Medicaid & Long-Term Care



Medicaid Insurance for Workers with Disabilities

Frequently Asked Questions

The Medicaid Insurance for Workers with Disabilities (MIWD) program allows individuals with disabilities who are employed to qualify and receive medical coverage if their income makes it so they are otherwise not eligible for Medicaid.

Nebraska Legislative Bill 323 was passed in 2020, creating to two new eligibility groups. These groups became effective on October 1, 2021 and modify standards for eligibility and lower premium caps. These changes will allow more individuals to qualify for and maintain Medicaid benefits through the MIWD program.

For additional information on the program, visit the link below:

https://dhhs.ne.gov/pages/MIWD.aspx

Here are some frequently asked questions about Nebraska's MIWD Program.

What is the MIWD Program?	The MIWD program allows working individuals age 16 to 64, who have been determined disabled by the Social Security Administration's (SSA) definition, to qualify for Medicaid even if their income exceeds the income limit for benefits within other Medicaid programs.
Is there a separate application for MIWD that's different than traditional Medicaid?	No. Applicants submit a general application for Medicaid. Once the application is received, Medicaid staff sorts the applicant into the correct eligibility category.
Can I qualify for multiple Medicaid programs like MIWD and Medicaid Expansion?	No. To be eligible for MIWD, applicants are evaluated for all other categories within Medicaid. If applicants are not eligible in other categories, they may be evaluated for eligibility for MIWD.
Do I have to be employed?	Yes. Participants need to be employed to qualify for MIWD. This includes full-time, part-time, or self-employment.

Do I need to be determined disabled by the SSA guidelines to be eligible for the MIWD Program?	Yes. If you are determined disabled by the SSA, are working, and are not eligible for any other Medicaid programs, you may qualify for the MIWD Program. The SSA's definition of disabled can be found at www.ssa.gov/disability/professionals/bluebook/general-info.htm .
What types of disabilities may be eligible for the MIWD Program? (Medical, intellectual, mental, behavioral?)	The SSA defines disability as any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. For more information, visit www.ssa.gov/disability/professionals/bluebook/general-info.htm .
Do I have to receive SSA benefits in order to be eligible?	No. Although you must be determined disabled by the SSA guidelines, you do not have to be currently receiving SSA benefits.
How is MIWD different from other Medicaid programs?	Neb. Rev. Stat 68-915(8) allows individuals with disabilities that meet certain criteria who would otherwise not qualify for Medicaid, to receive Medicaid benefits.
Are the benefits different from other Medicaid programs?	No. MIWD participants receive the same benefits as participants in the traditional Medicaid program. For more information on Medicaid benefits visit https://dhhs.ne.gov/Pages/Medicaid-Services.aspx .
What if I currently participate in the MIWD program?	For those currently in the MIWD program, DHHS will review their eligibility for the new groups and will notify participants of any changes to their case. The main changes participants will see are to income tests, and the removal of the Trial Work Period requirement. Additionally, the new program rules reduce the premium cap to 7.5% for premium contributions. For more information, visit https://dhhs.ne.gov/pages/MIWD.aspx .

What are the income and asset requirements for eligibility within MIWD?

Income for MIWD participants must be between 101% and 250% of the Federal Poverty Level, with resources at or below \$4,000 for an individual or \$6,000 for a couple. For more information, visit https://dhhs.ne.gov/pages/MIWD.aspx.

2021 Federal Poverty Levels can be found here, https://aspe.hhs.gov/poverty-guidelines.

How much does MIWD coverage cost per person per month?

MIWD Participants who earn over 200% of the Federal Poverty level but less than 250% must pay a premium in order to receive coverage. The premium is calculated in the chart on this appendix: https://dhhs.ne.gov/Documents/477-000-012.pdf. An MIWD focused chart from that appendix can found on the MIWD website, https://dhhs.ne.gov/pages/MIWD.aspx.

If the participant is determined eligible for Medicaid with a premium, the full premium must be paid no later than the 21st day of the month that follows the month for which the payment is due. Failure to pay the premium by the 21st of the following month will result in ineligibility for the month in which the premium was owed.

What happens if I lose my SSA disability designation due to a medically improved disability?

Those participants who are already enrolled in the MIWD program but lose their SSA disability determination due to a medically improved disability may still qualify for coverage under MIWD if they meet the following criteria:

- All criteria in MIWD Basic Coverage Group
- Employment is defined as earning federal minimum wage and be employed more than 40 hours per month
- Participant must have been enrolled under the Basic Coverage Group, but lost coverage due to a medically improved disability

What does a medically improved disability mean in the MIWD program?

Within the MIWD program, a medically improved disability is defined as:

- A medically determinable severe impairment
- The impairment continues to substantially limit one's ability to work or conduct daily life activities
- The mental or physical health condition has been stabilized by assistive technology, medication, treatment, monitoring by medical professionals, or a combination of these factors, and the loss of medical services may result in a deterioration of the condition
- The loss of medical assistance could result in the participant's inability to continue in the workforce or their health problems would regress to the point where they would meet the SSA definition of disabled

What happens if I'm temporarily disabled?

If an individual meets the disability criteria definition from the SSA, they may qualify for the MIWD program. The SSA's definition of disabled can be found at

www.ssa.gov/disability/professionals/bluebook/general-info.htm.

How does my eligibility change if I have gaps in employment?

A gap in employment may result in the loss of MIWD eligibility. To become and remain eligible for the Basic Coverage Group and Medical Improvement Group, participants are required to be working and earning income. There is no minimum standard for hours worked or income earned for members of the Basic Coverage Group as long as the income and asset requirements are met.

Members of the Medical Improvement Group must work at least 40 hours per month and earn at least the federal minimum wage.

If a participant loses MIWD eligibility, their eligibility for other programs will be reviewed prior to termination of Medicaid benefits.

What is Substantial Gainful Activity (SGA)?

According to the SSA, the SGA includes any part-time or full-time work performed or intended for profit involving "significant physical or mental activities or a combination of both."

The SSA utilizes the SGA to determine disability status by comparing an individual's monthly earnings to annually adjusted earnings guideline. For more information, visit

https://www.ssa.gov/redbook/eng/definedisability.htm?tl=1%2C2%2C3

What if my earnings are above the SGA?	Earnings above the SGA may result in the loss of SSA disability status, but for the purposes of the MIWD program, disability status is determined using only medical criteria. Earnings comparisons to the SGA are disregarded in these determinations. If a participant is above the SGA but meets the medical criteria for disability status, they will not lose MIWD eligibility.
How do I apply?	Medicaid applications can be submitted: • Online at www.ACCESSNebraska.ne.gov • Email at DHHS.ANDICenter@nebraska.gov • By calling the ACCESSNebraska customer service center at: • Omaha: (402) 595-1178 • Lincoln: (402) 473-7000 • Toll Free: (855) 632-7633 • By Fax at (402) 742-2351 • By mail: Medicaid ACCESSNebraska Document Imaging Center P.O. Box 2992 Omaha, NE 68103-2992 • In person at a DHHS local office: http://dhhs.ne.gov/Pages/Public-Assistance-Offices.aspx