HB 1568 -- Medical Assistance for Persons Employed with Disabilities

Sponsor: Kuessner

This bill requires the Department of Social Services to determine the eligibility of an employed disabled person requesting medical assistance whose family income is less than 250% of the federal poverty level. The bill:

(1) Requires an applicant to work at least 40 hours per month;

(2) Specifies that spousal assets up to $100,000 and half of the marital assets will not be included in determining eligibility;

(3) Specifies that independent living development accounts, retirement accounts, Keogh and pension plans, medical expense accounts, and family development accounts will not be considered assets in determining eligibility. Independent living accounts can be considered an asset when an individual reaches 65 years of age;

(4) Specifies that an individual whose income is greater than 150% of the federal poverty level will pay a premium between 4% and 7% of his or her income depending on the individual's income;

(5) Specifies that the Family Support Division may exclude the income or resources of the parents of a person younger than 18 years of age when determining the person's eligibility for permanent and total disability;

(6) Specifies that the Division of Medical Services will establish the definitions and criteria for comprehensive day rehabilitation service facilities, benefit limitations, and payment mechanisms;

(7) Specifies that the department will conduct projects for non-emergency, physician-prescribed transportation for pregnant women who are recipients of medical assistance in certain counties selected by the Director of the Division of Medical Services; and

(8) Allows parents and guardians of uninsured children with an income between 186% and 225% of the federal poverty level to pay only a $5 co-payment.