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

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

Rev. 6/14

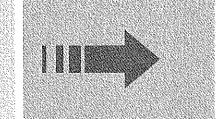




Medicaid Buy-In for Workers with Disabilities (MBIWD) allows individuals with disabilities to earn money from a job (income) and to keep their Medicaid health care coverage.

Am I eligible for MBIWD?

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

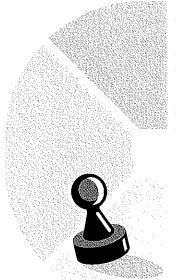


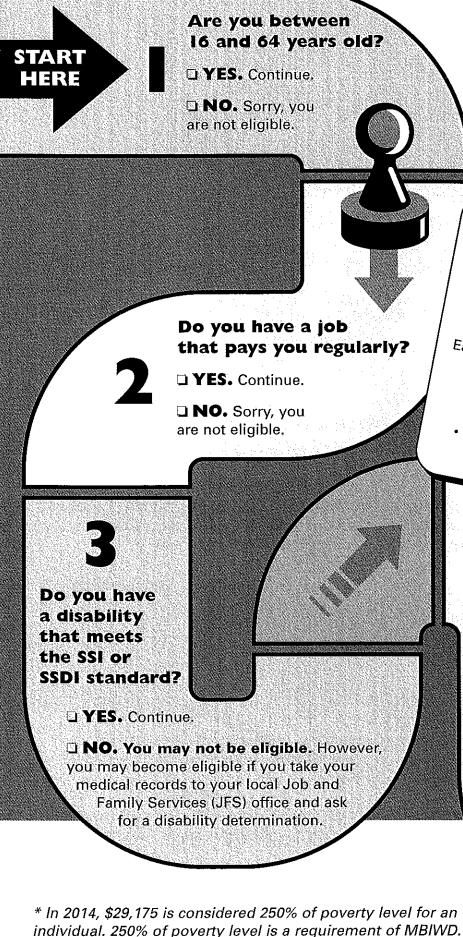
NOTE: Poverty levels change each year. Numbers listed in this document are for 2014. For future years, get updated numbers at http://aspe.hhs.gov/poverty.

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

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

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

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.

To figure your resources:

DO NOT COUNT things like House you live in

. Term life insurance

DO COUNT items like

Savings accounts

Irrevocable burial account

Certificates of deposit

, Anything you own that could be converted to cash

. One car

. PASS Plan

Do you have more than \$11,281

☐ 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

You are eligible for MBIWD.

possible deductions to your resources.

See back page to learn how to apply.

□ NO.

in resources? (See box below.)

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	<u>-</u>		
Multiply by 10%		х	.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 poorle	1500/ of	
No. of people	150% of	
in house	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.		
	hange each year.	