

# **CHANGE NOTICE FOR MANUAL NO. 17-09, HCWD PHASE II**

**DATE: 10/23/09**

**Manual: Aged, Blind, and Disabled Medicaid**

**Change No: 17-09, HCWD Phase II**

**To: County Directors of Social Services**

**Effective: Upon Receipt**

**Make the following change(s)**

## **I. BACKGROUND**

On June 12, 2009, DMA instructed the counties by terminal message to temporarily suspend Phase II of Health Coverage for Workers with Disabilities (HCWD). Following implementation of Phase II, CMS informed us that expansion of this program would jeopardize the enhanced FMAP under the American Recovery and Reinvestment Act of 2009 (ARRA) for all NC Medicaid programs. Therefore, HCWD Phase II, coverage of disabled workers with incomes above 150% but at or below 200% of FPL, is being eliminated.

## **II. IMPLEMENTATION PROCEDURES**

**A. Continue the eligibility of all those who are currently enrolled in HCWD Phase II through the end of their current certification period. At redetermination, evaluate these recipients for eligibility in all Medicaid programs, including HCWD Phase I for those with incomes at or below 150% of FPL. If the recipient is ineligible in any Medicaid program, send a timely notice and terminate.**

**B. It is no longer necessary to keep lists of applicants and contact numbers for inquiries of those who appear to qualify for HCWD Phase II and not in any other program. DMA will collect all such lists that are currently in existence.**

### III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt.

### IV. MAINTENANCE OF MANUAL

- A. Remove: **MA-500, Classification, pages 1-4, 7-8, and figure 1.**  
Insert: **[MA-500](#), Classification, pages 1-4, 7-8, and [figure 1](#).**
- B. Remove: **MA-2000, Non-SSI Eligibility Regulations, pages 3-4.**  
Insert: **[MA-2000](#), Non-SSI Eligibility Regulations, pages 3-4.**
- C. Remove: **MA-2100, Categorically Needy No Money Payment, page 1.**  
Insert: **[MA-2100](#), Categorically Needy No Money Payment, page 1.**
- D. Remove: **MA-2180, Health Coverage for Workers with Disabilities, pages 1-2, and 5-12.**  
Insert: **[MA-2180](#), Health Coverage for Workers with Disabilities, pages 1-2, and 5-10.**
- E. Remove: **MA-2260, Financial Eligibility Regulations – PLA, pages 14-15.**  
Insert: **[MA-2260](#), Financial Eligibility Regulations – PLA, pages 14-15.**
- F. Remove: **MA-2304, Processing the Application, pages 3-6, 9-10, and 19-20.**  
Insert: **[MA-2304](#), Processing the Application, pages 3-6, 9-10, and 19-20.**

If you have any questions, please contact your Medicaid Program Representative.

Craig L. Gray, MD, MBA, JD, Director

(This material was researched and written by William Appel, Policy Consultant, Medicaid Eligibility Unit)