

# Camden County Senate Bill 40 Board

## Medicaid Spend-Down, Ticket-to-Work, and Other Medicaid Premium

### Assistance Program Guidelines

#### **Program Description**

The Camden County Senate Bill 40 Board (aka Camden County Developmental Disability Resources – “CCDDR”) may be able to assist in paying Medicaid spend-down, Ticket-to-Work program, and other Medicaid premiums. The program was developed in order to ensure critical support services are not interrupted due to a financial hardship. To be eligible, the individual for whom assistance is being requested (hereafter referred to as “the individual”) must be participating in a Medicaid Waiver program, and Medicaid-paid support services must be a critical component to achieving successful outcomes established in the person’s Individual Support Plan (ISP). There is a limited amount of available funds; therefore, participation in the program may be restricted or limited due to budgetary constraints, and the overall amount of funds available could change at any time. Any individual’s or all individuals’ participation may be terminated if CCDDR’s available funding is reduced.

#### **How it Works**

An individual or individual’s guardian applies for assistance. CCDDR staff will determine eligibility by reviewing the individual’s current ISP, support services (including support coordination), and verifying the hardship. Proof of household income will be needed to determine the financial hardship. CCDDR staff may request additional information related to the individual and/or the household in order to determine eligibility. If determined eligible to receive assistance and CCDDR funds are available, the client or guardian will sign an agreement with CCDDR. A copy of the monthly invoice received from MO Healthnet **MUST** then be submitted in a timely fashion to the client’s support coordinator to ensure payments can be processed. Payments are made directly to MO Healthnet. **CCDDR cannot process the payment without the monthly invoice.**

#### **Eligibility**

The following conditions must apply to individuals to become eligible and remain eligible for assistance:

- The individual must be determined to have a developmental disability as defined in RSMo 630.005 and be approved by the State of Missouri Department of Mental Health, Division of Developmental Disabilities, to receive Targeted Case Management services through the Camden County Senate Bill 40 Board or other contracted entity
- The individual must be a resident or in transition to becoming a resident of Camden County (if eligible and funds are available, residency must be established before any payments will be authorized)
- The individual must be participating in a Medicaid Waiver program
- Medicaid Waiver-paid support services must be established and utilized in the individual’s ISP budget
- The gross annual household income must be less than 100% of or the adjusted annual household income must be less than 200% of the most recently published Federal Poverty Level for the household size

#### **Household Income**

Household income is the total income for all household members. A household member is anyone residing in the home with the individual. An excluded household member is anyone residing in the home who is paying rent and/or other monetary payments/contributions to occupy space in the home; however, rent and/or other monetary payments/contributions are considered household income. An excluded household member cannot be a relative by blood, marriage, or previous marriage. A lease or other similar contract/agreement will be required for excluded household members. For ISL’s, Group Homes, or other related programs, only the individual needing assistance will be considered a household member.

Gross annual household income is the anticipated amount of individual or household income available from all sources collectively on an annual basis. Sources of income to be calculated include, but are not limited to, the following:

- Employment
- Government benefits (Unemployment, Social Security, Disability, etc.)
- Pensions and retirement account disbursements
- Annuity payments
- Alimony
- Income from or cash in accounts or assets, which are immediately accessible to the participant, participant family/household, or guardian (this does not include MO Able accounts, Special Needs Trusts, or other similar accounts/assets)
- Interest on checking, savings, money market and other similar accounts
- Cash contributions from family members or others for household or living expenses
- Lottery, raffle, gambling, or other proceeds/winnings in excess of \$600
- Stocks, bonds, other similar investments
- Cash value of additional property owned, less mortgage or other similar lien payments (does not include primary residence)
- Life insurance disbursements
- Other income, income from assets, or cash contributions to the household

Sources of income **NOT** included in the gross annual household income calculation are, but are not limited to:

- Child Support
- Food Stamps
- WIC
- TANF
- Donations from non-profit organizations
- Payments made to vendors, creditors, or providers on behalf of the participant or participant family/household (excluding reimbursable or reimbursed child care expenses)
- Income tax rebates or refunds
- MO ABLE accounts
- Special Needs Trusts
- Retirement account contributions by an employer (401K, IRA, etc.) and its current or anticipated cash value
- Other income from assets not immediately accessible by the participant, participant family/household member, or guardian (see above)

The gross annual household income from all sources less calculated adjustments utilized by CCDDR equals the annual adjusted household income. Needed documents for processing the application include, but are not limited to:

- Prior year income tax returns for each household member
- Pay stubs for the last three months (an employment verification may be substituted; however, all appropriate information **MUST** be received by CCDDR from the employer)
- Benefit award letters
- Proof of retirement, annuity, and/or other compensation amounts
- Proof of current asset income, current asset value, and/or other disposable income/asset information
- Proof of all other monetary disbursements and/or other income from assets not immediately accessible by the participant, participant family/household member, or guardian
- Proof of MO ABLE account, Special Needs Trust, or other similar instrument (not considered income – see above)

*CCDDR reserves the right to ask for **ANY** documentation related to eligibility determination. Failure or refusal to provide information shall disqualify the household from consideration and will be considered a voluntary withdrawal of the application for assistance or participation. Any changes in household income must be immediately reported to CCDDR. Failure to do so may result in disqualification from participation and will be considered a voluntary withdrawal from the program. **NOTE: Adult household members who refuse to seek employment whenever possible/practical, without legitimate reason, or voluntarily terminate employment for the purpose of maintaining eligibility or becoming eligible may be disqualified from consideration/participation and will be considered a voluntary withdrawal of the application for assistance or from participation in the program.***

## **Example #1**

A four-person household applies for CCDDR assistance. The household composition is mom, step-dad, a minor child (who is unemployed), and one adult with developmental disabilities who receives services from CCDDR and participates in the Partnership for Hope Waiver. Step-dad receives \$771 per month in SSI benefits and the adult with developmental disabilities receives \$1250 per month in SSA benefits. Mom does not work and does not anticipate obtaining employment in the near future due to the needs of the three other household members. The total gross annual household income is \$24,252 (\$9,252 in SSI benefits + \$15,000 in SSA benefits = \$24,252). The household has no other qualifiable income or assets. The household does qualify under the Gross Annual Income Rule; therefore, there is no reason to determine eligibility under the Annual Adjusted Income Rule:

Total Household Size	4
100% of FPL	\$25,750.00
200% of FPL	\$51,500.00
Gross Annual Household Income from Wages, SSA, SSI, SSDI, Pensions, etc.	\$24,252.00
Gross Annual Income from Assets	\$0.00
Cash Assets/Cash Value of Assets	\$0.00
Other Disposable Income/Assets	\$0.00
Gross Annual Income (GAI)	\$24,252.00
<b>Qualifies under GAI Less than 100% FPL?</b>	<b>YES</b>

## **Example #2**

A four-person household applies for CCDDR assistance. The household composition is mom, step-dad, a minor child (who is unemployed), and one adult with developmental disabilities who receives services from CCDDR and participates in the Partnership for Hope Waiver. Mom and step-dad earn \$10 per hour at their job and work 40 hours per week. The adult with developmental disabilities receives \$1,250 per month in SSA benefits. The total gross annual household income is \$56,600 (\$41,600 in wages + \$15,000 in SSA benefits = \$56,600). The household has no other qualifiable income or assets. The household does not qualify under the Gross Annual Income Rule but does qualify under the Annual Adjusted Income Rule:

Total Household Size	4
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100% of FPL	\$25,750.00
200% of FPL	\$51,500.00

Gross Annual Household Income from Wages, SSA, SSI, SSDI, Pensions, etc.	<b>\$56,600.00</b>
Gross Annual Income from Assets	<b>\$0.00</b>
Cash Assets/Cash Value of Assets	\$0.00
Other Disposable Income/Assets	\$0.00
Gross Annual Income (GAI)	<b>\$56,600.00</b>
<b>Qualifies under GAI Less than 100% FPL?</b>	<b>NO</b>

Adjusted Income/Income from Assets	<b>\$46,191.00</b>
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Cash Assets/Cash Value of Assets	\$0.00
Other Disposable Income/Assets	\$0.00
Total	<b>\$0.00</b>

<b>Total Adjusted Annual Income (AAI)</b>	<b>\$46,191.00</b>
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<b>Qualifies Under AAI Less than 200% FPL</b>	<b>YES</b>
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## **Example #3**

A four-person household applies for CCDDR assistance. The household composition is mom, step-dad, a minor child (who is unemployed), and one adult individual who receives services from CCDDR and participates in the Partnership for Hope Waiver. Mom and step-dad earn \$10 per hour at their job and work 40 hours per week. The adult with developmental disabilities receives \$1,250 per month in SSA benefits. The household also has a Certificate of Deposit in the amount of \$10,000, which draws 2% annual interest. The total gross annual household income is \$66,800 (\$41,600 in wages + \$15,000 in SSA benefits + \$200 in interest + \$10,000 in cash asset value = \$66,800). The household does not qualify under the Gross Annual Income Rule and does not qualify under the Annual Adjusted Income Rule:

Total Household Size	4
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100% of FPL	\$25,750.00
200% of FPL	\$51,500.00

Gross Annual Household Income from Wages, SSA, SSI, SSDI, Pensions, etc.	\$56,600.00
Gross Annual Income from Assets	\$200.00
Cash Assets/Cash Value of Assets	\$10,000.00
Other Disposable Income/Assets	\$0.00
Gross Annual Income (GAI)	<b>\$66,800.00</b>
<b>Qualifies under GAI Less than 100% FPL?</b>	<b>NO</b>

Adjusted Income/Income from Assets	<b>\$46,341.00</b>
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Cash Assets/Cash Value of Assets	\$10,000.00
Other Disposable Income/Assets	\$0.00
Total	<b>\$10,000.00</b>

<b>Total Adjusted Annual Income (AAI)</b>	<b>\$56,341.00</b>
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<b>Qualifies Under AAI Less than 200% FPL</b>	<b>NO</b>
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I/We have read, understand, and agree to follow the Medicaid Spenddown, Ticket-to-Work, and Other Medicaid Premium Assistance Program Guidelines. I/we understand any falsified information, undisclosed information, or violation of the Guidelines may result in disqualification from or of program participation, and/or repayment by the household for assistance payments made on behalf of the household/individual.

I/we understand if our application is approved and assistance is paid on behalf of the individual(s), any falsified or undisclosed information may result in disqualification from program participation, repayment by the household for applicable assistance payments made on behalf of the individual(s), and/or civil/criminal action being filed. I/We also agree I/we must participate in an annual Medicaid Spenddown, Ticket-to-Work, and Other Medicaid Premium Assistance Program education session in order to continue to be eligible for participation in the Medicaid Spenddown, Ticket-to-Work, and Other Medicaid Premium Assistance Program, and I/We also agree I/we may need to disclose/acknowledge our participation in the Medicaid Spenddown, Ticket-to-Work, and Other Medicaid Premium Assistance Program for various other reporting purposes.

**(All household members 18 years-of-age or older and/or guardian(s) must sign)**

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Household Member Signature

Date

Household Member Signature

Date

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Household Member Signature

Date

Household Member Signature

Date

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Household Member Signature

Date

Household Member Signature

Date

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Guardian/Power of Attorney Signature

Date

Guardian/Power of Attorney Signature

Date