



Minnesota Health Care Programs

Medical Assistance for Employed Persons with Disabilities (MA-EPD)

Medical Assistance for Employed Persons with Disabilities (MA-EPD) allows working people with disabilities to qualify for Medical Assistance (MA) using higher income and asset limits.

MA-EPD encourages people with disabilities to work and enjoy the benefits of being employed.

Do I qualify for MA-EPD?

To qualify for MA-EPD, you must:

- Be certified disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT)
- Have monthly earnings of more than \$65 (there is no upper income limit)
- Be employed and have Social Security and Medicare (FICA) taxes withheld or paid from earned income
- Meet the MA-EPD asset limit
- Pay a premium, if required
- Pay an unearned income obligation, if required

What is an asset, and what is the MA-EPD asset limit?

Assets are what you own, such as cash, savings accounts, and property where you do not live. The asset limit for MA-EPD is \$20,000.

Some assets that do not count are these:

- Your home
- Household goods, clothing and personal items
- One motor vehicle, under certain conditions
- Your spouse's assets

- Retirement accounts
- A medical expense account set up through an employer
- Some assets set aside for burial expenses
- Certain other assets if you are an American Indian

Will I have to pay for MA-EPD?

If you give us proof that you are an American Indian, you will have no cost for your coverage. Otherwise, you must pay a premium based on your monthly income and household size.

- Your monthly premium will be \$35 or more. The premium amount is based on a sliding scale. The more income you have, the higher your premium is.
- Only your income is counted. Your spouse's income is not counted for your premium.
- MA-EPD has no limit on how much income you can earn.

What if I lose my job or can't work because of my medical condition?

If you lose your job through no fault of your own, you may stay on MA-EPD for up to four months while you look for another job. Your employer must verify that the job loss was not your fault.

If you are unable to work because of your medical condition, you may stay on MA-EPD for up to four months. You must give your worker a statement, signed by your doctor, that says you are unable to work because of your medical condition.

If you are approved to stay on MA-EPD after a job loss or while unable to work because of your medical condition, you still must pay a monthly premium. Your premium may be changed to show you have less money than when you were working.

What health care services are covered by MA-EPD?

If you qualify for MA-EPD, the state will pay for all or part of your health care services, such as these:

- Inpatient hospital services
- Medical equipment and supplies
- Personal care services
- Physical, occupational and speech therapy
- Physician and health clinic visits

If you have Medicare or other health insurance, MA-EPD may pay your part of the insurance premiums.

What income information do I have to report for MA-EPD?

You must report the following within 10 days:

- Changes in earned or unearned income
- Beginning or ending a job or self-employment

Your worker will tell you what other information must be reported.

How will working affect my other benefits?

For more information about how working affects your benefits (such as Social Security, subsidized housing, and Supplemental Nutrition Assistance Program benefits), visit disabilityhubmn.org or call Disability Hub MN™ at 866-333-2466.

How do I get more information about MA-EPD?

For more information, contact your county human services agency or the Disability Hub MN™ at 866-333-2466. You can also go to our website at www.mn.gov/dhs/maepd.



For accessible formats of this information or assistance with additional equal access to human services, write to www.disabilityhubmn.org/contact-us, call 866-333-2466, or use your preferred relay service.

866-333-2466

Attention. If you need free help interpreting this document, call the above number.

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កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

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