

HOUSE BILL No. 4650

April 24, 2001, Introduced by Reps. Van Woerkom, Ehardt, Hager, Gilbert, Birkholz, Minore, Kuipers, Bernero, Toy, Waters, Hart, Dennis, Sheltroun, Vander Veen, Meyer, Schauer, Julian, Lockwood, Kooiman, Wojno, Gielegheem, Rivet, Jacobs, Murphy and Jansen and referred to the Committee on Health Policy.

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~~ ACCORDING to title XIX.

9 (b) ~~An~~ EXCEPT AS PROVIDED IN SECTION 106A, AN individual
10 ~~meeting~~ WHO MEETS all of the following conditions:

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
 15 ~~pursuant~~ ACCORDING to title XIX; or meets the eligibility stan-
 16 dards for ~~aid to dependent children~~ FAMILY INDEPENDENCE PROGRAM
 17 BENEFITS, except for income or income and resources; or is a
 18 child from 18 to 21 years of age and his or her adult caretaker
 19 would be eligible for ~~aid to dependent children~~ FAMILY INDEPEN-
 20 DENCE PROGRAM BENEFITS except for age, income, or income and
 21 resources; or is a child under 21 years of age and is from a
 22 family whose income is below the basic maintenance level.

23 (2) As used in this act: ~~—, "medical"~~

24 (A) "MEDICAL institution" means a state licensed or approved
 25 hospital, nursing home, medical care facility, psychiatric hospi-
 26 tal, or other facility or identifiable unit ~~thereof~~ OF A LISTED
 27 INSTITUTION certified as meeting established standards for a

1 nursing home or hospital in accordance with the laws of this
2 state.

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

6 (C) "TITLE XVI" MEANS TITLE XVI OF THE SOCIAL SECURITY ACT,
7 CHAPTER 531, 49 STAT. 620, 42 U.S.C. 1381 TO 1382j AND 1383 TO
8 1383f.

9 (3) THE FAMILY INDEPENDENCE AGENCY IS SUBROGATED TO A RIGHT
10 OF RECOVERY THAT A PATIENT HAS FOR THE COST OF HOSPITALIZATION,
11 PHARMACEUTICAL SERVICES, PHYSICIAN SERVICES, NURSING SERVICES,
12 AND OTHER MEDICAL SERVICES NOT TO EXCEED THE AMOUNT OF MONEY
13 EXPENDED BY THE DEPARTMENT FOR THE CARE AND TREATMENT OF THE
14 PATIENT. THE PATIENT OR OTHER PERSON ACTING IN THE PATIENT'S
15 BEHALF SHALL EXECUTE AND DELIVER AN ASSIGNMENT OF CLAIM OR OTHER
16 AUTHORIZATION AS NECESSARY TO SECURE THE RIGHT OF RECOVERY TO THE
17 DEPARTMENT. A PAYMENT MAY BE WITHHELD UNDER THIS ACT FOR MEDICAL
18 ASSISTANCE FOR AN INJURY OR DISABILITY FOR WHICH THE PATIENT IS
19 ENTITLED TO MEDICAL CARE OR REIMBURSEMENT FOR THE COST OF MEDICAL
20 CARE UNDER SECTIONS 3101 TO 3179 OF THE INSURANCE CODE OF 1956,
21 1956 PA 218, MCL 500.3101 TO 500.3179, OR UNDER ANOTHER POLICY OF
22 INSURANCE PROVIDING MEDICAL OR HOSPITAL BENEFITS, OR BOTH, FOR
23 ANOTHER THE PATIENT UNLESS THE PATIENT'S ENTITLEMENT TO THAT MED-
24 ICAL CARE OR REIMBURSEMENT IS AT ISSUE. IF A PAYMENT IS MADE,
25 THE FAMILY INDEPENDENCE AGENCY, TO ENFORCE ITS SUBROGATION RIGHT,
26 MAY DO EITHER OF THE FOLLOWING:

1 (A) INTERVENE OR JOIN IN AN ACTION OR PROCEEDING BROUGHT BY
2 THE INJURED, DISEASED, OR DISABLED PERSON, OR THE PERSON'S
3 GUARDIAN, PERSONAL REPRESENTATIVE, ESTATE, DEPENDENTS, OR SURVI-
4 VORS, AGAINST THE THIRD PERSON WHO MAY BE LIABLE FOR THE INJURY,
5 DISEASE, OR DISABILITY OR AGAINST PUBLIC OR PRIVATE CONTRACTORS
6 WHO MAY BE LIABLE TO PAY OR PROVIDE MEDICAL CARE AND SERVICES
7 RENDERED TO AN INJURED, DISEASED, OR DISABLED PATIENT.

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

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

25 (5) THE INJURED, DISEASED, OR DISABLED PERSON MAY PROCEED IN
26 HIS OR HER OWN NAME, COLLECTING THE COSTS WITHOUT THE NECESSITY
27 OF JOINING THE FAMILY INDEPENDENCE AGENCY OR THE STATE AS A NAMED

1 PARTY. THE INJURED, DISEASED, OR DISABLED PERSON SHALL NOTIFY
2 THE FAMILY INDEPENDENCE AGENCY OF THE ACTION OR PROCEEDING
3 ENTERED INTO UPON COMMENCEMENT OF THE ACTION OR PROCEEDING.

4 (6) AN ACTION TAKEN BY THE STATE OR THE FAMILY INDEPENDENCE
5 AGENCY IN CONNECTION WITH THE RIGHT OF RECOVERY AFFORDED BY THIS
6 SECTION DOES NOT DENY THE INJURED, DISEASED, OR DISABLED PERSON A
7 PART OF THE RECOVERY BEYOND THE COSTS EXPENDED ON THE PERSON'S
8 BEHALF BY THE FAMILY INDEPENDENCE AGENCY. THE COSTS OF LEGAL
9 ACTION INITIATED BY THE STATE SHALL BE PAID BY THE STATE. A PAY-
10 MENT SHALL NOT BE MADE UNDER THIS ACT FOR MEDICAL ASSISTANCE FOR
11 AN INJURY, DISEASE, OR DISABILITY FOR WHICH THE PATIENT IS ENTI-
12 TLED TO MEDICAL CARE OR THE COST OF MEDICAL CARE UNDER THE
13 WORKER'S DISABILITY COMPENSATION ACT OF 1969, 1969 PA 317, MCL
14 418.101 TO 418.941; EXCEPT THAT PAYMENT MAY BE MADE IF AN APPRO-
15 PRIATE APPLICATION FOR MEDICAL CARE OR THE COST OF THE MEDICAL
16 CARE HAS BEEN MADE UNDER THE WORKER'S DISABILITY COMPENSATION ACT
17 OF 1969, 1969 PA 317, MCL 418.101 TO 418.941, ENTITLEMENT HAS NOT
18 BEEN FINALLY DETERMINED, AND AN ARRANGEMENT SATISFACTORY TO THE
19 FAMILY INDEPENDENCE AGENCY HAS BEEN MADE FOR REIMBURSEMENT IF THE
20 CLAIM IS FINALLY SUSTAINED.

21 SEC. 106A. (1) THE DEPARTMENT OF COMMUNITY HEALTH SHALL
22 IMPLEMENT A PROGRAM WITH PROVISIONS AS PRESCRIBED BY THIS
23 SECTION. THE PROGRAM SHALL OFFER MEDICAL ASSISTANCE AND SUPPLE-
24 MENTARY BENEFITS TO A PERSON WHO MEETS EITHER OF THE FOLLOWING
25 REQUIREMENTS:

26 (A) A PERSON AT LEAST 16 YEARS OF AGE AND YOUNGER THAN 65
27 YEARS OF AGE WHO WOULD OTHERWISE BE ELIGIBLE EXCEPT THAT THE

1 PERSON HAS EARNINGS THAT EXCEED THE LIMIT ESTABLISHED BY THE
2 DEPARTMENT OF COMMUNITY HEALTH.

3 (B) A PERSON EMPLOYED WITH A MEDICALLY IMPROVED DISABILITY
4 WHOSE ASSETS, RESOURCES, AND EARNED AND UNEARNED INCOME DO NOT
5 EXCEED THE LIMIT ESTABLISHED BY THE DEPARTMENT OF COMMUNITY
6 HEALTH.

7 (2) THE DEPARTMENT OF COMMUNITY HEALTH MAY REQUIRE A PERSON
8 ELIGIBLE FOR BENEFITS UNDER SUBSECTION (1) TO PAY A PREMIUM OR
9 OTHER COST-SHARING CHARGE THAT THE DEPARTMENT OF COMMUNITY HEALTH
10 DETERMINES SET ON A SLIDING SCALE BASED ON INCOME.

11 (3) THE DEPARTMENT OF COMMUNITY HEALTH MAY REQUIRE A PERSON
12 ELIGIBLE FOR BENEFITS UNDER SUBSECTION (1) TO PAY 100% OF A PRE-
13 MIUM IN A YEAR THAT THE PERSON WHO HAS INCOME FOR A YEAR THAT
14 EXCEEDS 250% OF THE FEDERAL POVERTY LEVEL APPLICABLE TO A FAMILY
15 OF THE SIZE INVOLVED. IF THE PERSON WHO HAS INCOME FOR A YEAR
16 THAT DOES NOT EXCEED 450% OF THE FEDERAL POVERTY LEVEL, THE
17 REQUIREMENT TO PAY THE PREMIUM ONLY APPLIES TO THE EXTENT THAT
18 THE PREMIUM DOES NOT EXCEED 7.5% OF THE INCOME.

19 (4) THE DEPARTMENT OF COMMUNITY HEALTH SHALL REQUIRE A
20 PERSON TO PAY 100% OF THE PREMIUM FOR A YEAR WHEN THE PERSON'S
21 ADJUSTED GROSS INCOME AS DEFINED IN SECTION 62 OF THE INTERNAL
22 REVENUE CODE OF 1986, 26 U.S.C. 62, EXCEEDS \$75,000.00. THE
23 DEPARTMENT OF COMMUNITY HEALTH MAY ELECT TO SUBSIDIZE THE PREMIUM
24 BY USING STATE FUNDS ONLY THAT ARE NOT MATCHED BY FEDERAL FUNDS
25 UNDER TITLE XIX.

26 (5) THE DEPARTMENT OF COMMUNITY HEALTH SHALL MAKE PERSONAL
27 ASSISTANCE SERVICES AVAILABLE TO A PERSON ELIGIBLE FOR MEDICAL

1 ASSISTANCE AND SUPPLEMENTARY BENEFITS UNDER SUBSECTION (1) TO THE
2 EXTENT NECESSARY TO ENABLE THE PERSON TO REMAIN EMPLOYED.

3 (6) THE DEPARTMENT OF COMMUNITY HEALTH SHALL SUBMIT AN
4 ANNUAL REPORT ON THE USE OF FEDERAL FUNDS TO THE SECRETARY. THE
5 REPORT SHALL INCLUDE THE PERCENTAGE INCREASE IN THE NUMBER OF
6 TITLE II AND TITLE XVI DISABILITY BENEFICIARIES IN THE STATE WHO
7 RETURN TO WORK.

8 (7) THE DEPARTMENT OF COMMUNITY HEALTH SHALL APPLY TO THE
9 SECRETARY FOR APPROVAL OF A PILOT PROJECT UNDER WHICH UP TO A
10 SPECIFIED MAXIMUM NUMBER OF INDIVIDUALS WHO ARE WORKERS WITH A
11 POTENTIALLY SEVERE DISABILITY ARE PROVIDED MEDICAL ASSISTANCE
12 EQUAL TO THAT PROVIDED UNDER SECTION 1905(a) OF TITLE XIX, 42
13 U.S.C. 1396d, TO A PERSON DESCRIBED IN SECTION
14 1902(a)(10)(A)(ii)(XV) OF TITLE XIX, 42 U.S.C. 1396a.

15 (8) AS USED IN THIS SECTION:

16 (A) "EMPLOYED" MEANS A PERSON WHO IS DOING EITHER OF THE
17 FOLLOWING:

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

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

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

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

3 (ii) THE PERSON IS EMPLOYED.

4 (iii) THE PERSON IS NO LONGER ELIGIBLE FOR MEDICAL ASSIST-
5 ANCE UNDER SECTION 106 BECAUSE THE PERSON, DUE TO MEDICAL
6 IMPROVEMENT, IS DETERMINED AT THE TIME OF A REGULARLY SCHEDULED
7 CONTINUING DISABILITY REVIEW TO NO LONGER BE ELIGIBLE FOR BENE-
8 FITS UNDER SECTIONS 106 AND 107.

9 (iv) THE PERSON CONTINUES TO HAVE A SEVERE MEDICALLY DETER-
10 MINABLE IMPAIRMENT AS DETERMINED UNDER REGULATIONS OF THE
11 SECRETARY.

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

19 (D) "SECRETARY" MEANS THE SECRETARY OF THE DEPARTMENT OF
20 HEALTH AND HUMAN SERVICES.

21 (E) "WORKER WITH A POTENTIALLY SEVERE DISABILITY" MEANS A
22 PERSON 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, 42 U.S.C. 1396d, TO
2 BECOME BLIND OR DISABLED AS DEFINED UNDER SECTION 1614(a) OF
3 TITLE XVI, 42 U.S.C. 1382c.
4 (iii) THE PERSON IS EMPLOYED.