

NUMBER 2 | MAY 2006

**APHSA**  
American Public Human Services Association

**CWD**

Center for Workers with Disabilities

a technical assistance center of APHSA and NASMD



# Highlights of Fourth Quarter MIG Activities

THE CENTER FOR WORKERS WITH DISABILITIES



# Highlights of Fourth-Quarter MIG Activities

**I**mproving the employment outcomes for persons with disabilities is the primary goal of State Medicaid Infrastructure Grant (MIG) projects. Enhancing the probability of achieving that goal enables states to share their ideas, program efforts, and results. The Center for Workers with Disabilities (CWD) has prepared a brief summary of the highlights of fourth-quarter activities. This report discusses the changes in the fourth quarter and may reflect actions taken earlier in 2005 that occurred in the Medicaid Buy-In programs in states that are receiving either Basic or Comprehensive Employment Opportunity (CEO) grants. The information from the report was obtained from the fourth-quarter Medicaid Infrastructure Grants (MIG) summary reports on the Centers for Medicare and Medicaid Services (CMS) web site, research reports, and policy analyses regarding the MIG program. This report will incorporate the following five areas of Medicaid Buy-In progress and evaluation: (1) development of legislation regarding the Medicaid Buy-In, (2) development of multi-agency outreach and collaboration activities, (3) development of outreach and collaboration activities among stakeholders, (4) outreach and information dissemination, and (5) personal assistance services. Overall, the fourth-quarter report indicates that Medicaid Buy-In programs are successful and that individuals with disabilities continue to apply for and enroll in these programs.

## DEVELOPMENT OF LEGISLATION REGARDING MEDICAID BUY-IN PROGRAMS

The **Alaska** Department of Health and Human Services agreed to start the process for making regu-

latory changes to the resource limits for Buy-In recipients on July 1, 2005, and in the third quarter they issued draft regulations to raise the resource limit for the Medicaid Buy-In participants from \$2,000 to \$10,000 for an individual and from \$3,000 to \$15,000 for a couple. Alaska regulations to increase the resources limit are expected to be implemented in spring 2006.

The **Arkansas** Division of Developmental Disability Services finalized their Mental Retardation/Developmental Disability (MR/DD) waiver amendments, including the addition of a Buy-In component. The Division of Aging and Adult Services prepared Physical Disability waiver amendments, and considered changes to the cash and counseling 1115 waiver to increase hours of personal assistance services. The state analyzed the costs and benefits of raising the Buy-In unearned income limit, and submitted their recommendations to Medicaid. They are working on simplifying the application form and on an online application and centralized eligibility determination.

Earlier in the year, **Maryland** received Section 1115 approval to implement a limited program extending Medicaid coverage to employed persons with disabilities. Modeled to comply with federal Buy-In regulations, \$4 million was allocated to the state budget for fiscal year 2006. In the fourth quarter, the state worked to get the Employed Individuals Program fully funded, and the governor's budget included a request for appropriations for the state Medicaid Buy-In program.

**Maine** evaluated the fiscal impact of modifying the current unearned income limit for eligibility for the Medicaid Buy-In program. They expect that the legislature will consider removing the unearned income cap in the Medicaid Buy-In program.

In **North Carolina**, Buy-In legislation was developed in early 2005, and Medicaid Buy-In legislation was approved by the governor and the General Assembly and signed into law in August 2005. The Buy-In will be implemented in North Carolina in July 2006. An implementation strategy has been formulated, and a plan is now being developed.

**OKLAHOMA**

**Employer and Employee Partnership for Insurance Coverage**

In 2005, **Oklahoma** Governor Brad Henry (D) signed the Health Insurance Flexibility and Accountability (HIFA) Waiver 1115a and the Oklahoma Employer and Employee Partnership for Insurance Coverage (O-EPIC), which went into effect on October 1, 2005. In the fourth quarter, CMS approved a HIFA Waiver 1115a, a premium assistance program for Oklahoma and Part I for employers with 25 or fewer employees was implemented on November 1, 2005, for all individuals whose gross annual household income is at or below 185% of the federal poverty level. Part II, designed for employed individuals with a disability, will not go into effect until approximately July 1, 2006. In addition, the Self-Directed Care Act, a 1915c Waiver, was signed by the governor with an effective date of July 1, 2005. This Pilot Program is for those individuals receiving waiver services as part of the home- and community-based waiver program, as amended.

Due to budgetary considerations, **South Dakota** state policymakers decided not to bring a Medicaid Buy-In program forward in 2005. While efforts will continue, long-range objectives will likely not be realized by the scheduled timelines. They initiated preliminary efforts to conduct long-range strategic planning on the Medicaid Buy-In and related issues.

**DEVELOPMENT OF MULTI-AGENCY COLLABORATION ACTIVITIES**

**Multi-Agency Collaboration**

The MIG project in **Alaska** scheduled several meetings with key stakeholders, including the commissioner of Health and Social Services and relevant division directors, to discuss the plan and secure implementation assistance. They developed tailored plans for each stakeholder.

**California** engaged in a statewide strategic planning process to develop a supportive intergovernmental infrastructure, and expand to state leadership development in developing a comprehensive employment strategy. The state built an intergovernmental infrastructure by having staff fully integrated with the Department of Health Services and Employment Development Department staff. Staff leadership development was done through supporting local cross-program training and outreach activities.

Both **Maine** and **Utah** completed drafts of their strategic plan during the fourth quarter. Utah's draft strategic plan, approved by the Executive Board, is undergoing final revisions, and was submitted to CMS in February 2006. Maine completed the draft of the state strategic plan in November 2005, submitted it to CMS, and disseminated the draft for state internal review and comments. Maine held a series of public forums for comment on the draft plan, and had review sessions with each planning leadership group. They received an excellent reception to the draft plan, high praise on plan content, and many suggestions for different formatting to allow the strategic priorities message to come through more clearly. Maine submitted the plan in final form to CMS in February 2006. A copy of the strategic plan is available at: <http://choices.muskie.usm.maine.edu/stratplan.htm>

The **Vermont** Comprehensive Employment Opportunities MIG project incorporated and adopted the findings of the Vermont Olmstead Commission as the foundation for their strategic plan. A copy of the comprehensive strategic plan is available at: <http://www.dad.state.vt.us/dvr/vocrehab/vwii/assets/docs/VTWorksStrategicPlanFull.pdf>

**Utah** continued work on implementing the Social Security Benefit Offset Pilot for SSDI beneficiaries. The current benefit planners in various agencies and projects are: Utah Benefits Planning Assistance and Outreach (BPAO): 3.5 full-time benefits specialists. The state Office of Rehabilitation sought legislative funding for two additional full-time employees for the Utah BPAO program. A mental health agency and the state Development Disability/Mental Retardation agency have one additional full-time employee within each structure. The demand for benefits planning is increasing and the collaboration among the various agencies is exceptional.

## SOUTH DAKOTA

### Career Development Team Model

The Career Development Team worked with individuals with disabilities who have been working hard at securing employment, though they have not yet been successful. Individuals applied to work with the team. The team then looked at past employment and volunteer experience, what steps they had been taking to become employed, and at letters of reference from people who could verify their efforts at securing employment.

The team consists of the following core members: career center staff, a private provider of job developing/coaching services, a benefits specialist, vocational rehabilitation staff, post-secondary institutional staff, employer human resource personnel, Medicaid state agency staff, project staff and an individual with a disability who is and has been successfully employed.

South Dakota asked team members to commit six months to this effort. Team members may work with one or more individuals during that period to support them in reaching their employment goals.

### Outreach with Key State Agencies

Three states completed joint outreach efforts with Vocational Rehabilitation, the Centers for Independent Living, and other social security agencies. **Nevada** MIG staff provided training to rural vocational rehabilitation staff and met with nonprofit organizations that provide services and information to individuals with disabilities. Staff from Health Insurance for Work Advancement provided training to rural vocational rehabilitation staff and reconfirmed the MIG staff's desire and availability to make presentations to groups of individuals receiving vocational rehabilitation services. **Oregon** contracted with five Centers for Independent Living to organize community forums the project is building in communities to get input for the strategic plan. The **South Carolina** MIG project partnered with and supported the local Aging and Disability Resource Center. They conducted four workshops regarding employment, work incentives, and the Medicare Prescription Drug program. All 12 workshops were completed in 2005.

### Joint Efforts with Workforce Development Employment and One-Stop Services

**Kansas** and **Wisconsin** completed joint efforts with Workforce Development Employment and One-Stop Services. **Virginia** held two trainings in the fourth quarter: the first in Harrisonburg on October 27–28 with 38 attendees (including 28 for two days and 10 parents for one-half day); the second in Hampton, on December 8–9, 30 attendees (20 for two days and 10 for one-half day). The state increased linkages with One-Stop Centers and with Benefits Planning Assistance and Outreach by providing videoconferencing equipment to facilitate greater access to services. **Wisconsin** published an *Inter-Tribal Resource Directory*; completed their selection process for selecting transition project sites and draft evaluation design; established a quarterly transition work group; created a training curriculum, and tested their web site. Plans are underway for marketing the web site, and for creating advisory councils in the first quarter of 2006.

**KANSAS**

**Disability Navigator Project**

**Kansas** continued working with their “disability navigator” project, assisting consumers with disabilities, and providing technical assistance for the Workforce Development Center staff. “Mystery customers” with disabilities continued to evaluate services at the Kansas Workforce Development Council prior to placing a disability navigator there. In the fourth quarter, the MIG project offered disability training at Workforce Development Councils located throughout Kansas; eight trainings have been completed, while seven are still in process. One Disability Navigator remains available to provide technical assistance in one northeast Kansas Workforce Development Council.

**Peer Mentoring and Mentoring Initiatives to Encourage and Support Employment**

**Illinois** and **Wisconsin** began peer mentoring projects and initiatives to encourage and support employment. Earlier, **Illinois** had developed plans to create a peer mentoring program that linked current Buy-In enrollees with college education in the home- and community-based waiver personal assistance services programs, with the intent of getting those waiver recipients employed. They also completed development of the training manual, implemented mentor training, and “matching” components of the program. Currently, mentors are working with those they mentor, to help them understand how to approach finding the right job and what they need to do to become employed. Upcoming plans in 2006 include developing an Advisory Committee from the Network of Centers for Independent Living to serve in an advisory role for the peer mentoring project.

In **Massachusetts**, a peer-to-peer benefits support pilot has been expanded to include an additional community. Participants have been recruited and screened, a training curriculum has been developed, and evaluation methods designed.

**Wisconsin** began implementing a pilot project on curriculum for vocational planning with peer support for individuals with mental illnesses. Staff completed numerous projects, including: three site trainings on home and workplace modifications, curricula and trainings for developmental disability health care, vocational planning with mental health, implementing a pilot project in mental health, developing informational materials for the blind, and completing a paper on an employer survey for individuals who are deaf or hard of hearing.

**DEVELOPMENT OF OUTREACH AND COLLABORATION ACTIVITIES AMONG STAKEHOLDERS**

During the fourth quarter, states with Medicaid Buy-In programs participated in a diverse array of outreach and collaboration activities involving key stakeholders such as employers, youth, consumers, community members, and other constituencies.

**Stakeholders and Constituencies**

**California** held 14 focus groups for parents, students, service providers, and employers. Staff incorporated comments into the Comprehensive Employment Strategy and two revised versions were produced in October and December. The California Health Incentives Improvement Project and the governor’s commission staff met with staff from the Centers for Medicare and Medicaid Services via conference call to hear their suggestions for the strategy, and the final version of the plan became available in January 2006.

**Minnesota** is working to complete their goal of developing effective initiatives and long-standing relationships among the business community, state agencies, and the disability community. With an end to achieving this goal, Minnesota completed an environmental scan that included 40 interviews and 10 focus groups. The final plan was submitted on February 15, 2006.

**New Mexico** has continued to work with a contractor to identify additional stakeholders that might become involved in the planning process. In the

fourth quarter, the contractor conducted focus groups and interviews with program participants, family members, agency officials, medical providers, peer associations, and benefits planners from around the state, gathering information and different points of view to include in the Senior Personnel Advisory Board. The state attempted to be more inclusive of other agencies and services, both public and private, in the strategic plan.

**North Carolina** conducted SSI outreach to approximately 300 SSI recipients, service professionals, and consumer stakeholders via statewide training sessions and disability forums. Plans are near completion for a statewide-transition age youth conference.

Outreach was conducted at a multitude of meetings and conferences all across **Oklahoma**. The high demand for information concerning the Premium Assistance program resulted in a second printing of tracts explaining the program.

**Oregon** obtained input through nine community forums, 15 additional key informant interviews, and completed more than ten concept papers and issue briefs on barriers and issues, and conducted four intensive meetings with the Leadership Council. They reviewed their draft strategic plan with CMS.

In **South Carolina**, 12 workshops were completed in 2005. In addition, information was sent regarding adult disabled children receiving SSI who may be eligible for SSDI but have not contacted the Social Security Administration.

The **Virginia** MIG is working with the Workforce Investment Board enhanced Chesterfield Schools internship service by adding supervised Career Assessment and connecting with One-Stop centers. Twelve students enrolled and nine successfully completed the program. All nine students completed Virginia employment agency applications, registered for service, and enrolled in the Capital Area Training Consortium Youth Services Program at the Workforce Center.

In **Washington**, MIG staff conducted presentations at two community forums to provide information on work incentives, solicit input on their strategic plan, and inform Buy-In enrollees of the Medicare Modernization Act drug benefit. Conducted two strategic planning sessions to

review stakeholder input and gain consensus on project priorities.

In **Wisconsin**, a strategic planning design team is working through the process of strategic planning, incorporating stakeholder feedback to develop strategic priorities. Additional information is available at: [http://www.ncbsd.org/file\\_library/index.cfm](http://www.ncbsd.org/file_library/index.cfm)

**Wyoming** began a pilot of its single, integrated community case plan approach for delivery in public- and private-sector services in the community. This initial stage included a review of service gaps and overlaps with consumers in three different geographic areas of the state.

**Minnesota, New Mexico, and Oregon** conducted focus groups, interviews with program participants (including family members, agency officials, medical providers, peer associations, and benefits planners), and held community forums to obtain input on their programs. Oregon completed drafts of over ten concept papers and issue briefs in addition to developing and reviewing their strategic draft plan with CMS.

### Mental Health Services

In **Alaska**, 96 people were served through the evidence-based supported employment grant; 30 of them work full time and 49 work part time; a survey of mental health block grantees indicated that an additional 206 individuals are receiving supported employment services. **Minnesota** developed an interagency agreement to train state tribal communities in maximizing medical assistance supports pertaining to mental health and employment.

### Youth Transition Programs

**Alaska, Kansas, Missouri, and North Carolina** were actively involved with outreach programs for youth who were transitioning out of high school. In **Alaska**, project staff continued to work with the youth grantees in the Youth Transition Project, and 12 of the 50 enrollees were employed. **Kansas** Benefits Specialists conducted 14 presentations targeting transitioning youth, and 82 individuals ranging in age from 16 to 29 are now enrolled. There was a slight increase in percentage of enrollees in this age group during the fourth quar-

ter. **Missouri** continued to establish on-campus workshops for transition, conducted needs assessments of campuses, and developed and implemented the initiatives they planned. In November 2005 a workshop was held for college career counselors.

**North Carolina** is completing plans for a statewide transition-age youth conference.

### Housing and Transportation Related to Employment Activities

The **North Dakota** Statewide Housing Task Force has been very successful. They have held a total of five meetings, and their efforts will continue into 2006. The **New Jersey** Division of Disability Services partnered with the Voorhees Transportation Policy Institute and held a two-day Summit, "Meeting the Employment Transportation Needs of People with Disabilities in New Jersey." It was held on December 8 and 9, 2005 at the Marriott Trenton at Lafayette Yard, with about 100 people in attendance. In **Oklahoma**, "United We Ride" partnered with Oklahoma Alliance for Public Transportation to present a workshop addressing the variables and barriers in the creation of a reliable and affordable transportation system for persons with disabilities. **Wisconsin** is preparing to hold a Transportation Summit in 2006, and completed a paper on Electronic Durable Medical Equipment.

### Self-Employment

In **Minnesota**, Four business development contracts were initiated to provide technical assistance for Minnesotans with disabilities (micro-enterprise activities). They also began planning for a national Business Leadership Network conference in October 2006 that Minnesota is hosting. The **North Dakota** Chapter of Association of Programs for Supported Employment has taken ownership and will continue to promote self-employment. Material developed under a MIG project related to self-employment is available on the North Dakota MIG web site at <http://165.234.216.166/medicaid/employ/index.php>

## OUTREACH AND INFORMATION DISSEMINATION

Medicaid Buy-In states have been utilizing diverse print, web-based, and multi-media venues for outreach and dissemination activities regarding their programs.

**Arkansas** plans to develop a MIG web site in 2006. They will conduct Buy-In presentations to all supervisors of eligibility caseworkers. The presentations will be given to supported employment and developmental disabilities service providers, two vocational rehabilitation offices, and one Social Security Administration office. They are preparing consumer-friendly materials, including a direct mail piece, and have co-sponsored a disability job fair.

**California** is disseminating three brochures regarding the Medicaid Buy-In program, Youth with Disabilities in transition, and Persons with Disabilities entering the Workforce to federal, state, and local agencies, and to community-based organizations. The state sent out approximately 25,000 brochures for a total of 175,000 released. The state printed all three in Asian language translations to accommodate the diversity of the California population. State staffed an information booth and made a presentation at a session at the California Post-Secondary Education conference. The state also convened six days of trainings with 120 people in attendance.

**Indiana's** Hoosier Ready to Work web site is available at <http://www.in.gov/fssa/healthcare/med/medicaid/receivessdi.html>

**Massachusetts** distributed *MassWorks Issue 3 on CommonHealth* via mail and electronically to over 2,400 disability and employment providers in the state.

The **Missouri** MIG has contracted with an employment specialist to develop a curriculum for a resource guide for employers to help in hiring and maintaining employees with disabilities. The guide will be distributed to employers across the state.

In **Nevada**, the three-month multi-media campaign, "Radio and Television Media Campaign," which was conducted in the second and third quarters of 2005 by the Nevada Broadcasters Association did not generate increased enrollment in Nevada's Medicaid Buy-In.

**North Carolina** conducted SSI outreach to approximately 300 recipients, service professionals, and consumer stakeholders via statewide training sessions and disability forums. Plans are near completion for a statewide transition-age youth conference. The SSI workgroup scheduled a meeting for January 2006 to expedite completion of the action plan and implementation schedule.

In **South Carolina**, 12 workshops were completed for 2005. In addition, information was sent regarding adult disabled children receiving SSI who may be eligible for SSDI, but have not contacted the Social Security Administration.

**South Dakota** updated information provided to WorkWORLD software users; staff provided demonstrations on software at the South Dakota Housing and Fall conference; and presented WorkWORLD information. At eight regional Transition Forums; all planned training was completed.

**Wisconsin** prepared a paper, “Lessons Learned,” on self-directed services.

### Media Campaigns

The October 2005 **Alaska** *Economic Trends* magazine featured workers with disabilities; Governor Murkowski set the stage with an introductory letter. An article about workers with disabilities was also included in the quarterly newsletter of the Alaska State Society of Human Resource Managers. The article can be found at <http://www.labor.state.ak.us/trends/oct05.pdf>

In **Nebraska**, the consumer network was managed under a subcontract with the Kolb Foundation. “Going to Work” forums were held in April 2006. The four forums brought together people with disabilities, employers, agencies, and advocates to learn about the Ticket to Work program, work incentives, and employment supports. The Consumer Network has improved outreach and data collection. Ticket to Work radio public service announcements ran statewide resulting in calls to the Hotline for Disabilities. The contractor is a consumer that had recently formed a foundation for disability education.

In **New Mexico**, statewide distribution of a new outreach poster contained information on the

Medicaid Buy-In program that could be included in various articles and newsletters statewide. Outreach and technical assistance were provided to 397 different organizations.

In **Connecticut**, the outreach campaign included creating a video. Workgroups viewed videos from other states and noted key points and messages that might apply to Connecticut. In addition, the Youth and Adult Bridging project was completed. A final report identifying best practices was produced and at the end of the quarter, a resource guide was in final stages of completion.

### Employer Relations and Business Leadership Network

In **Kansas**, benefits specialists made a total of 25 contacts during the fourth quarter to educate employers about Working Health—the state’s Medicaid Buy-In program.

**Louisiana** provided staffing and support services to job fairs via contracts with the Louisiana Business Leadership Network; supported local committees by hosting monthly teleconference meetings; conducted statewide media campaigns through radio and outdoor advertising; and held promotional item job fairs in seven cities in October and November 2005. A Virtual Job Fair was held for the greater New Orleans area in October 2005, during which 725 job seekers were connected with 192 businesses and more than 100 job applications were filed. Since then, at least 14 job seekers have been hired.

In **Massachusetts**, an article was developed for the newsletter of the Associated Industries of Massachusetts and outreach to three employers was conducted. The web site, <http://www.Foremployers.com> is updated on an ongoing basis and is being accessed as a source of employer-focused information, with 3,947 sessions and 14,772 hits this quarter.

Four business development contracts in **Minnesota** were initiated to provide technical assistance for Minnesotans with disabilities. The state also began planning for a national Business Leadership Network conference in October 2006, which Minnesota is hosting.

The **Utah** Business Employers Team continued to expand membership, meeting monthly to develop goals and strategies to improve hiring strategies and

practices for applicants with disabilities. The team has initiated forums between employers and local school district personnel. The team also consistently distributed the Work Ability compact disc. Current membership is predominantly large employers; however, their goal is to increase membership to include medium and smaller businesses. The Employment Personal Assistance Services program specialist is developing a procedure manual. There are currently 47 active participants who are employed in competitive, integrated employment with an additional 11 applicants in process.

The **Virginia** Business Leadership Network developed an employer tool kit that is available at <http://www.vabln.org/> and a Business Leadership Network was established in **Wisconsin**.

## MAINE

### Employer Practices and Attitudes Regarding Employing People with Disabilities

“Employer Practices and Attitudes Regarding Employing People with Disabilities,” contains results and analysis from a statewide employer survey, meetings with business groups and focus groups with professionals who provide job development and placement services to workers with disabilities. The four themes in this report include (1) nothing matters as much as changing employer attitudes, (2) a public-private partnership is essential to success, (3) the need for easily accessible information; and (4) transitional employment arrangements help match employer workforce needs with available workers with disabilities. Maine received a great reception to this report and to employer engagement activities overall, so that the final strategic plan lists the “Employer Outreach and Education Campaign” as a top priority starting in 2006. They are hoping to engage more business people in this effort. The report is available at [http://choices.muskie.usm.maine.edu/library/emp\\_practices.doc](http://choices.muskie.usm.maine.edu/library/emp_practices.doc)

## Enrollment

Three states participated in enrollment events during the fourth quarter. In **Louisiana**, 14 enrollment events were held across the state in November and December 2005; 144 dual-eligible Medicare Premium Payment/Medicare clients who attended the events were helped to compare plans and enroll in one that met their need; more than 30 others were helped by phone in late December. **Utah** enrollment in the Medicaid Work Incentive program was 351 in the quarter ending December 2005. Over the past year, the percentage of working Medicaid Disability recipients increased by 30 percent. **Maine** is continuing activities that promote Medicaid Buy-In, distributing information and promotional activities wherever possible. Enrollment increased by 71, an 11 percent increase, during the last calendar year. Activities to improve the Buy-In program are prominent in the strategic plan, although not included in the top six priorities.

## Research, Data, and Evaluation

Program evaluation is an essential piece of the state Medicaid Buy-In program process. In addition to being a requirement of the Medicaid Infrastructure Grant conditions, evaluations give states an opportunity to make necessary changes and improvements to the program offered by measuring the actual impact of various Medicaid Buy-In efforts on program participants, on Medicaid costs for participants and the state, and on the overall employment of individuals with disabilities throughout the state.

**Maine** continued the process throughout the year to collect performance data and other measures on the two provider organizations that offer benefits counseling services. Developing this system is one of the top six strategic priorities in the final state plan that will be implemented in early 2006. The state continued efforts with the vocational rehabilitation agency to help identify how that agency will take the policy development lead for overall benefits counseling services. Plans are underway to coordinate MIG and vocational rehabilitation funding for these services in mid-2006, with one set of performance goals and policies.

**Massachusetts** presented the final results of the study, “The Impact of Premium Changes on CH-Working Enrollment,” to MassHealth leadership. The full report is available at [http://www.miceo.org/AccessDocument.cfm?document=MassHealthDisabilityandEmploymentAnnualUpdate\\_FINAL.pdf](http://www.miceo.org/AccessDocument.cfm?document=MassHealthDisabilityandEmploymentAnnualUpdate_FINAL.pdf)

**New York** State expected to have an automated payment system for premium payments by April 1, 2006.

**Rhode Island** MIG staff worked to develop an effective data collection element for the Buy-In program by modifying the Medicaid Management Information System that informs policy makers of the cost effectiveness of the Buy-In and can result in future, incremental expansions of the program. A consultant has been hired to design the appropriate modifications to the state tracking, reporting, and evaluating systems, including all required data elements for CMS reports. Presentations on tracking direct and indirect transportation costs and programs were made by the ARC Trudeau Center and the Rhode Island Office of Rehabilitation Services, as well as an overview of the Independent Transportation Network of America. A survey was also developed for consumer input on the Maine Department of Health and Human Services’ proposed Buy-In regulations and State Plan Amendment.

**South Carolina** aimed to increase participation of SSI recipients in SSI Work Incentives. The state conducted four field staff training sessions for case managers, eligibility workers, service coordinators, job coaches, and school transition coordinators, among others. They provided information in Medicaid waiver packets to consumers about 1619(b) and the state’s Buy-In program. Trainings were provided to school transition coordinators, Department of Disabilities and Special Needs service coordinators, job coaches, and community long-term care case managers. The University of South Carolina presented an economic impact study to the MIG Advisory Committee on October 5, 2005. A letter was also sent to the state director of the Department of Health and Human Services requesting changes to the eligibility criteria for Medicaid for the Working Disabled. Improved outreach was needed, as well as revision of the Medicaid for the Working Disabled eligibility criteria.

## PERSONAL ASSISTANCE SERVICES

### Personal Assistance Services State Plan Policy Development and Implementation

**Illinois** has completed the training manual development, mentor training implementation, and “matching” components of the program. Currently mentors are working with the individuals they mentor to help them understand how to approach finding the right job and what they need to do to become employed. Plans for 2006 include developing an Advisory Committee from the Network of Centers for Independent Living to serve in an advisory role for the peer mentoring project. In **Michigan**, the Medicaid office provided draft language to amend State Plan Amendment for review by partners. A meeting was set for mid-January for further discussion. Development began in **Nebraska** on the scope of work to be used for the request for proposal to hire a contract researcher to evaluate the effectiveness of Nevada’s Personal Assistance Services. **New Jersey** submitted a Medicaid State Plan Amendment to permit personal care services in workplace settings to the State and is awaiting CMS approval. In **Oklahoma**, an amendment request for the Home- and Community-Based Waiver, along with Consumer-Directed Personal Assistance Services as a service under the waiver, was approved by CMS.

### Personal Assistance Services Workforce

**South Carolina** aims to improve accessibility to personal assistance services for consumers who are employed or seeking employment by identifying and providing assistance to waiver consumers who are employed or interested in seeking employment. Voluntary registry of personal care workers has been posted on South Carolina Access. Registration form is available online.

**Missouri** conducted a Personal Care Assistance pilot project in southwest Missouri (2004) that allowed individuals to use these services through the state in partnership with local resources to support access to employment. Needs assessment was conducted by advocacy and self-advocacy groups in four Missouri regions. Plans were developed to replicate Personal Care Assistance pilot project in four additional communities.



Center for Workers with Disabilities

a technical assistance center of APHSA and NASMD

**Center for Workers with Disabilities**

810 First Street, NE | Suite 500

Washington, DC 20002-4267

202-682-0100 | [www.nasmd.org/disabilities](http://www.nasmd.org/disabilities)