

NEIL ABERCROMBIE
GOVERNOR



PATRICIA McMANAMAN
DIRECTOR

PANKAJ BHANOT
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 17, 2011

MEMORANDUM

TO: The Honorable John M. Mizuno, Chair
House Committee on Human Services

FROM: Patricia McManaman, Director

SUBJECT: **S.B. 126, S.D. 2 - RELATING TO PERSONS WITH DISABILITIES**

Hearing: Thursday, March 17, 2011; 9:00 a.m.
Conference Room 329, State Capitol

PURPOSE: The purpose of S.B. 126, S.D. 2, is to establish a Medicaid buy-in program for working people with disabilities. The bill also appropriates to the Department of Human Services unspecified general funds for an employment training and placement program including funding for the University of Hawaii for administration and setup.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) opposes this bill.

DHS is committed to serving Hawaii vulnerable populations, including the disabled. As proposed under this bill, however, a disabled individual can have income up to 400% FPL or \$4,156 a month and still qualify for Medicaid. In comparison, a non-disabled individual must have income that does not exceed 100% FPL or \$1,039 a month in order to qualify.

DHS currently allows automatic income disregards that allow employed disabled individuals with earnings that exceed 200% FPL to be eligible for Medicaid coverage **without** a premium share. In addition, other paid work-related expenses are also deductible. Thus, disabled individuals can have incomes more than twice that of non-disabled individuals and be eligible for the same medical assistance programs.

Further, individuals employed over 20 hours a week are already eligible for medical insurance from their employers through the Hawaii Pre-Paid Health Care Act. As proposed under this bill, disabled individuals who may work less than 20 hours per week could still remain eligible for Medicaid receive while earning hourly wages of nearly \$48 an hour.

It is unclear as to how Section 3 of this bill which appropriates unspecified general funds relates to the Medicaid buy-in provisions of this bill. Section 3 would appropriate general funds for an employment training and placement program, including funds to administer the program to the University of Hawaii as the State share to match federal funds received for the Medicaid buy-in program. It should be noted that a federal match will be received for only those services provided to clients in a Medicaid waiver program who are eligible to receive supported employment services.

DHS already has a Medicaid waiver with the federal Centers for Medicare & Medicaid Services (CMS) for persons with intellectual and developmental disabilities. One of the services included in the current Medicaid waiver is Supported Employment.

The Department of Health (DOH), in partnership with DHS, is in the process of renewing the current Medicaid waiver. The Supported Employment benefit will continue in the Medicaid waiver renewal.

Supported Employment Services for persons with developmental disabilities is currently and more appropriately administered by the Department of Health's Developmental Disabilities Division.

The Department of Human Services (DHS) is also concerned about the cost implications generated by this proposal. Given the State's current fiscal situation and the significant shortfalls in our health care payments program (HMS 401), DHS cannot support increases in general fund appropriations beyond what Governor Abercrombie has proposed in the Executive Biennium Budget for 2012-2013 for DHS.

DHS faces a substantial budget shortfall in its Medicaid program, and expanding eligibility as described in this bill, will only require further benefit reductions to other medical assistance recipients with incomes under 100 % FPL.

Thank you for the opportunity to provide testimony on this bill.



STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543
March 17, 2011

The Honorable John M. Mizuno, Chair
The Honorable Jo Jordan, Vice Chair
House Committee on Human Services
Twenty-Sixth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Representatives Mizuno and Jordan and Members of the Committee:

SUBJECT: SB 126 SD2 – RELATING TO PERSONS WITH DISABILITIES

The State Council on Developmental Disabilities (DD) **SUPPORTS THE INTENT OF SB 126 SD2**. The purposes of this bill are to: (1) establish a Medicaid Buy-in program for working people with disabilities, and (2) make an appropriation for the employment training and placement program as the State's share of funding to be matched by Federal funds made available for a Hawaii Medicaid buy-in program.

The Medicaid Buy-In program has great potential for enabling persons with disabilities to obtain health-related services while working and earning more than the allowable ceiling to qualify for Medicaid coverage. In the long run, individuals with disabilities would be able to maintain full-time employment without having their medical coverage jeopardized. They would have the option to purchase a premium or participate in other cost-sharing charges consistent with Federal law.

Thank you for the opportunity to submit testimony supporting the intent of SB 126 SD2.

Sincerely,

Handwritten signature of Liz Ann Salvador in black ink.

Liz Ann Salvador
Chair

Handwritten signature of Waynette K.Y. Cabral in black ink.

Waynette K.Y. Cabral, MSW
Executive Administrator

From: Marya Grambs [Marya@mentalhealth-hi.org]
Sent: Tuesday, March 15, 2011 11:46 AM
To: HUSTestimony
Cc: Kathleen Delahanty; Chad Koyanagi; Robert Scott Wall
Subject: SB126,SD2, Hearing March 17, 9 am

TO: COMMITTEE ON HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Jo Jordan, Vice Chair

And members of the Committee

FR: Mary Pat Waterhouse, Chair, Board of Directors; and Marya Grambs, Executive Director, Mental Health America of Hawai`i

RE: STRONG SUPPORT for SB126, SD2, Relating to Persons with Disabilities

HEARING: March 17, 9 am, conf. room 329

Mental Health America of Hawai`i is testifying in STRONG SUPPORT of this bill. Currently, Hawai`i is one of only 8 states without the Medicaid Buy-In program, which extends Medicaid coverage to working people with disabilities.

People with disabilities are often discouraged from working because increasing their earnings make them ineligible for Medicaid and the coverage they need for acute and long term support services. In order to keep their Medicaid eligibility, these people often stop working or reduce their work hours because they cannot afford to pay for all their medical services.

The Medicaid Buy-in Program helps people with disabilities increase their disposable income and move from dependence to independence and self-sufficiency. It also provides employers with a pool of employees previously unavailable.

There certainly are people who have mental health disabilities but whose disabilities would not prevent them from working at least part time. Moreover, their recovery will be enhanced if they are able to be productive, contributing members of society.

Thank you for the opportunity to testify on this measure.

With Aloha,

Marya Grambs, Executive Director
Mental Health America of Hawai`i
...Helping Hawai`i Live Life Well
1124 Fort Street Mall, Suite 205
Honolulu, HI 96813
Phone: 808-521-1846
Fax: 808-533-6995
email: marya@mentalhealth-hi.org
website: www.mentalhealth-hi.org



HAWAII DISABILITY RIGHTS CENTER

900 Fort Street Mall, Suite 1040, Honolulu, Hawaii 96813

Phone/TTY: (808) 949-2922 Toll Free: 1-800-882-1057 Fax: (808) 949-2928

E-mail: info@hawaiidisabilityrights.org Website: www.hawaiidisabilityrights.org

THE HOUSE OF REPRESENTATIVES THE TWENTY-SIXTH LEGISLATURE REGULAR SESSION OF 2011

Committee on Human Services Testimony in Support of S.B. 126, SD2 Relating to Persons With Disabilities

**Thursday, March 17, 2011, 9:00 A.M.
Conference Room 329**

Chair Mizuno and Members of the Committees:

I am Louis Erteschik, Staff Attorney at the Hawaii Disability Rights Center, and am testifying in support of this bill.

The purpose of the bill is to establish a medicaid buy in program for working people with disabilities. The goal would be that these individuals can purchase the necessary medical premiums that they might otherwise not qualify for or be eligible for if they were to obtain gainful employment.

Currently, many people who have some disability want competitive employment – yet they cannot afford to lose their health care which they obtain via their status as a Medicaid recipient. This bill, for that reason, allows them to purchase the health care and enables these individuals to achieve a greater sense of fulfillment and satisfaction. It also allows them to pull themselves up from poverty as a result of acquiring greater income. For that reason, most of the states in the country have adopted some form of program along the lines specified in this bill. It results frequently in “win – win” situation, where the individual maintains their health care and achieves a higher income and ends up being a more productive, less dependent, member of society.

Thank you for the opportunity to testify in support of this measure.

From: Chanell Akamine [chanellakamine33@yahoo.com]
Sent: Wednesday, March 16, 2011 10:07 AM
To: HUSTestimony; director; marya@mentalhealth-hi.org; robertscottwall@yahoo.com; mihalke@hawaii.edu; reed; ken; Rep. John Mizuno
Cc: chanellakamine33@yahoo.com
Subject: Fw: Testimony for SB126 on 3/17/2011 9:00:00 AM

To Whom It May concern,

Am in support of SB 126 Medicaid Buy-in RELATING TO PERSONS WITH DISABILITIES to establish a medicaid buy-in program for working people with disabilities. Makes matching fund appropriation for employment training and placemnt invaluable contribution to ones health and contribution to society.

E Malama Pono,
Chanell Akamine
Consumer
chanellakamine33@yahoo.com 808.847.0556

----- Forwarded Message -----

From: "mailinglist@capitol.hawaii.gov" <mailinglist@capitol.hawaii.gov>
To: HUSTestimony@capitol.hawaii.gov
Cc: chanellakamine33@yahoo.com
Sent: Wed, March 16, 2011 9:54:16 AM
Subject: Testimony for SB126 on 3/17/2011 9:00:00 AM

Testimony for HUS 3/17/2011 9:00:00 AM SB126

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: Chanell Akamine
Organization: Individual
Address:
Phone:
E-mail: chanellakamine33@yahoo.com
Submitted on: 3/16/2011

Comments:

Am in support of SB 126 to establish a medicaid buy-in program for working people with disabilities. Makes matching fund appropriation for employment training and placement. Invaluable.

Sent: Tuesday, March 15, 2011 6:02 PM
To: HUS testimony
Cc: chinheng@chinheng.com
Subject: Testimony for SB126 on 3/17/2011 9:00:00 AM

Testimony for HUS 3/17/2011 9:00:00 AM SB126

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: Chin Lee
Organization: Individual
Address:
Phone:
E-mail: chinheng@chinheng.com
Submitted on: 3/15/2011

Comments:

This Bill will create the infrastructure for those people with disabilities who want to go back to work. The bill will establish the health care component necessary for people with disabilities to go back to work without the fear of losing their federal health care. People with disabilities will be contributing member of the community.

Sent: Wednesday, March 16, 2011 8:58 AM
To: HUS testimony
Cc: sbernadette@gmail.com
Subject: Testimony for SB126 on 3/17/2011 9:00:00 AM

Testimony for HUS 3/17/2011 9:00:00 AM SB126

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: Susan Miller
Organization: Individual
Address:
Phone:
E-mail: sbernadette@gmail.com
Submitted on: 3/16/2011

Comments:

The Medicaid buy-in is needed now more than ever. A buy-in exists in 42 states as a work incentive through the Federal Ticket to Work program. Gov. Abercrombie voted in favor of the buy-in in 1998, as did Hawaii's other Congressional delegates.

It is a proven way for people with lifelong disability to go to or return to work and keep their needed healthcare by paying a portion of their Medicaid premium, or as secondary coverage.

Hawaii DHS's explains that its current healthcare addresses the needs of SSI recipients, which is true - except that it leaves out two groups!! It does not address the healthcare needs of SSDI or Disabled Adult Children (DAC) when their parents retire or die. Congress recognized these gaps in 1998 and authorized 11 years of infrastructure change funds to address CMS systems funded in the states. Hawaii's DHS committed in 2004 to institute a Medicaid Buy-in for these two gap groups. The legislature is needed to further advance the commitment. Otherwise DHS is likely to make this group of potential workers stay unemployed in order to keep their healthcare.

Thank you.

Susan Miller
(testifying as a private citizen)
CMS Medicaid Infrastructure Grant
Project Director

Sent: Tuesday, March 15, 2011 5:15 PM
To: HUS testimony
Cc: mihalkewm@gmail.com
Subject: Testimony for SB126 on 3/17/2011 9:00:00 AM
Attachments: 4 Leg - v 11 MBI - BRIEF.doc

Testimony for HUS 3/17/2011 9:00:00 AM SB126

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: William Mihalke
Organization: Individual
Address:
Phone:
E-mail: mihalkewm@gmail.com
Submitted on: 3/15/2011

Comments:

MEDICAID INFRASTRUCTURE GRANT – HAWAII

DRAFT v.11 – HIRE ABILITIES – QUEST WINS – WORK INCENTIVE NEW START

PERSONS WITH DISABILITIES IN HAWAII

In Hawaii, there are approximately 21,000 adults receiving SSDI benefits as “disabled workers”; the average benefit for a disabled worker is about \$1,097 per month. SSDI recipients get Medicare after a 2-year wait, but many need medications and other assistance not covered by Medicare.

| STATE OF HAWAII DISABILITY RELATED STATISTICS | |
|--|---------------|
| (ALL AGE 18-64) | NUMBER |
| Total Population (18-64) | 766,424 |
| SSDI disabled workers (18-64) | 21,698 |
| SSI (18-64) | 14,029 |
| People with a disability (18-64) | 56,364 |

Sources: American Community Survey, 2008; U.S. Census; Social Security Administration, State Statistics – Hawaii, 2009

More than 18,000 working age adults in Hawaii receive SSI benefits, with an average monthly SSI payment of \$542. There are about 2,250 individuals who get both SSDI and SSI because their SSDI benefit is less than their monthly federal SSI payment. Their average monthly SSDI and SSI payments in the state of Hawaii are \$424 and \$250, respectively.

MEDICAID AND ADULTS WITH DISABILITIES

In Hawaii, adults with disabilities typically are covered by Medicaid only if they:

- get Supplemental Security Income;
- get Home and Community Based Services (HCBS) or facility care; or
- have enough medical bills to spend their income down to qualify for short-term coverage through the state’s Medically Needy Program.

EMPLOYMENT AND DISABILITY

According to the 2009 American Community Survey conducted by the U.S. Census Bureau, approximately 7.4% of the civilian,

non-institutionalized working population (18 to 64 years of age) is reported as “with a disability.” Of this group of people with disabilities and of working age, roughly 56.4% are reported as “not employed” in 2008. This is more than 2.5 times the rate of non-employment of those with “no disability.”

To keep Medicaid, workers with disabilities often have to limit their income and assets to poverty levels, although Medicaid costs for SSI recipients who work are less than half of the costs for those who do not.

PROBLEM: PEOPLE WITH DISABILITIES CHOOSE BETWEEN WORK AND HEALTHCARE

From a survey conducted in 2005 using Medicaid Infrastructure Grant funds, it was found that:

- 69.6% of respondents would sign up for a premium sharing program that would allow for work without losing healthcare benefits;
- 82.4% of respondents expressed interest in information about how to find and keep a job without losing healthcare benefits;
- Lack of job supports, such as assistive technology and personal assistance, and the potential loss of benefits dissuade people with disabilities from working.

PROPOSED SOLUTION: QUEST WINS

Through greater flexibility provided by the federal government, Hawaii can make adjustments its Medicaid program to accommodate people with disabilities to encourage work, as 43 other states have already done.

Quest WINS could:

- reduce the number of uninsured or underinsured persons in Hawaii;
- remove documented barriers to work, such as loss of benefits, lack of job supports and personal assistance services, and being told not to work by case workers;

- help working people with disabilities increase their economic independence and live above poverty by providing needed health care coverage and decreasing their reliance on SSDI or SSI benefits;
- enable some SSDI recipients to work and get Medicaid as a supplement to private or Medicare insurance;
- obtain federal funding for health care services for persons now served through state-funded mental health programs; and
- allow persons with disabilities to work and pay state, federal and FICA taxes.

The most tangible benefit to the state would be from the increase in taxes paid by those employed. A recent study entitled Medicaid: Good Medicine for State Economies – 2004 Update by Families USA Foundation determined that:

- for every \$1.00 that the state spends on Medicaid, there is a business activity return of up \$3.17;
- in FY 2005, there were an estimated 11,000 jobs created due to Medicaid spending, with total spending on wages of \$466 million; and
- every \$1 million spent on Medicaid results in \$3.2 million in new business activity, 29.34 jobs created; and \$1.2 million in new wages.

QUEST WINS PROPOSED ELIGIBILITY

Under the preliminary program design for Hawai'i's Medicaid Work Incentive Plan, a person must:

- be employed;
- be age 18 through 64;
- be 'disabled' but for the earnings limit under SSA rules (Ticket Act, Title II, Section 201 (a)(1)(C));
- have net countable income less than 400% FPL under the Social Security counting methodology, which equals approximately \$4,153/mo. of countable income, or \$8,392/mo. of gross income;
- have countable assets less than \$20,000; and
- pay a premium

It should be noted that three options have been developed based on other states' buy-in plans, with these criteria taken from the second scenario, or the moderate option.

QUEST WINS COVERAGE GROUPS

Five broad coverage groups have been identified in the preliminary formulation of Quest WINS:

1. Former 1619(b) Recipients and Others with earnings too high for Medicaid
2. people with disabilities enrolled in Medicaid under a medically needy, spend down, or poverty level categories
3. People with disabilities who lack other sources of health insurance, including SSDI beneficiaries in the 24-month waiting period before receiving Medicare, and working SSDI beneficiaries nearing the end of an extended period of Medicare coverage who will experience a loss of Medicare.
4. People with disabilities whose premiums/cost sharing for other private or public insurance coverage (e.g., through private insurance, COBRA, spouses, or Medicare) exceed the cost of the Quest WINS program.
5. People with disabilities whose private and/or public (Medicare) coverage does not provide needed medical supports, but which are covered by the Quest WINS program.

Sent: Tuesday, March 15, 2011 5:15 PM
To: HUS testimony
Cc: mihalkewm@gmail.com
Subject: Testimony for SB126 on 3/17/2011 9:00:00 AM
Attachments: 4 Leg - Reasons to Implement a Medicaid Buy-in.doc

Testimony for HUS 3/17/2011 9:00:00 AM SB126

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: William Mihalke
Organization: Individual
Address:
Phone:
E-mail: mihalkewm@gmail.com
Submitted on: 3/15/2011




Comments:

Benefits of Implementing a Medicaid Buy-in

Fiscal

- \$ Opportunity for individuals to become employed and contribute tax revenue
- \$ Premium payments by participants
- \$ Reduction in Emergency Room Quest applications
- \$ Reduction in uncovered hospital claims
- \$ Continual coverage that reduces cycling of spending for people in and out of Medicaid
- \$ Provides federal match for some state-only programs, including LASR and some case management services for individuals who are not Medicaid eligible
- \$ Potential to reduce day-habilitation costs for individuals who are employed
- \$ Potential to reduce overall health care costs for employed persons with disabilities

Policy Alignment

-  Supports state employment policy for all individuals
-  Removes policy contradictions between Medicaid and other programs, including:
 - o Vocational Rehabilitation, Career and Technical Education,
 - o EBP Supported Employment,
 - o Clubhouses,
 - o Case Management,
 - o DD/MR Employment First and other community-based supports
-  Removes employment barriers for individuals on government programs, including Food Stamps, Housing Assistance, and other Medicaid or State Healthcare Programs

Disability Community

- ⊙ Reduction in spend downs for working people with people disabilities
- ⊙ Improved physical and mental health due to continual coverage and access to preventive care
- ⊙ Opportunity to increase income and self-sufficiency without risking insurance coverage
- ⊙ Availability of Comprehensive benefits package, including Long-term Care for workers with disabilities
- ⊙ Decreased chances of hospitalization and incarceration for persons with mental health disabilities

Common Myths about Benefits and Employment

Myth: You will often hear that in Hawaii Medicaid is offered to people at 200% FPL due to Medicaid utilizing the SSA counting method.

Reality: For people solely on SSI, Medicaid is offered at 200%, and also due to federal law (Social Security Act, sec. 1619, those on SSI can keep Medicaid up to gross earnings of \$36,997 per year (\$3,083 per month). In contrast, people on SSDI have their federal disability insurance payments counted at 100 cents on the dollar, and the 2 for 1 often used by Medicaid for SSI recipients only applies for the SSDI group for a small amount of income beyond the SSDI check. The result is that those on SSDI, often people with work history, earn out of Medicaid with very low-level earnings.

Myth: Adults on the DD Waiver will be able to stay on the waiver as long as they need it.

Reality: Adults on the DD Waiver will likely have challenges staying on the HCBS waiver through their lifetimes. When a person who utilizes the DD/MR waiver has a parent who retires, passes away, or incurs a disability, that person will likely be moved to Social Security's OASDI program, and resultantly become a "Disabled Adult Child" or DAC. To remain on the waiver, he/she will need to become a Medicaid DAC, which allows for his/her Social Security Disability Insurance to be disregarded. Unfortunately, to remain on the waiver through this Medicaid DAC disregard, persons with developmental disabilities must have no additional income, and thus cannot work.

Myth: Adults with Disabilities get enough coverage through Medicare.

Reality: Adults with disabilities generally have and 80/20 coverage from Medicare, but this is based on a "reasonable and customary" determination, which for many medical services, including psychiatry, actually ends up at 60/40 or 50/50. Many of these SSDI recipients also rely on Medicaid as secondary coverage, which would often be lost if they engaged in work.

Myth: The current work incentives through Social Security Disability Insurance meet all of the needs of working persons with disabilities.

Reality: The current work incentives for persons with disabilities are more generous to those on SSI than to those on SSDI. For instance, SSI has a gradual drawdown for those returning to work, while SSDI has a "full check / no check" process. Thus, those who have paid into the system have less flexible work incentives than those who have never worked.

Myth: The Prepaid Health Act offers coverage to people with disabilities who want to work.

Reality: The Prepaid Health Act has an unintended consequence, which is that many small business employers may not be open to hiring people with disabilities because the state approved programs are both community and experience rated, which will increase the cost of their health plans.

Sent: Tuesday, March 15, 2011 5:16 PM
To: HUS testimony
Cc: mihalkewm@gmail.com
Subject: Testimony for SB126 on 3/17/2011 9:00:00 AM
Attachments: 4 Leg - Legislative Authority for Medicaid Buy-in.doc

Testimony for HUS 3/17/2011 9:00:00 AM SB126

Conference room: 329
Testifier position: support
Testifier will be present: No
Submitted by: William Mihalke
Organization: Individual
Address:
Phone:
E-mail: mihalkewm@gmail.com
Submitted on: 3/15/2011

Comments:

Legislative Authority

While a number of states implemented their Buy-in programs prior to the passage of the Ticket Act, states now have a choice of implementing a Buy-in program under either the authority of the BBA or the Ticket Act.¹ Depending on the choice of legislative authority, states will be subject to different restrictions with respect to the designs of their programs.

Income Restrictions. Under the BBA, states are required to limit Buy-in eligibility to those with “net family income” no higher than 250% of FPL for a given family size, and resources not exceeding the SSI resource limits (\$2,000 for an individual/\$3,000 couple). Section 1902(r)2 of the Social Security Act allows states to disregard additional kinds and amounts of income and assets beyond what is generally allowed.¹³ As a result, the income and asset restrictions under the BBA are less restrictive than they may appear. In addition, states are required to use the SSI income counting methodology in determining eligibility for the program. That methodology defines income as equal to unearned income minus \$20 plus one-half of all earned income above \$65. In contrast, the Ticket Act puts no restrictions on income or assets for purposes of eligibility.

Definition of Disability. The Ticket Act allows states to establish up to two optional Medicaid eligibility categories. States may cover working individuals with disabilities, ages 16 to 64, who, except for earned income, would be eligible for SSI (Basic Coverage Group) and individuals whose medical conditions have improved and are determined to be no longer eligible for SSI or DI, but who still have a severe impairment (Medically Improved Group). The BBA restricts eligibility to those meeting the criteria for the Basic Coverage Group only.

Cost Sharing Restrictions. Both the BBA and the Ticket Act allow states to establish a mechanism to share the costs of the program with participants. States may charge participants premiums set on a sliding scale based on income. Under the Ticket Act, premiums may not exceed 7.5% of income. The BBA specifies no such restrictions on premiums.

Age Restrictions. The Ticket Act restricts enrollment in the Buy-in to people ages 16 to 64. There is no age restriction specified in the BBA.

The restrictions on Buy-in programs specified in the attached chart.

¹ Prior to the enactment of the BBA and the Ticket Act, Massachusetts developed a Medicaid Buy-in using 1115 demonstration waiver authority granted by what was then the Health Care Financing Administration (HCFA).

| Buy-in Restrictions under the BBA and the Ticket Act | | |
|---|--|---|
| <i>Criteria</i> | <i>BBA Restrictions</i> | <i>TWWIIA Restrictions</i> |
| <i>Income</i> | Family Net income up to 250% of FPL and unearned income must be less meet SSI test | No restrictions |
| <i>Income Counting</i> | SSI disregards* | No restrictions |
| <i>Assets</i> | SSI asset limits (\$2,000 individual/\$3000 couple) | No restrictions |
| <i>Premium</i> | No restriction | Maximum premium is 7.5% of income. States must charge 100% of premiums for any individual whose adjusted gross annual income exceeds \$75,000 |
| <i>Age</i> | No restrictions | 16-64 |
| <i>Definition of Employment</i> | Cannot define minimum earnings or hours | Same as BBA |
| <i>Definition of Disability</i> | Who, but for earnings" in excess of the limit established under section 905(q)(2)(B), would be considered to be receiving supplemental security income | Same as BBA |
| <i>Medical Improvement Group</i> | Not available | Optional to the States |

*Based on HCFA Letter to State Medicaid Directors March 9, 1998.

Source: Goodman and Livermore. "The Effectiveness of Medicaid Buy-in Programs in Promoting the Employment of People with Disabilities." Washington, DC: Cornell University Institute for Policy Research, July 2004.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 15, 2011 5:58 PM
To: HUS testimony
Cc: mihalkewm@gmail.com
Subject: Testimony for SB126 on 3/17/2011 9:00:00 AM
Attachments: 4 Leg - MBI_Summaries_Q4_2009.pdf

Testimony for HUS 3/17/2011 9:00:00 AM SB126

Conference room: 329
Testifier position: support
Testifier will be present: Yes
Submitted by: William Mihalke
Organization: Individual
Address:
Phone:
E-mail: mihalkewm@gmail.com
Submitted on: 3/15/2011

Comments:

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Program Name | Date Implemented | Federal Authority | Income Eligibility | Countable Income for Eligibility | Includes Spousal Income | Counting Earned Income Method | Counting Unearned Income Method |
|-------|---|------------------|-------------------|---|----------------------------------|-------------------------|--|--|
| AK | Working Disabled Medicaid Buy-In | 7/1/1999 | BBA | Up to 250% FPL | Gross (before taxes) | Yes | SSI methodology | Adult Public Assistance (SSI Supplement) limit |
| AR | Working Disabled | 2/1/2001 | TWWIIA Basic | Up to 250% FPL; net unearned income (after disregarding \$20) may not exceed monthly SSI federal benefit rate for a single person, or \$674/mo. | Gross (before taxes) | No | SSI methodology | SSI methodology |
| AZ | Freedom to Work | 1/1/2003 | TWWIIA Basic + MI | Up to 250% FPL | Gross (before taxes) | No | Follow SSI method with some exceptions | Unearning income is disregarded |
| CA | Medi-Cal 250% Working Disabled Program | 4/1/2000 | BBA | Up to 250% FPL (excludes disability-related income) | Gross (before taxes) | Yes | SSI methodology | SSI methodology (excludes disability related income) |
| CT | Medicaid for the Employed Disabled Program | 10/1/2000 | TWWIIA Basic + MI | \$75,000 per year | Gross (before taxes) | No | SSI methodology | SSI methodology |
| IA | Medicais for Employed People with Disabilities (MEPD) | 3/1/2000 | BBA | Up to 250% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| ID | Medicaid for Workers with Disabilities | 1/1/2007 | TWWIIA Basic | Less than or equal to 500% FPG (excludes retirement accounts, life insurance); earned income >15% of total earned and unearned. | Gross (before taxes) | Yes | Use SSI methodology | Use SSI methodology |
| IL | Health Benefits for Workers with Disabilities | 12/1/2001 | TWWIIA Basic | 350% FPL | Net (after taxes) | Yes | All earned income is counted | Illinois uses state specific methods |
| IN | Medicaid for Employees with Disabilities (M.E.D. Works) | 7/1/2003 | TWWIIA Basic | 350% FPL | Net (after taxes) | No | SSI methodology | SSI methodology |
| KS | Working Healthy | 7/1/2002 | TWWIIA Basic + MI | Up to 300% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| LA | Medicaid Purchase Plan for workers with disabilities | 1/1/2004 | TWWIIA Basic | Up to 250% FPL (countable income) | Gross (before taxes) | No | SSI methodology | SSI methodology |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Program Name | Date Implemented | Federal Authority | Income Eligibility | Countable Income for Eligibility | Includes Spousal Income | Counting Earned Income Method | Counting Unearned Income Method |
|-------|--|------------------|-------------------|---|----------------------------------|-------------------------|--|---|
| MA | MassHealth CommonHealth Program | 7/1/1997 | Waiver 1115 | No limit | Net (after taxes) | No | None. | None |
| MD | Employed Individuals with Disabilities | 4/1/2006 | TWWIIA Basic | 300% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| ME | MaineCare Workers Option | 8/1/1999 | BBA | Up to 250% FPL; unearned income limit of 100% FPL. | Gross (before taxes) | Yes | SSI methodology | SSI methodology, but capped at 100% FPL |
| MI | Michigan Freedom to Work for individuals with disabilities law | 1/1/2004 | TWWIIA Basic | Must work & have income that exceeds amount permitted under section 106, unearned income at or below 100% of FPL. | Gross (before taxes) | No | SSI methodology | Countable unearned income below 100% of FPL |
| MN | Medical Assistance for Employed Persons with Disabilities (MA-EPD) | 7/1/1999 | TWWIIA Basic | Must have monthly gross earnings >=\$65 per month. | Gross (before taxes) | No | Gross is monthly money recv'd. Self-employ is net. | Gross counted before deductions. |
| NC | Health Coverage for Workers with Disabilities | 11/1/2008 | TWWIIA Basic + MI | Up to 450% FPL | Gross (before taxes) | No | SSI methodology | SSI methodology |
| ND | Workers with Disabilities Coverage | 5/3/2004 | TWWIIA Basic | Up to 225% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| NE | Medicaid Insurance for Workers with Disabilities (MIWD) | 7/1/1999 | BBA | Up to 250% FPL, 2-step test disregarding unearned income if in the trial work (including EPE, Grace & Cessation) compared to FBR. | Gross (before taxes) | Yes | Disregard Disabled earned income & count spouse's | SSI methodology (disregard Disabled earned income & count spouse's) |
| NH | Medicaid for Employed Adults with Disabilities (MEAD) | 2/1/2002 | TWWIIA Basic | Up to 450% FPL | Net (after taxes) | Yes | SSI methodology | Unearned income added to calculate for net income |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Program Name | Date Implemented | Federal Authority | Income Eligibility | Countable Income for Eligibility | Includes Spousal Income | Counting Earned Income Method | Counting Unearned Income Method |
|-------|---|------------------|-------------------|--|----------------------------------|-------------------------|--|---|
| NJ | NJ WorkAbility | 2/1/2000 | TWWIIA Basic | Up to 250% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| NM | Working Disabled Individuals (WDI) Program and Focusing on Abilities | 1/1/2001 | BBA | Up to 250% FPL only for earned income. | Gross (before taxes) | Yes | SSI methodology; net Income for Self-Employment is used. | SSI methodology |
| NV | Health Insurance for Work Advancement (HIWA). | 7/1/2004 | TWWIIA Basic | Up to 250% FPL | Net (after taxes) | No | Some income disregards (not all SSI) | SSI methodology |
| NY | New York State Medicaid Buy-in Program for Working People with Disabilities | 7/1/2003 | BBA | Up to 250% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| OH | Medicaid Buy In for Workers with Disabilities | 4/1/2008 | TWWIIA Basic + MI | Up to 250% FPL countable income; income above 250% FPL is disregarded up to \$20,000/year. Exemptions: blind work expense. | Gross (before taxes) | No | SSI methodology | SSI methodology |
| OR | Employed Persons with Disabilities (EPD) | 2/1/1999 | BBA | Up to 250% FPL | Gross (before taxes) | No | SSI methodology/allow IRWEs, BWEs, EIE, biz costs | Excluded for eligibility, counted for liability |
| PA | Medical Assistance for Workers with Disabilities (MAWD) | 1/1/2002 | TWWIIA Basic + MI | Up to 250% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| RI | The Sherlock Plan | 1/1/2006 | BBA | Up to 250% FPL | Gross (before taxes) | No | SSI methodology | All unearned income is included |
| SD | Medical Assistance for Workers with Disabilities(MAWD) | 10/1/2006 | BBA | Up to 250% FPL | Gross (before taxes) | No | SSI methodology | SSI methodology |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Program Name | Date Implemented | Federal Authority | Income Eligibility | Countable Income for Eligibility | Includes Spousal Income | Counting Earned Income Method | Counting Unearned Income Method |
|-------|---|------------------|-------------------|---|----------------------------------|-------------------------|-------------------------------|---|
| TX | Medicaid Buy-In | 9/1/2006 | BBA | Up to 250% FPL after SSI disregards | Gross (before taxes) | No | SSI methodology | Excluded for eligibility; counts for income |
| UT | Medicaid Work Incentive (MWI) program | 7/1/2001 | BBA | Up to 250% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| VA | MEDICAID WORKS | 1/1/2007 | TWWIIA Basic | 80% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| VT | Medicaid for Working People With Disabilities | 1/1/2000 | BBA | Up to 250% FPL; after disregards must have net income below Protected Income Level or SSI Payment Level. | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| WA | Healthcare for Workers with Disabilities (HWD) | 1/22/2002 | TWWIIA Basic + MI | Up to 220% FPL | Gross (before taxes) | Yes | SSI methodology | SSI methodology |
| WI | Medicaid Purchase Plan (MAPP) | 3/15/2000 | BBA | Up to 250% FPL | Net (after taxes) | Yes | SSI methodology | SSI methodology |
| WV | M-WIN | 5/1/2004 | TWWIIA Basic + MI | Up to 250% FPL; unearned income must be equal to or less than FBR plus General Income Exclusion. | Gross (before taxes) | No | SSI methodology | SSI methodology |
| WY | Employed Individual with Disabilities (EID) Program | 7/15/2002 | TWWIIA Basic | Income/assets less than 300% SSI if: (a) EID eligibility under TWWIIA is not restricted from paying its percentage share. | Gross (before taxes) | Yes | SSI methodology | SSI methodology |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Resource Limit | Includes Spousal Resources | Additional Savings Excluded | Additional Savings are Portable | Cost-Sharing Policy | Begin Premium Payments | Method to Calculate Monthly Premiums |
|-------|--------------------------------------|----------------------------|-----------------------------|---------------------------------|----------------------|------------------------|---|
| AK | \$10,000 individual, \$15,000 couple | Yes | No | Not applicable | Premium | 100% FPL | Premiums are calculated based on an income-based sliding fee scale as a fixed percentage of income. The maximum premium is 10% of the net family income. |
| AR | \$4,000 single, \$6,000 couple | Yes | Yes | No | Co-pay | Other | Higher co-pays for participants with gross income equal to or above 100% of FPL. |
| AZ | None | No | Yes | Not applicable | Premium | Other | Amount of premium cannot exceed 2% of the enrollees net countable income. |
| CA | \$2,000 individual, \$3,000 couple | Yes | Yes | No | Premium | Other | A sliding scale premium is based on net countable income. Net countable income from \$1 up to 250% of the federal poverty level. Premiums range from \$20 to \$250 for an individual and \$25 to \$375 for a couple. |
| CT | \$10,000 individual, \$15,000 couple | Yes | Yes | Yes | Premium | 200% FPL | 10% of total income in excess of 200% FPL minus out of pocket health insurance payments. |
| IA | \$12,000 | Yes | Yes | No | Premium | 150% FPL | Based on gross earned and unearned income of the disabled individual |
| ID | \$10,000 | Yes | Yes | Not applicable | Premium | | Income 133% to 250% FPG = \$10; Income 250% to 500% FPG = greater of \$10 or 7.5% of income above 250% FPG. |
| IL | \$25,000 | Yes | No | Yes | Premium, co-payments | 100% FPL | Sliding scale with general parameters. |
| IN | \$2,000 | No | No | No | Premium | 150% FPL | Based on percentage of applicant and spouse's gross income according to family size; adjusted if applicant pays premiums for private health insurance. |
| KS | \$15,000 | Yes | Yes | No | Premium | 100% FPL | Sixteen premium levels ranging from \$55.00 to \$152.00 for a single person; \$74.00 to \$205.00 for a household of two or more. Income ranges are assigned to each premium level, e.g., \$798.01 - \$997.00 = \$55.00 premium. Premium cannot exceed 7.5% of income. |
| LA | \$25,000 | No | Yes | No | Premium | 150% FPL | Premium tiers based on FPL: < 150% = \$0; 150-200% = \$80; 200-250% = \$110. |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Resource Limit | Includes Spousal Resources | Additional Savings Excluded | Additional Savings are Portable | Cost-Sharing Policy | Begin Premium Payments | Method to Calculate Monthly Premiums |
|-------|---|----------------------------|-----------------------------|---------------------------------|--|------------------------|--|
| MA | None | No | No | Not applicable | Premium | 100% FPL | Premiums based on 1 of 2 sliding scales for enrollees with and without other insurance. Premiums begin at 100% FPL and increase in increments of \$5-\$16 based on 10% increments of the FPL. Monthly premiums range from \$15 to \$912 per months (upper range in at 1000% of FPL). |
| MD | \$10,000 | Yes | Yes | No | Premium | 100% FPL | Countable income over 100% FPL up to 200% FPL = \$25/month; over 200% FPL up to 250% FPL = \$40/month; over 250% FPL up to 300% FPL = \$55/month. |
| ME | \$8,000 | Yes | Yes | Yes | Premium, co-pays | 150% FPL | \$10 premium for 150%-200% FPL, \$20 for 200%-250% FPL. |
| MI | \$75,000 | No | Yes | No | Premium | Other | Individuals with an earned income between 250% of the FPL for family of 1 & \$75,000 (net countable) pay sliding scale fee starting at \$600 annually, increasing to 100% of average medical assistance recipient cost determined by DCH for individuals with annual income of \$75,000 or more. |
| MN | \$20,000 | No | Yes | Yes | Premium:based on EI & UI + 0.005% of UI cost share | Other | \$35 or sliding fee scale up to 7.5% of income for incomes equal to or above 300% of FPG. There is no maximum income limit or maximum premium amount. |
| NC | \$20,880 | Yes | Yes | Yes | Premium and annual enrollment fee | Other | Premiums based on a sliding scale. |
| ND | \$10,000 | No | Yes | No | Premium | Other | 5% of gross income. |
| NE | \$4,000 | Yes | No | Not applicable | Premium | 200% FPL | Premiums range from \$30.67 (200 to 209% FPL) to \$183.26 (240 to 249% FPL) for a single individual. And \$41.41 (200 to 209%) to \$247.45 (240 to 249%) for a couple. |
| NH | \$24,991 (\$37,487 for group size of 2) | Yes | Yes | Yes | Premium, pharmacy co-pays | 150% FPL | 7.5% of net income beginning at 150% FPL. Individuals with adjusted gross income exceeding \$75,000 pay highest premium. Client pays pharmacy co-pays. |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Resource Limit | Includes Spousal Resources | Additional Savings Excluded | Additional Savings are Portable | Cost-Sharing Policy | Begin Premium Payments | Method to Calculate Monthly Premiums |
|-------|--|----------------------------|-----------------------------|---------------------------------|-----------------------------------|------------------------|---|
| NJ | \$20,000 individual, \$30,000 couple | Yes | No | No | Premium (not in use at this time) | 150% FPL | Flat Rate. |
| NM | \$10,000 individual, \$15,000 couple | Yes | Yes | No | Co-pay | Other | Clients are responsible for keeping track of co-payments and providing receipts to caseworker once maximum is met. When max is met, a computer code is entered so that no co-payments are to be charged/paid for the rest of the calendar year. Native Americans are exempt from co-payments. |
| NV | \$15,000 | No | Yes | Not applicable | Premium | 200% FPL | 5% of Monthly Net Income (\$1,805 or less); 7.5% of Monthly Net Income (greater than \$1,805 to \$2,256) |
| NY | \$13,800 for individual, \$20,100 for couple | Yes | No | Not applicable | None | N/A | N/A |
| OH | \$10,000 | Yes | No | No | Premium | 150% FPL | 10% of difference between 150% FPL and total income. |
| OR | \$5,000 | No | Yes | No | Premium | Other | \$2168 = \$150. |
| PA | \$10,000 | Yes | Yes | Yes | Premium | Other | 5% of applicant's monthly countable income. (Countable income determined by using SSI methodology) |
| RI | \$10,000 | Yes | Yes | Yes | Premium | 100% FPL | Dollar for dollar for unearned income over the medically needy income limit. Fixed premiums for earned income. |
| SD | \$8,000 | No | No | Not applicable | None | Other | N/A |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Resource Limit | Includes Spousal Resources | Additional Savings Excluded | Additional Savings are Portable | Cost-Sharing Policy | Begin Premium Payments | Method to Calculate Monthly Premiums |
|-------|---|----------------------------|-----------------------------|---------------------------------|--|------------------------|--|
| TX | \$5,000.00 | No | Yes | No | Premium | 150% FPL | Unearned Income: Greater than SSI; earned income: \$0 to \$40. |
| UT | \$15,000 | Yes | Yes | Yes | Premium | 100% FPL | Countable income of household is calculated by 5%, 10% or 15%. 100-110%=5%, 110-120%=10% and 120-250%=15% of countable income; this percent is then applied to the individual's countable income. |
| VA | \$2,000 | Yes | No | No | Co-pay | N/A | N/A |
| VT | \$5,000 individual, \$6,000 couple. | Yes | Yes | Yes | Co-pay | N/A | N/A |
| WA | None | No | No | No | Premium | Other | Lesser of 7.5% total income or a total of the following: 50% unearned income above medically needy income level; 5% unearned income; 2.5% earned income after deducting \$65. |
| WI | \$15,000 | No | Yes | No | Premium | 150% FPL | 3% of an individual's earned income. For unearned income, 100% of unearned income minus the standard living allowance, IRWEs and MREs and a minimum premium is \$25. If the calculation is between \$0-25 premium is \$0. |
| WV | \$5,000 individual, \$10,000 family (liquid assests, then SSI criteria) | No | Yes | Yes | Premium, enrollment fee - \$50, includes first month premium | Other | 3.5% of income or a minimum of \$15/mo. |
| WY | \$2,000 | Yes | No | N/A | Premium | Other | Example: Gross monthly eamintgs = \$400. Gross monthly unearned income = \$250 x 12 months = \$3000. \$3000 - \$600 = \$2,400/12 mos = \$200/mo \$400 earned income + \$200 unearned income x 7.5% = \$45/mo premium (premium must be <= 7.5% of family FPL. |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Medicaid Eligibility Review | Enrollees Start of Year | Enrollees End of Year | Enrollees-Start of Year Med Improved | Enrollees-End of Year Med Improved | Major Outreach Activities (2009 Q4) | State Legislative Authority |
|-------|--------------------------------------|-------------------------|-----------------------|--------------------------------------|------------------------------------|--|--|
| AK | Monthly | 239 | 239 | | | Informational packets, overview training and presentations. | HB 459 20th Legislature |
| AR | Every 12 months | 117 | 131 | | | In-service presentations on the Buy-In at 16 SSA Field Offices, and discussed the Buy-In in 40 other presentations. The Hotline referred screened all callers for the Buy-In and referred 174 individuals to apply for the Buy-In, either immediately or after they begin working. | Act 1197 of 1999 (Arkansas Code 20-77-1201 thru 1205) |
| AZ | Every 12 months | 1044 | 1024 | 0 | 0 | Physician, Case Manager and Provider Training Initiatives. Additionally, letters are mailed to individuals who are denied or discontinued eligibility because of earned income limitations for other Medicaid programs. | Arizona Revised Statute (ARS) 36-2929 and 36-2950 |
| CA | Every 6 months | 4500 | 4774 | | | Statewide Women's Conference (sponsored by First Lady Maria Shriver), Jobtoberfest (San Diego), CAPED (California Association of Postsecondary Education and Disability Fall Conference-San Diego). | Assembly Bill 155, Chapter 820, Statutes of 1999. Extended by SB 1103 (2004) |
| CT | Every 12 months | 4911 | 4942 | 3 | 1 | Continued outreach and education with young adults, ticket recipients, DDS consumers. | Public Act 00-213 |
| IA | Every 12 months | 12376 | 13324 | | | 1)3 consumer outreach meetings were held with attendance over 150 for quarter 40. 2) MEPD newsletter will be mailed in Jan 2010. 3) Employment first Summit held in October 2009. | Code of Iowa 249A.3,2.a |
| ID | Every 12 months | 581 | 606 | | | Q4: four regional workshops, year-long print campaign launched | Idaho Code 56-209n (2006 HB 664) |
| IL | Every 12 months | 676 | 687 | | | Presented HBWD and other work incentive programs to HIV/Aids Conference, SSA WISE Events statewide, DRS Job Fairs, and conducted training on HBWD programs to DHS local offices, IDOT, and DOA staff. | PA91-0712 |
| IN | Annually unless changes are reported | 4899 | 4182 | | | website and marketing materials, collaboration with BIN and WIPA programs, staff training. | HB 1950 Indiana Code 12-15-41 |
| KS | Every 6 months | 1080 | 1094 | 7 | 7 | WH/WORK presentation at the Self-Advocacy Coalition of Kansas annual conference; WH/WORK, and Employment First, presentations, at the annual Interhab (DD providers) conference; WH/WORK presentation for a targeted audience of approximately 40 DD providers in Wichita, KS. | Legislative Directive |
| LA | Every 12 months | 1302 | 1648 | | | During this quarter 16,428 MPP applications were distributed during regional outreach blitzes, job fairs and many other community events. | Act 207 of the 2003 Louisiana Legislature |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Medicaid Eligibility Review | Enrollees Start of Year | Enrollees End of Year | Enrollees-Start of Year Med Improved | Enrollees-End of Year Med Improved | Major Outreach Activities (2009 Q4) | State Legislative Authority |
|-------|---|-------------------------|-----------------------|--------------------------------------|------------------------------------|--|--|
| MA | Every 12 months or when employment status changes | 10270 | 11474 | | | Will produce brochures on the CommonHealth program, calendars for tracking benefits for people with disabilities who return to work, & flyers for distribution by benefits specialists which contain updated info on benefits planning. Disability Issues was distributed to 6000 members. | 1115 Demonstration Waiver (Health Care Reform) |
| MD | Every 6 months | 366 | 507 | | | Called VR clients who received SSDI and had cases successfully closed to inform them about EID and take applications continued EID outreach to over 45 organizations, and developed additional outreach materials (posters, tear-off sheets, reminder cards for DSS offices, mini-tri-fold brochures). | HB 630 (2003 Session) |
| ME | Every 12 months | 850 | 800 | | | Website; brochure updated annually/Benefit specialists/trainings. | None; Buy-in established through Medicaid State Plan under BBA authority |
| MI | Every 12 months | 1124 | 3374 | | | Macomb/Oakland Consumer Conference, Community Clubhouse Trainings. | MCL 400.1 to 400.119b by adding section 106a |
| MN | Every 6 months | 7221 | 7351 | | | Tip on increased earning power sent to all enrollees; presentations given at St. Louis County Conference and Minnesota Financial Workers & Case Aide Association Conferences; distributed information at Disability & Employment Conferences and Mentoring Day. | MN State Statute 256B.057 subd. 9 |
| NC | Every 12 months | 50 | 1200 | 0 | 15 | WIPA Community Work Incentives Coordinators are discussing the buy-in in sessions with consumers. | NC Senate Bill 119 |
| ND | Monthly | 324 | 534 | | | Provided Workers with Disabilities Brochures to counties who requested them. Provide educational material on Workers with Disabilities Program at the ND Housing Finance Agency. | SB 2194 |
| NE | Monthly | 108 | 92 | | | Monthly "Work Incentive Topic of the Month" educational emails to diverse audience. Training for benefits planners, Employment Network representatives, consumers & DD employment providers. | PL 106-170 |
| NH | Every 12 months | 1591 | 1772 | | | 1) Employment Leadership Award to businesses with 41 nominees and Governor Lynch giving Welcome Note; 2) request for Proposals launched statewide for Virtual Work Incentives Resource Ctr and Evidence-Based Supported Employment w/ employment data component; 3) & regional marketing campaign efforts. | RSA 167:6, IX, House Bill 350 Work Incentive Act |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Medicaid Eligibility Review | Enrollees Start of Year | Enrollees End of Year | Enrollees-Start of Year Med Improved | Enrollees-End of Year Med Improved | Major Outreach Activities (2009 Q4) | State Legislative Authority |
|-------|---|-------------------------|-----------------------|--------------------------------------|------------------------------------|--|---|
| NJ | Every 12 months | 3232 | 3706 | | | Staff present to non profits, state & conty agencies, school districts & consumers with disabilities. | State Division of Medical Assistance and Health Services N.J.S.A. 30:4D-1 et se |
| NM | Every 12 months | 819 | 833 | | | Annual SW Conference On Disability in Albuquerque, Disability Employment Awareness Month (DEAM) Activities and FOA Workshops in Roswell, 2nd Annual Behavioral Health Planning collaborative (BHPC) conference. | Senate Bill 207, First Session, 1999. |
| NV | Every 12 months | 15 | 13 | | | Active participant in the systems integration meetings, bringing together groups to share and collaborate. Assisting people in working through the bureaucracy of services. Strategic planner for the upcoming Employment Support Summit. | NRS 422.2715 |
| NY | Every 12 months | 6825 | 7711 | | | Medicaid buy-in toolkit. | 2002 N.Y. Laws chapter 1; N.Y. Soc. Serv. Law Â§Â§ 366(1)(a)(12)-(13) and 367-a(12) |
| OH | Every 12 months | 2341 | 3603 | 0 | 0 | Website, promotional materials, training and advocate promotions, TA. | House Bill 119 |
| OR | 3-max. 12 mos.: stability of empl., income, other | 1069 | 1234 | | | Q4:Both WIN Coordinators co-trained w/ EPD Mgr. 10/21/09 on quarterly EPD training for 12 SPD staff: EPD included in all WIN trainings: 21 regional and 6 state to 650+ attendees. | N/A |
| PA | Every 12 months; premium amount is reviewed every 6 months. | 13322 | 17538 | 13 | 15 | Regional presentations by DPW staff, Mini grants to organizations to provide outreach, outreach by WIPA staff. | Act 77 of 2001 of June 26, 2001 (P.L.755) |
| RI | Every 12 months | 27 | 19 | | | Sherlock Plan presentations to agencies and organizations; informational fact sheet distributed, telephone triage for DHS. | General Assembly |
| SD | Monthly | 104 | 126 | | | MAWD information and brochures were shared with providers and consumers who 28 attended FTW sponsored agency meetings across the state. Presented to Board of VR and Board of SBVI. Information provided at a booth at the Fall Employment Conference. | N/A |

State Medicaid Buy-In Programs - Fourth Quarter 2009

| State | Medicaid Eligibility Review | Enrollees Start of Year | Enrollees End of Year | Enrollees-Start of Year Med Improved | Enrollees-End of Year Med Improved | Major Outreach Activities (2009 Q4) | State Legislative Authority |
|-------|-----------------------------|-------------------------|-----------------------|--------------------------------------|------------------------------------|---|--|
| TX | Every 12 months | 51 | 96 | | | Basic MBI training to 629 DARS Staff working with consumers; Train-the-Trainer SME MBI training for 35 Enterprise and 5 MHRM Center Trainers; 32 MBI/WISE events; MBI focus of annual EDC conference, 129 attendees; MBI flyer to 20,000 individuals on waiver interest list. | Section 531.02444 of Texas Government Code |
| UT | Every 12 months | 639 | 564 | | | MWI training to educators, parents, providers, eligibility workers, benefits planners UAPSE members; distribution of brochures, English & Spanish. Typical Outreach total Q4: 2701. Website: 2000 unique visitors. Healthcare remains among the top ten sites visited. | State Appropriations Act |
| VA | Every 12 months | 21 | 22 | | | MIG staff attended 2009 Collaborations conf. (Va Beach, 10/4-5) & manned a table promoting MEDICAID WORKS (MW). Annual gathering draws 100's of disability service providers, consumers & advocates. Promoted MW & other MIG projects at a "Champions of Disability Employment" event (Roanoke, 10/30). | 2006 Acts of the Assembly, Chapter 3, Item 302 X. |
| VT | Every 6 months | 634 | 669 | | | Brochures, counselor outreach, and presentations. | Act 62 (1999) |
| WA | Every 12 months | 1290 | 1517 | 0 | 0 | Continue community presentations/conferences. Maintain HWD program web page. Use newly implemented webinar capacity to provide different levels of HWD and work incentives training and easier access to this information. | Chapter 74.09.510 and 74.09.540 Revised Code of Washington (RCW) |
| WI | Every 6 months | 13151 | 15677 | | | Through vocational agencies and benefits counselors | Wisconsin Act 9 |
| WV | Every 6 months | 805 | 1104 | 58 | 73 | Continued I&R services; continued awareness level training to agencies and consumer groups; information dissemination - conference displays, brochures, posters, spec. sheets. | WV State Code, Title 9, Article 4D. Medicaid Buy-In Program |
| WY | Every 12 months | 124 | 154 | | | Developing a customer survey to assess effectiveness of and access to program and seek suggestions for program improvement. | W.S. 42-4-115 Work Incentives Improvement Option |