

**FULL PUBLIC NOTICE**  
Department of Health  
Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD)  
Demonstration Program and Career Pathways Training (CPT) Program Amendment

In compliance with 42 CFR 431.408(a)(1), the New York State Department of Health (State or DOH) is pleased to announce that it will conduct two virtual public hearings, to provide an overview of the State's 1115 waiver Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) Demonstration Program and Career Pathways Training (CPT) Program Amendment request and to allow members of the public to provide comments.

This notice further serves to open the 30-day public comment period for the MBI-WPD Demonstration Program and CPT Program Amendment, which will close on December 6, 2024, during which the public will be afforded the opportunity to provide written comments on this amendment.

The DOH will host two virtual public hearings during which the public may provide oral comments. Any updates related to the public hearings will be sent via the MRT Listserv.

The two virtual public hearings will be held as follows:

1. First Public Hearing

- a. Monday, November 25, 2024, 1:00 PM –3:00 PM
- b. Pre-registration is required for anyone wishing to provide oral comment using this link:  
<https://meetny.webex.com/weblink/register/r961f79713b6d560937c5926e215bca3c>
- c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov) no later than Friday, November 22, 2024, at 4pm to confirm registration.
- d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

2. Second Public Hearing

- a. Wednesday, December 4, 2024, 1:00 PM –3:00 PM
- b. Pre-registration is required for anyone wishing to provide oral comment using this link:  
<https://meetny.webex.com/weblink/register/r2d3f7856499905fddb46e47dee8027bc>
- c. Individuals who wish to provide comment will need to register with an "SP" in front of their name (ex: SP Jane Doe) and must email [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov) no later than Tuesday, December 3, 2024, at 4pm to confirm registration.
- d. Individuals will speak in the order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

American Sign Language (ASL) interpretation will be available, and the WebEx platform includes a closed captioning feature.

**Public comment may also be submitted in writing through December 6, 2024. Please see the end of this notice for details.**

## **Summary and Objectives**

### **Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) Demonstration Program:**

Through this amendment, the State is seeking to implement a demonstration program that will become the State's new MBI-WPD demonstration program to help more working individuals with disabilities qualify for Medicaid, with the goal of helping to ensure that these individuals are able to pursue employment opportunities without fear of losing or not qualifying for Medicaid coverage.

The State has an existing MBI-WPD program which was developed based on the Balanced Budget Act of 1997, which allows states to establish Medicaid Buy-In programs for working individuals with disabilities. Additionally, the Federal Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999 expanded legislation to allow states to establish two new optional Medicaid eligibility groups. The State opted to establish both the Ticket to Work Basic Group (SSA §1902(a)(10)(A)(ii)(XV)) and the Ticket to Work Medical Improvement Group (SSA § 1902(a)(10)(A)(ii)(XVI)). The goal of the MBI-WPD program is to allow working individuals with disabilities the opportunity to maintain financial independence through employment while retaining their Medicaid coverage, despite earnings that may result in income in excess of regular Medicaid limits.

The COVID-19 pandemic resulted in soaring unemployment rates for people with disabilities, rates that have not decreased post-pandemic as quickly in New York as they have across the nation: the national share of working people with disabilities reached a new high in 2022, while the share in New York continued to decline from pre-pandemic levels.<sup>1</sup> More specifically:

According to data from the U.S. Census Bureau's Current Population Survey, there were 827,200 people with disabilities between the ages of 16 and 64 living in New York in 2022, representing 6.7 percent of the working-age population. Nationally, about 7.9 percent of the working-age population has a disability. Between 2020 and 2022, the number of working-age people with disabilities grew 14.4 percent in New York and 10.9 percent nationally.

...[T]he national employment-to-population ratio for working-age people with a disability declined by 1.8 percentage points in 2020 to 29.1 percent. Since then, it has increased steadily to 34.7 percent in 2022, the highest rate on record dating back to 2009. In contrast, the ratio declined by only 0.5 percentage points in New York in 2020 and has continued to decline to 26.1 percent in 2022. New York's ratio was 8.6 percentage points lower than the nation's in 2022, the largest difference recorded in the past 13 years.

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<sup>1</sup> Office of the New York State Comptroller, *Employment Recovery Is Slow for New Yorkers with Disabilities*, April 2023. Available at: <https://www.osc.ny.gov/reports/employment-recovery-slow-new-yorkers-disabilities>

Unemployment rates for people with disabilities similarly show slower recovery in New York than the nation. ...[I]n 2019, the unemployment rate for working-age people with a disability was 8.0 percent nationally and 8.8 percent in New York. Unemployment rates for people with disabilities soared in 2020, reaching 13.4 nationally and 13.9 percent in New York. The national unemployment rate for people with a disability decreased by 5.2 percentage points between 2020 and 2022, dropping to 8.2 percent.

In New York, however, the unemployment rate continued to increase in 2021 before declining to 11.9 percent in 2022, a rate 3.7 percentage points above the national average. The unemployment rate for New Yorkers with a disability was 7.6 percentage points higher than for those who do not have a disability in 2022, a disparity that is also greater than the 4.7 percentage point gap nationwide.<sup>2</sup>

Additionally, for working people with disabilities or those with disabilities seeking employment, Medicaid coverage is often pivotal to maintaining independence since private insurance, such as employer-sponsored insurance, typically does not cover all of the services and supports needed to live and work independently in the community.<sup>3</sup> Medicaid is the primary payer of long term services and supports (LTSS), which older adults and individuals with disabilities are often in need of as a result of physical, cognitive or behavioral health conditions.<sup>4</sup> LTSS encompass a comprehensive group of health, health-related and social services for individuals who due to advanced age, disability, chronic illness, cognitive impairment or other conditions need ongoing assistance caring for themselves.<sup>5</sup> With Medicaid's coverage of fundamental health services and LTSS, such as case management, transportation, specialty medical equipment and home and community based services – including personal care assistant services and home modifications - millions of older adults and individuals with disabilities receive the support they need to help them live in their homes and communities with more independence.<sup>6</sup> Without Medicaid coverage, the median annual out-of-pocket cost of a home health aide is estimated at more than \$61,000 per year.<sup>7</sup> Expanding the opportunity for Medicaid coverage to more working people with disabilities, and those who want to work but need critical health care services to do so, by modifying eligibility criteria such as increasing the Medicaid income and resource levels for MBI-WPD enrollees, deeming income and resources of legally responsible relatives as unavailable and including those working past the age of 64 helps confront the likelihood that working people with disabilities will incur expenses in order to live in the community and also helps them try to build personal savings to confront future expenses that may not be covered by

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<sup>2</sup> Id.

<sup>3</sup> MaryBeth Musumeci, Molly O'Malley Watts, Meghana Ammula and Alice Burns, *Medicaid Financial Eligibility Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey*, July 11, 2022. Available at: [Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey - Appendix - 9965 | KFF](https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-appendix/#endnote_link_558973-7)  
[https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-appendix/#endnote\\_link\\_558973-7](https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-appendix/#endnote_link_558973-7)

<sup>4</sup> Bipartisan Policy Center, *Next Steps: Improving the Medicaid Buy-in for Workers with Disabilities*, December 2022. Available at: [https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/12/BPC\\_Health-MBI-Report\\_RV4.pdf](https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/12/BPC_Health-MBI-Report_RV4.pdf)

<sup>5</sup> Id.

<sup>6</sup> Id.

<sup>7</sup> Priya Chidambaram and Alice Burns, *10 Things About Long-Term Services and Supports (LTSS)*, September 15, 2022. Available at: [10 Things About Long-Term Services and Supports \(LTSS\) | KFF](https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/)  
<https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/>

Medicaid or other insurance.<sup>8</sup> Improving access to the State's MBI-WPD program by modifying income and asset limits and removing the age restriction can also help promote employment opportunities and reduce barriers to employment that individuals with disabilities all too often face.<sup>9</sup> Individuals with disabilities want and deserve the ability to work, including past the age of 64, and the opportunity to advance professionally, and accrue savings for home purchases, retirement and other needs without fear or risk of losing critical access to health care services and supports.<sup>10</sup>

Therefore, the State is seeking to implement a new MBI-WPD demonstration program that will establish enhanced eligibility rules, giving more working New Yorkers with disabilities the opportunity to find and maintain employment while obtaining critical services needed to live and work independently in the community.

The State's current MBI-WPD program enrollees will be redetermined under the new rules at renewal so that current enrollees benefit from the 1115 demonstration program's enhanced eligibility. New York will maintain its State Plan authority for its current MBI-WPD State Plan Amendment (SPA) groups. Once the new demonstration program is implemented, all individuals (current and new) will be enrolled utilizing the new 1115 demonstration program and will not remain, or be enrolled in, the SPA groups.

#### **Career Pathways Training Program Amendment:**

With this amendment, the State is also requesting a change to language in Special Terms and Conditions (STC) 12.6.d concerning the number of days per week that the State may use CPT funding to pay employers for backfill costs for CPT program participants who are absent from work while fulfilling training requirements. Current STC language allows for no more than two days per week:

12.6. Allowable Use of CPT Funds. The state has authority for CPT expenditures within the limits specified in STC 12.7 for implementation of the CPT initiative. The CPT funds may only be used for the following:

- d) Backfill for participants in the Health System Career Advancement Pipeline. To avoid reduced access to care when a participant is in training during participant working hours and recognizing the absence requires a temporary or covering worker to perform duties, the state may use funds to pay the health system employer to backfill the participant. Backfill costs must not exceed the following rates and no more than 2 days per week for participants in the following programs:
  - i. \$175 per day for licensed practical nurse, associate registered nurse, credentialed alcohol and substance abuse counselor, certified pharmacy

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<sup>8</sup> MaryBeth Musumeci, Molly O'Malley Watts, Meghana Ammula and Alice Burns, *Medicaid Financial Eligibility Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey*, July 11, 2022. Available at: [https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-appendix/#endnote\\_link\\_558973-7](https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-appendix/#endnote_link_558973-7)

<sup>9</sup> Bipartisan Policy Center, *Next Steps: Improving the Medicaid Buy-in for Workers with Disabilities*, December 2022. Available at: [https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/12/BPC\\_Health-MBI-Report\\_RV4.pdf](https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/12/BPC_Health-MBI-Report_RV4.pdf)

<sup>10</sup> Id.

- technician, respiratory therapist, certified medical assistant, community health worker, and patient care manager/coordinator.
- ii. \$259 per day for nurse practitioners, physician's assistants, Master of Social Work, and licensed mental health counselor.
  - iii. \$300 per day for Registered Nurse to Bachelor of Science in Nursing.

With implementation of the CPT program in progress, it has come to light that the two-day limit is not sufficient to cover absences required by the more intensive programs associated with certain titles under the program. Some academic and training programs have more rigid schedules that will require participants to be absent from work for up to five days per week for certain portions of their educational program. This could have a negative impact on access to care in cases where providers are unable to absorb the cost of extended absences. The intent of the CPT program is to expand access and improve quality of services. To address this issue, the State is seeking to amend the STC language to allow for backfill payments to employers for up to five days per week to allow for these more intensive educational programs. Five days will be the maximum allowable number of days for backfill payments. The full five days will not be required for all thirteen professional titles authorized under the CPT program.

Due to the varying backfill needs across different programs, the current approved funding is sufficient to cover the additional days requested and no further adjustments to the STCs or funding amounts will be necessary to implement this change.

## **Eligibility, Benefits and Cost Sharing Requirements**

### **Medicaid Buy-in Program for Working People with Disabilities Demonstration Program:**

Under the State's current MBI-WPD eligibility rules, the income limit is 250% of the Federal Poverty Level (FPL) and resource limits are \$31,175 for a household of one and \$42,312 for a household of two based on 2024 FPLs. (Resource limits change annually based on FPL changes). In determining Medicaid eligibility for the State's MBI-WPD program, all funds held in retirement funds or retirement accounts are disregarded. Income and resources of legally responsible relatives are included when determining MBI-WPD eligibility. The following premiums are permitted: when an MBI-WPD program participant's income is at or above 150% of the FPL but does not exceed 250% of FPL, the premium is 3% of net earned income plus 7.5% of net unearned income (premiums are not currently collected). Individuals with net income below 150% of the FPL are not subject to a premium requirement. Current CMS guidance permits the premium to be a maximum of 7.5% of the MBI-WPD individual's income, when the income is less than 450% FPL. There is no enrollment cap currently for the State's MBI-WPD program, and current enrollment stands at approximately 12,500 individuals. The State's MBI-WPD program participants must meet a minimum age requirement of 16 years of age and must be less than 65 years of age.

The State is seeking approval from CMS through this Section 1115 waiver to implement state statutory changes creating a new MBI-WPD demonstration program.

For the Ticket to Work Medical Improvement Group (SSA § 1902(a)(10)(A)(ii)(XVI), the State will continue to use the statutory definition of "employed" (earning at least the federally required minimum wage and working at least 40 hours per month).

Following are the MBI-WPD demonstration program eligibility requirements the State seeks (with corresponding authority requiring Section 1115 waiver or current approved State Plan disregard noted, if applicable):

- Establish an MBI-WPD program income standard of 2,250% of the Federal Poverty Level (FPL);
- Establish an MBI-WPD program resource standard of \$300,000;
- Disregard all funds held in retirement funds or retirement accounts and continued use of other more liberal methods of treating resources under New York's State Plan, as previously approved by CMS pursuant to SSA §1902(r)(2) for New York's current MBI-WPD program:
- Income and resources of legally responsible relatives will be deemed unavailable to the MBI-WPD applicant/recipient. This would waive the SSI-related budgeting methodology requirement that the income and resources of legally responsible relatives be deemed available to a Medicaid applicant. SSA §1612 (b)(4)(A)-(C); SSA §1613; SSA §1902(a)(10)(A)(ii)(XV),(XVI), SSA §1902(r)(2);
- Implementation of a new MBI-WPD premium structure, as outlined in the chart below. For incomes less than 400% FPL, the proposed premium structure does not exceed 6% of the individual's income;
- A cap of the MBI-WPD premium, not to exceed 8.5% of the MBI-WPD individual's income, for those with income of 400% to 450% FPL. The Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) provides that the premium the individual must pay when income is 450% FPL or less must not exceed 7.5% of the individual's income. SSA §1916 (g)(1)(B);
- An MBI-WPD demonstration program enrollment cap of 30,000. Enrollment caps require CMS permission, and this enrollment cap would be applicable to the State's new MBI-WPD demonstration program. SSA §1902(a)(8); and
- Elimination of the age 65 limit (i.e., there will be no upper age limit imposed for MBI-WPD individuals). The Federal TWWIIA statute limits participation to those under the age of 65. SSA § 1902(a)(10)(A)(ii)(XV)-(XVI).

The State requests the following premium structure:

Income*	Monthly Premium
Less than 250% FPL	N/A
250% FPL or more but less than 300% FPL	the lesser of: \$347 or 4% of monthly income
300% FPL or more but less than 400% FPL	the lesser of: \$518 or 6% of monthly income
400% FPL or more but less than 500% FPL	the lesser of: \$779 or 8.5% of monthly income
500% FPL or more but less than or equal to 2,250% FPL	the lesser of: \$1,033 or 8.5% of monthly income

\*SSI-related budgeting is used to determine net monthly income.

Benefits provided under this waiver amendment request will not change from those already provided under the State's Medicaid program.

The following chart shows the impact of the proposed MBI-WPD demonstration program on the State's current Ticket to Work Basic Group and Ticket to Work Medical Improvement Group participants:



Requirement	Current Requirement	Proposed Requirement
Income Limit	250% of FPL	2,250% of FPL
Resource Limit	2024 Resource Limits: <ul style="list-style-type: none"> <li>• \$31,175 (household of one)</li> <li>• \$42,312 (household of two)</li> </ul>	\$300,000
Retirement Funds Other Liberal Resource Treatment	Disregard all funds held in retirement funds or retirement accounts; more liberal treatment of other resources under New York's State Plan pursuant to SSA §1902(r)(2)	(No change)
Legally Responsible Relative	Income and resources are counted	Criteria waived; income and resources not counted
Premiums	Applies when income is between 150% - 250% FPL; Premiums are 3% of net earned income plus 7.5% of unearned income	Applies when income is greater than or equal to 250% FPL; 4-tier structure depending on income
Enrollment Cap	No limit on the number of eligible participants	Limit of 30,000 participants in the program
Age Limit	Recipients must be at least 16 years old, but less than 65 years old	Recipients must be at least 16 years; upper age limit removed

The income, resource, legally responsible relative and age limit changes proposed through this waiver amendment would be beneficial to program enrollees, as each of these changes is either more generous or remains unchanged compared to current requirements. The premium structure is new, as is imposition of an enrollment cap.

The proposed enrollment cap of 30,000 participants would permit an MBI-WPD program size in New York of more than twice the current enrollment. Capping enrollment will ensure there are sufficient funds to provide the critical health and support services many individuals with disabilities need to live and work independently in the community. The State's current Ticket to Work Basic Group and Ticket to Work Medical Improvement Group participants will be redetermined under new 1115 demonstration rules and eligible individuals will be included in the 30,000-enrollment cap count.

**Career Pathways Training Program Amendment:**

There are no additional eligibility, benefit or cost-sharing changes associated with the CPT program adjustment in this amendment.

**Enrollment and Fiscal Projections**

**Medicaid Buy-in Program for Working People with Disabilities Demonstration Program:**

The addition of the MBI-WPD demonstration program to the State's 1115 waiver is estimated to result in an additional enrollment of approximately 2,195 members annually. This number reflects individuals who are net-new to Medicaid and not currently receiving services, and who do not meet the current criteria for the MBI-WPD program which has an income limit of 250% of FPL, members between ages 16-65, and members exceeding the 2024 resource limits of

\$31,175 for a household of one and \$42,312 for a household of two. These new members may have income of greater than 250% of FPL and up to 2,250% of FPL, a resource standard of \$300,000, and may be older than 65 with the elimination of the age 65 limit. Current average annual 1115 enrollment is estimated to be 4.8 million.

This amendment is expected to increase the average annual demonstration cost of \$67.3 billion by \$57 million for the group described above.

More detailed enrollment and cost breakdowns by demonstration year are included in the tables below.

**1115 Waiver Amendment Projected Enrollment**

Proposal	DY24	DY25	DY26	DY27	DY28
<b>Projected Enrollment</b>	<b>4,709,605</b>	<b>4,723,377</b>	<b>4,735,030</b>	<b>4,746,899</b>	<b>4,758,993</b>
<b>Enrollment- Medicaid Buy-In</b>	-	-	549	2,195	2,195
<b>Total Projected Enrollment:</b>	<b>4,709,605</b>	<b>4,723,377</b>	<b>4,735,579</b>	<b>4,749,094</b>	<b>4,761,188</b>

**1115 Waiver Amendment Estimated Funding Schedule (\$ in Millions)**

Proposal	DY24	DY25	DY26	DY27	DY28	Total
<b>Estimated Cost</b>	<b>\$69,132</b>	<b>\$61,593</b>	<b>\$64,997</b>	<b>\$68,601</b>	<b>\$72,416</b>	<b>\$336,739</b>
<b>Estimated Cost- Medicaid Buy-In</b>	-	-	\$30	\$125	\$131	\$286
<b>Total Estimated Cost:</b>	<b>\$69,132</b>	<b>\$61,593</b>	<b>\$65,027</b>	<b>\$68,726</b>	<b>\$72,546</b>	<b>\$337,025</b>

**Career Pathways Training Program Amendment:**

There is no change to projected enrollment or overall waiver cost associated with the adjustment to the CPT program.

**Evaluation and Hypotheses**

The State will evaluate this waiver amendment in alignment with all CMS requirements. The State will amend its existing Evaluation Design to evaluate the hypothesis identified below and will include the methodology, measures and data sources that will be used to assess the impact of the amendment. This Evaluation Design will be incorporated into the current approved Evaluation Design. Additionally, the State will work with CMS to ensure that 1115 monitoring reports required by the STCs for the State’s 1115 Demonstration are updated to incorporate monitoring and reporting for this amendment, as necessary and appropriate.



**Medicaid Buy-in Program for Working People with Disabilities Demonstration Program:**

Demonstration Evaluation and Hypothesis				
<b>Goal: Expand coverage to eligible New Yorkers</b>				
<b>Hypothesis: More individuals in the targeted populations will be enrolled in Medicaid</b>				
<b>Research Question:</b> Was there an increase in the percentage of working individuals with disabilities, including those over age 65, enrolled in the New York State Medicaid program?	<b>Example Measure (Not Final):</b> Enrollment	<b>Population:</b> Working individuals with disabilities enrolled in the MBI-WPD program.	<b>Data Source:</b> Administrative data	<b>Analytic Methods:</b> Descriptive Statistics
<b>Goal: Improve Access to Health Care for Medicaid Members</b>				
<b>Hypothesis: Improved access to appropriate care setting</b>				
<b>Research Question:</b> Is there a reduced rate of Emergency Department visits, especially for high- risk populations (persons with physical, intellectual and developmental disabilities)?	<b>Example Measure (Not Final):</b> Emergency Department visits; Emergency Department visits for Behavioral Health conditions	<b>Population:</b> Working individuals with disabilities enrolled in the MBI-WPD program	<b>Data Source:</b> Administrative data	<b>Analytic Methods:</b> Descriptive Statistics; Interrupted time series

**Career Pathways Training Program Amendment:**

Demonstration Evaluation and Hypothesis				
<b>Hypothesis: The amendment will advance health equity.</b>				
<b>Research Question:</b> Increased workforce adequacy and diversity	<b>Measure:</b> Individuals trained, placed, and who receive loan repayment or Career Pathways Training program	<b>Population:</b> Participants in the loan repayment or Career Pathways Training program	<b>Data Source:</b> Administrative data	<b>Analytic Methods:</b> Trend over time; descriptive statistics; Interrupted time series

**Waiver and Expenditure Authorities**

**Medicaid Buy-in Program for Working People with Disabilities Demonstration Program:**

The State's new MBI-WPD demonstration program will result in additional expenditures for healthcare related costs for the target population.

**Waiver Authority:** In addition to the waiver authorities already granted in the 1115 waiver, the State is requesting the following waiver authority necessary to implement the new MBI-WPD demonstration program:

Waiver Authority		
#	Authority	Waived
1	Disregard all funds held in retirement funds or retirement accounts and continued use of other more liberal methods of treating resources under New York's State Plan, as previously approved by CMS pursuant to SSA §1902(r)(2) for the State's current MBI-WPD program.	SSA §1902(r)(2)
2	Deem income and resources of legally responsible relatives unavailable to the MBI-WPD applicant/recipient.	SSA §1612 (b)(4)(A)-(C) SSA §1613 SSA §1902(a)(10)(A)(ii)(XV),(XVI) SSA §1902(r)(2)
3	Impose a premium of 8.5% of monthly income for enrollees with income of between 400-450% FPL.	SSA §1916 (g)(1)(B)
4	Implement an MBI-WPD demonstration program enrollment cap of 30,000 enrollees.	SSA §1902(a)(8)
5	Waive the age limit of 65 years of age.	SSA §1902(a)(10)(A)(ii)(XV),(XVI)

The State has concluded that the following remaining components of the proposed MBI-WPD Demonstration Program do not require a waiver of authority because they are permitted in accordance with federal statute at §1902(a)(10)(A)(ii)(XV)-(XVI) and corresponding CMS TWWIIA guidance but provides them here for clarity:

- (i) Establish both the Ticket to Work Basic Group (SSA §1902(a)(10)(A)(ii)(XV)) and the Ticket to Work Medical Improvement Group (SSA § 1902(a)(10)(A)(ii)(XVI));
- (ii) Set resource and income limits as the State determines to establish, and as are specified above in Eligibility, Benefits and Cost Sharing Requirements;
- (iii) Establish a premium structure for the MBI-WPD Demonstration Program as specified above in Eligibility, Benefits and Cost Sharing Requirements for:
  - (a) Income between 250-400% of the FPL that does not exceed 6% of monthly income;
  - (b) Income between 500-2,250% of the FPL that does not exceed 8.5% of monthly income.

**Expenditure Authority:**

Expenditure Authority	
Program	Authority
Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD)	Expenditures to allow federal financial participation for the creation of an MBI-WPD demonstration program comprised of the Ticket to Work Basic Group (SSA §1902(a)(10)(A)(ii)(XV)) and the Ticket to Work Medical Improvement Group (SSA § 1902(a)(10)(A)(ii)(XVI)) that establishes: <ul style="list-style-type: none"> <li>(i) An income limit of 2,250% of the FPL;</li> <li>(ii) A resource limit of \$300,000;</li> </ul>

	<p>(iii) A disregard of all funds held in retirement funds or retirement accounts and continued use of other more liberal methods of treating resources under New York’s State Plan, as previously approved by CMS for the State’s current MBI-WPD program;</p> <p>(iv) Income and resources of legally responsible relatives are deemed unavailable to the MBI-WPD applicant/recipient;</p> <p>(v) An income-based premium structure based on FPL, including a cap of the MBI-WPD premium not to exceed 8.5% of the MBI-WPD individual’s income for those with income of between 400-450% FPL;</p> <p>(vi) A program enrollment cap of 30,000; and</p> <p>(vii) Elimination of the age 65 limit.</p>
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**Career Pathways Training Program Amendment:**

There are no changes necessary to waiver or expenditure authorities to implement the proposed adjustment to the CPT program.

**Submission and Review of Public Comments**

A draft of the proposed amendment request is available for review at:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/med\\_waiver\\_1115/docs/mbi-wpd\\_cpt\\_draft\\_amend\\_request.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/med_waiver_1115/docs/mbi-wpd_cpt_draft_amend_request.pdf)

For individuals with limited online access or who require special accommodation to access paper copies, please call (518) 473-0868.

Prior to finalizing the proposed MBI-WPD Demonstration Program and CPT Program amendment application, the DOH will consider all written and verbal comments received. These comments will be summarized in the final submitted version. The DOH will post a transcript of the public hearings on the following website:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/medicaid\\_waiver\\_1115.htm](https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm).

Please direct all questions to [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov).

Written comments will be accepted by email at [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov) (please include “Medicaid Buy-In Program for Working People with Disabilities (MBI-WPD) Demonstration Program and Career Pathways Training (CPT) Program Amendment” in the subject line) **or** by mail at:

NYS Department of Health  
 Office of Health Insurance Programs  
 Waiver Management Unit  
 99 Washington Avenue  
 8th Floor, Suite 826  
 Albany, NY 12210

**All written comments must be postmarked or emailed by December 6, 2024.**