

Human services; medical services; federal work incentives improvement act; enact conforming state provision to allow continued insurance coverage for the working disabled.

HUMAN SERVICES: Medical services; LABOR: Employment incentives; LABOR: Health and safety; DISABILITIES:

A bill to amend 1939 PA 280, entitled  
"The social welfare act,"  
by amending section 106 (MCL 400.106), as amended by 1990 PA 145,  
and by adding section 106a.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1       Sec. 106. (1) A medically indigent individual is defined  
2 as:  
3       (a) An individual receiving ~~aid to dependent children~~  
4 FAMILY INDEPENDENCE PROGRAM BENEFITS or an individual receiving  
5 supplemental security income under title XVI ~~of the social~~  
6 ~~security act, 42 U.S.C. 1381 to 1385,~~ or state supplementation  
7 ~~thereunder~~ UNDER TITLE XVI subject to limitations imposed by  
8 the director pursuant to title XIX.  
9       (b) ~~An~~ EXCEPT AS PROVIDED IN SECTION 106A, AN individual  
10 ~~meeting~~ WHO MEETS all of the following conditions:

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1        (i) The individual has ~~made application~~ APPLIED in the  
2 manner ~~prescribed by the state department~~ FAMILY INDEPENDENCE  
3 AGENCY PRESCRIBES.

4        (ii) The individual's need for the type of medical assist-  
5 ance available under this act for which ~~application has been~~  
6 ~~made~~ THE INDIVIDUAL APPLIED has been professionally established  
7 and payment for it is not available through the legal obligation  
8 of a PUBLIC OR PRIVATE contractor ~~, public or private,~~ to pay  
9 or provide for the care without regard to the income or resources  
10 of the patient. ~~The state department shall be subrogated to any~~  
11 ~~right of recovery which a patient may have for the cost of hospi-~~  
12 ~~talization, pharmaceutical services, physician services, nursing~~  
13 ~~services, and other medical services not to exceed the amount of~~  
14 ~~funds expended by the department for the care and treatment of~~  
15 ~~the patient. The patient or other person acting in the patient's~~  
16 ~~behalf shall execute and deliver an assignment of claim or other~~  
17 ~~authorizations as necessary to secure the right of recovery to~~  
18 ~~the department. A payment may be withheld under this act for~~  
19 ~~medical assistance for an injury or disability for which the~~  
20 ~~patient is entitled to medical care or reimbursement for the cost~~  
21 ~~of medical care under sections 3101 to 3179 of the insurance code~~  
22 ~~of 1956, Act No. 218 of the Public Acts of 1956, as amended,~~  
23 ~~being sections 500.3101 to 500.3179 of the Michigan Compiled~~  
24 ~~Laws, or under any other policy of insurance providing medical or~~  
25 ~~hospital benefits, or both, for the patient unless the patient's~~  
26 ~~entitlement to that medical care or reimbursement is at issue.~~  
27 ~~If a payment is made, the state department, to enforce its~~

~~1 subrogation right, may do either of the following: (a) intervene  
2 or join in an action or proceeding brought by the injured, dis-  
3 eased, or disabled person, the person's guardian, personal repre-  
4 sentative, estate, dependents, or survivors, against the third  
5 person who may be liable for the injury, disease, or disability,  
6 or against contractors, public or private, who may be liable to  
7 pay or provide medical care and services rendered to an injured,  
8 diseased, or disabled patient; (b) institute and prosecute a  
9 legal proceeding against a third person who may be liable for the  
10 injury, disease, or disability, or against contractors, public or  
11 private, who may be liable to pay or provide medical care and  
12 services rendered to an injured, diseased, or disabled patient,  
13 in state or federal court, either alone or in conjunction with  
14 the injured, diseased, or disabled person, the person's guardian,  
15 personal representative, estate, dependents, or survivors. The  
16 state department may institute the proceedings in its own name or  
17 in the name of the injured, diseased, or disabled person, the  
18 person's guardian, personal representative, estate, dependents,  
19 or survivors. As provided in section 6023 of the revised judica-  
20 ture act of 1961, Act No. 236 of the Public Acts of 1961, as  
21 amended, being section 600.6023 of the Michigan Compiled Laws,  
22 the state department, in enforcing its subrogation right, shall  
23 not satisfy a judgment against the third person's property which  
24 is exempt from levy and sale. The injured, diseased, or disabled  
25 person may proceed in his or her own name, collecting the costs  
26 without the necessity of joining the state department or the  
27 state as a named party. The injured, diseased, or disabled~~

~~1 person shall notify the state department of the action or  
2 proceeding entered into upon commencement of the action or  
3 proceeding. An action taken by the state or the state department  
4 in connection with the right of recovery afforded by this section  
5 does not operate to deny the injured, diseased, or disabled  
6 person any part of the recovery beyond the costs expended on the  
7 person's behalf by the state department. The costs of legal  
8 action initiated by the state shall be paid by the state. A pay-  
9 ment shall not be made under this act for medical assistance for  
10 an injury, disease, or disability for which the patient is enti-  
11 tled to medical care or the cost of medical care under the  
12 worker's disability compensation act of 1969, Act No. 317 of the  
13 Public Acts of 1969, as amended, being sections 418.101 to  
14 418.941 of the Michigan Compiled Laws; except that payment may be  
15 made if an appropriate application for medical care or the cost  
16 of the medical care has been made under Act No. 317 of the Public  
17 Acts of 1969, as amended, entitlement has not been finally deter-  
18 mined, and an arrangement satisfactory to the state department  
19 has been made for reimbursement if the claim under Act No. 317 of  
20 the Public Acts of 1969, as amended, is finally sustained.~~

~~21 (iii) The~~ EXCEPT AS PROVIDED IN SECTION 106A, THE individ-  
22 ual has an annual income ~~which~~ THAT is below, or because of  
23 medical expenses falls below, the protected basic maintenance  
24 level. The protected basic maintenance level for 1-person and  
25 2-person families shall be at least 100% of the higher of the  
26 payment standards generally used to determine eligibility in the  
27 ~~aid to dependent children~~ FAMILY INDEPENDENCE program and the

1 supplemental security income program under title XVI, ~~of the~~  
2 ~~social security act, 42 U.S.C. 1381 to 1385,~~ including state  
3 supplementation. For families of 3 or more persons, the pro-  
4 tected basic maintenance level shall be at least 100% of the pay-  
5 ment standard generally used to determine eligibility in the ~~aid~~  
6 ~~to dependent children~~ FAMILY INDEPENDENCE program. These levels  
7 shall recognize regional variations and shall not exceed 133-1/3%  
8 of the payment standard generally used to determine eligibility  
9 in the ~~aid to dependent children~~ FAMILY INDEPENDENCE program.

10 (iv) The individual, if ~~an aid to dependent children~~ A  
11 FAMILY INDEPENDENCE PROGRAM related individual and living alone,  
12 has liquid or marketable assets of not more than \$1,500.00 in  
13 value, or, if a 2-person family, the family has liquid or market-  
14 able assets of not more than \$2,000.00 in value. The ~~state~~  
15 ~~department~~ FAMILY INDEPENDENCE AGENCY shall establish comparable  
16 liquid or marketable asset amounts for larger family groups.  
17 Excluded in making the determination of the value of liquid or  
18 marketable assets are the values of: the homestead; clothing;  
19 household effects; \$1,000.00 of cash surrender value of life  
20 insurance, except that if the health of the insured ~~is such as~~  
21 ~~to make~~ MAKES continuance of the insurance desirable, the entire  
22 cash surrender value of life insurance is ~~to be~~ excluded from  
23 consideration, up to the ~~maximums~~ MAXIMUM provided or allowed  
24 by federal regulations and in accordance with the rules of the  
25 ~~state department~~ FAMILY INDEPENDENCE AGENCY; the fair market  
26 value of tangible personal property used in earning income; an  
27 amount paid as judgment or settlement for damages suffered as a

1 result of exposure to agent orange, as defined in section 5701 of  
 2 the public health code, ~~Act No. 368 of the Public Acts of 1978,~~  
 3 ~~being section 333.5701 of the Michigan Compiled Laws~~ 1978 PA  
 4 368, MCL 333.5701; and a space or plot purchased for the purposes  
 5 of burial for the person. For individuals related to the title  
 6 XVI program, ~~of the social security act, 42 U.S.C. 1381 to~~  
 7 ~~1385,~~ the appropriate resource levels and property exemptions  
 8 specified in title XVI shall be used.

9 (v) The individual is not an inmate of a public institution  
 10 except as a patient in a medical institution.

11 (vi) The individual meets the eligibility standards for sup-  
 12 plemental security income under title XVI ~~of the social security~~  
 13 ~~act, 42 U.S.C. 1381 to 1385,~~ or for state supplementation under  
 14 the act, subject to limitations imposed by the director pursuant  
 15 to title XIX; or meets the eligibility standards for ~~aid to~~  
 16 ~~dependent children~~ FAMILY INDEPENDENCE PROGRAM BENEFITS, except  
 17 for income or income and resources; or is a child from 18 to 21  
 18 years of age and his or her adult caretaker would be eligible for  
 19 ~~aid to dependent children~~ FAMILY INDEPENDENCE PROGRAM BENEFITS  
 20 except for age, income, or income and resources; or is a child  
 21 under 21 years of age and is from a family whose income is below  
 22 the basic maintenance level.

23 (2) As used in this act, "medical institution" means a state  
 24 licensed or approved hospital, nursing home, medical care facili-  
 25 ty, psychiatric hospital, or other facility or identifiable unit  
 26 ~~thereof~~ OF A LISTED INSTITUTION certified as meeting

1 established standards for a nursing home or hospital in  
2 accordance with the laws of this state.

3       (3) THE FAMILY INDEPENDENCE AGENCY IS SUBROGATED TO A RIGHT  
4 OF RECOVERY THAT A PATIENT HAS FOR THE COST OF HOSPITALIZATION,  
5 PHARMACEUTICAL SERVICES, PHYSICIAN SERVICES, NURSING SERVICES,  
6 AND OTHER MEDICAL SERVICES NOT TO EXCEED THE AMOUNT OF MONEY  
7 EXPENDED BY THE DEPARTMENT FOR THE CARE AND TREATMENT OF THE  
8 PATIENT. THE PATIENT OR OTHER PERSON ACTING IN THE PATIENT'S  
9 BEHALF SHALL EXECUTE AND DELIVER AN ASSIGNMENT OF CLAIM OR OTHER  
10 AUTHORIZATION AS NECESSARY TO SECURE THE RIGHT OF RECOVERY TO THE  
11 DEPARTMENT. A PAYMENT MAY BE WITHHELD UNDER THIS ACT FOR MEDICAL  
12 ASSISTANCE FOR AN INJURY OR DISABILITY FOR WHICH THE PATIENT IS  
13 ENTITLED TO MEDICAL CARE OR REIMBURSEMENT FOR THE COST OF MEDICAL  
14 CARE UNDER SECTIONS 3101 TO 3179 OF THE INSURANCE CODE OF 1956,  
15 1956 PA 218, MCL 500.3101 TO 500.3179, OR UNDER ANOTHER POLICY OF  
16 INSURANCE PROVIDING MEDICAL OR HOSPITAL BENEFITS, OR BOTH, FOR  
17 ANOTHER THE PATIENT UNLESS THE PATIENT'S ENTITLEMENT TO THAT MED-  
18 ICAL CARE OR REIMBURSEMENT IS AT ISSUE. IF A PAYMENT IS MADE,  
19 THE FAMILY INDEPENDENCE AGENCY, TO ENFORCE ITS SUBROGATION RIGHT,  
20 MAY DO EITHER OF THE FOLLOWING:

21       (A) INTERVENE OR JOIN IN AN ACTION OR PROCEEDING BROUGHT BY  
22 THE INJURED, DISEASED, OR DISABLED PERSON, OR THE PERSON'S GUARD-  
23 IAN, PERSONAL REPRESENTATIVE, ESTATE, DEPENDENTS, OR SURVIVORS,  
24 AGAINST THE THIRD PERSON WHO MAY BE LIABLE FOR THE INJURY, DIS-  
25 EASE, OR DISABILITY OR AGAINST PUBLIC OR PRIVATE CONTRACTORS WHO  
26 MAY BE LIABLE TO PAY OR PROVIDE MEDICAL CARE AND SERVICES  
27 RENDERED TO AN INJURED, DISEASED, OR DISABLED PATIENT.

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1 (B) INSTITUTE AND PROSECUTE A LEGAL PROCEEDING AGAINST A  
2 THIRD PERSON WHO MAY BE LIABLE FOR THE INJURY, DISEASE, OR DIS-  
3 ABILITY OR AGAINST A PUBLIC OR PRIVATE CONTRACTOR WHO MAY BE  
4 LIABLE TO PAY OR PROVIDE MEDICAL CARE AND SERVICES RENDERED TO AN  
5 INJURED, DISEASED, OR DISABLED PATIENT, IN STATE OR FEDERAL  
6 COURT, EITHER ALONE OR IN CONJUNCTION WITH THE INJURED, DISEASED,  
7 OR DISABLED PERSON OR THE PERSON'S GUARDIAN, PERSONAL REPRESENTA-  
8 TIVE, ESTATE, DEPENDENT, OR SURVIVOR.

9 (4) IN ENFORCING ITS SUBROGATION RIGHT UNDER SUBSECTION (3),  
10 THE FAMILY INDEPENDENCE AGENCY MAY INSTITUTE THE PROCEEDINGS IN  
11 ITS OWN NAME OR IN THE NAME OF THE INJURED, DISEASED, OR DISABLED  
12 PERSON OR THE PERSON'S GUARDIAN, PERSONAL REPRESENTATIVE, ESTATE,  
13 DEPENDENT, OR SURVIVOR. AS PROVIDED IN SECTION 6023 OF THE  
14 REVISED JUDICATURE ACT OF 1961, 1961 PA 236, MCL 600.6023, THE  
15 FAMILY INDEPENDENCE AGENCY, IN ENFORCING ITS SUBROGATION RIGHT,  
16 SHALL NOT SATISFY A JUDGMENT AGAINST THE THIRD PERSON'S PROPERTY  
17 THAT IS EXEMPT FROM LEVY AND SALE.

18 (5) THE INJURED, DISEASED, OR DISABLED PERSON MAY PROCEED IN  
19 HIS OR HER OWN NAME, COLLECTING THE COSTS WITHOUT THE NECESSITY  
20 OF JOINING THE FAMILY INDEPENDENCE AGENCY OR THE STATE AS A NAMED  
21 PARTY. THE INJURED, DISEASED, OR DISABLED PERSON SHALL NOTIFY  
22 THE FAMILY INDEPENDENCE AGENCY OF THE ACTION OR PROCEEDING  
23 ENTERED INTO UPON COMMENCEMENT OF THE ACTION OR PROCEEDING.

24 (6) AN ACTION TAKEN BY THE STATE OR THE FAMILY INDEPENDENCE  
25 AGENCY IN CONNECTION WITH THE RIGHT OF RECOVERY AFFORDED BY THIS  
26 SECTION DOES NOT DENY THE INJURED, DISEASED, OR DISABLED PERSON A  
27 PART OF THE RECOVERY BEYOND THE COSTS EXPENDED ON THE PERSON'S



1 BEHALF BY THE FAMILY INDEPENDENCE AGENCY. THE COSTS OF LEGAL  
2 ACTION INITIATED BY THE STATE SHALL BE PAID BY THE STATE. A PAY-  
3 MENT SHALL NOT BE MADE UNDER THIS ACT FOR MEDICAL ASSISTANCE FOR  
4 AN INJURY, DISEASE, OR DISABILITY FOR WHICH THE PATIENT IS ENTI-  
5 TLED TO MEDICAL CARE OR THE COST OF MEDICAL CARE UNDER THE  
6 WORKER'S DISABILITY COMPENSATION ACT OF 1969, 1969 PA 317, MCL  
7 418.101 TO 418.941; EXCEPT THAT PAYMENT MAY BE MADE IF AN APPRO-  
8 PRIATE APPLICATION FOR MEDICAL CARE OR THE COST OF THE MEDICAL  
9 CARE HAS BEEN MADE UNDER THE WORKER'S DISABILITY COMPENSATION ACT  
10 OF 1969, 1969 PA 317, MCL 418.101 TO 418.941, ENTITLEMENT HAS NOT  
11 BEEN FINALLY DETERMINED, AND AN ARRANGEMENT SATISFACTORY TO THE  
12 FAMILY INDEPENDENCE AGENCY HAS BEEN MADE FOR REIMBURSEMENT IF THE  
13 CLAIM IS FINALLY SUSTAINED.

14 SEC. 106A. (1) THE DEPARTMENT OF COMMUNITY HEALTH SHALL  
15 IMPLEMENT A PROGRAM WITH PROVISIONS AS PRESCRIBED BY THIS SEC-  
16 TION, WHICH PROGRAM OFFERS MEDICAL ASSISTANCE AND SUPPLEMENTARY  
17 BENEFITS TO A PERSON WHO IS EITHER OF THE FOLLOWING:

18 (A) A PERSON WHO IS AT LEAST 16 YEARS OF AGE AND YOUNGER  
19 THAN 65 YEARS OF AGE AND WHO WOULD OTHERWISE BE ELIGIBLE EXCEPT  
20 THAT THE PERSON HAS EARNINGS IN EXCESS OF THE LIMIT ESTABLISHED  
21 BY THE DEPARTMENT OF COMMUNITY HEALTH.

22 (B) A PERSON WHO IS EMPLOYED WITH A MEDICALLY IMPROVED DIS-  
23 ABILITY AND WHOSE ASSETS, RESOURCES, AND EARNED AND UNEARNED  
24 INCOME DO NOT EXCEED THE LIMIT ESTABLISHED BY THE DEPARTMENT OF  
25 COMMUNITY HEALTH.

26 (2) THE DEPARTMENT OF COMMUNITY HEALTH MAY REQUIRE A PERSON  
27 ELIGIBLE FOR BENEFITS UNDER SUBSECTION (1) TO PAY A PREMIUM OR

1 OTHER COST-SHARING CHARGE SET ON A SLIDING SCALE BASED ON INCOME  
2 THAT THE DEPARTMENT OF COMMUNITY HEALTH DETERMINES.

3 (3) THE DEPARTMENT OF COMMUNITY HEALTH MAY REQUIRE A PERSON  
4 ELIGIBLE FOR BENEFITS UNDER SUBSECTION (1) TO PAY 100% OF A PRE-  
5 MIUM IN A YEAR THAT THE PERSON WHO HAS INCOME THAT EXCEEDS 250%  
6 OF THE INCOME OFFICIAL POVERTY LINE APPLICABLE TO A FAMILY OF THE  
7 SIZE INVOLVED. IF THE PERSON WHO HAS INCOME FOR A YEAR THAT DOES  
8 NOT EXCEED 450% OF THE INCOME OFFICIAL POVERTY LINE, THE REQUIRE-  
9 MENT TO PAY THE PREMIUM ONLY APPLIES TO THE EXTENT THAT THE PRE-  
10 MIUM DOES NOT EXCEED 7.5% OF THE INCOME.

11 (4) THE DEPARTMENT OF COMMUNITY HEALTH SHALL REQUIRE A  
12 PERSON TO PAY 100% OF THE PREMIUM FOR A YEAR WHEN THE PERSON'S  
13 ADJUSTED GROSS INCOME AS DEFINED IN SECTION 62 OF THE INTERNAL  
14 REVENUE CODE OF 1986 EXCEEDS \$75,000.00. THE DEPARTMENT OF COM-  
15 MUNITY HEALTH MAY ELECT TO SUBSIDIZE THE PREMIUM BY USING STATE  
16 FUNDS ONLY THAT ARE NOT MATCHED BY FEDERAL FUNDS UNDER TITLE  
17 XIX.

18 (5) THE DEPARTMENT OF COMMUNITY HEALTH SHALL MAKE PERSONAL  
19 ASSISTANCE SERVICES AVAILABLE TO A PERSON ELIGIBLE FOR MEDICAL  
20 ASSISTANCE AND SUPPLEMENTARY BENEFITS UNDER SUBSECTION (1) TO THE  
21 EXTENT NECESSARY TO ENABLE THE PERSON TO REMAIN EMPLOYED.

22 (6) THE DEPARTMENT OF COMMUNITY HEALTH SHALL SUBMIT AN  
23 ANNUAL REPORT ON THE USE OF FEDERAL FUNDS TO THE SECRETARY. THE  
24 REPORT SHALL INCLUDE THE PERCENTAGE INCREASE IN THE NUMBER OF  
25 TITLE II AND TITLE XVI DISABILITY BENEFICIARIES IN THE STATE WHO  
26 RETURN TO WORK.

1       (7) THE DEPARTMENT OF COMMUNITY HEALTH SHALL APPLY TO THE  
2 SECRETARY FOR APPROVAL OF A PILOT PROJECT UNDER WHICH UP TO A  
3 SPECIFIED MAXIMUM NUMBER OF INDIVIDUALS WHO ARE WORKERS WITH A  
4 POTENTIALLY SEVERE DISABILITY ARE PROVIDED MEDICAL ASSISTANCE  
5 EQUAL TO THAT PROVIDED UNDER SECTION 1905(a) OF TITLE XIX OF THE  
6 SOCIAL SECURITY ACT, 42 U.S.C. 1396d, TO A PERSON DESCRIBED IN  
7 SECTION 1902(a)(10)(A)(ii)(XV) OF TITLE XIX OF THE SOCIAL SECUR-  
8 ITY ACT, 42. U.S.C. 1396a.

9       (8) AS USED IN THIS ACT:

10       (A) "EMPLOYED" MEANS A PERSON WHO IS DOING EITHER OF THE  
11 FOLLOWING:

12       (i) EARNING AT LEAST THE APPLICABLE MINIMUM WAGE REQUIREMENT  
13 UNDER SECTION 6 OF THE FAIR LABOR STANDARDS ACT OF 1938,  
14 CHAPTER 676, 52 STAT. 1062, 29 U.S.C. 206, AND WORKING 40 HOURS  
15 PER MONTH OR MORE.

16       (ii) ENGAGED IN A WORK EFFORT THAT MEETS SUBSTANTIAL AND  
17 REASONABLE CRITERIA FOR HOURS OF WORK, WAGES, OR OTHER MEASURES,  
18 AS DEFINED BY THE FAMILY INDEPENDENCE AGENCY.

19       (B) "EMPLOYED PERSON WITH A MEDICALLY IMPROVED DISABILITY"  
20 MEANS A PERSON TO WHOM ALL OF THE FOLLOWING APPLY:

21       (i) THE PERSON IS AT LEAST 16 YEARS OF AGE AND LESS THAN 65  
22 YEARS OF AGE.

23       (ii) THE PERSON IS EMPLOYED.

24       (iii) THE PERSON IS NO LONGER ELIGIBLE FOR MEDICAL ASSIST-  
25 ANCE UNDER SECTION 106 BECAUSE THE PERSON, DUE TO MEDICAL  
26 IMPROVEMENT, IS DETERMINED AT THE TIME OF A REGULARLY SCHEDULED

1 CONTINUING DISABILITY REVIEW TO NO LONGER BE ELIGIBLE FOR  
2 BENEFITS UNDER SECTIONS 106 AND 107.

3 (iv) THE PERSON CONTINUES TO HAVE A SEVERE MEDICALLY DETER-  
4 MINABLE IMPAIRMENT AS DETERMINED UNDER REGULATIONS OF THE  
5 SECRETARY.

6 (C) "PERSONAL ASSISTANCE SERVICES" MEANS A RANGE OF SERV-  
7 ICES, PROVIDED BY 1 OR MORE PERSONS, DESIGNED TO ASSIST A PERSON  
8 WITH A DISABILITY IN PERFORMING DAILY ACTIVITIES ON OR OFF THE  
9 JOB THAT THE PERSON WOULD TYPICALLY PERFORM IF HE OR SHE DID NOT  
10 HAVE A DISABILITY. PERSONAL ASSISTANCE SERVICES SHALL BE  
11 DESIGNED TO INCREASE THE PERSON'S CONTROL IN LIFE AND ABILITY TO  
12 PERFORM EVERYDAY ACTIVITIES ON OR OFF THE JOB.

13 (D) "SECRETARY" MEANS THE SECRETARY OF THE DEPARTMENT OF  
14 HEALTH AND HUMAN SERVICES.

15 (E) "TITLE II" MEANS TITLE II OF THE SOCIAL SECURITY ACT,  
16 CHAPTER 531, 49 STAT. 620, 42 U.S.C. 401 TO 405, 406 TO 418, 420  
17 TO 423, 424a TO 426-1, AND 427 TO 433.

18 (F) "TITLE XVI" MEANS TITLE XVI OF THE SOCIAL SECURITY ACT,  
19 CHAPTER 531, 49 STAT. 620, 42 U.S.C. 1381 TO 1382j AND 1383 TO  
20 1383f.

21 (G) "WORKER WITH A POTENTIALLY SEVERE DISABILITY" MEANS AN  
22 INDIVIDUAL WHO MEETS ALL OF THE FOLLOWING CRITERIA:

23 (i) THE PERSON IS AT LEAST 16 YEARS OF AGE AND LESS THAN 65  
24 YEARS OF AGE.

25 (ii) THE PERSON HAS A SPECIFIC PHYSICAL OR MENTAL IMPAIRMENT  
26 THAT, AS DEFINED BY THE DEPARTMENT OF COMMUNITY HEALTH, IS  
27 REASONABLY EXPECTED, BUT FOR THE RECEIPT OF ITEMS AND SERVICES

1 DESCRIBED IN SECTION 1905(a) OF TITLE XIX OF THE SOCIAL SECURITY  
2 ACT TO BECOME BLIND OR DISABLED AS DEFINED UNDER SECTION 1614(a)  
3 OF TITLE XVI.  
4       (iii) THE PERSON IS EMPLOYED.