

Frequently Asked Questions

Q: If you live in Kansas and work in another state, can you enroll in *Working Healthy*?

A: Yes, residency is established based on where you live. You may work in another state as long as you live in Kansas.

Q: Can a consumer be enrolled in *Working Healthy* and be on a Home and Community Based Services (HCBS) Waiver?

A: No, a consumer must choose between *Working Healthy* or an HCBS Waiver.



Q: Can the *Working Healthy* program and/or Benefits Specialists help me find a job?

A: No, *Working Healthy* is a KanCare program. KanCare is Medicaid. Therefore, the services for *Working Healthy* are those of people already working and have Medicaid and cannot help individuals with job placement. Benefits Specialist can, however, direct you to programs that assist with finding jobs. For example, if you are looking for a job, consult Kansas Job Link or contact the One-Stop Workforce Development Center in your area.

Q: Is there a limit on the number of people who can enroll in *Working Healthy*?

A: No, *Working Healthy* does not have a limited enrollment, and therefore no waiting list.

Q: I know that I want to enroll in *Working Healthy*. Now what do I do?

A: You can contact the Benefits Specialist for your region, and request assistance in applying for the program. Or you may call the KanCare Clearinghouse at 1-800-792-4884 and request an application. The application form is called a KC-1500. If you want to have an improved understanding of how employment or increased income affects your present benefits, schedule a time to meet with a Benefits Specialist to develop a Benefits Plan.

You can also apply for *Working Healthy* on-line at Apply For KanCare.ks.gov

Q: Why should I enroll in *Working Healthy*?

A: There are a number of advantages for enrolling in *Working Healthy*. Consumers enrolled in *Working Healthy* are able to have higher income, savings accounts, and retirement accounts. You will also have a Medicaid card, allowing you to maintain health insurance that in some cases pays for health care services not typically covered by private health insurance. If you have a spend down, you may pay a monthly premium instead, which is typically lower than the spend down. This again allows you to keep more of

your income for other purposes.

Q: With the state's financial problems, will this program be discontinued in the future?

A: While there is no way to guarantee that any program will continue, *Working Healthy* has had strong support from both the Kansas Legislature and from Kansas Department of Health & Environment/Division of Health Care Finance. It is considered a valuable employment initiative that is consistent with the KanCare mission of promoting self-sufficiency.

Q: Does *Working Healthy* cover my spouse and/or children?

A: No, *Working Healthy* provides single-person coverage for an individual with a disability. *Working Healthy* is designed for adults with disabilities interested in working but who do not want to jeopardize their health care coverage. A spouse or child is covered only if they meet the *Working Healthy* eligibility criteria.

Q: I am not working right now, but would like to work. What can I do?

A: You can contact the Benefits Specialist in your area. Benefits Specialist don't help you find employment however they can assist you in contacting employment service programs such as Kansas Rehabilitation Services, Employment Networks, Work Force Centers, etc.

Q: Does an individual need to work 40 hours a month or more to participate in *Working Healthy*?

A: No. Consumers are eligible for the program if they are employed at or above the federal minimum wage, their countable earned income from competitive or self-employment exceeds the standard earned income disregard of \$65.00 and they can demonstrate that either FICA/SECA deductions are made from their wages. Consumers are encouraged to work as much as they are able to increase their income and self-sufficiency.

Q: Why is there an age limit on eligibility for *Working Healthy*?

A: *Working Healthy* was established under a Federal statute, the Ticket to Work and Work Incentives Improvement Act of 1999. That statute established the age requirement of 16 to 64 years of age.

Q: Why does *Working Healthy* have an age limitation of 64?

A: While states are allowed a great deal of flexibility in designing their Medicaid Buy-In program, the age limit of 64 was established in the federal statute, the Ticket to Work and Work Incentives Improvement Act. This federal statute would have to be changed in order for states to raise the age limit. Consumers concerned about this age limitation may want to consider contacting their federal representatives. Benefits Specialists are keeping track of people who are "aging out" of the program, and will follow-up with consumers to discuss what options might be available.

Q: When considering household income, including a spouse's income can really increase the *Working Healthy* enrollee's premium, as well as the spouse's spenddown. It may even jeopardize the spouse's health care coverage. Why does the spouse's income need to be included?

A: Legally responsible persons (spouse for spouse, parent for child) are always included for all medical programs. Some income is disregarded for both the enrollee and spouse. We encourage consumers who

have questions about spousal income to work with their local Benefits Specialist to determine what income disregards may be possible.

Q: Why do consumers who are blind/visually impaired receive a higher rate for income exclusion for Blind Work Expenses (BWE)?

A: The Kansas Medicaid program cannot be more restrictive than a Federal program. The BWE exclusions in Kansas are consistent with the BWE income exclusions that the Social Security Administration BWE allows.

Q: Whose income is counted in determining the premium amount?

A: The consumer's income, and the income of any "legally responsible" person(s). Examples of "legally responsible" would be a spouse, or parent(s) of a child. If the consumer has a child or children, their income would not be counted because they are not "legally responsible" for their parent.

Q: Can other insurance premiums be used as Impairment Related Work Expense (IRWE) to reduce the income amount used in determining the *Working Healthy* premium?

A: Your IRWE information can be reported to your Benefits Specialist. You can explain why the expense is necessary for you to be employed, and your Benefits Specialist can explain which expenses are "allowable" as an IRWE.

Q: Can a person who is Supplemental Security Income (SSI) 1619(b) eligible choose to convert to *Working Healthy*?

A: Consumers will not be converted into *Working Healthy* until their income and/or savings exceed the 1619(b) asset/income limit. Medicaid regulation requires that consumers be enrolled in the program that is the most "liberal". As *Working Healthy* has a "desk review" every six months and requires a premium payment for those with income above a certain level, and 1619(b) does not, the latter is considered more "liberal". However, 1619(b) eligibility is the "stepping stone" into *Working Healthy*. Once the 1619(b) asset/income limit is exceeded, a consumer may be eligible for *Working Healthy*.

Q: To whom do I report Impairment Related Work Expenses (IRWE) information?

A: Your IRWE information can be reported to your Benefits Specialist. You can explain why the expense is necessary for you to be employed, and your Benefits Specialist can explain which expenses are "allowable" as an IRWE.

Q: Are *Working Healthy* premiums an allowable IRWE expense?

A: No, however they are an allowable expense for the Supplemental Nutritional Assistance Program (SNAP).

Q: Is assistance available for help paying Medicare Part D prescription drug co-pays?

A: Yes. Dually eligible (Medicare and Medicaid beneficiaries) are eligible for the Part D Prescription Drug subsidy. Contact your Benefits Specialist to find out more about this program.

Q: Why are there premium payments?

A: Consumers and advocates requested access to Medicaid health care for employed individuals through

premium payments. A premium system is consistent with the way that most people access health insurance in the United States.

Q: Who do I contact if I have questions about my premium bill and where do I send my premium payment?

A: KanCare Premium Billing is the entity that handles *Working Healthy* premiums. Questions about premium billing should be directed to KanCare Premium Billing Member Services (1-866-688-5009) Monday-Friday 8 am - 5 pm.

Q: What if I need personal assistance and other support services?

A: Working Healthy has its own program that provides personal assistance services, it's called WORK. You must contact a Benefits Specialist if you want to enroll in Working Healthy and need WORK services.

Checks or money orders can be sent to the following address:

KanCare Premium Billing
PO Box 842195
Dallas, TX 75284-2195