

When the application is approved...

Depending on what your needs are, either employment services or personal care, you may be eligible for services from the following state offices through the Sherlock Plan:

1. Office of Community Programs (OCP)

authorizes:

- Personal Care
- Self-Directed Programs
- Home- & Community-Based Services (Core)

2. Office of Rehabilitation Services (ORS)

Provides employment and related services to eligible individuals with disabilities to help you choose, prepare for, obtain and maintain employment.

For information about ORS visit:

www.ors.ri.gov

Learn more about working while receiving SSI or SSDI?

www.ssa.gov/work/ Search for:

- Working while disabled– how we can help
- Redbook on Work incentives

Call the Ticket to work Help line:

1-866-968-7842 (V)

1-866-833-2967 (TTY)

Find listing and register for

Work Incentive Public Information Sessions

www.sherlockcenter.org

For questions and information on the Sherlock Plan, please call: (885) 697-4347.

For more information, go to www.dhs.ri.gov, Eligibility, Elders and Adults with Disabilities (EAD) - including the Sherlock Plan

For help finding your local DHS office, go to www.dhs.ri.gov, or call (885) 697-4347.



Sherlock Plan

Medicaid for Working People with Disabilities Program



Medicaid coverage with support services

Description

The Sherlock Plan is a Medicaid buy-in program for adults with disabilities that provides comprehensive health coverage. The program is intended to help individuals with disabilities maintain or obtain health coverage and other services and supports that will enable them to continue working!

There may be a monthly premium. (If an individual is offered employer sponsored coverage that is cost effective, the individual may be required to enroll in that plan.)

The Sherlock Plan is a fee-for-service Medicaid plan, not a Managed Care Plan.

Services Provided

Services include the full categorical scope of Medicaid benefits, home- and community-based services, including personal care services provided through an agency or through a self-directed program, and services needed to facilitate and/or maintain employment.

The applicant/beneficiary's services are coordinated through the Medicaid Office and individualized services, if eligible, may be available through the Office of Rehabilitation Services (ORS) and/or BHDDH.

Who is Eligible?

Individuals age 18 or older who have a disability (as defined by Medicaid or the Social Security Administration)

Must be employed or Self-employed; no minimum amount of hours is required

- **Income:** Must have countable earned income no greater than 250% of the FPL. Countable income is defined as total earned income remaining after all SSI related disregards are applied. (250% of FPL is \$2,529.18 in 2018).
- Spousal income is not counted during the eligibility process. However spousal income is included when the premium is determined. (If combined earnings are over the FPL, eligibility can change).
- **Resources:** Limited to \$10,000 for an individual and \$20,000 for a married couple.

Excluded Resources:

- Medical Savings Accounts, retirement accounts or an ABLÉ Account
- equipment needed for disability; i.e. Accessible Van

Please note: The premium and income information provided in this pamphlet are those that are current for 2018 and may change yearly.

How do I apply?

Option 1: You may call (855) 697- 4347 if you think you may be eligible. If your situation indicates that you may be eligible, you will be directed to your local DHS office.

Option 2: You may obtain a cover sheet and application online. Go to the DHS website, www.dhs.ri.gov, click on Application for Assistance When Applying for Health Coverage; Download Coversheet and DHS2 Application.

Submit Forms: Mail completed Coversheet and DHS-2 Form to address on form or drop off at a local DHS office.

TIPS!

1. PRINT SHERLOCK PLAN in BLOCK LETTERS across Cover Sheet & Each Application page.

2. Cover Sheet Check Off:

- [] Working adult with disabilities seeking Sherlock Plan eligibility
- [] Applying for Medicaid LTSS (check a category only if one applies to you)

3. Application for Assistance DHS-2: Check Off

- [] **EAD** MEDICAID HEALTH COVERAGE FOR AGE 65 AND OVER, BLIND OR DISABLED OR PERSONS WITH DISABILITIES AND **WORKING ADULTS WITH DISABILITIES/SHERLOCK PLAN (EAD)**
- [] (if applicable) **LTSS** - MEDICAID: LONG-TERM SERVICES AND SUPPORTS (LTSS)

4. Request a Delivery Receipt:

Postal Mail or Local Office Drop Off