

MAWD/HCBS Webinar FAQ

(Conducted T, 3/21/17 and Th, 3/23/17)

1) Q: With regard to the \$10,000 resource limit for MAWD, is a person's ABLE account counted toward that \$10,000 limit?

A: ABLE account balances for MA, including MAWD, are not counted toward MA eligibility. So a MAWD recipient could have any amount in their ABLE account and the value would not be counted as a resource for MA eligibility. ABLE account balances up to \$100,000 are excluded for SSI. Balances in excess of \$100,000 are counted toward the SSI recipient's resource limit. If an SSI recipient should own an ABLE account with a value exceeding \$100,000 and that excess amount when added to other countable resources exceeds the SSI resource limit, the SSI payment is suspended but the individual will continue to receive MA benefits. Since the annual contribution into an ABLE account is capped at \$14,000 we don't expect anyone to have ABLE account balances exceeding \$100,000 for approximately 7 years.

2) Q: The \$7390 you mentioned . . . is that the income limit?

A: No, the \$7390 is the resource limit for 1 person to be eligible for the Medicare Buy-in.

3) Q: Are the MAWD recipient's wages reported to the IRS?

A: No. DHS does not report any income to the IRS. It is the responsibility of the individual to include the income when filing their income tax return.

4) Q: What is the individual income limit for MAWD?

A: The income limit for MAWD is \$2513 for 1 person and \$3384 for 2 persons.

5) Q: Please explain what estate recovery means.

A: Pennsylvania's MA Estate Recovery Program became effective on August 15, 1994. The program was generated by the passage of Federal Public Law 103-66, which directs states to recover certain MA LTC costs by submitting a claim against the probate estates of specific MA LTC recipients who have died. These individuals are defined as those who:

- Received MA for LTC services (including hospital and prescription drug services), cost-sharing and premium payments for QMB'S, and/or Home and Community-Based Services (HCBS) (including hospital and prescription drug services).

- Received MA LTC on or after August 15, 1994.
- Were 55 years of age or older at the time that MA LTC was received.

6) Q: Am I correct that the income limit for MAWD and Waiver applicants is between \$2205 (FBR) and \$2513 (FPIG)? Statewide, how many current waiver participants are enrolled in MAWD?

A: Yes, the income limits cited here are the 2017 limits. However, the MAWD and HCBS combination is available to individuals whose income is above the 300% FBR but below the 250% FPIG. Currently, there are 174 HCBS recipients open in a MAWD category.

7) Q: Will the power point and handouts be made available through the apprise coordinators? We did not get this prior to today's presentation.

A: Keep a watch out. The MAWD Webinar and FAQ's will be posted in the near future on the OLTL Training website under Employment. Here is the link:
<http://www.dhs.pa.gov/provider/training/index.htm>

8) Q: Just to confirm, the 5% MAWD premium is based on the individual's net income and not the gross income, correct?

A: Yes. The 5% premium is calculated from the individual's net income after all allowable deductions.

9) Q: Where can I get more information about the ABLE account?

A: PA Treasury Department at www.patreasury.gov

10) Q: If Waiver and MAWD provide the same benefits package, how would someone enrolled in waiver benefit from MAWD?

A: A waiver recipient might need more income but cannot pursue additional income because they are afraid to lose their waiver benefits. MAWD would give the individual the opportunity to increase his/her income and/or resources and still receive the waiver services without any interruption.

11) Q: Is it possible to get a chart with the different amounts of income?

A: **2017 MA limits for MAWD and HCBS Waiver Programs**

250% of the FPIG: Income & Resource limit for MAWD (PW or PI)			
Family Size	Monthly Limits		Resource Limit
	2017	2016	
1	\$2,513.00	\$2,475.00	MAWD Resource limit = \$10,000 regardless of family size
2	\$3,384.00	\$3,338.00	
300% of the FBR: Income & Resource limits for Waiver Programs			
1	\$2205	\$2199	One person = \$2000 plus \$6000 disregard.

If the applicant/recipient of MAWD or HCBS is also eligible for Medicare they can be eligible for the **BUY-IN** IF the individual meets the income and resource limits for BUY-IN as well as for their specific MA categories.

Description/Category	Federal Income Limits	Resource Limits	Program Status codes & Benefits
Qualified Medicare Beneficiaries (QMB)	Equal to or less than 100% of FPIG		
MAWD	1 person = \$1005 2 persons = \$1354	1 person = \$7390 2 persons = \$10,000	80- Buy-in of Part A & B; Coinsurance & Deductibles
HCBS/Waivers		1 person = \$7390 2 persons = \$11,090	
Specified Low Income Medicare Beneficiaries (SLMB)	More than 100% but less than 120% of FPIG		
MAWD	1 person = \$1005.01 - \$1205.99 2 persons = \$1354.01 - \$1623.99	1 person = \$7390 2 persons = \$10,000	66- Buy-in of Part B only
HCBS/Waivers		1 person = \$7390 2 persons = \$11,090	

- 12) Q: Can we get a copy of today's training materials sent to our emails?
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- 13) Q: Is a consumer limited/restricted by the waiver as to the job/duties they can perform?
A: No, they can perform any job/duties so long as they are physically able to perform and earn wages.
- 14) Q: Did I understand you to say that people can receive waiver services in the community "as long as the cost of waiver services does not exceed institutional care"?
A: HCBS Programs allow the Department to provide medical benefits to an individual who may not otherwise qualify for MA. HCBS Programs may also provide services which are not normally covered by MA. HCBS Programs are available to an individual as long as the estimated cost does not exceed the cost of institutional or inpatient care. The Department of Human Services (DHS) will make a payment towards the cost of Long-Term Care (LTC) services for an individual who is eligible for MA/LTC. An individual must be both medically and financially eligible to receive payment. (LTC Handbook 489.1)
- 15)Q: For MAWD, do adults have a fee-for-service ACCESS card? Or do they choose a Medicaid HMO (managed care) plan?
A: IF the individual is NOT eligible for Medicare, then he/she will have the ACCESS card and the Managed Care plan. However, if the individual is eligible for Medicare parts A, B, & D, then he/she is considered to be "dual eligible" and will receive MA through fee-for-service after Medicare is used as the primary insurance.