

THE MEDICAID BUY-IN PROGRAM: 2010 POLICY UPDATE

Many Medicaid Buy-In program directors have found it useful to know about Buy-In programs in other states. To facilitate this sharing, and as part of our work for the Centers for Medicare and Medicaid (CMS), we are compiling up-to-date information on Medicaid Buy-In policies and procedures. Specifically, we would like to learn about changes in your state's Medicaid Buy-In program that occurred during 2010. This information is used to track Buy-In policy changes over time and has contributed to many of Mathematica's reports, including the annual Government Performance and Results Act (GPRA) report for CMS and Congress.

This questionnaire has 4 parts; please make sure to address each of them.

1. Major outcomes of State Medicaid Infrastructure Grant Activities
2. Changes Affecting Buy-In and Buy-In Outcomes (2010)
3. Enrollment Trends (2010)
4. 2010 Buy-In Program Characteristics Table

Please type your responses into this document using track changes or a different color font. Or you can print it out, complete it, and mail it back to me (Sarah Prenovitz). Feel free to contact me at the number below if you have any questions about sections 2-4 of the questionnaire.

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Please contact Annette Shea at Annette.Shea@cms.hhs.gov or (410)786-7979 with any questions about the first section on the MIG program.

For administrative purposes, we need to know how long it takes you to complete this report. This information is required to gain approval to administer the report to additional MIGs. To learn this, we need you to enter the start time and end time for completing the form if you need to stop before completing the form, please note your time so we can get an accurate time.

After receiving your response we will contact you via email to find out if any questions were confusing or hard to answer. We appreciate any feedback you can give us.

PLEASE ENTER YOUR START TIME: |_|_|:|_|_|

1. MAJOR OUTCOMES OF STATE MEDICAID INFRASTRUCTURE GRANT ACTIVITIES

In one page or less, describe 3-5 major outcomes of your State's Medicaid Infrastructure Grant. These examples should include policy, programmatic and/or systemic structural changes which occurred as a direct result of MIG activities. These examples should include outcomes which occurred throughout the course of the grant term and not emphasize only 2010 or any specific year. (Contact Annette Shea with questions on this section).

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

2. CHANGES IN 2010 AFFECTING BUY-IN OUTCOMES

A. Specific Changes to the Buy-In program: Please complete the following table.

In 2010, did your Buy-In program change its...	N o	Ye s	If Yes:		
			What was the change?	Why was the change made?	Is it likely to affect enrollment or has it already affected enrollment? If so, how?
Income eligibility criteria (minimum, maximum, or both)? For example: <ul style="list-style-type: none"> • Spousal income allowances • Unearned income 					
Resource/asset limit (including allowances for spousal resources)?					
Cost-sharing/premium payment policy?					
Income or employment verification requirements?					
Requirement for number of hours worked?					
Other change: please describe					

B. General Changes in Medicaid: Were there any changes in your state's overall Medicaid program (including waivers and/or State Plan services) during 2010 that might have affected your Buy-In program?

- No
- Yes (Please describe)

C. Changes Due to Declining Economic Conditions: Did the economic downturn affect your state's Buy-In program during 2010? Please check all relevant boxes. A brief explanation of your answer would be helpful.

- The economic downturn meant we had to change our operations and/or policies to limit enrollment in the Buy-In program.
- Directly or indirectly, the economic downturn contributed to increased Buy-In enrollment. (For example, some workers with disabilities may have lost full-time jobs and became eligible for the Buy-In.)
- Directly or indirectly, the economic downturn contributed to decreased Buy-In enrollment. (For example, some part-time workers with disabilities may have lost their jobs, thereby becoming ineligible for the Buy-In because they were no longer working.)

D. Changes due to Health Care Reform: The issue of Health Care Reform remained a focus of media attention in 2010. Did the passage of the PPACA and the anticipation of major changes to health care have any effect on your Buy-In program policies or procedures? Please describe below, focusing on changes in 2010.

E. Plans for MBI in the future: Does your MIG have plan to transition what have been MIG responsibilities to other groups as MIG funding comes to an end?

If there is a particular individual or group within your state that will be responsible for the MBI in the future, please provide their contact information here.

3. ENROLLMENT TRENDS (2010)

Table 1 on page 8, provides information on Buy-In program enrollment in 2009 and 2010, based on the 2010 finder files that each state submitted in spring 2011. The table also shows a percent change in enrollment for participants ever enrolled in your Buy-In program between 2009 and 2010. Please indicate the reasons for the changes observed on the table for your buy-in enrollment.

Enrollment in my state Buy-In program was affected by...
Check all that apply

- New eligibility requirements which (increased, decreased) enrollment. Please explain.
(Circle one)

- A different outreach method or effort which (increased, decreased) enrollment. Please explain.
(Circle one)

- A change in the way information spreads via word of mouth which (increased, decreased) enrollment. Please explain.
(Circle one)

- Another change (Please explain)

- Target population for the Buy-In has already been effectively reached (Please explain)

- Lack of available employment opportunities for people with disabilities (Please explain)

TABLE 1: EVER ENROLLED PARTICIPANTS IN THE MEDICAID BUY-IN, 2009-2010

State	Number Ever Enrolled in the Buy-In During 2009	Number Ever Enrolled in the Buy-In During 2010	Percent Change 2009-2010
Alaska	382	396	3.7
Arizona	1,368	1,727	26.2
Arkansas	200	199	-0.5
California	6,374	7,309	14.7
Connecticut	6,512	6,461	-0.8
Georgia	1	2	100.0
Idaho	862	1,252	45.2
Illinois	822	889	8.2
Indiana	7,325	7,082	-3.3
Iowa	16,098	16,696	3.7
Kansas	1,423	1,514	6.4
Louisiana	2,316	2,838	22.5
Maine	1,369	1,363	-0.4
Maryland	662	779	17.7
Massachusetts	18,954	19,705	4.0
Michigan	4,996	8,045	61.0
Minnesota	9,156	9,320	1.8
Montana	0	255	NA
Nebraska	160	143	-10.6
Nevada	21	16	-23.8
New Hampshire	2,570	2,520	-1.9
New Jersey	4,417	5,460	23.6
New Mexico	2,491	2,713	8.9
New York	9,656	10,629	10.1
North Carolina	1,356	1,876	38.3
North Dakota	665	639	-3.9
Ohio	5,721	7,637	33.5
Oregon	1,504	1,634	8.6
Pennsylvania	23,289	29,154	25.2
Rhode Island	26	17	-34.6
South Dakota	207	300	44.9
Texas	175	269	53.7
Utah	1,147	1,061	-7.5
Vermont	960	959	-0.1
Virginia	32	33	3.1
Washington	2,005	2,118	5.6
West Virginia	1,552	2,095	35.0
Wisconsin	18,819	21,603	14.8
Wyoming	211	241	14.2
National Total	155,735	176,884	13.6

Source: Medicaid Buy-In finder files 2010.

Note: This table includes enrollment numbers for those states that had a MIG and a Buy-In during 2010.

4. 2010 BUY-IN PROGRAM CHARACTERISTICS

Table 2 provides information on the characteristics of each state's Buy-In program as well as the eligibility thresholds for other Medicaid eligibility groups (e.g., the Medically Needy or Spend Down programs and whether the state provides Medicaid eligibility up to the poverty level). **This table currently shows information for 2009 for all states that had a MIG and a Buy-In program in 2010 (based on state input and the CMS MIG reporting website). If changes are needed for calendar year 2010, please provide the updated information directly in the table itself using track changes or a different color font.** If the data you provide only apply to part of the 2010 calendar year, please indicate the months to which the data apply. An explanation of the categories used in Table 2 is at the end of the table.

If your state has a new MIG or a newly implemented Buy-In program, or has never been included in this characteristics table, the data in the table are taken from the CMS MIG reporting Website for 2010 and state program websites. Please review each cell and confirm this information is accurate or fill in any missing details. Thanks!

- No changes. The information in the table for my state is complete and accurate.
- Yes, there were changes. Please see the listing for my state in the following table.

**PLEASE ENTER YOUR
END TIME HERE |__|__:|__|__|**

TOTAL TIME TO COMPLETE THE FORM |__|__:|__|__| *minutes*

TABLE 2
 SELECTED CHARACTERISTICS OF STATE BUY-IN AND MEDICAID PROGRAMS (PLEASE PROVIDE INFO AS OF DECEMBER 2010)

	Illinois	Maryland	Minnesota
Implementation date	January 2002	April 2006	July 1999
Federal authority	Ticket Act Basic	Ticket Act Basic	BBA (prior to Oct 2000), Ticket Act Basic (as of Oct 2000)
Income eligibility	Up to 200% FPL (includes spousal income) – increased to 350% in 2/09.	Up to 300% FPL (includes spousal income)	No upper income limit. Must have monthly wages or self-employment earnings of more than \$65. (Excludes spousal income)
Individual asset limit	\$10,000 (includes spousal resources) – increased to \$25,000 and exempts retirement and medical savings accounts.	\$10,000 (includes spousal resources)	\$20,000 (excludes spousal resources)
Medically needy income limit (monthly)	\$283	\$350	\$867 January – June \$903 July - December (People with income over 100% FPG must spenddown to 75% FPG.)
Income standard for poverty-level Medicaid (monthly)	\$903	116% FPL for adults with dependent children aged 20 or younger who live with them	\$867 January – June \$903 July-December
SSI Benefit (combined federal and state) (monthly)	Individually budgeted	\$674	\$735
1619(b) income threshold (monthly)	\$2,390	\$3,126	\$4,103
Premium threshold	Earned income or unearned income exceeds \$250.	100% FPL	All enrollees must pay a minimum premium of \$35.
Premium structure	Premium payment categories are calculated based on the sum of 7.5% of unearned and 2.5% of earned income.	Countable income to 100% FPL = \$0 premium; over 100% FPL up to 200% FPL = \$25/month premium; over 200% FPL up to 250% FPL = \$40/month premium; over 250% up to 300% FPL=\$55/month	Premiums based on a minimum of \$35 or a sliding fee scale based on income and household size. The premium gradually increases to 7.5% of income at or above 300% of FPL. Must also pay 0.5 percent of unearned income. No maximum premium amount.
Income verification requirements	Employment must be verified by pay stubs and employer documents that income is subject to income taxes and FICA.	Employment must be verified by pay stubs or tax forms, with some exceptions for new self-employment in which business owner has not yet had opportunity to file taxes	Earned monthly income above \$65. Required to demonstrate that FICA taxes are being paid.
Work stoppage protection	Up to 90 days if premiums are paid and a letter from a physician is submitted stating that the enrollee is unable to work due to health problems. Up to 30 days for any other reason.	None	Up to 4 months if no earned income due to medical condition or involuntary job loss.

	Nebraska	New York	Oregon	Wyoming
Implementation date	July 1999	July 2003	February 1999	July 2002
Federal authority	BBA	BBA	BBA	Ticket Act Basic
Income eligibility	Two-part income test: (1) sum of spouse's earned income and applicant's unearned income must be less than SSI standard (\$623 for individual and \$934 for a couple in 2007) ^c ; (2) countable income up to 250% FPL (includes spousal income)	Up to 250% FPL	Up to 250% FPL on adjusted earned income (excludes spousal income)	\$2,022 (applicant gross countable income only)
Individual asset limit	\$4,000 for individual and \$6,000 for a couple	\$13,800 for individual, \$20,100 for couple	\$5000 (excludes spousal resources)	None
Medically needy income limit (monthly)	\$851 for individual and \$1,141 for a couple		N/A	N/A
Income standard for poverty-level Medicaid (monthly)	\$387			N/A
SSI Benefit (combined federal and state) (monthly)	\$623 or \$934		\$638.70 (includes a \$1.70 state supplement) ^a	\$674
1619(b) income threshold (monthly)	\$2,329.50		\$2,469.83	N/A
Premium threshold	200% FPL		\$651.00	All participants pay a premium
Premium structure	Sliding scale based on income ranging from 2% of income if income is from 200% to 210% of FPL to 10% of income if income is from 240% to 250% of FPL.		Premium based on sliding scale.	Premiums are 7.5 % of gross monthly income, less a \$50 deduction from the unearned income.
Income verification requirements	Must have earned income based on pay stubs, employer forms, or tax returns. Not required to demonstrate that income and FICA taxes are being paid.		Required to demonstrate FICA or SECA taxes are being paid. Participants who are self-employed but have not yet filed or paid SECA payments can be asked to produce clear and convincing evidence of self-employment in order to be considered eligible.	Must be employed. No requirement to earn a certain amount of income or work a minimum number of hours each month. Verification of employment must be obtained.
Work stoppage protection			Participants remains "engaged in employment while not working if the employer treats the client as an employee, such as when the client is absent from the job under the provisions of the Family Medical Leave Act.	No.

^cIn Nebraska, the applicant's unearned income is disregarded if he or she is in an SSDI trial work period.

DEFINITIONS OF TERMS IN TABLE 2

Category	Description
Income eligibility	This information describes how much income a program participant is allowed to have in each state. Income eligibility is presented as a percentage of the federal poverty line (FPL). The table also indicates whether the state counts spousal income when determining Medicaid Buy-In eligibility.
Resource limit	This is the maximum level of resources that a participant can accumulate and remain eligible for the Buy-In program.
Medically needy income limit	This is the maximum amount of income a person may have to be eligible for the medically needy or spend down program; one means for persons with disabilities to obtain Medicaid coverage. If a person's income is above this limit, he or she must spend down until his or her income is below it to become eligible for Medicaid through the medically needy program.
	We present the monthly limit for an unmarried person with disabilities
Income standard for other categorical Medicaid	This is the income threshold below which an individual with disabilities is categorically eligible for Medicaid.
	We present the monthly income threshold for an unmarried person with disabilities to qualify for categorical Medicaid eligibility (for example, the poverty-level option).
SSI benefit (combined state and federal)	SSI benefit (combined state and federal) is the total amount of cash benefits that an SSI recipient receives from the federal and state governments.
	The monthly combined federal and state SSI benefit is for an unmarried person with disabilities.
Premium threshold	This is the income level above which Buy-In participants are required to pay a premium.
Premium structure	This determines who pays a premium, how much each participant pays, and how premiums are graded across different income brackets.
Income verification requirements	This describes the procedures for verifying participants' income.
Work stoppage protection	These provisions allow a person with disabilities to remain enrolled in the Buy-In program without earnings
