. And top of the chart says "medically-needy income levels". This is for non-MAGI adults 65 and older, or adults certified blind or disabled with Medicare. And you can see what the income limits are and what the resource limits are. Now, this is net available income, and we'll talk a little bit about what that means. But you can see for an individual, a single individual, their income limit for Medicaid eligibility is $842 per month, and they have a resource limit of $15,150. Underneath that is the MAGI levels, and that's the different MAGI population that I spoke about. Now, depending upon which population you are, a pregnant woman, or an infant, children, parent caretaker relative with children under 19, or a single and childless couple, their income guideline will vary. You'll see that. So for a pregnant woman, it's 223% of the federal poverty level; children one through 18, 154; parents, caretaker relatives, and singles and childless couples, their income guideline under the Medicaid expansion is 138% of the federal poverty level. And then if you look on the row underneath that, you can see what those income guidelines are for 223, 154 percent of FPL and 138. So if you were looking at a single individual with social security disability insurance who is not yet in receipt of Medicare, when we are looking at Medicaid, there is no resource test, and the income limit for that individual is $1,397 per month. If they had Medicare and no children, their income limit is $842 per month. So that's a difference of more than $500 per month. So you can see why being classified as MAGI becomes important for these population groups. Okay, so let's look at qualifying for Medicaid quickly. As I said, only non-MAGI recipients are subject to a resource test. Not all resources are countable under the Medicaid rules. Certain resources are exempt. So what is exempt; things like a homestead. If you are residing in that home, it's an exempt resource and will not count; personal effects, automobile, burial space and burial items, burial funds, $1500 set up separately as a burial fund, and any interest that's gained, as long as it's not removed, remains exempt; irrevocable funeral agreements, past accounts, these are plans for achieving self support. I've given you a web address where you can go to find out more information about that. But income that you -- that an individual puts into a PASS account is considered exempt. Supplemental needs trust for the disabled, any money that goes into these, SNTs for the disabled or "pooled trusts", sometimes people call them, are also exempt, and I've given you an address for that as well. Okay. So let's look at income. So we already saw that the income guidelines are different from MAGI versus the non-MAGI populations. In addition, how income is budgeted is also different. They do not budget income in the same way. So there are exemptions, and exclusions, and disregards, but there are different exclusions and exemptions for the MAGI versus non-MAGI. So for MAGI population, income budgeting is based on the household's adjusted gross income when filing their federal tax return, and includes modifications, thus MAGI, modified adjusted gross income. Non-MAGI income budgeting is based on the SSI-related income budgeting rules. Okay? Okay. So what are those budgeting rules, very quickly? These are just common, common exemptions that do not get included when you're counting for net available income for Medicaid purposes for the disabled, aged, and blind who are non-MAGI. The first $20 of unearned income, the first $65 of earned income, if there's no unearned income, use $85; impairment-related work expenses, half of the remaining earned income, all work expenses for a person who is blind, monthly income that you set aside in a PASS account. So a PASS account, any income you put in does not count, and the resource itself does not count. Third-party health insurance premiums, including Medicare part B and D, interest on a burial fund, unless it's withdrawn, income tax refunds, EITC, value of SNAP benefits, WIC, HEAP, all of those are not countable as income when evaluating income eligibility for the non-MAGI disabled, aged, and blind. Okay, what about applying for Medicaid? Many of you may already know that here in New York State, SSI recipients do not need to make a separate application for Medicaid. It's automatic in New York state, you apply for Medicaid, you're -- I mean, you apply for SSI, you're accepted for SSI, the feds communicate with the state and you get your Medicaid. If you are a MAGI recipient, which includes those who are disabled, or blind, who don't have Medicare, as well as disabled, aged, and blind when they have children under the age of 19, you would apply under New York State of Health Marketplace, and the address is there in the slides. You can get assistance from navigators who are community-based organizations located throughout New York state, where individuals and families can go to get assistance to apply for Medicaid, actually as well as Child Health Plus, as well as the Essential Plan in New York state, as well as qualified health plans under the ACA. And there's the web address there for you as well. And then certified application counselors can assist as well. They are typically located in hospitals. So this is for your MAGI recipients. What about your non-MAGI? These are people with disabilities, who are blind, aged with Medicare, and they don't have children. They can apply at the local Medicaid offices, okay? They can also apply with facilitated enrollers. These facilitated enrollers are, again, located throughout New York state, community-based organizations that assist disabled, aged, and blind to apply for Medicaid, as well as the Medicare savings program, as well as the Medicare buy-in for people with disabilities. Okay, and they help not only with applications, but with renewals as well. And the addresses are located for you there. Okay, the next -- what I want to bring up next is what happens when you have a Medicaid beneficiary, right, who returns to work. And I just want to mention before I go into the program, the Medicaid buy-in for Working People with Disabilities, just want to mention a few points that you may be familiar with from previous webinars. If you are an SSI recipient and you begin to work, as long as you maintain one dollar in SSI benefits, your Medicaid continues. Okay? When an SSI beneficiary has earnings along with other income, that become high enough that their SSI cash benefits stops, Medicaid may continue despite losing their cash benefits. This is known as "1619B". And in order to qualify, their income, their gross income must fall before $45,812 for the year, okay? Now, if income exceeds this threshold or exceeds the SSI resource limits, the individual, as long as they continue to be certified disabled, is able to apply for the Medicaid buy-in. The next point I just want to point out for SSDI beneficiaries and earnings, when you have a MAGI SSDI beneficiary, remember their income budgeting will follow the MAGI budgeting methodology. So they're going to be looking at your adjusted gross income with a few modifications. And at the end of their certification period on the marketplace, if they have earnings, the individual would be able to apply for the MBI, the Medicaid buy-in for Working People with Disabilities, at a local Medicaid office. If they're a non-MAGI SSDI beneficiary, income budgeting will follow the SSI related earned income disregards, and if not eligible, the individual may be placed in the Medicaid spend down, or they may request the Medicaid buy-in for Working People with Disabilities. So let me talk now about the MBI program; just going to refer to it as "MBI" from this point on. First of all, MBI allows individuals with disabilities to maintain or apply for Medicaid benefits when they work or return to work, and their total income makes them ineligible for Medicaid. MBI offers the same Medicaid benefits that are covered through community-based Medicaid, and community-based long-term care benefits. So they really cover the whole Medicaid package, except it does not cover residential long-term institutional care. Lots of people ask whether or not MBI provides family coverage. Eligible singles and eligible couples, when both spouses have a disability and are working can be covered. However, if you have a spouse without a disability, and you have dependent children, they would not be able to be covered under the MBI program. They may be eligible for the New York State Essential Plan, Child Health Plus, Medicaid, MAGI Medicaid, or Medicaid with the spend-down, but they would not be able to get coverage through the MBI program. When an individual returns to work, they may have the opportunity to have employer health insurance, and if such, they must apply for such insurance, and Medicaid may cover the cost of the premium if it is cost-effective for Medicaid to do so. All right, let's talk a little bit about coverage groups for the MBI program. There are two coverage groups, basic coverage and Medicaid Improvement. Now, some of the eligibility criteria will differ, depending upon which coverage group the individual is in. New MBI recipients are automatically enrolled in the basic coverage group. That's what they should enter into, the MBI program. If an MBI recipient experiences improvement in their medical condition, and no longer meets Social Security's disability criteria, the recipient may be transferred to the medical improvement group; and I'll talk about that a little bit more later on, in a bit. Okay, who qualifies? First of all, you have to be between the ages of 16 through 64. Once you hit 65, you are no longer entitled to the MBI program. Okay, what is the disability criteria? So for the basic coverage group, you must be certified blind or disabled under Social Security disability/blind criteria. So that includes a former SSI or SSDI beneficiary, as long as they still are considered disabled, they meet the disability criteria under Social Security, or if they are currently in receipt of Social Security Disability Insurance. If an individual has not been certified as meeting the disability criteria by Social Security Administration, or a local or state disability review team, they should request a disability review by the New York State Medicaid Disability review team. And that would be done through the local Medicaid office. And they have to complete forms, and sign HIPAA releases in order for this disability review team to evaluate whether or not an individual meets the disability criteria. What is interesting about this, if they need the state disability review team to evaluate their disability, okay, they're not in receipt of SSDI, or they had not been an SSI or SSDI beneficiary, they have to go to the State Disability Review team. When determining disability for the MBI program, the State Disability Review team does not use substantial gainful activity factor in determining disability. And this is crucial, because if you have an individual who has not been certified disabled but is working, and is earning more than SGA, that factor will not go into their calculation when determining whether or not that individual meets the Social Security definition of disability. So an SGA, for those people who are not familiar, substantial gainful activity, is the amount of earnings at which SSI considered individuals able to engage in SGA, and is therefore not disabled, and thus not entitled to SSDI or SSI. So this is very important for those clients who you may be working with who don't have that disability certification and are now working. Okay, so let's look at a couple of case examples. Paula is a 33-year-old who started working 18 months ago earning $1200 per month. She stopped receiving SSDI benefits six months ago after she completed her trial work period, and the three-month grace period when she entered her extended period of eligibility. She's currently in her extended period of eligibility, and she does have Medicare. She meets the disability criteria for the MBI program. Just because you have Medicare does not disqualify you. You can have both Medicare and MBI at the same time. She meets the disability criteria, and that's the important factor. Kerry is a 26-year-old living with Social Security disability benefits of $1500, based on her father's record who passed away two years ago. She currently is in a trial work period, and she is earning $800 per month. Okay? Because she is in receipt of Social Security disability, she meets the disability criteria. Okay. Let's talk about disability criteria for the medical improvement group. First, you must have been a participant in the basic coverage group. So you can't go into MBI and say, "Well, I want to be in the medical improvement group." No, you had to have been in the basic coverage group, and during a continuing disability review that occurs periodically, the State Disability Review team does a CDR, and indicates that there has been medical improvement. But they still retain a severe medically-determinable impairment. So they no longer meet Social Security's definition of disability, but they still have a severe medically-determinable impairment. If that is the case, they will move from the basic coverage group into the medical improvement group. Okay, work activity. We're still looking at qualifying. For the basic coverage group, there's no minimum number of hours worked. There's no minimum wage requirement. However, there must be work activity in each month. That's the only requirement. They must be working at least one hour every month. With the Medical Improvement Group, that's different. If someone is put into the Medical Improvement Group, they must be employed at least 40 hours per month, and earn at least the federally required minimum wage, which is 7.25 per hour right now. So how do you prove that you're working? Here are some acceptable proofs of work, paystubs, paychecks, income tax returns, W-2s, record of bank deposits, a written statement from the employer stating the hours work and wages paid. If it's a self-employed individual, they may want to present tax returns, accounting statements, business re -- of hours worked, from whom, and income earned from each client. So those are just some acceptable forms of proof that they will need to provide when applying for the benefit. So let's look at a couple of case examples. Jane is a 60-year-old woman. She receives SSDI. She provides eight hours of childcare for her niece's children during the week, and earns $500 per month. She does not report her income to the IRS. Would she meet the eligibility criteria for a work activity under the basic group, and under the Medical Improvement Group? For the basic coverage group, yes. She doesn't have to have a minimum number of hours, nor does she have to earn, you know, the minimum federal wage. So she would meet the work activity requirement under the basic coverage group. For medical improvement, she would not, because she's not working a minimum of 40 hours a month to qualify. So Medicaid buy-in also has resource criteria. The resource limit for an individual was $20,000, and for an eligible couple, it's $30,000. Now, just like under Medicaid, certain types of resources are exempt, not counted when you're looking at and determining whether or not they pass the resource limit. So again, a home of any value, household goods, personal items, all of the same ones that you've seen when -- you saw when we looked at Medicaid-exempt resources. I want to add one additional one. If you're an MBI recipient and you have a retirement account, okay, it's not a countable resource. Okay, as long as you are not drawing down from that retirement account, it will not be considered a countable resource. And that's a boom for people that are on the MBI program and they want to save for retirement. There are also income limits for the MBI program. And they would use the SSI-related budgeting to determine the net available income. So when you look at these income guidelines, you see that these are net available income. You'll also notice it says for a single individual, they can have up to $1,518 net income per month, okay, and be eligible for the MBI. And there's no premium, so they wouldn't have to pay a monthly premium for this benefit. Then there -- for individuals between 150 up to 250 percent of the federal poverty level, which is $2,350 per month, they would be a premium requirement. However, ever since this program started in 2003, so that's 15 years ago, the premium has not been collected and there is no news that this will be collected. So right now regardless of which group you fall into, you can earn a net available income of 2,350 a month and there is no premium to have this benefit. So again, I keep on saying "net available income". That's not after taxes. They're going to look at your gross income, and they're going to look at the SSI related income budgeting, which we looked at before for the non-MAGI disabled, aged, and blind. So it's similar, first $20 of unearned income, first $65 of earned income, impairment-related work expenses. Half of the remaining are in income, all work expenses for a person who is blind, monthly income set aside in a PASS account, whether it's earned or unearned income that's set aside in the PASS account, third-party health insurance premiums, including the Part B and Part D, interest on burial funds, income tax returns, value of SNAP, WIC, HEAP. So these are the more common ones. There are definitely more than that, but these are the types of incomes that will not be counted when determining your net available income. So let's look at another case example. Jane is 35, attending college for her masters. She received 1,000 in monthly for SSDI benefits. She's in receipt of Medicare. She qualifies for Medicaid with a spend-down of $90. Her accountable resources are approximately 18. She calls you to find out if she's eligible for the buy-in. She's not eligible, because she's not working. If Jane started to work a part-time job earning 500, she would be eligible. So work is an important criteria when looking at the MBI. Where do you apply; again, at the local Medicaid office. Whether you're MAGI or non-MAGI disabled, aged, or blind, you apply for the MBI at the local Medicaid office in the facilitated enrollers that I spoke to you about before, you can also go to one of them to apply for the benefit. And if you want to look at the toolkit, there's a web address there for you on these slides. Just want to quickly mention -- I know I'm running out of time, we want to have a Q&A, there are grace periods. We know that people with disabilities may have periods of increased or decreased ability to work for medical or other reasons. So a grace period is a time during which an MBI participant is not working, but remains eligible. They may be granted multiple grace periods during a 12-month period. The sum of the grace periods may not exceed six months in a grace -- in a 12-month period. Okay? There are two types of grace period, a change in the medical condition, they're unable to work because of medical reasons and must provide some kind of medical verification from their provider, or a job loss. So through no fault of their own, they lose a job, right, so it's not because they quit, but they're laid off through no fault of their own; and they must be actively seeking employment. They have to provide a layoff notice to get this grace period, and if in receipt of unemployment insurance, they would be eligible. And in order to request a grace period, you request it through the local Medicaid office. I have an address there for you where they can download a grace period request form. They submit the request with , and then the Medicaid office will notify the individual of approval or not. The last two slides are just some resources for you. For the Medicaid program, as I mentioned before, the navigators, the facilitated enrollers, community health advocates can assist when the individuals may be having problems accessing their benefit or something is going wrong and they don't understand, you can contact that phone number. And then the Medicaid by-in for Working People with Disabilities, here are a number of websites that you can go to. Included on the very bottom is the Benefits Plus Learning Center. I'm the director of that, and I've given you my phone number, so if you have any questions or issues that come up, you can give me a call. And that's it.

>> Thank you so much, Diane. [Laughs]

>> You're welcome.

>> What a tremendous amount of information. Of course, we do have some questions that came in. Before we get to them, I just want to kind of let everybody out there on the webinar know that of course, you know, you can see from Diane's presentation how complicated all of this can be. And, youfolks heard things that they've heard us talk about in the past, like a PASS, a plan to achieve self support which can help somebody become more financially stable, things that Social Security looks at, such as the trial work period, and substantial gainful activity. So I just want to remind everybody out there that the counselors that you will be referring individuals to are being trained in all of this complicated [laughs] information so that individuals with disabilities will be able to go to the pilot financial counselors and get the assistance that they need, both in becoming more financially stable, and returning to work. So this information is really key, and I thank you for sharing it with us. And I'm going to ask a couple questions, then do a few more slides and then see if we've got time for more questions.

>> Okay.

>> So one of the first questions Diane, is, "How does the Medicaid office determine if it is cost-effective to pay for an employer-sponsored healthcare plan?"

>> Yes; good question. I think -- actually -- and I don't know the formula or the factors that go into that determination. There are a number of different factors, but they're going to be looking at the cost of the premium that the individual is responsible to pay, see what that cost is, evaluate it I guess at what their average cost is for, you know, Medicaid for each individual, and make determination whether or not it's, you know, cost-effective for them. So for many times, it will be. I know for example, Medicaid -- I mean, Medicare with the Medicare Savings Program, you know, the state wants to pay the premium for Part B because it's cost-effective for them to get an individual on Medicare, you know, A and B, as a matter of fact, right, because it's cost-effective because then the federal government will be paying for any medical costs through the Medicare program. So the state is always looking to say, "Hey, is it cost-effective if we can get them onto another health insurance program so that health insurance will be paying for the cost and not the state?" But the exact formula I cannot give you or not able to give you; or not able to give you.

>> Great, thanks. And one more question, and then we'll go back to our slides, "What criteria does the State Disability Review Team use to assess severity of disability if they're not looking at SGA?"

>> Yes; I've often -- I've actually wondered that as well. They use -- they just are not going to -- the -- one of the questions in the evaluation is not, "Are you engaging in SGA?" So that just is not a question that comes up. But they look at the same other factors that, you know, Social Security typically does. They'll go through the, you know, formula that they use, the steps that they use. But they just do not consider SGA in that evaluation.

>> Okay, good to know. Thank you very much, Diane.

>> Yes.

>> So I want to go through a few more slides, and then see if we have time for any other questions. So for everybody on the line, some action items, please keep joining us this month. As you can see from when we started these webinars in June, the information that we give you is really building upon each prior webinar. And hopefully we're building up your knowledge to a level that really allows you to understand how individuals can go to work and, you know, maintain medical benefits, and increase their finances. It just takes some planning and preparation, and a good amount of knowledge from some professionals. So remember that this pilot will be providing free and confidential financial counseling services, so please get ready to refer your customers to the all-new financial counseling pilots, and we will be letting you know soon when our reveal date is for that. Please let us know if you would like to join our referral network, and if you would like to do that, you can contact Wanda Lopez. And her information is there for you to contact her. And you heard from Wanda earlier. If you have any questions, Diane was very, very nice enough to give you her phone number in the PowerPoint, so you can always contact Diane. You can contact myself, Nancy Boutot. You can also contact Wanda Lopez, Crystal Rivera, and Abby Mayerhoff as well. So we are all here to help you through this process. In terms of Diane's information, I know it's not up on the screen right now, I just want to remind everyone that in roughly two weeks, the webinar will be up on the webpage that Shajira had mentioned earlier, and you will be able to get access to the webinar, the audio recording of the webinar, as well as a transcript. So we hope that you will be able to take some time and pass it on and re-watch if you'd like to hear any of the information a second time. And I think we have time for one more question. And Diane, that question was kind of related to exempt resources.

>> Yes.

>> And a person just wanted clarification, "Can you own a home and an automobile, and be able to have a job and --

>> Yes.

>> Qualify for Medicaid?" Could you just explain that? I think a lot of people don't realize that you can have those resources.

>> Right; right, so a home, as long as it is your primary residence is not countable. So I mean, if anyone owned a home typically that would obviously knock you out of the both buy-in and Medicaid for non-MAGI DAB. So they do not count a home. Also, if you have an automobile, and as long as you're using that automobile, it is a non-accountable resource, it's exempt. So you can have both that, you know, the personal items, all of the lists that we have none of that is countable. So and so that's why people can own a car, can own a home, can have a retirement account, and none of those resources value is -- would count.

>> Fantastic. That's great information. Thank you so much. I appreciate that.

>> Yes.

>> All right, we are going to move onto our final slide. I want to thank Diane again, and I would just like to talk to you about our next training, which will be on December 11, 2018. And we're going to be talking about "Tracking Disability Related Expenses". As you know, we're the second Tuesday of every

month, from 1:00 to 2:00. And you see our registration link up on your screen, so feel free to register now for that webinar. And as I ask every single month, and I promise we look at them and use your feedback, please take our survey. It really helps us to develop the training series, and to meet the needs of everybody on the webinar. So thank you, again, Diane, very much. Thank you to our team, Wanda, Abby, Francis, Shajira, and we look forward to seeing you all next month on our webinar. Thanks so much. Have a great day.

>> Thank you.