

Qualifying for Medicaid for Employees With Disabilities (MED-Connect)

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Issue

Explain the eligibility criteria that an individual with a disability must meet to qualify for the MED-Connect program.

Summary

<u>Medicaid for Employees with Disabilities (MED-Connect)</u> provides full Medicaid coverage to employed individuals who have a medically-certified disability or blindness and are working for taxable wages. (Self-employed individuals must pay self-employment taxes to the Internal Revenue Service in order to qualify.) Depending on income, some recipients may pay a monthly premium for this coverage.

Eligibility Criteria

An individual meets the MED-Connect disability rules if her or she receives: (1) disability benefits from <u>Social Security Disability Insurance</u> (SSDI) or <u>Supplemental Security Income</u> (SSI) or (2) Medicaid benefits based on his or her blindness or disability. A working individual who does not receive these benefits may still qualify for the program by completing a disability review with the Department of Social Services (DSS).

If the recipient's health improves, he or she can still qualify under the Medically Improved Group. This group has the same income, asset, and premium rules as Basic MED-Connect, but recipients

Connecticut General Assembly Office of Legislative Research Stephanie A. D'Ambrose, Director must be earning a minimum of 40 times the federal minimum hourly wage per month (for 2020, \$290/month).

Recipients who stop working due to a health problem or job loss without fault can continue to receive MED-Connect for up to one year, provided they plan to return to work when their health improves or are actively looking for another job.

Individuals who earn over the monthly Social Security Administration's Substantial Gainful Activity level (for 2020, \$1,260, or \$2,110 if the individual has blindness) may lose their disability status and SSDI benefit but would not lose MED-Connect benefits until their annual countable income exceeds \$75,000 (or \$6,250/month) or until their countable assets (e.g., checking or savings account) exceed program limits (for 2020, \$10,000 for an individual and \$15,000 for a couple).

Under the program, the following assets are excluded from the asset limit: (1) a primary residence; (2) a car used to commute to work or medical appointments; (3) savings in approved retirement accounts; and (4) funds set aside in a DSS-approved account for special employment expenses.

Premiums

Individuals or married couples with countable income (e.g., SSDI, wages, pensions and veterans' benefits) below 200% of their respective Federal Poverty Level (FPL) (for 2020, \$2,127/month for individual and \$2,873/month for couples) do not pay a monthly premium for coverage. Individuals with income above these amounts are charged a monthly premium equal to 10% of their income above the limit.

There is an exception, however, for individuals whose net family income is between 250% and 450% of the FPL (for 2020, between \$2,658/month and \$4,785/month). These individuals pay a maximum of 7.5% of their net family income. A premium credit is given for any other medical insurance premiums paid by the individual, which lowers their MED-Connect premium amount. Failure to pay required premiums results in a loss of coverage under MED-Connect. Any unpaid premium balance must be paid to restore coverage.

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