DEPARTMENT POLICY

MA Only

This is an SSI-related Group 1 MA category.

FTW is available to a client with disabilities age 16 through 64 who has earned income.

Eligibility begins the first day of the calendar month in which all eligibility criteria are met. All eligibility factors must be met in the calendar month being tested.

Note: SSI recipients whose SSI eligibility has ended due to financial factors are among those who should be considered for this program.

NON-FINANCIAL ELIGIBILITY FACTORS

1. The client must be disabled according to the disability standards of the Social Security Administration, except employment, earnings, and substantial gainful activity (SGA) cannot be considered in the disability determination.

   Note: FTW clients requiring a disability determination from Disability Determination Service (DDS) must be clearly indicated on the medical packet by checking the other Program box and writing “Freedom to Work” or “FTW” in the blank on the DHS-49A Medical Social Eligibility Certification form.

2. The client must be employed. FTW coverage is retained when a participant is relocated due to employment.

   Note: A client may have temporary breaks in employment up to 24 months if the break is the result of an involuntary layoff or is determined to be medically necessary and retain FTW eligibility. Use client statements to verify.

3. The MA eligibility factors in the following items must be met:

   - BEM 220, Residence.
   - BEM 221, Identity.
   - BEM 223, Social Security Numbers.
   - BEM 225, Citizenship/Alien Status.

- BEM 257, Third Party Resource Liability.
- BEM 265, Institutional Status.
- BEM 270, Pursuit of Benefits.

FINANCIAL ELIGIBILITY FACTORS

Groups

A client eligible under the FTW category is a fiscal and asset group of one.

Assets

Initial Eligibility

The asset limit for the initial eligibility determination is set to the Medicare Savings Program asset limit for an individual in that calendar year.

Ongoing Eligibility

Once eligibility for FTW is established, countable assets cannot exceed the asset limit for FTW in BEM 400.

Accumulated assets that are excluded (not countable) while the participant is enrolled in the FTW program will continue to be excluded if the beneficiary loses eligibility for the FTW program and has a determination of eligibility in another SSI-related Medicaid category.

Example: Additions made to a 401(k) account while the participant is working and in the FTW program are excluded from the ongoing FTW asset test and from the eligibility determination for any SSI related MA category such as AD Care, if eligibility for the FTW program is lost.

See BEM 400 for jointly owned assets.

Divestment

Do not apply policy in BEM 405.

Income Eligibility

Initial and Ongoing Eligibility

Initial income eligibility exists when the client's countable income does not exceed 250 percent of the Federal Poverty Level (FPL). Ongoing eligibility exists when the client's unearned income does not exceed 250 percent of the FPL

Determine countable earned and unearned income according to SSI-related MA policies in BEM 500, 501, 502, 503, 504, and 530. Determine income deductions using BEM 540 (for children) or 541 (for adults). Unemployment compensation benefits are not countable income for FTW.

PREMIUM PAYMENT

There are no premiums for individuals with MAGI (Modified Adjusted Gross Income) less than 138 percent of the federal poverty level (FPL).

A premium of 2.5 percent of income will be charged for an individual with MAGI income between 138 percent of the FPL and $75,000 annually.

A premium of 100 percent of the average FTW participant cost will be assessed for an enrolled individual with MAGI income over $75,000.

Bridges will automatically notify the premium coordinator when premiums for a FTW participant start/change/end. The premium coordinator has final determination over actual premium begin or amount change dates, as well as premium exclusions.

Nonpayment of premium is automatically sent to Bridges and mass update will close the Freedom to Work category.

Note: An ex parte review (see glossary) is required before Medicaid closures when there is an actual or anticipated change, unless the change would result in closure due to ineligibility for all Medicaid. When possible, an ex parte review should begin at least 90 days before the anticipated change is expected to result in case closure. The review includes consideration of all MA categories; see BAM 115 and 220.

MEDICARE SAVINGS PROGRAM (MSP)

MSP and FTW have different group composition, income and asset limits. A separate determination must be done when there is a spouse.

Reminder: A client eligible for MA under FTW is not eligible for ALMB.

LEGAL BASE

MA

Title XIX of the Social Security Act
Public Act 32 of 2003
Public Act 518 of 2014