More Than One Way to Qualify: Medicaid Eligibility Beyond the New Requirements

October 14, 2026

Pennsylvania Health Law Project

Community Legal Services of Philadelphia

Just Harvest

PHAN Pennsylvania Health Access Network

What we will cover

- Terminology & Context
- Very Low-Income Categories
  - Very Young & Older Adults
  - Short-term Disabilities & Health Sustaining Meds
  - Domestic Violence Victims
  - Parents & Caretakers
- Disability-Based Eligibility Categories
  - Healthy Horizons
  - Medical Assistance for Workers with Disabilities
- Resources



Terminology

- Medicaid = Medical Assistance = MA
- DHS – Pennsylvania Department of Human Services
- CAO – County Assistance Office (part of DHS)
- MAWD – Medical Assistance for Workers with Disabilities

There are many different “categories” of MA eligibility

MA Program	Brief Description
BCCPT	Breast and Cervical Cancer Prevention and Treatment program.
Former foster youth	In foster care when turned 18 and currently under age 26.
MAWD	Medical Assistance for Workers with Disabilities. Under age 65, disabled, and working.
Waiver	People receiving Home & Community Based Services.
Pregnant	Currently pregnant or within 12 months post-partum period.
Medicare buy-in	Cost-sharing assistance for people enrolled in Medicare.
Healthy Horizons	Disabled or age 65+
Expansion	Age 19-64 and not enrolled in Medicare
SSI recipients	Disabled or age 65+ and receiving Supplemental Security Income from SSA.
Low-income families	Adults caring for children under age 18
MNO and NMP	Age 19, 20, or 59+, or disabled or in need of medication, or caring for unrelated children or disabled household members, or domestic violence victim, or in substance use treatment

Why should we care about all these different categories?

- Our goal for today: give you a good idea of the main ways that people can be enrolled in MA but not enrolled in expansion categories.

- Why? Because HR1 is going to make it a lot harder for people in expansion categories to get and keep their MA starting next year. In most cases, the CAO should automatically switch people to non-expansion categories if eligible, but the CAO makes mistakes sometimes.

Starting January 2027, HR1's work requirements and 6-month renewals will apply to expansion categories ONLY

Category	Subject to HR1's work requirements?	Subject to HR1's 6 month renewals?
BCCPT	NO	NO
Former foster youth	NO	NO
MAWD	NO	NO
Waiver	NO	NO
Pregnant	NO	NO
Medicare Buy-in	NO	NO
Healthy Horizons	NO	NO
Expansion	YES	YES
SSI recipients	NO	NO
Low-income families	NO	NO
MNO and NMP	NO	NO

How do recipients know they are in the Medicaid Expansion category?



- Letters, Texts, and Robo-calls
  - DHS sent letters to everyone in the Medicaid Expansion category in September. It also sent robo-calls and texts to those for whom it had a phone number.
- COMPASS
  - By January, COMPASS and the myCOMPASS app will contain a new 'work requirements' field for recipients in the Medicaid Expansion category.
- Providers can look up patients in PROMISe/EVS to verify eligibility
  - Only eligibility codes MG 90 and MG 91 = Medicaid Expansion
- Recipients can call the DHS Customer Service Center: 877-395-8930 (statewide) or 215-560-7226 (Philadelphia)

Changing Medicaid Categories

- Federal law requires states to “explore and exhaust all possible avenues of eligibility” before closing a recipient’s Medicaid coverage.
  - “Prior to making a determination of ineligibility, the agency must consider all bases of eligibility …” 42 CFR 435.916.
- For recipients who become eligible for a different Medicaid category, “the CAO must not require a new application.”
  - Medical Assistance Eligibility Handbook (MAEH) 368.5 (“Change of Category”)

Very Low-Income Categories

VERY LOW-INCOME CATEGORIES

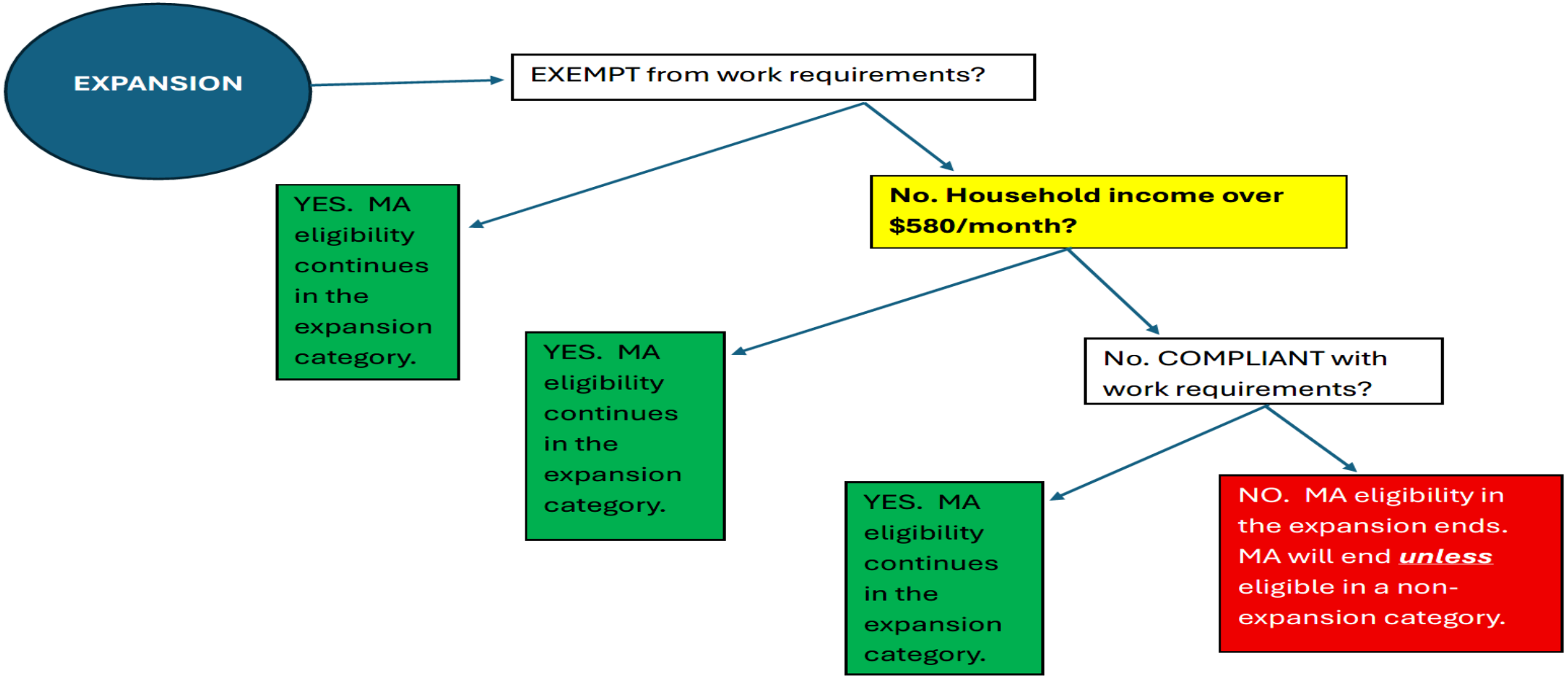
- **Medically Needy Only (MNO):**
  - Parents
  - Young adults
  - People age 59+
- **Non-Money Payment (NMP):**
  - Parents and other related caretakers of children under 18
  - People with shorter-term disabilities or in need of health sustaining medication
  - Domestic violence victims
  - Non-parental caretakers of children under 13
  - Caretakers of disabled household members
  - Substance use disorder treatment
- **MG 27**
  - Parents and caretakers of children under 18

Non-Expansion MA Categories for Very Low-Income People Will Have a New and Important Role Starting January 1

- Many people with income low enough to qualify for these categories will have household income under $580/month. This is important to keep in mind because only people with household income under $580/month and who are in an expansion category and not exempt from work requirements will need to verify compliance with HR1's work requirement starting Jan 1, 2027.

- **Under HR1, very low-income people in the expansion categories are more likely than anyone else to lose MA eligibility entirely if they cannot move into a non-expansion category.**

Starting Jan 1: HR1 will put very low-income people at high risk of MA termination



MNO and NMP Overview

Old categories of MA, dating back to the 1960s.

Household Size	MNO Income Limit	MNO Resource Limit*	NMP income limit**	NMP Resource Limit*
1	$425	$2400	$205	$250
2	$442	$3200	$316	$1000
3	$467		$403	
4	$567		$497	

*No resource limit for households with children under 21

** Income limits vary slightly by county. See MA Eligibility Handbook Chapter 368, Appendix A

Very Young Adults

- Ages 19 and 20.
- Parents' income does not count.
- MNO income limits apply, no resource test.

If not exempt from or compliant with HR1's work requirements, can keep MA!

Older Adults

- People age 59+.
- MNO income limits apply.
- MNO resource limits apply, unless caring for and living with a child under 21.

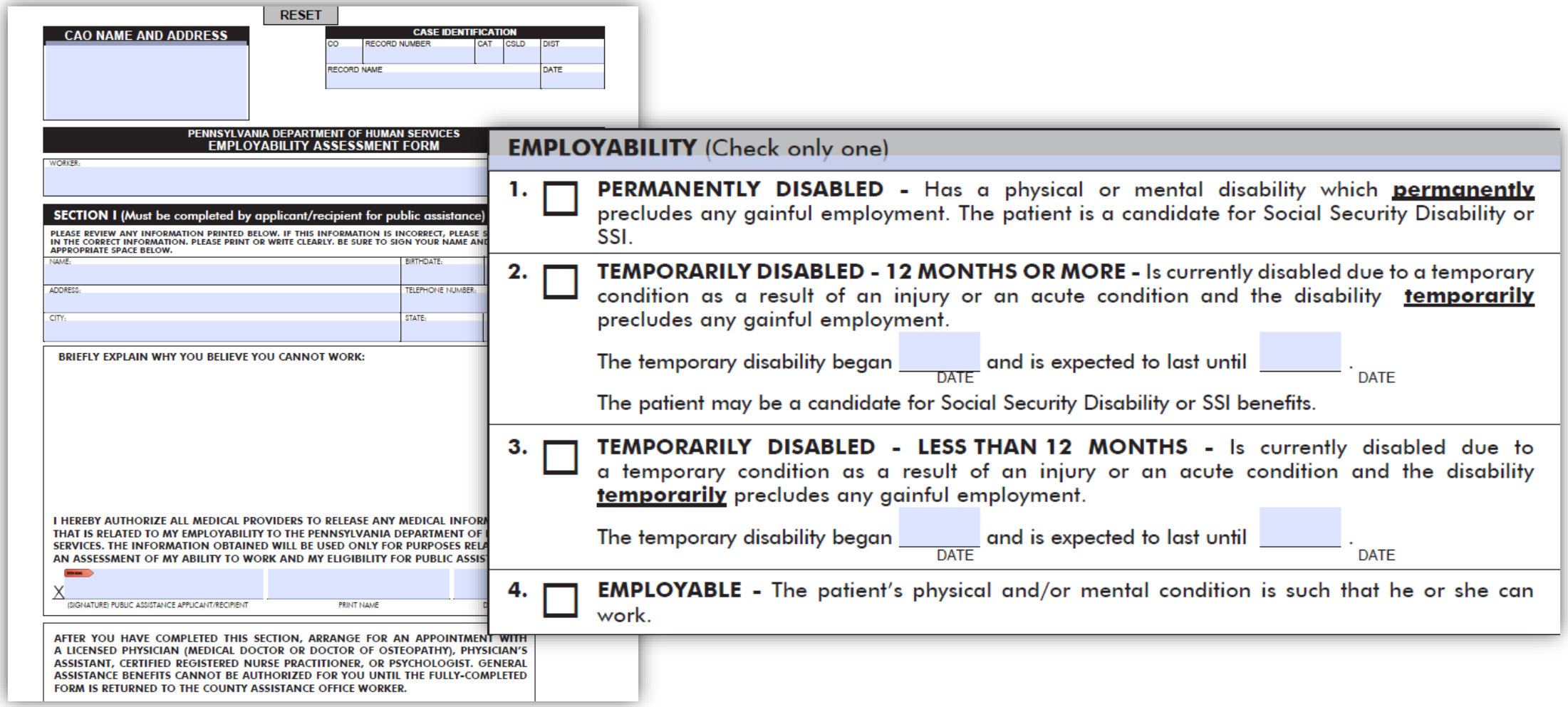
If not exempt from or compliant with HR1's work requirements, can keep MA!

People with shorter-term disabilities or who need health sustaining medications

- Disability can be short term (less than 12 months). Use the PA-1663. The disability can also be long term, but if it is, then Healthy Horizons will be the appropriate category and we'll talk more about Healthy Horizons in the next section.
- The health sustaining medication that is needed can be a prescribed or an over-the-counter medication. Use the PA1671.
- NMP income limits apply.
- NMP resource limits apply, unless caring for and living with a child under 21.

If not exempt from or compliant with HR1's work requirements, can keep MA!

Employability Assessment Form (PA 1663)



RESET

CAO NAME AND ADDRESS

CASE IDENTIFICATION

CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
EMPLOYABILITY ASSESSMENT FORM

WORKER:

SECTION I (Must be completed by applicant/recipient for public assistance)

PLEASE REVIEW ANY INFORMATION PRINTED BELOW. IF THIS INFORMATION IS INCORRECT, PLEASE S
IN THE CORRECT INFORMATION. PLEASE PRINT OR WRITE CLEARLY. BE SURE TO SIGN YOUR NAME AND
APPROPRIATE SPACE BELOW.

NAME: BIRTHDATE:

ADDRESS: TELEPHONE NUMBER:

CITY: STATE:

BRIEFLY EXPLAIN WHY YOU BELIEVE YOU CANNOT WORK:

I HEREBY AUTHORIZE ALL MEDICAL PROVIDERS TO RELEASE ANY MEDICAL INFORM
THAT IS RELATED TO MY EMPLOYABILITY TO THE PENNSYLVANIA DEPARTMENT OF
SERVICES. THE INFORMATION OBTAINED WILL BE USED ONLY FOR PURPOSES RELA
AN ASSESSMENT OF MY ABILITY TO WORK AND MY ELIGIBILITY FOR PUBLIC ASSIS

X
(SIGNATURE) PUBLIC ASSISTANCE APPLICANT/RECIPIENT PRINT NAME

AFTER YOU HAVE COMPLETED THIS SECTION, ARRANGE FOR AN APPOINTMENT WITH A LICENSED PHYSICIAN (MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY), PHYSICIAN'S ASSISTANT, CERTIFIED REGISTERED NURSE PRACTITIONER, OR PSYCHOLOGIST. GENERAL ASSISTANCE BENEFITS CANNOT BE AUTHORIZED FOR YOU UNTIL THE FULLY-COMPLETED FORM IS RETURNED TO THE COUNTY ASSISTANCE OFFICE WORKER.

EMPLOYABILITY (Check only one)

1. ☐ **PERMANENTLY DISABLED** - Has a physical or mental disability which **permanently** precludes any gainful employment. The patient is a candidate for Social Security Disability or SSI.

2. ☐ **TEMPORARILY DISABLED - 12 MONTHS OR MORE** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability **temporarily** precludes any gainful employment.

   The temporary disability began _____ (DATE) and is expected to last until _____ . (DATE)

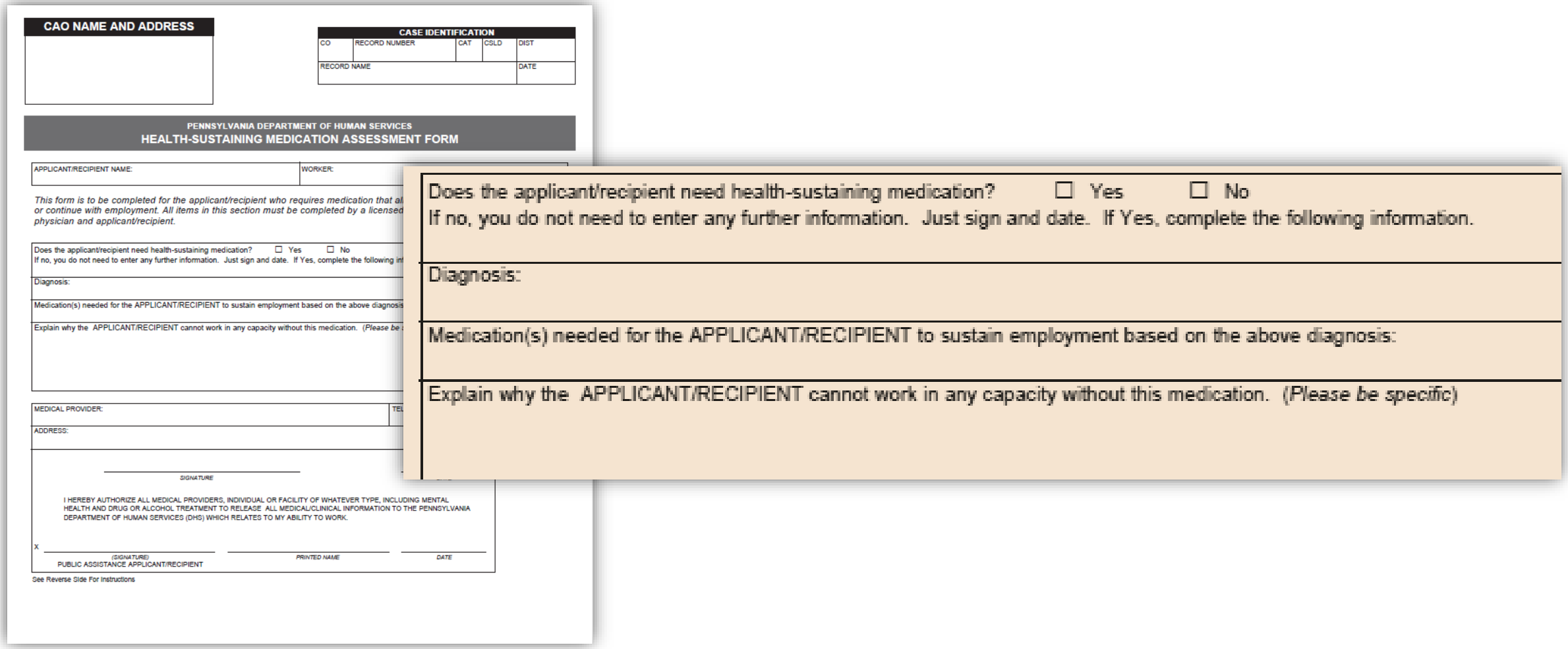
   The patient may be a candidate for Social Security Disability or SSI benefits.

3. ☐ **TEMPORARILY DISABLED - LESS THAN 12 MONTHS** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability **temporarily** precludes any gainful employment.

   The temporary disability began _____ (DATE) and is expected to last until _____ . (DATE)

4. ☐ **EMPLOYABLE** - The patient's physical and/or mental condition is such that he or she can work.

Health-Sustaining Medication Form (PA 1671)



CAO NAME AND ADDRESS

CASE IDENTIFICATION

CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
HEALTH-SUSTAINING MEDICATION ASSESSMENT FORM

APPLICANT/RECIPIENT NAME: WORKER:

This form is to be completed for the applicant/recipient who requires medication that al or continue with employment. All items in this section must be completed by a licensed physician and applicant/recipient.

Does the applicant/recipient need health-sustaining medication? ☐ Yes ☐ No
If no, you do not need to enter any further information. Just sign and date. If Yes, complete the following in

Diagnosis:

Medication(s) needed for the APPLICANT/RECIPIENT to sustain employment based on the above diagnosis

Explain why the APPLICANT/RECIPIENT cannot work in any capacity without this medication. (*Please be*

MEDICAL PROVIDER: TEL

ADDRESS:

SIGNATURE

I HEREBY AUTHORIZE ALL MEDICAL PROVIDERS, INDIVIDUAL OR FACILITY OF WHATEVER TYPE, INCLUDING MENTAL HEALTH AND DRUG OR ALCOHOL TREATMENT TO RELEASE ALL MEDICAL/CLINICAL INFORMATION TO THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES (DHS) WHICH RELATES TO MY ABILITY TO WORK.

X _____ _____ _____
(SIGNATURE) PRINTED NAME DATE
PUBLIC ASSISTANCE APPLICANT/RECIPIENT

See Reverse Side For Instructions

Does the applicant/recipient need health-sustaining medication? ☐ Yes ☐ No
If no, you do not need to enter any further information. Just sign and date. If Yes, complete the following information.

Diagnosis:

Medication(s) needed for the APPLICANT/RECIPIENT to sustain employment based on the above diagnosis:

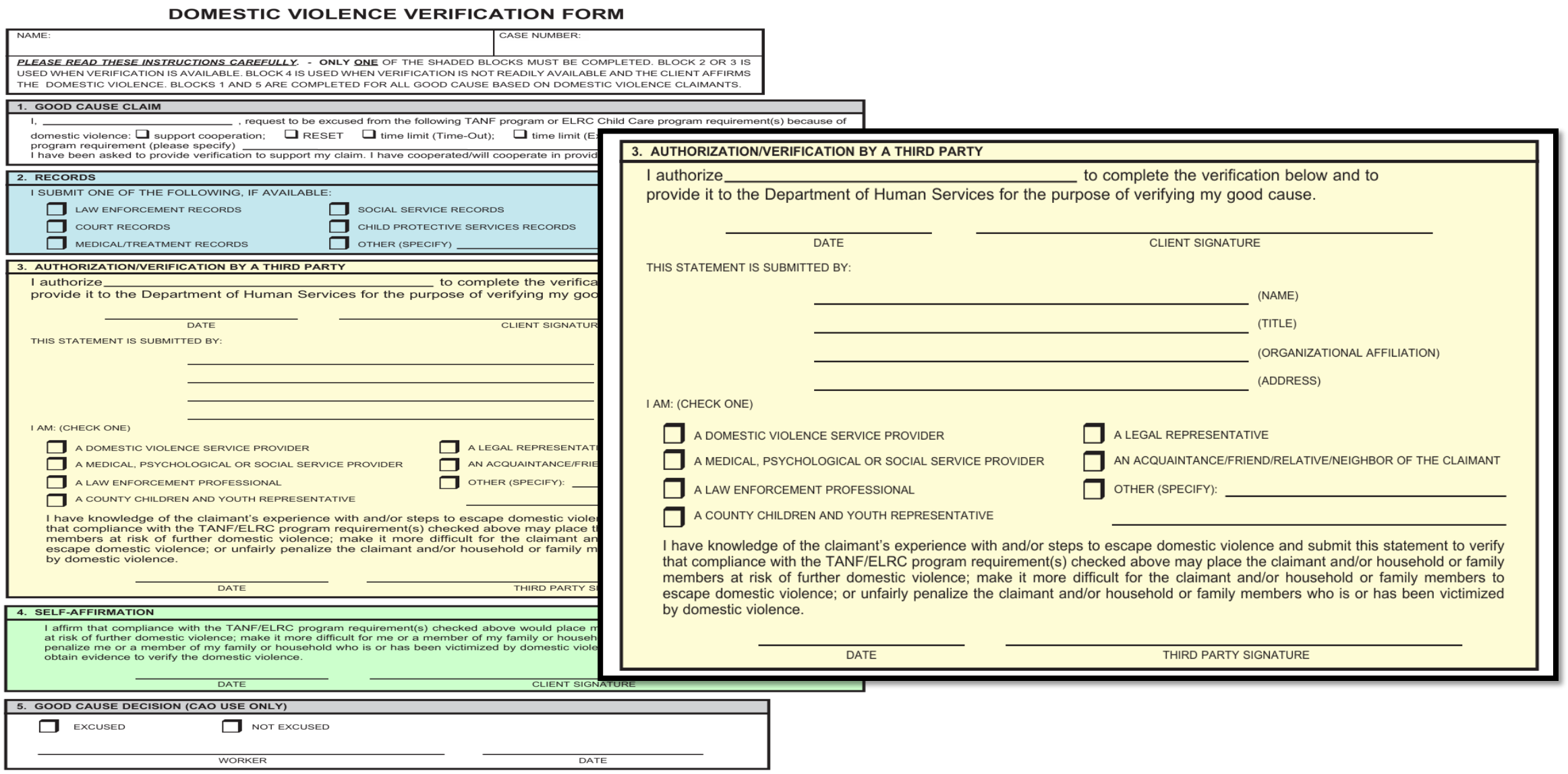
Explain why the APPLICANT/RECIPIENT cannot work in any capacity without this medication. (*Please be specific*)

Domestic Violence Victims

- Use the Domestic Violence Verification form, PA 1747.
- **Use this category as a last resort.** It is only available to an individual for 9 months in their lifetime max. If you need to use it, start thinking about other potential categories of MA as soon as possible after MA is authorized in this category so you don't run up against that 9-month expiration date.
- NMP income limits apply.
- NMP resource limits apply, unless caring for and living with a child under 21.

If not exempt from or compliant with HR1's work requirements, can keep MA!

Domestic Violence Verification Form (PA1747)



DOMESTIC VIOLENCE VERIFICATION FORM

NAME: | CASE NUMBER:

PLEASE READ THESE INSTRUCTIONS CAREFULLY. - **ONLY ONE** OF THE SHADED BLOCKS MUST BE COMPLETED. BLOCK 2 OR 3 IS USED WHEN VERIFICATION IS AVAILABLE. BLOCK 4 IS USED WHEN VERIFICATION IS NOT READILY AVAILABLE AND THE CLIENT AFFIRMS THE DOMESTIC VIOLENCE. BLOCKS 1 AND 5 ARE COMPLETED FOR ALL GOOD CAUSE BASED ON DOMESTIC VIOLENCE CLAIMANTS.

1. GOOD CAUSE CLAIM

I, _____ , request to be excused from the following TANF program or ELRC Child Care program requirement(s) because of domestic violence: ❑ support cooperation; ❑ RESET ❑ time limit (Time-Out); ❑ time limit (E
program requirement (please specify) _____
I have been asked to provide verification to support my claim. I have cooperated/will cooperate in provid

2. RECORDS

I SUBMIT ONE OF THE FOLLOWING, IF AVAILABLE:

- ❑ LAW ENFORCEMENT RECORDS
- ❑ COURT RECORDS
- ❑ MEDICAL/TREATMENT RECORDS
- ❑ SOCIAL SERVICE RECORDS
- ❑ CHILD PROTECTIVE SERVICES RECORDS
- ❑ OTHER (SPECIFY) _____

3. AUTHORIZATION/VERIFICATION BY A THIRD PARTY

I authorize_____ to complete the verifica
provide it to the Department of Human Services for the purpose of verifying my goo

_____ DATE | _____ CLIENT SIGNATUR

THIS STATEMENT IS SUBMITTED BY:

_____
_____
_____
_____

I AM: (CHECK ONE)

- ❑ A DOMESTIC VIOLENCE SERVICE PROVIDER
- ❑ A MEDICAL, PSYCHOLOGICAL OR SOCIAL SERVICE PROVIDER
- ❑ A LAW ENFORCEMENT PROFESSIONAL
- ❑ A COUNTY CHILDREN AND YOUTH REPRESENTATIVE
- ❑ A LEGAL REPRESENTAT
- ❑ AN ACQUAINTANCE/FRIE
- ❑ OTHER (SPECIFY): _____

I have knowledge of the claimant's experience with and/or steps to escape domestic viole
that compliance with the TANF/ELRC program requirement(s) checked above may place t
members at risk of further domestic violence; make it more difficult for the claimant an
escape domestic violence; or unfairly penalize the claimant and/or household or family m
by domestic violence.

_____ DATE | _____ THIRD PARTY S

4. SELF-AFFIRMATION

I affirm that compliance with the TANF/ELRC program requirement(s) checked above would place n
at risk of further domestic violence; make it more difficult for me or a member of my family or househ
penalize me or a member of my family or household who is or has been victimized by domestic viole
obtain evidence to verify the domestic violence.

_____ DATE | _____ CLIENT SIGNATURE

5. GOOD CAUSE DECISION (CAO USE ONLY)

❑ EXCUSED ❑ NOT EXCUSED

_____ WORKER | _____ DATE

PA 1747 8/24

3. AUTHORIZATION/VERIFICATION BY A THIRD PARTY

I authorize_____ to complete the verification below and to provide it to the Department of Human Services for the purpose of verifying my good cause.

_____ DATE | _____ CLIENT SIGNATURE

THIS STATEMENT IS SUBMITTED BY:

_____ (NAME)
_____ (TITLE)
_____ (ORGANIZATIONAL AFFILIATION)
_____ (ADDRESS)

I AM: (CHECK ONE)

- ❑ A DOMESTIC VIOLENCE SERVICE PROVIDER
- ❑ A MEDICAL, PSYCHOLOGICAL OR SOCIAL SERVICE PROVIDER
- ❑ A LAW ENFORCEMENT PROFESSIONAL
- ❑ A COUNTY CHILDREN AND YOUTH REPRESENTATIVE
- ❑ A LEGAL REPRESENTATIVE
- ❑ AN ACQUAINTANCE/FRIEND/RELATIVE/NEIGHBOR OF THE CLAIMANT
- ❑ OTHER (SPECIFY): _____

I have knowledge of the claimant's experience with and/or steps to escape domestic violence and submit this statement to verify that compliance with the TANF/ELRC program requirement(s) checked above may place the claimant and/or household or family members at risk of further domestic violence; make it more difficult for the claimant and/or household or family members to escape domestic violence; or unfairly penalize the claimant and/or household or family members who is or has been victimized by domestic violence.

_____ DATE | _____ THIRD PARTY SIGNATURE

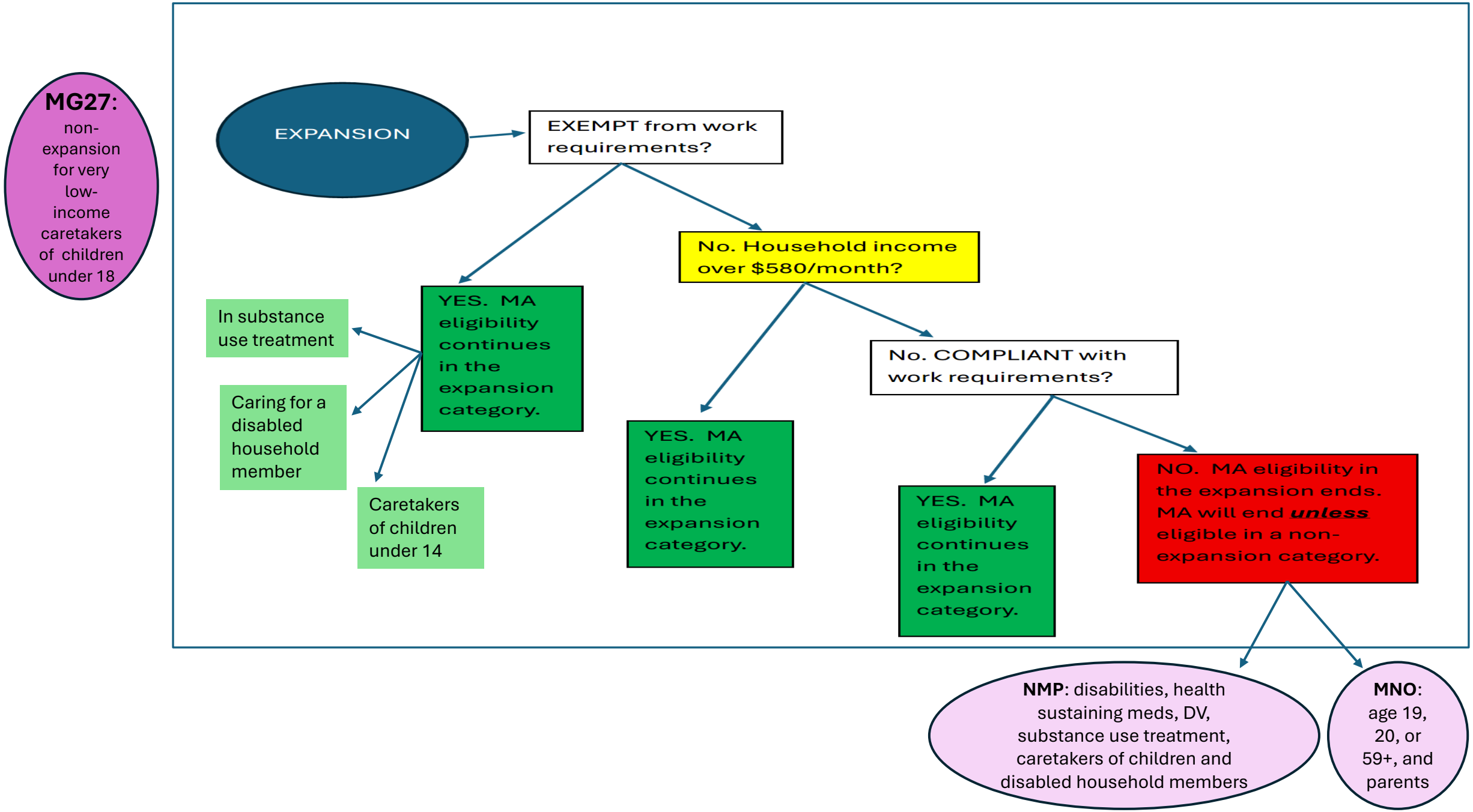
Parents and other caretakers of children, people caring for disabled household members and people in substance use treatment

- There are NMP or MNO categories for each of these groups of people. However, we are not going to spend too much time with these NMP or MNO categories today because each of these groups also have clear **exemptions** from HR1's work requirements. They are therefore less likely to lose eligibility in the expansion category because of HR1's work requirements or have any need to transition to NMP or MNO.

Parents and other caretakers of children, people caring for disabled household members and people in substance use treatment

- Parents and caretakers of children under 18 have the added protection of MG27. MG27 is a non-expansion MA category for caretakers of children under 18 with household income under 33% FPL and no resource test. The CAO can and usually does automatically move people out of expansion and into MG27 if they're eligible. Once they're out of expansion, they are safe from work requirements and have no need for NMP or MNO.

If you are working with a parent/caretaker who is denied MA because of work requirements this is a HUGE red flag—especially if they are a very low-income parent.


MG27: non-expansion for very low-income caretakers of children under 18
EXPANSION
EXEMPT from work requirements?
No. Household income over $580/month?
YES. MA eligibility continues in the expansion category.
In substance use treatment
Caring for a disabled household member
Caretakers of children under 14
YES. MA eligibility continues in the expansion category.
No. COMPLIANT with work requirements?
YES. MA eligibility continues in the expansion category.
NO. MA eligibility in the expansion ends. MA will end unless eligible in a non-expansion category.
NMP: disabilities, health sustaining meds, DV, substance use treatment, caretakers of children and disabled household members
MNO: age 19, 20, or 59+, and parents

MNO Example

Sylvia is 63 years old and lost her job in August 2026. She tried looking for another job, but she had no luck and decided she needed to apply for early Social Security retirement benefits and MA. She was approved for all benefits in October 2026, but her early retirement benefit was only about $400. Someone just suggested that she also apply for SSI, but she has not done that yet. In October 2027, her MA renewal comes in the mail. There are a bunch of questions about work that she's never seen before. She's confused: why are they asking her about work when they know she gets social security and doesn't have a job? She does the form as best as she can, but doesn't answer most of the questions about work because she doesn't really understand them or why she is being asked them in the first place.

The CAO receives the renewal and finds that she is ineligible for expansion because she did not provide the work requirement information. Sylvia gets the MA termination notice in the mail and **files an appeal right away.** She then drops off a copy of her bank statement at the CAO with a note that says: "I can't find a job, all I have is $400 from social security, they won't give me Medicare until I'm 65– and look, all I have is $50 in the bank. What more do I have to do to be eligible for healthcare?" The CAO reviews her case with the resource verification Sylvia has provided, finds that she is within MNO income and resource limits, and restores her MA in the MNO category.

NMP Example

Robert is 46 years old. He is homeless and has no income. He has diabetes. He's been able to keep up with his diabetes medicine recently, but there was a time about a year and a half ago that he ended up in the hospital because he couldn't get his medication. He does his 2027 MA renewal at the library and notices a bunch of new questions in COMPASS about work. He does them, but immediately panics thinking that his MA is going to be cut off soon because he doesn't have a job.

He goes to his doctor's office to ask them to renew his prescription so he can get as much of his medicine now as he can before he loses MA. The doctor's office talks with him and realizes that Robert's right, he might be at risk of MA termination soon because of HR1's work requirements. They complete a health sustaining medications form for him and suggest that he bring it to the CAO. Robert drops off the form that day. The CAO reviews his renewal and finds that he is no longer eligible for MA in the expansion category because of the work requirements, but because he has the health sustaining medications form, they renew his MA in the NMP category instead.

MG27 Example

Ashley is 38 years old and has a daughter age 16. She loses her job, and the health insurance that came with it, in November 2026, leaving her with just $500/month in child support as her only income. She starts looking for a new job, but by January 2027 she still hasn't found one. She goes to her local health center and when the doctor hands her a prescription, she hands it back and says she can't get it filled without insurance.

She is referred to the benefits counselor for help with a MA application.
Ashley says, "I read online that people with kids over 14 can't get MA anymore unless they're working, so I don't know what the point of all this is. I'll just have to be sick while I go to job interviews, I guess." The benefit counselor asks a few questions and takes note of her very low income. The benefit counselor encourages her to apply and tells her she might be eligible even though she is not working. She applies and is approved in the MG27 category.

Key Take Aways

- Very low-income people have multiple MA category options that are likely to allow them to keep MA despite HR1's work requirements!
- If you are working with a very low-income person and they are denied MA because of the work requirements, this is a red flag!
- Appeal denials and terminations! The CAO will miss some of these cases. Appeals are the best way to preserve your rights to the MA you are eligible to receive.

Questions?

Disability-Based Categories

Social Security Disability Benefits

SSI

- Supplemental Security Income
- No work history required
- $1016/month (2026)
- Confers Medicaid automatically

SSDI

- Social Security Disability Insurance
- Requires work history
- Typically $1400-1700/month
- Confers Medicare *after* 2 years

Healthy Horizons

Healthy Horizons

Two ways to qualify:

1. Age 65+ <or>
2. Disability
   - Social Security Disability Insurance (SSDI), or
   - Box 1 or 2 on Employability Assessment Form

- Applicants under age 65 and not on SSDI must:
  - Either apply for SSDI/SSI, *or*
  - Be certified as disabled according to the SSA disability standard by the state's Medical Review Team (MRT)

Healthy Horizons – Income & Resource Limits

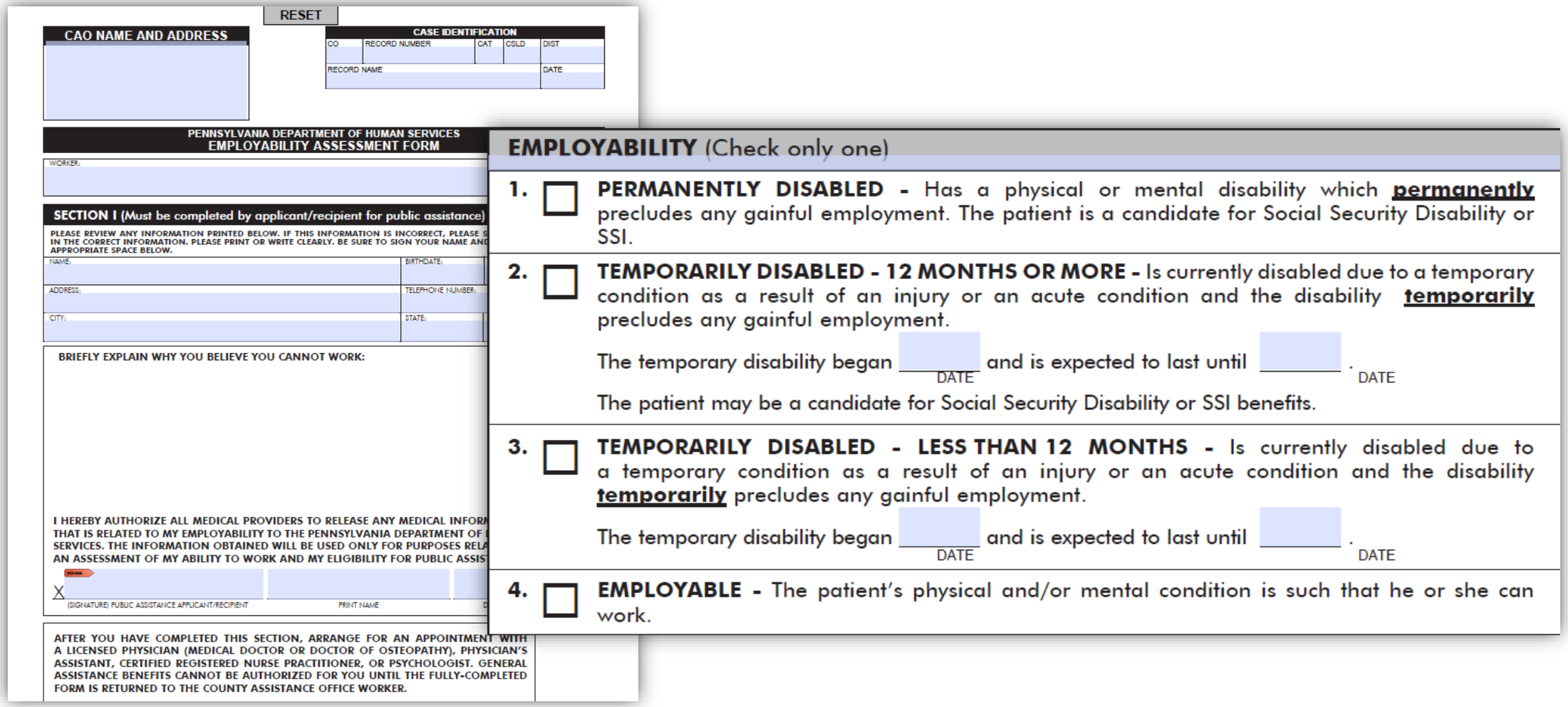
- Income limit (100% FPL; 2026)

Household Size	Monthly
HH of 1	$1,330
HH of 2	$1,804

- Plus income disregards
- Resource Limit: $2,000 (HH of 1)
  $3,000 (HH of 2)

See MAEH Ch. 319

Employability Assessment Form (PA 1663)



RESET

CAO NAME AND ADDRESS

CASE IDENTIFICATION

CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES
EMPLOYABILITY ASSESSMENT FORM

WORKER:

SECTION I (Must be completed by applicant/recipient for public assistance)

PLEASE REVIEW ANY INFORMATION PRINTED BELOW. IF THIS INFORMATION IS INCORRECT, PLEASE S
IN THE CORRECT INFORMATION. PLEASE PRINT OR WRITE CLEARLY. BE SURE TO SIGN YOUR NAME AND
APPROPRIATE SPACE BELOW.

NAME: BIRTHDATE:

ADDRESS: TELEPHONE NUMBER:

CITY: STATE:

BRIEFLY EXPLAIN WHY YOU BELIEVE YOU CANNOT WORK:

I HEREBY AUTHORIZE ALL MEDICAL PROVIDERS TO RELEASE ANY MEDICAL INFORM
THAT IS RELATED TO MY EMPLOYABILITY TO THE PENNSYLVANIA DEPARTMENT OF
SERVICES. THE INFORMATION OBTAINED WILL BE USED ONLY FOR PURPOSES RELA
AN ASSESSMENT OF MY ABILITY TO WORK AND MY ELIGIBILITY FOR PUBLIC ASSIS

X
(SIGNATURE) PUBLIC ASSISTANCE APPLICANT/RECIPIENT PRINT NAME

AFTER YOU HAVE COMPLETED THIS SECTION, ARRANGE FOR AN APPOINTMENT WITH A LICENSED PHYSICIAN (MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY), PHYSICIAN'S ASSISTANT, CERTIFIED REGISTERED NURSE PRACTITIONER, OR PSYCHOLOGIST. GENERAL ASSISTANCE BENEFITS CANNOT BE AUTHORIZED FOR YOU UNTIL THE FULLY-COMPLETED FORM IS RETURNED TO THE COUNTY ASSISTANCE OFFICE WORKER.

EMPLOYABILITY (Check only one)

1. ☐ **PERMANENTLY DISABLED** - Has a physical or mental disability which **permanently** precludes any gainful employment. The patient is a candidate for Social Security Disability or SSI.

2. ☐ **TEMPORARILY DISABLED - 12 MONTHS OR MORE** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability **temporarily** precludes any gainful employment.

   The temporary disability began _____ (DATE) and is expected to last until _____ . (DATE)

   The patient may be a candidate for Social Security Disability or SSI benefits.

3. ☐ **TEMPORARILY DISABLED - LESS THAN 12 MONTHS** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability **temporarily** precludes any gainful employment.

   The temporary disability began _____ (DATE) and is expected to last until _____ . (DATE)

4. ☐ **EMPLOYABLE** - The patient's physical and/or mental condition is such that he or she can work.

Healthy Horizons Case Example

- Jose, age 56, has rheumatoid arthritis, fibromyalgia, and bipolar disorder. He works as an Uber driver but increasing flair ups of his health conditions have caused him to drive less. He has no savings, and his income has fallen to $400 per month recently.
- He is losing MA in the expansion category because of the work requirements. (He did not understand the medical exemption questions on his renewal.) Does he qualify for Healthy Horizons?

	Income + Resource Eligibility	Program Eligibility
Jose	✓	Has a healthcare provider checked box 1 or 2 on the Employability Assessment Form?

Medical Assistance for Workers with Disabilities

Medical Assistance for Workers with Disabilities ("MAWD")

- Underused category
  - High income & resource limits
  - Minimal work requirement
- Age 16-64
- Requires 5% premium
  - Based on recipient's income only, after disregards

See MAEH Ch. 316

Program Eligibility

“Workers”

- work is defined loosely:
- no minimum hours required
  - 1 hour/month is enough
  - 1 hour/week is better
- can be informal
- requires some amount of paid work monthly

“with Disabilities”

- murkier
- standard: SSDI or Medical Review Team (MRT) finding: “perm. & totally disabled” without regard to actual work
- Disability ≠ unable to work
- **Practice tip**: if serious long-term condition, apply!

Types of MAWD Clients

SSDI Recipients

- Needs to work
- Use a simple letter
  - Include name, work done, amount paid, date, and contact info
- Minimal work will not affect SSDI

Workers w/ Chronic Conditions

- Needs to show ‘disability’
- Use Health Sustaining Meds form or a basic doctor’s letter stating:
  - Diagnosis
  - Duration
- Ask for “presumptive” eligibility

MAWD – Income & Resource Limits

- Income limit (250% FPL; 2026)

Household Size	Monthly	Annual
HH of 1	$3,325	$39,900
HH of 2	$4,509	$54,100

- Plus income disregards
  → For earned income, double these limits
- Resource Limit: $10,000

See MAEH Ch. 316

MAWD – Income & Resource Limits

- Income: 250% FPL
  - AFTER income disregards!
    - Earned Income – disregard $65 and half of the remainder
    - Unearned Income – disregard $20
  - Spouse's income is included for eligibility purposes, but NOT for calculating premiums
  - The same disregards apply for Healthy Horizons
- Resources: $10,000
  - Includes spouse's resources (but not spouse's retirement)
  - **Excludes** primary residence, one vehicle, ABLE accounts, & many others

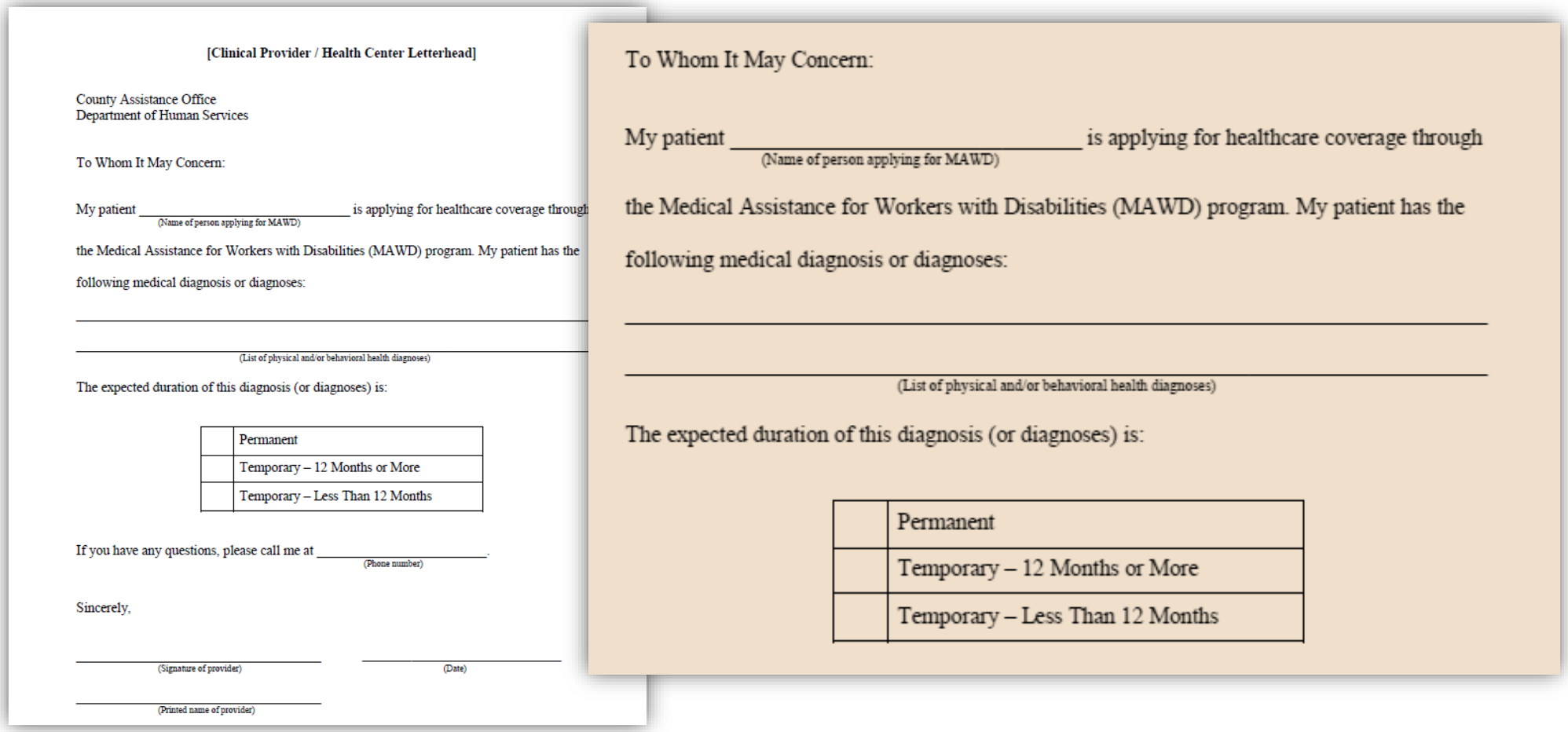
See MAEH 360.3 & 340.82

Presumptive Eligibility

- To avoid delay, MAWD can be authorized “presumptively”
- Requires initial proof of disability, including any of the following:
  - Basic letter from a medical provider
  - Health-Sustaining Medications form (PA 1671), or
  - Employability Assessment Form (PA 1663)
- Medical Review Team (MRT) Review
  - MRT decides whether someone meets the MAWD disability standard
  - 12 months of medical records typically requested

See MAEH 316.24

Initial Proof of “Disability” – Basic Letter



[Clinical Provider / Health Center Letterhead]

County Assistance Office
Department of Human Services

To Whom It May Concern:

My patient _____ is applying for healthcare coverage through
(Name of person applying for MAWD)

the Medical Assistance for Workers with Disabilities (MAWD) program. My patient has the following medical diagnosis or diagnoses:

_____

_____
(List of physical and/or behavioral health diagnoses)

The expected duration of this diagnosis (or diagnoses) is:

	Permanent
	Temporary – 12 Months or More
	Temporary – Less Than 12 Months

If you have any questions, please call me at _____.
(Phone number)

Sincerely,

_____ _____
(Signature of provider) (Date)

_____
(Printed name of provider)

To Whom It May Concern:

My patient _____ is applying for healthcare coverage through
(Name of person applying for MAWD)

the Medical Assistance for Workers with Disabilities (MAWD) program. My patient has the following medical diagnosis or diagnoses:

_____

_____
(List of physical and/or behavioral health diagnoses)

The expected duration of this diagnosis (or diagnoses) is:

	Permanent
	Temporary – 12 Months or More
	Temporary – Less Than 12 Months

MAWD Case Example

Taylor (age 36) and Travis (age 37) live off Taylor's work earnings of $3,065 per month and Travis's SSDI of $1,820 per month. Their savings are depleted. Does either qualify for MAWD?

	Program Eligibility	Income Eligibility	Premium
Taylor	Does Taylor have chronic conditions?	Countable income = $3,300 (1500 ((3065-65)÷2)) + 1,800 (1820-20))	$75
Travis	Can Travis work an hour per month?	Countable income = $3,300	$90

Questions?

For more information

- Sign up for the **Benefits Access Coalition** webinar series
  - Upcoming Webinars
    - 10/28: What You Need to Know About Federal Changes to Pennie
    - 11/5: Medicare in 2027
  - Past Webinars (recordings):
    - What You Need to Know About Immigrant Access to Medicaid
    - Overview of Federal Changes to SNAP and Lessons Learned
    - Best Practices for Assisting with Public Benefits Applications
    - Stay Covered: How to Navigate Medicaid Work Requirements
- DHS Medicaid Changes Website
- Medical Assistance Eligibility Handbook

PENNSYLVANIA Health Law PROJECT

COMMUNITY LEGAL SERVICES OF PHILADELPHIA Est. 1966 CLS

JUST HARVEST

PHAN Pennsylvania Health Access Network

Where to go for help

Legal Advice & Help with Appeals

- **Pennsylvania Health Law Project** (statewide)

  Call: 800-274-3258
  Email: Staff@phlp.org
  Mon & Wed starting at 8am

- **Community Legal Services** (Philadelphia residents only)

  Call: 215-981-3700
  Mon & Wed 9am-12pm
  Walk In: 1410 W. Erie Ave (Broad & Erie)
  Tue & Thu 9am-12pm

- **Pennsylvania Legal Aid Network (PLAN)**

  Connects to local legal aid offices
  Offers Online intake
  List of Legal Aid office phone numbers around the state

MA Application & Renewal Help

- **Pennsylvania Health Access Network**
  Call or text: 877-570-3642
  Online intake

- **BenePhilly** (Philadelphia)
  Call: 800-994-5537

Thank you!

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