

Medicaid Purchase may be the answer to your needs!

What is Medicaid Purchase?

Louisiana's Medicaid Purchase Plan is **AFFORDABLE** health coverage that's available **ONLY** to people with disabilities who work.

What are the benefits?

This plan gives full medical coverage that includes

prescription drugs



hospital care

doctor services



medical equipment & supplies

medical transportation



personal assistant services (PAS)

You may get PAS if you need help with activities of daily living, like eating and bathing, to find and keep a job.

How do I qualify?

To get health coverage through Medicaid Purchase, you **must**

- ❖ have a severe disability that matches the Social Security listing of impairments;
- ❖ work;
- ❖ be at least age 16 but not yet age 65;
- ❖ have **countable** monthly income that is less than \$2394.



- ❖ have **countable** assets that are less than \$25,000;
- ❖ take other health insurance coverage, if you can get it at no cost to you; **and**
- ❖ pay a premium when your **countable** monthly income is more than \$1437.

We will **count** less than half of the money you earn (work for) and all but \$20 of any other money you get.

Income limits go up each year in April.

What are assets?

Assets are things like:



- ❖ bank accounts;
- ❖ stocks, bonds, and other cash resources;
- ❖ cars, trucks, boats, and other vehicles;
- ❖ property, including heir or estate property; **and**
- ❖ anything else you own.



GOOD NEWS!

Your home, one vehicle, any life insurance policies, medical savings and retirement accounts, and your spouse's share of any community property **do not count** in this program.

How much will it cost me?

Your "premium" (what you pay each month) will be based on your **countable** income – not your age or health condition.

Countable Income

less than \$1437
\$1438 to \$1915
\$1916 to \$2394



Monthly Premium

\$ 0
\$ 80
\$ 110

How do I apply?

You just need to:



- ❖ fill out the attached form;
- ❖ get the information we need together; and
- ❖ mail or bring the form and information to us as soon as you can.

What information will you need from me?

You will need to give us your:

- ❖ Social Security number;
- ❖ proof of your total income for the last month;
- ❖ Medicare and any other health insurance card; **and**
- ❖ alien registration card or immigration papers, if you are not a U.S. citizen.

Send copies of as many of these items as soon as you can. **Do not wait** to send in the form. We can give you more time to give us any missing information after we get your application.



← (TEAR-OFF THE APPLICATION HERE BEFORE MAILING.)

What will happen then?

In most cases, we will decide if you qualify and let you know our decision within 45 days after we get your form. If you don't get Social Security benefits we will have to make a decision about your disability and it may take us up to 90 days.



Who can I call to get help?

If you need help to fill out this form, call your local Medicaid office.

If you have questions or need more information about Medicaid Purchase, call us toll-free at 1+888+544-7996 or TTY 1+800+220-5404,



OR

visit us on-line at www.LaMPP.org.



Louisiana's Benefits Planning Assistance and Outreach (BPAO) project can help you understand how working could change your benefits. Call them toll-free at 1+888+942-8104 or TDD 1+504+942-5900, or send an e-mail to ssbenplan@lsuhsc.edu.



← (TEAR-OFF THE APPLICATION HERE BEFORE MAILING.)

The Protection and Advocacy for Beneficiaries of Social Security (PABSS) program can help with job-related advocacy and other support services. Call them toll-free (voice and TDD) at 1+800+960-7705.

Can someone help me find a job?

If you get money from the Social Security Administration because of your disability, the Ticket to Work program can help. Call them toll free at 1+866+968-7842 or TTY 1+866+833-2967. You can also get more information at www.yourtickettowork.com.



What if I quit or lose my job?

You may be able to keep Medicaid Purchase coverage for up to 6 months, as long as you plan to go back to work.

What are my rights?

If you think the decision we make is

- ✓ unfair,
- ✓ incorrect, or
- ✓ being made too late,

you may ask for a Fair Hearing.



To ask for a hearing, call or write to your local Medicaid office and/or write directly to:

DHH Bureau of Appeals
P. O. Box 4183
Baton Rouge, LA 70821-4183

Louisiana's Medicaid Program is an equal opportunity program. You can't be treated differently because of your race, color, sex, age, disability, religion, nationality or political belief.

If you think we have treated you differently, call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1+800+368-1019, call or write to your local Medicaid office, and/or write directly to:

Department of Health & Hospitals
P. O. Box 1349
Baton Rouge, LA 70821-1349

This public document was published at a total cost of \$10,115.66. Fifty thousand (50,000) copies of this public document were published in this first printing at a cost of \$10,115.66. The total cost of all printings of this document, including reprints, is \$10,115.66. This document was published by Office of State Printing, 950 Brickyard Lane, Baton Rouge, LA 70804-9095 to advise applicants, recipients and other individuals of the Medicaid Purchase Plan under authority of 42 CFR 435.905 (a)(1). This material was printed in accordance with the standards for printing by state agencies established pursuant to R.S. 43:31. Printing of this material was purchased in accordance with provisions of Title 43 of the Louisiana Revised Statutes.

BHSF Form 1-MPP Cover
Rev. 04/05
Prior Issue Obsolete



Do you have a disability?

Do you work?

Do you need healthcare coverage?



for workers with disabilities

1+888+544-7996