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Health Care Benefits and Self-Employment
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>> NIKKI POWIS: Hello, everyone, good morning afternoon depending on where you are, and welcome to the Fourth Session in the 5 we're going to do on self-employment, with Ray Cebula, Debora Wagner and Aleyda Toruno. I know you've heard it if you've been here the last few times, but I have to read this disclaimer.

[Reading disclaimer on screen]

>> ALEYDA TORUNO: Thank you so much for that. That's a lot of housekeeping. All right. So welcome back to those who are back. This is Session 4 and we're going to talk about health care benefits and self-employment, such an important topic, we were just having a conversation about that, so we're really excited to be here and to present on this topic.

If you are joining us for the first time, we are the Work Incentive Support Center and we provide training, credentialing and support to practitioners in the field of Work Incentive Planning. We're housed at the Yang-Tan Institute, YTI, and part of Cornell University's WISC. I'm Aleyda Toruno, and I'm here with Ray Cebula today and we're excited to be here today.

This disclaimer was already read to you. But just a special thank you to NDI for their leadership, managing this grant.

All right, so what are we going to talk about today? Again, a very exciting topic, we're going to talk about health care and we're going to talk about Medicare and this really special rule called the Extended Period of Medicare Coverage, also known as the EPMC. And then we'll switch gears, I'll provide you an overview of Medicaid, and then we'll talk about 1619(b) Medicaid, and Ray will introduce you to the Medicaid buy-in for workers with disabilities, he'll touch on Medicaid expansion and we'll talk about the Affordable Care Act or the ACA Marketplace. All right?

Again, the question announcer box is open. Don't put them in the chat, but them in the question and answer. Try to keep your questions short if possible. It's hard to go through a lot of questions when they're really long and make sure they're complete so we know which question you are asking, okay?

All right, so let's go ahead and get started.

All right, let's talk about Medicare, and the Extended Period of Medicare Coverage. The EPMC. So for folks who are on Title 2 they get Medicare coverage and benefits for Medicare start 24 months after they become eligible for monthly Title 2 payments so that means there is a waiting period for Medicaid coverage when someone becomes eligible for Title 2 benefits. During that period of time there's a couple of things that can be happening, the person is either uninsured. They may be eligible for Medicaid or they may be covered by their employer health insurance they previously have that they now have to pay for.

There is some exceptions to this waiting period. They do not is have to wait for 24 months if they have either ALS, also known as Lou Gehrig's disease, or if they have end stage renal disease, and the rationale is that these disabilities really require treatment as soon as possible. I think there's probably more that can fit into this criteria. A lot of folks when they go to work they worry they'll lose Medicare coverage if they become self-employed. A lot of people have said when we've talked to them, look, I'm okay losing my cash benefits but I gotta have that health care, right? So some is straight forward rules, if the Title 2 benefit continues, if this person is going to continue to receive Title 2 benefits, then Medicare continues. When self-employment is not at that SGA level then benefits and Medicare continue, and this can until this person turns age 65 when the individual qualifies for Medicare based on age. Many of us who are contributing to the Social Security Medicare fund become eligible for Medicare at age 65, due to our age. Not all of us tap into it, right? Ray waited, just tapped into it recently.

[Laughter]

But again the Medicare can continue for this worker until age 65, which they will keep as a person who is aged, not disabled. Now what is the Extended Period of Medicare Coverage? So if Title 2 benefits stop because this person is working at that SGA-level work, Medicare is going to continue for at least, and emphasizing at least, 93 months after that ninth trial work period month. And the reason it's at least is because some people can actually get more than 93 months of coverage, and this will depend on when they first work above the SGA level. Right?

So for folks who are in this category, how can they figure out when that Medicare coverage through EPMC ends? Well, there's two things you can do. You can call and talk to Social Security, a chuckle, and/or there's something called the Medicare Wizard. It's something that the YTI team maintains. It's located at MedicareWizard.org on the website, and you could input some information in there to figure out EPMC coverage and when that ends.

Now, what happens after the EPMC ends? Workers can still keep Medicare but there might be more costs. Have to pay for the Part A premium which previously they weren't paying for. They have to pay for the Part B premium which they may or may not have been paying for, and Part D. These costs can be really expensive but Medicaid might be able to help with these Medicare costs.

And this includes the Medicare Savings Programs. Each state has its rules about these, so there will be some research that needs to be done on how to help pay for Part A, Part B, and Part D.

All right.

We're transitioning now to talk about Medicaid, and let me go ahead and give an overview of Medicaid and start us on 1619(b) Medicaid. So Medicaid is a cooperative federal-state program, it's authorized by Title 19 of the Social Security Act, and in just a minute, I'll show you the differences between Medicare versus Medicaid.

Now, Medicaid has different names in different states. We have a lot of audience here are from all over the state, and so if you're in California, they call it Medi-Cal, which I think is confusing. If you're in Tennessee they call it TennCare, which is better. Each state has many different Medicaid programs and they'll generally fall into two categories. There's a Medicaid for low-income families and children, and there's Medicaid for people with disabilities and older adults, but even within these two general categories, there are other categories that may be dependent on income levels, right? So there could be a lot of

different Medicaid programs, so each state is different. They may have hundreds.

[Laughter]

All right. Now, let's look at generally the difference between Medicare versus Medicaid.

So Medicare is a Federal Insurance Program. You're not going to see very many state to state variations. If you move from New York to California, you're not going to see a whole lot of changes in the services that are provided. However, there may be different providers for those services that you may not find in one state or the other, and Medicare is a 100% federally funded, right, along with the beneficiary premiums, I mentioned the premiums Part A, B, and D and that's how it's partially funded along with a Federal funding that we pay into, right?

Now, Medicaid is publicly funded health insurance, that means it's paid for through taxes and Federal Governments set the parameters for their program, but states have significant flexibility with benefits, what services they provide, and the eligibility criteria: Who is eligible for Medicaid.

Now, funding is Federal and state, and so there is a Federal portion that comes to the states, and the states supplement their program. So funding is divided between the Federal Government and states, with the Federal Government covering from 55% in many states to 80% in poorer states. Last time I did some research, the two states with the highest assistance from the Federal Government were New Mexico and Kentucky.

All right, so let's talk about folks that are eligible for both Medicare and Medicaid, and that is completely possible. Some individuals receive both Medicare and Medicaid. These individuals we often refer to them as dual eligible. Medicare is the primary payer of services, and Medicaid pays the secondary, so if Medicare's covering 80%, Medicaid makes up the remainder of that 20%. Now, dual eligible individuals generally will have comprehensive coverage for both health and long-term care services, and they're gonna pay very little for that coverage because they have 100% coverage when they have both Medicare and Medicaid.

Ray often says that they've won the lottery in health care because they're able to tap into both and have very little monthly costs or any costs at all for their health care coverage.

Medicaid can help pay for Medicare cost-sharing expenses, as well.

All right, so let's talk about SSI Medicaid eligibility. So in most states, in the majority of states, people on SSI get Medicaid automatically. If they qualify for at least $1 of SSI, they'll automatically qualify for Medicaid. That seems like a

really easy process. There are some people who used to get SSI, who get SSI and continue to qualify for automatic Medicaid even if they lose their SSI. Let me give you an example of someone who qualifies for childhood disability benefits. They're eligible for SSI but they have a parent who retires and now they're eligible for CDB benefits under that Title 2 program, right? Now, that CDB may be so high that they are no longer eligible for SSI. However there's a special provision that allows them to continue on SSI despite those CDB benefits so there are special provisions like that to look out for. Now, in the minority of states SSI recipients must apply for Medicaid separately so they have to meet their state's income and resource threshold for that Medicaid program. And of course a lot of people on SSI worry about, what will happen so their SSI if they earn enough to receive their SSI payment. They're worried about their health care. Because if they know they're on SSI and it goes to zero, what will happen to that Medicaid? So let's talk about 1619(b).

If you're not familiar with 1619(b), it's a pretty incredible program.

So it provides continued Medicaid coverage to folks who are self-employed who would still be eligible for an SSI payment if they were not working. In order to qualify, the net earnings from self-employment must be below a statewide threshold. So the threshold for each state is different, and these thresholds are published by Social Security. Each state's threshold represents the average per-capita cost of a person on Medicaid. For example in Arizona, you can qualify if your net earnings are less than $59,000. In California, the threshold's about $66,000. And in Washington state, it's a little over $73,000. Okay?

So even though these folks have zero SSI payment, 1619(b) allows them to maintain Medicaid so long as their earnings are above the thresholds for the state. Now, there is something called an individualized threshold, so if a person has more than the average health care costs, they can ask for an individualized threshold, and it's possible that folks may not meet that average. They may have more costs than the average person because of their disability, they require more treatment, more doctors, nor services and they can show that through an individualized threshold. It's a process a person can go through to qualify for an individualized threshold with Social Security. Do we have any questions to address before we move on to the Medicaid buy-in for workers with disabilities, Ray?

>> RAY CEBULA: Just wiping my forehead from typing.

[Laughter]

Why did the threshold decrease this year?

>> ALEYDA TORUNO: Every state is different so it's possible that the average per-cap too cost of a person on Medicaid in that state changed, and that may be a reason why that number changed.

>> RAY CEBULA: Yeah. Part of that equation is the average cost of Medicaid expenditures to people with disabilities living in the community. That can go up and down every year, so there are times we do see really large fluctuations in that threshold. But it is up to every state to figure that out.

Okay, does 1619(b) help with any protections for the Medicare Savings Programs?

>> ALEYDA TORUNO: The Medicare Savings Programs have their own income and resource limit, so you'll have to check with your state what that is, and MSP covers Medicare premiums and co-payments so you'll have to check out the MSPs for your state.

>> RAY CEBULA: This is almost like me asking you for advice, Aleyda. A person retears, gets SSDI, after 70, and Medicare. Then they go back to work. Due to age, does the person become ineligible for Medicare?

>> ALEYDA TORUNO: It's based on age so the person is 70, they're receiving Medicare based on age, they keep Medicare.

>> RAY CEBULA: I'm not sure how somebody at 70 is getting SSDI unless they're working, and that SSDI has been in place for a while, but once they retire, that SSDI is no longer payable. It is retirement benefits. They should be about close to the same, very much close to the same amount of money.

All right, Crystal, I don't remember what I said to you, so if you want contact information, please give me a better description than that. I've been typing and typing and typing. Title 2 converts at FRA, correct?

>> ALEYDA TORUNO: So someone on disability Title 2 benefits at their full retirement age does convert to retirement benefits, but there is a way for that not to happen, and you'd have to -- that's a whole other training.

[Laughter]

All right.

I can go ahead and answer the rest if you'd like, Ray.

>> RAY CEBULA: Yeah, I think that's the case. My eyes are getting blurry and I'm not sure which lens to look through at this point.

And where are my slides? That's it.

And I'm at the buy-in, correct? Where are you, Medicaid buy-in?

Getting closer.

Every time I learn how to do this, there's one more click. So we're going to switch gears and talk about the Medicaid buy-in for workers with disabilities. This is a fabulous

program. It was allowed under expansion by the Ticket to Work Act. That was in 1999.

I'm from the state of Massachusetts originally. We have had a buy-in for over 40 years in Massachusetts and it was a Waiver program that the State got, just the basic notion that if somebody needs health care, or needs Medicaid specifically, and they are working, they should be able to purchase that.

Most of the premiums are on either a State-set amount. New York sets it at $25 a month. They can't collect it, because it costs more than it would be worth to develop the computer system to collect it, so it's basically free.

Massachusetts, lots of other states, do an income-based system. There may be a cap. I think, correct me if I'm wrong, Aleyda, but California's buy-in has no income limit. You can just --

>> ALEYDA TORUNO: Correct.

>> RAY CEBULA: Okay, thank you.

I should know better than to interrupt her after what I just went through.

[Laughter]

All right. The Buy-In for disabled workers, 46 states offer this. For disabled workers, notice it's disabled workers. It doesn't necessarily say SSDI or SSI recipients. So we're looking at a program that could be eligible for anybody who has a verifiable disability. Ohio for instance, it's available to anybody, if you're working enough to meet the State Guidelines, earning enough to meet the State requirements, and you have a disability verified by a physician. It's a fabulous program. The worker must meet SSD -- the Social Security definition of disability, except for the limit on SGA-level work. This is talking about our folks, our people with should all be on SSI or SSDI when they first come to us and if they meet that definition of disability, they're good to go.

The worker does not have to be getting a benefit to qualify. We just talked about that. Opening this program to so many people who just fall short of meeting the SSA standard for disability. It covers workers with much higher income levels.

I remember when I saw the first Massachusetts Buy-In, 45 years ago, the top income level was $100,000. That income level is gone now, it's like California. Your premiums may go up a little if you make more than $100,000 but you can still participate in the program.

The worker may pay a small premium. During the pandemic, we had many, many states who put a moratorium on collecting the premiums. People were all of a sudden not working. You could not work, right, in many cases.

They stopped collecting the premiums so that people could

still maintain their health coverage during the pandemic. There were a few states out there that never started collecting the premiums again. So check your state Medicaid rules for requirements on reporting self-employment earnings.

You know, we have 57 Medicaid programs in the United States, that includes the territories, and we've got a bunch of them with Medicaid Buy-Ins, and if you've seen one Medicaid program, you've seen one Medicaid program.

Now, Medicaid expansion. The Affordable Care Act, the ACA, the Marketplace, whatever you call it, allowed states to expand Medicaid coverage to cover more low-income individuals and families regardless of disability status so this is going to work for just about everybody.

Medicaid expansion is available in many states. If your state now has a Marketplace, you're set. The current Administration has put a moratorium on any further expansion, so we really don't have to worry about new states coming on-board with this.

From 2013 to 2022, Medicaid coverage increased by 2.5 million people for small business employees, and 1.3 million people for self-employed workers.

That's a good thing. Somebody asked a question, when I was doing the -- answering those questions, about what the work requirements are going to do to this, you know?

I don't know. People are going to have to meet those work requirements. The last date to implement or things have to be put in place by January 1st of 2027, and people are going to have to be working, whatever that means in your state. It could mean education, could mean training. It's certainly going to mean self-employment, for 80 hours a month.

If your client, your self-employed person, is getting prepared to open up a business, or has opened up a business, and they're working 80 hours a month, they're all set. They're all set. And I think in most instances, particularly if it's a solo business, people are going to be working that much.

It may require an increase, but we need to then pay attention to that when our client comes in and says, "I'm only putting in 60 hours a month now."

It might be a requirement to keep Medicaid to up that to 80. It's a pretty high standard.

So what are community and moment based services? These are the Waivers. Home and community-based Medicaid Waivers provide extra supports to live independently in the community, such as attendant care services, private duty nursing, and help with household chores. These supports can help self-employed workers live independently while they're working. Many of these Waivers in general provide very much-needed support to individuals so

that they can work. They may not be able to work if they lose their Waivers.

And a Waiver is something akin to Veterans benefits. If you ask a Veteran what his disability rating is, they're going to say: 50%, 80%. They know that. If you ask somebody what Waivers they're on? They will be able to tell you. That's how important these Waivers are. They may not know what Social Security benefit they get but -- they may not know what Social Security benefit they get, but they will know what Medicaid Waivers are involved.

Now, let me talk to you about a few of them. I don't want you to leave empty-handed here. There was one a long time ago, the girl's name was Katie Beckett. I believe she lived in New York, and she was a very severely disabled child. Her parents both worked so they were losing their Medicaid benefits, they were losing Katie's Medicaid coverage based on the parents' income. What was the option for Katie at that point? She needed almost 24 hour care but they were only getting 8 hours so they had a nurse, they had mom, then they had dad. No respite for the parents whatsoever because they were providing care and then working.

So what Katie's option was and what the State told her was: We'll institutionalize Katie. And we all know what happens when you do that, particularly to a kid. Katie was very ill, but living happily at home. There was a Waiver that was filed in New York for that type of disability, or the severity of the disability, and kids, and the State was allowed, by CMS, the centers for Medicare and Medicaid services, to not count the parents' income and resources.

Katie stayed home, got more Nursing services. At the very least so mom and dad could go out to the movies and have dinner once in a while. But the parents were able to continue work, Katie Beckett stayed home, those kids are staying home. That's a national Waiver that's in effect right now. I'm trying to think of what the other one was. Way back in my history, in the mid '80s, Massachusetts applied for an HIV Waiver. It was getting to the point where people were dying. If you tested positive, you were dying, you were in the hospital, you were costing a lot to the State.

And the Waiver said that if we provide medication outside of the Medicaid Guidelines, to anyone who tests positive, we're going to allow them to live in the community longer, to work longer, and not be hospitalized for long periods of time.

And that Waiver was approved, and that's pretty much gone national, as well. So those are the couple of the Waivers. Imagine somebody who right now is working, they've got themselves self-employed, and they contract HIV. That means all

of the business income is going to go towards medicine, you know that. We all know that.

But with the Waiver, Medicaid can kick in and provide that self-employed person with HIV meds, so that they can continue.

Now, the Affordable Care Act, don't everybody scream.

[Laughter]

Because I know it's really expensive now. It's gone through the roof. But it's there. And we need to consider everything. And we may find out that some of our self-employed people might be able to afford care under that.

Now, the Affordable Care Act made a change for self-employed workers, because they no longer limited access to affordable health care. You can get it now, that's the good thing about it. I'm not going to say the price is good. In 2011, approximately 30% of self-employed workers had no coverage. By 2022, 3.3 million small business owners, and self-employed workers, got health insurance through the Marketplace.

That is an amazing thing. By 2022, only 17.9% of self-employed workers were uninsured.

Still, there's stuff available. Now, we know what happened. In 2025, Congress eliminated the premium tax credits so that you sort of broke even or close to even. And many self-employed workers will pay more for that coverage beginning in 2026. We have a doughnut shop here in Santa Fe and they started making pizzas. They make fabulous pizzas on sour dough crust and I was talking to the owner and he told me that his premium went from $900 a month to $2700 a month. And he was in a situation where he had himself, his spouse, two kids.

He was going to have to get insurance, but the only insurance he could afford were things for desperate situations, like, I can go to the Emergency Room because I cut off a finger. I mean, it was that serious. It was emergency care only, although they used a different word.

Fortunately, the State of New Mexico stepped in, and began paying the difference between what people were paying in 2025, to avoid the increased costs of 2026. So things turned out all right. But we are looking at some of these ACA plans that are going to cost people thousands of dollars every month.

Making it an option in our situation only for successful businesses. A startup may not be likely to afford these costs. But it's still there. And the fact of the matter is, it's still there and we can still hope there will be changes brought about to improve the situation. The loss of that tax credit was amazingly devastating to people who needed ACA for their health care.

Individual coverage under the Marketplace. Self-employed people with no employees can use the Market, or your State

Marketplace, to find affordable health coverage through private insurance companies. So these are all the regular insurance companies that we all know and love, or hate, and it is expensive. I mean, I don't know what would happen. There are only two of us in this household. I don't know what would happen if we all of a sudden had to meet our own health care costs.

I know my dogs cost me $500 a month nowadays to have insurance, although their insurance is much better than mine.

Small business coverage, if the small business has at least one employee who is not the owner, spouse, or family member, it can use the SHOP Marketplace for small businesses to find affordable coverage for the owner and the employees.

I mean, that didn't work for my pizza shop. He and his spouse and his kids worked. They don't meet that definition of at least one employee who's not an owner or family member.

All right, so in summary, we're getting to the summary already -- do we have any questions before we summarize? We got through that all too fast.

You ready to open up some of those questions, Aleyda?

>> ALEYDA TORUNO: All those questions have been answered. I'm in the middle of answering one more.

>> RAY CEBULA: That's good. Keep your questions coming and we'll have time to finish them up. I didn't expect -- this is live TV. The first run-through is always live TV and this is what happens. Maintaining health coverage can be very important for self-employed workers, clearly we know that, because our self-employed workers have disability.

Medicare coverage continues as long as the worker continues to get a Title 2 payment. If Title 2 cash is coming through because your worker has not hit that SGA level or they're in their trial work period, don't worry about it. If the cash comes, Medicare's there.

Even if a worker earns enough that the Title 2 payment stops, that a Extended Period of Medicare Coverage provides continued Medicare for at least 24 -- 24 months? Oh, the EPMC -- okay. No, that's 93 months after the trial work period. We've got to fix that slide.

At least 93 months. That's a good thing. But, you know, when we talk about at least 93 months after the TWP, that's our general advice. If people need to know what might happen to them 7 years and 9 months into the future, use the Wizard and you can tell them that if nothing changes in your life or situation for the next 7 years and 9 months, this is the date it will end. But there's too much life there to get that specific.

Self-employed workers can use 1619(b), and Medicaid Buy-In, to keep Medicaid coverage while earning more. Check if you

Google SSA POMS, 1619(b) thresholds, you'll find a list for every state. What is the threshold in your state?

So you'll have some general information about that. Some of them are way up there in outer space, some of them are a little close to the atmosphere.

1619(b) is just one of those programs that not only changed the lives of our clients, but changed my career. When 1619(b) became permanent in 1987, I stopped helping people get onto benefits. I didn't need to anymore. All of my clients got benefits and they were still living in poverty so what I decided to do as a good Legal Services attorney was to help them get off of benefits and get out of poverty. 1619(b) can make that happen.

And the Marketplace offers health care coverage for self-employed workers and small business owners. Lots of pots to stick our fingers in. Only one of them that might be very, very expensive, but hopefully we don't get there real quick, and don't get there until our consumers' businesses can afford that.

All right. There's our contact information. You want to share any questions now, Aleyda?

>> ALEYDA TORUNO: Okay. Yeah, so there are some good questions here. A lot of this can feel overwhelming if you're not familiar with these rules and you're hearing them for the first time, they can absolutely be overwhelming so the only advice I can give you is find someone who knows benefits and is a Benefits Planner either as a Work Incentive Planner or the WIPA programs. There are experts in the community trained to know this information. A lot of staff know the transition points. There are a lot of states who miss 1619(b), right? So someone is on SSI, they're working and earning too much for SSI and they should be transitioned into 1619(b), sometimes that transition doesn't happen. States make mistakes, things happen. That's why it's always good to work with someone in advance of working to know what should be happening because you might find your State is not doing the right thing. You might find a systemic issue where the State is not communicating with the Social Security program and transitioning that person into that 1619(b) status.

>> RAY CEBULA: If you're having an issue with your own situation and Medicaid, or Medicare, you could contact your local Legal Services office. They've shrunk a lot since I was part of that crew, but health care is one of the things that they still watch out for.

And they may very well hold open houses or Town Hall meetings to teach people about Medicaid but, yeah, this is still overwhelming to me. It's just amazing how many options there are, and all of the rules.

I was talking with Aleyda just before this presentation, trying to find 1619(b) information for somebody in Georgia yesterday. And let me tell you, doing the research to find the State Rules for 1619(b), or the Medicaid Buy-In -- the Buy-In is what I was looking for actually -- can be so frustrating, because they either -- three things: They're either making it very confusing, they're either hiding it somehow, or it's right in front of you. But let me tell you, not many states are out there right in front of you, so even doing the research for this stuff can drive you crazy.

>> ALEYDA TORUNO: So someone is making the point that the Medicaid Buy-In is a little bit confusing, because when you think of the Buy-In, the States use that -- well, the BPQI a verification document that Social Security uses means someone is paying that Part B premium. Yes that's a good point, someone is paying for that Part B premium, we don't know who because that verification document doesn't tell you so if you're a Benefits Planner counting on that verification, that BPQI document isn't the end-all.

You've got to do your research with your State and verify with your client, are they on a Medicare savings program? Are they on Medicaid? In many states if someone qualifies for Medicaid the State will pay their Part B premium but unless you dig deeper you're not going to be able to know how that Part B premium is being paid so yes, I understand it can be confusing, but again, that verification document doesn't tell you everything that you need to know.

>> RAY CEBULA: Yeah. It doesn't -- the BPQI doesn't have any reference to Part D on it. And we all know if someone is getting Medicaid they've automatically been enrolled in Part D and it's just something else we need to verify, not with Social Security but with the Medicaid, or Medicare, Agencies.

>> ALEYDA TORUNO: Yes. Someone is asking -- sorry, go ahead.

>> RAY CEBULA: This Buy-In we're talking about today is a completely different program that's not noted on the BPQI at all.

>> ALEYDA TORUNO: So people are asking a tax question that I wouldn't want to give you the answer to because I'm not a tax expert.

So, you know, folks may need to consult with a tax expert to determine what are considered business expenses and if whether paying for health care coverage is part of an expense that can be deducted for purposes of self-employment. That is a good question. I'm not a tax expert so I don't want to pretend I am.

>> RAY CEBULA: I ain't saying anything either.

[Laughter]

That is definitely the notion of the team that we need to put together for our people who want to be self-employed and that team member includes a tax person. They're going to have to file income taxes every year. They're not like the regular income taxes we file as individuals.

That tax person needs to be in place long before that business opens up.

>> ALEYDA TORUNO: So is other question we have is, for 1619(b), we mentioned that there is a threshold. Each state has their own threshold, and that's because it represents the average cost per person, the Medicaid per-person in that state. So if the person has high income -- I'm sorry, high costs for health care, they would request an individualized threshold with Social Security. So the person is asking, who do they talk to about this? It's Social Security that they would talk to about their individualized threshold.

The policies that are published by Social Security that are followed in the office, there's actually a specific policy for 1619(b), and individualized threshold and it actually has a calculation sheet, for lack of a better word.

>> RAY CEBULA: Remember when I said that that last part of the calculation scheme depends on your State's average expenditure for Medicaid for people who are living in the community? If you look at an individualized threshold, they're calling and saying: Okay, what did you spend on Aleyda last year? Rather than the average.

And if her expenses are higher than the average, her threshold will be higher. You've got to look at people who have personal care attendants, who have lots of durable medical equipment, those people are going to be the most likely candidates for individualized thresholds.

>> ALEYDA TORUNO: So there's a very specific Ohio question and unfortunately when it comes to the Medicaid Buy-In for workers with disability, we don't know off the top of our heads each individual state's program. So I'm not going to be able to answer anything specific to Ohio. If Debora was here, she might know the answer.

>> RAY CEBULA: She might, yeah. We'll just put that into the pot, so if we get -- if Debora can answer that, you'll get it through the frequently asked questions.

Okay. So do you have to apply for SSI or SSDI to see a Benefits Planner? There are Work Incentives Planners in the community and they're usually out, they work for an Agency or they're independent. And so each one has their criteria for who they serve, so I can't tell you which actually serves what. I was part of the WIPA program. For Work Incentive Planning for whose who get the Work Incentives Planning and Assistance grant

from Social Security, they work with folks who are job ready or have a job offer so they may not be able to help someone who's not in that situation, but they may have other funding to provide that service so you have to check with your local WIPA or local WIP to see what the criteria is to get some Work Incentives planning.

I don't know if every state has a State Health Insurance Benefits Adviser but I think it would be great if there were more people at the State level who we could go to for questions, because they're the ones that implement the programs at the local level, so if the local people are making mistakes, the State should know about it.

>> RAY CEBULA: You know, I think most private insurance companies have those people, and often they call themselves navigators so I think if you were to go into your state's Medicaid manual, you wouldn't have to do much, just get to the Medicaid manual and search the word, using the word "navigator," you might find that real quick. Or it might even be on their home page.

>> ALEYDA TORUNO: Ray, do you know what question this is about the 80 hours per month requirement? I'm not sure I --

>> RAY CEBULA: Oh, yeah, let me see. I thought the 80 hours per month requirement was for people who do not have a disability. Is this wrong? Well, you know,.

>> ALEYDA TORUNO: I see what they're asking.

>> RAY CEBULA: Yeah. If you have SSI, you're exempt. It doesn't say that about SSDI. It also calls everybody else medically frail.

Now, if you can define that as everybody who has a disability, good for you. I can't. So I do not know what disability standards are going to be used by the states. I'm pretty sure all the states will exempt SSI recipients, but as far as everybody else, they may need to go through a disability determination to see if they meet the state standard.

>> ALEYDA TORUNO: CMS just issued guidance, and so we're looking through them and trying to figure out a lot of these pieces right now so there will be more information to come, I'm sure. But . . . Yeah.

[Laughter]

Okay, so again I don't know anything specifically for Ohio.

>> RAY CEBULA: I know that that situation --

>> ALEYDA TORUNO: That particular statement.

>> RAY CEBULA: I can't speak for Ohio either, but I know in New York, we have done things like that. We have just said: We don't want 1619(b) now. We want to use the Buy-In, because somebody needs to save some money to buy a new car. The resource levels are so much higher in the Buy-In. You can turn

your back on 1619(b) and move into the Buy-In.

>> ALEYDA TORUNO: So again, in terms of buying coverage for a business and whether the business is buying it instead of the owner employee, I don't know how that works in terms of what is legitimate.

>> RAY CEBULA: I've been looking at that question for a long time and just looking at it here thinking about it and I think we have to go back to day 1: What type of business is it? Is it a sole proprietorship? Which means the business is me and of course I can pay myself a health insurance plan as a business expense but what if it's a corporation? That's not me. I may have created a monster up here but I am not the corporation. The corporation pays me, that might require something different. So every one of those business formats may very well change any answer that we give you. And I think in most cases if people have and incorporation, they have incorporated their business, that, in fact, it's likely, if it's a successful business, that that corporation's going to pay for everybody's health care. That's what happens.

>> ALEYDA TORUNO: And then I don't know if there's a maximum number of employees for the -- for a small business to cover their employees. I don't know if there's, like, a limit. That's a good question but I don't know that.

>> RAY CEBULA: You take a few questions, I'm going to get on my other computer.

>> ALEYDA TORUNO: Yes, so there are a lot of great resources out there on the changes for the expansion program, so the rule that somebody mentioned about working 80 hours is for those Medicaid expansion programs, and KFF is definitely a great resource. I've done a lot of research on there and I believe they'll be writing a summary of the CMS or they have written some stuff about what's in those CMS Guidelines so they do have some specific information, thanks Jennifer for reminding me, about the state Medicaid Buy-In so there's a lot of great information in there so it's a great resource so somebody mentioned it and reminded me that is a good resource to go look.

>> RAY CEBULA: Aleyda? SHOP is for small businesses with 1 to 50 employees?

>> ALEYDA TORUNO: 50, okay there you go, there's the 50. It's 50, the maximum.

>> RAY CEBULA: Boy, sometimes Google works.

>> ALEYDA TORUNO: All right, I think that is all the questions we have now, so I think they're all answered. Yes, they are. All right, we have a minute to the hour, so we'll give it a minute to see if we have any more questions, and if not, then we're giving you back 30 minutes of your day. If you thought it was 2 hours, I'm giving you more minutes to your day.

[Laughter]

>> RAY CEBULA: I did see a question fly by: Should people be registering for 1 hour or 1.5 hours CEUs? You were supposed to be here for an hour and a half and just like I tell everybody, when they're registering their CEUs for Cornell purposes, if the session is booked for an hour and a half, you get an hour and a half.

If that session is under, good for you.

If the session is over, you still only get an hour and a half.

[Laughter]

>> ALEYDA TORUNO: Okay. Ima, can you tell us what resource you're talking about that you wanted?

I don't know if Social Security flags compassionate allowance cases. I think they should see that someone may qualify for compassionate allowance and be able to bypass the longer application process so there was a question about that.

>> RAY CEBULA: I think they are specially flagged as compassionate allowances, TERI cases, or something that really has a red flag on it like: Do this now.

>> ALEYDA TORUNO: It's KFF.org which used to stand for Kaiser Family Foundation but they've changed their name to just KFF, that's the resource we were talking about earlier. Sorry, Ima, I didn't make that clear. Hopefully you got that.

>> RAY CEBULA: All right.

>> ALEYDA TORUNO: All right, everyone.

>> KOCHELL RICKLEFS: I'm going to step in for Nikki. This is Kochell. Thank you, everybody, and just a reminder that our next time that we meet is next Tuesday, the 16th, and it is at 1:00 p.m. Eastern time.

And we'll have more information at that point. Thank you for our presenters today and our ASL interpreters. Much appreciated.

So I think we're good.

>> RAY CEBULA: Okay.

[End of session]