



Building an Effective Public Relations Plan in Times of Change

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Center for Workers with Disabilities

About the Center for Workers with Disabilities

The Center for Workers with Disabilities is a technical assistance center for states enhancing or developing employment supports programs for working persons with disabilities. Most of the thirty plus states supported by the Center are using Medicaid Infrastructure Grant dollars to conduct such work.

Authority for the Medicaid Infrastructure Grant (MIG) program was established under the Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170). To learn more about the Ticket Act go to http://www.ssa.gov/work/Ticket/ticket_info.html. The MIG program is administered by the Centers for Medicare and Medicaid Services (CMS). For more information on MIG funding, state-by-state MIG activities, and CMS, go to <http://www.cms.gov/twwiia/default.asp>.

The Center for Workers with Disabilities is a special project of the National Association of State Medicaid Directors (NASMD), an affiliate organization of the American Public Human Services Association (APHSA). To learn more about APHSA, go to <http://www.aphsa.org> and to learn more about NASMD, go to <http://www.nasmd.org>.



Center for Workers with Disabilities
810 First Street, NE
Suite 500
Washington, DC 20002
Voice: 202/682-0100
Fax: 202/289-6555
www.nasmd.org/disabilities

Introduction

Today, all state governments are facing the most serious budgetary situation since World War II. The state budget shortfalls for this alone year total billions of dollars. Factors contributing to the state fiscal crisis are decreases in revenue driven by changes in the federal tax code, increased spending on K-12 education to reduce class size and increase salaries, increased enrollment in state-operated higher education, and Medicaid spending. Medicaid spending increase contributors include rising enrollment and increasing health care cost – particularly for prescription drugs.

A recent survey of state Medicaid agencies on their fiscal situation revealed the following themes:

- States now expect Medicaid spending to increase nine percent in FY 2003 on average – significantly higher than the 4.8 percent average growth rate that state legislatures appropriated for FY 2003.
- Twice as many states, 40, now report a FY 2003 Medicaid budgetary shortfall than did in June 2002.
- Since the beginning of the fiscal year, a total of 49 state have either made plans or already acted to reduce their Medicaid spending growth.¹

Like all individuals associated with state government, Medicaid Infrastructure Grant (MIG) projects and staff responsible for Medicaid Buy-In (MBI) programs face the challenge of preserving their projects and programs in this environment of scarce resources. A critical tool for individuals involved in budgetary negotiations, as well as in states where the administration is transitioning to a new governor, is the development of a clear strategy for communicating the goals and outcomes of projects and programs, their value to state systems and the individuals they serve, and the long term return on investment to the state community. A public relations strategy and related campaign can be a significant help.

This document is intended to offer MIG and/or MBI staff: 1) guidance on developing a public relations strategy; 2) examples of MBI vignettes to include in communications materials; 3) resources on employment and disability; and 4) a template for a MBI or MIG briefing flyer as well as a list of suggested MBI program outcomes.

Center Project Team
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¹ *Medicaid Spending Growth: A 50-State Update for Fiscal Year 2003*. Health Management Associates (HMA), January 2003 for the Kaiser Commission on Medicaid and the Uninsured.

Section I: Crafting a Public Relations Strategy

A. What is a Public Relations Strategy and Why is it Important?

“Public relations” is a catch-all phrase that can be used to describe many activities with different objectives. For MIG and MBI programs, public relations can encompass outreach for new MBI enrollees, outreach on MIG financed initiatives, or education of public officials regarding the value of MBI and MIG programs. Developed in response to the current fiscal environment and the significant influx of new staff within state government, this document is intended to provide a framework for the development of a public relations strategy that will highlight the successes of your state MBI program and positive outcomes of MIG project.

MBI programs create incentives for people living with disabilities to return to work; MIG projects are a catalyst for broad, long-lasting systems change aimed at enhancing employment opportunities for persons with disabilities – including MBI. The value of these programs and projects may need to be explained in detail for new state staff not familiar with the concept or the issues or to justify their continuation when evaluated by high administrators who need to trim costs. Highlighting the roles that the MBI program and MIG projects can play in helping the economy by encouraging job growth, for example, may be critical to these programs’ continued success.

B. The Four-Step Public Relations Process

Step 1: Defining the Problem

In essence, this is the step during which an organization evaluates its operating environment by asking, “What’s happening now that will impact our program?” This involves probing and monitoring knowledge, opinions, attitudes, and behaviors of those concerned with and affected by the policies of an organization. Important preliminary questions in this “fact finding step,” include:

1. ***What is the source of concern?*** Possibilities include state budget, new administration or both, departmental re-organization, etc.
2. ***Where is this a problem?*** Possibilities include statewide for MBI, departmental for a MIG project, etc.
3. ***When is it a problem – or for how long?*** Duration of the issue, most likely combating a lack of understanding about the goals and value of MBI and MIG projects, could be short term for states undergoing Administrative changes or long term in states facing multi-year deficits.

4. ***Who is involved or affected?*** This could involve MBI participants, the array of individuals benefiting from MIG activities, state staff, providers of services, and/or employers who might lose employees or potential employees if these projects were discontinued. It also could be defined as the entire employment supports community in your state.
5. ***How are they involved or affected?*** If, due to a lack of understanding, MBI and/or MIG projects were discontinued, possible MBI impacts include loss of increased earnings and savings for consumers and loss of revenue in the form of cost share and state income taxes for the state. In regards to MIG projects, immediately following the precipitous loss of health care, the second most noted barrier to work by persons with disabilities the complexity and fragmented nature of the employment supports and work incentive programs. MIG projects offer resources to improve these complex systems and increase employment opportunities.
6. ***Why is this a concern to the organization and its stakeholders?*** MBI and MIG projects offer a more logical way of providing health care and increasing employment options to persons with disabilities that are in keeping with current trends in both disability policy (i.e., community integration and consumer direction) and income support policy. The 1996 Welfare Reform law severed the ties between public financial assistance and Medicaid; the impact of MBI is analogous. MBI and MIG projects can be important components of a state economic stimulus package.

Step 2: Planning and Programming

Now that a public relations planner has a clear understanding of the environment, he/she must answer the questions of : 1) What is the central problem(s); and 2) why is this a threat? Answers to these questions provide a solid foundation for a plan to combat the challenge. Planning is the only rational way to establish priorities in an environment with limited resources and staff. Unless there is a plan, the staff responsible for public relations will be overwhelmed by competing internal demands and the public relations plan will flounder or, just as serious in today's environment, send inconsistent messages.

Planning can aim a public relations message at making something happen or preventing it, or for the purpose of exploiting a situation or remedying one. A public relations plan is engaged more often in trying to create a viewpoint or an event than to prevent one, or to take advantage of an opportunity more often than to remedy an undesired situation. You should determine what the goal of your plan will be – for example, creating the viewpoint that employment supports programs are good policy and should not be cut or reduced – or having a plan in place to take advantage of face-to-face time with new administrators, etc.

Thinking in terms of a well planned, consistent strategy is at the heart of public relations planning. In the pure sense, a strategy is a plan to use selected, limited means to achieve a desired result.

Step 3: Taking Action and Communicating

This step answers the question “How do we implement the public relations plan and convey the message?” This involves implementing the plans and program through both action and communication designed to achieve specific objectives related to the program goal. This step requires:

- ? An action program for each audience;
- ? A communication program for each audience including message development and strategies and media strategies; and
- ? Program implementation plans including assignment of responsibilities, schedules or events and activities, and a budget.

In this step, you also will decide how to convey your message. One of the most effective ways to build awareness about the successes in the MBI program and the MIG project and to generate backing for your goal is to divide your audience into groups and develop a “message” to which each group will respond. This will also help you explore options for message delivery. For instance, for a state administrator responsible for Medicaid, a message might be that MBI participants have contributed \$X in cost share and X percent are enrolling in employer sponsored insurance. A message about a MIG project targeted to consumers might highlight the function and value of the Advisory Committee, training activities financed by the MIG, and policy enhancements underway.

A “message” is a concise and persuasive statement about your goal that captures what you want to achieve, why, and how. Since one of the underlying purposes of a message can be to create action, your message should also include the specific action you would like the audience to take. Successful messages often incorporate words, phrases, or ideas that have positive connotations or that have particular significance to a particular audience.

Five Key Elements of Messages. Content is only one part of a message. Other non-verbal factors such as who delivers the message, where a meeting takes place, or the timing of the message can be as, or more, important than the content alone. In addition, sometimes what *is not* said delivers a louder message than what *is* said.

- ? **Content/Ideas:** What ideas do you want to convey? What arguments will you use to persuade your audience? Develop a central message about your MBI program or MIG project that will resonate with state officials, i.e., the buy-in promotes work and fits into a statewide economic stimulus package. Ensure clarity and

consistency of all information and data about the MBI and/or MIG program. This information should support your message. Finally, your message content should be crafted with an eye towards what action you want the audience to take once they have heard and assimilated the information. In developing content, authors should avoid acronyms and jargon.

- ? **Language:** What words will you choose to get your message across clearly and effectively? Are there words you should or should not use?
- ? **Source/Messenger:** Who will the audience respond to and find credible? Select one credible spokesperson who can speak with authority regarding the Medicaid Buy-In and/or MIG program. This person will need to be visible and accessible. The spokesperson needs access to top decision makers as well as access to policy and data staff to obtain information in a timely manner. The spokesperson needs to be conversant in your state's laws and policies regarding employment and Medicaid coverage for people living with disabilities.
- ? **Format:** Which way(s) will you deliver your message for maximum impact? e.g., formal briefing meeting, informal face-to face meeting, letter, fact sheet, brochure?
- ? **Time and Place:** When is the best time to deliver the message? Is there a place to deliver your message that will enhance its credibility or give it more impact?

Step 4: Evaluating the Program

The final step of the public relations process is stepping back and asking yourself “How did we do?” This involves determining the results of the program as well as assessing the effectiveness of program preparation and implementation. Adjustments can be made in the continuing program or the program can be stopped after learning the effectiveness of the programs.

This section was adapted from [The Jossey-Bass Guide to Strategic Communications for Nonprofits](#) written by Kathy Bonk, Henry Riggs, and Emily Tynes. For more information or to order the book, see <http://www.ccmc.org/contents.htm>.

Section II: Raw Materials for Your Public Relations Materials

The following section offers examples of materials and specific facts to include in public relations materials aimed at highlighting the value and importance of employment supports initiatives.

A. What Employment Supports and Work Incentives Mean to People.

In states with MBI, the value of Medicaid Buy-In programs is difficult to capture in enrollment trends given the short tenure of many programs. What may be more effective is to describe real people who have been served by the buy-in program in your state. Short narratives can demonstrate the powerful impact of restructuring Medicaid to encourage employment. These examples may simply describe the improved quality of life for people enrolled in buy-in programs or may point to areas for future expansion or improvement in your state's program.

Here are some examples of individual profiles served by Oregon's Medicaid buy-in program:

- 1. Georgena Moran is living her passion. She is working as a peer counselor for Independent Living Resources in Portland, helping other people with disabilities to become and remain independent. Moran is one of 541 Oregonians who take advantage of the Employed Persons with Disabilities Program (EPD) which was developed and implemented three years ago. "Without the EPD program, I would not have been able to pay for my medicine and health insurance and still work," said Moran who has multiple sclerosis. "It has allowed me the opportunity to take care of myself and maintain my career, fulfilling my passion and increasing my self-esteem."*
- 2. Larry Ruhe, Springfield, remained ambitious even though a diving accident left him quadriplegic at 21 years old. Today he owns and manages two fast foods franchises – a Blimpies and a TCBY Treats. "Without the EPD program, I would not have the freedom to work. By paying for my personal attendant and medical care, it allows me to be a productive member of society," said Ruhe. "I work full time with my businesses and then some. It makes me feel that I am giving to my community. One of the ways I believe I contribute is by hiring a lot of single moms."*
- 3. Janell Werder, Salem, said even though she had coverage under her parents' private insurance it was still costing her money to work before signing up for the EPD program. "The EPD program provided me with the opportunity to keep Medicaid as supplemental insurance to pay for my personal attendant to work extended hours. Without this assistance, I would no longer be able to work," said Werder, a person with quadriplegia. She is employed at Crisis Hotline for Northwest Human Services, a nonprofit that serves people from across the*

country. Werder responds to an 800-phone hotline, handling anything from suicide calls to moms just needing diapers or formula for their newborns. Werder is one of the EPD participants in Oregon who now shares in working's self-esteem, income and ability to pay taxes.

If possible, it is important to describe the universe of people who are being served by your Medicaid Buy-In program. While state specific data is best, you may also need to use national data or for comparative purposes. This data should be in an easy-to-read format (bullets, Q & As). Here are some examples of data you may want to use (if available):

- ? How many people are served in your Medicaid buy-in program?
- ? What are the enrollment trends in your state?
- ? What information can you provide on this population (i.e., cost shares contributed, number accessing employer insurance, average utilization of services for MBI participants compared to other Medicaid groups, etc.)?
- ? Have you completed any data analyses or reports that you can share with decision makers that will support your message (i.e., MIG and MBI reports for CMS or the TA Partnerships) ?
- ? How many people could be served and might return to work? What are the disability trends in your state?

States with out MBI and with a MIG, might offer case examples of the extraordinarily difficult circumstances under which people with disabilities live because they can not hold jobs that provide a living wage -- for example, the average daily income for a Supplemental Security Income (SSI) recipient is \$3.32 per day.² Material should indicate that MBI and MIG projects can offer improvements and explain how.

B. Employment Policy Context.

The audience for you public relations message may or may not have a clear understanding of the context and intent of work incentives and employment supports programs. The information below might serve a quick background piece on work incentives and employment supports.

1. Pre-1999 Work Incentives and Why We Needed MBI and MIGs.

Social Security benefits [both Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)] for people with disabilities have historically been

² Consortium for Citizens with Disabilities. January 2000. www.c-c-d.org

predicated on a determination of disability that included, in addition to medical information, a maximum amount of work-related income. This income, known as the Substantial Gainful Activity (SGA) standard, serves as a trigger to begin the reduction or elimination of cash benefits as well as Medicaid or Medicare coverage that is associated with the receipt of Social Security benefits. The SGA (currently \$780 per month) artificially limits the income of workers with disabilities who depend on the health insurance that accompanies their Social Security benefits. Historically, these workers have intentionally earned less than the SGA in order to maintain Medicaid coverage.

There are some options available to Social Security beneficiaries in an attempt to remedy this problem. SSDI beneficiaries are offered a nine month trial work period and a 36-month extended eligibility period. However, if SSDI beneficiaries continue to work after this period of time, their SSDI and Medicare benefits will be terminated. SSI beneficiaries have access to two options, known as 1619(a) and 1619(b), which allow workers with disabilities to retain access to Medicaid and some SSI payments depending on their earnings. However, states do have income ceilings for their 1619(b) Medicaid eligibility category that continue to limit the amount of money a worker with disabilities can earn and retain health insurance.

Since the passage of the Balanced Budget Act of 1997 (BBA), states have had the option to provide Medicaid to workers with disabilities who would qualify for Medicaid if not for their income. This optional eligibility category has allowed states to provide Medicaid to workers with disabilities whose income is below 250% of the Federal Poverty Level (FPL). States can also impose premiums and cost-sharing based on a sliding scale. In addition, states can now use 1902(r)(2) authority to develop more liberal income criteria for this eligibility group.

However, in addition to the fear of losing health care coverage, persons with disabilities participants, cite other barriers to employment such as:

- ✓ Lack of adequate employment training and placement services;
- ✓ Complexity of existing work incentives;
- ✓ Lack of benefits counseling providing accurate and easy to understand information about their options; and the
- ✓ Lack of a comprehensive integrated system of short and long term services and supports that addresses the individuals overall employment needs.

The reality is, regardless of whether employment policies for persons with disabilities are well written and clearly articulated in rules and regulations, unless there also is an effective, comprehensive delivery system, individuals with disabilities will continue to face significant barriers to work and successful careering. The Medicaid Infrastructure Grant program is intended to address these issues.

2. The Ticket to Work and Work Incentives and Improvements Act of 1999 Overview.

The Ticket to Work and Work Incentives and Improvement Act of 1999 (Ticket), created two new optional Medicaid eligibility groups: the Basic Coverage Group and the Medically Improved Group. The Basic Coverage Group is similar to the BBA eligibility category described above except that the income limit is significantly higher at 450% FPL and states can establish their own earned and unearned income and resource standards. Eligible individuals must be considered disabled by SSI standards and be 16-64 years old. States can require premiums or other cost sharing on a sliding scale based on income.

Section 203 of the Ticket Act directed the Secretary of the Department of Health and Human Services (DHHS) to establish a grant program to assist states in supporting employment for people with disabilities. The grant program provides money to states to develop and implement the core elements of the Ticket Act and to successfully modify their health care delivery systems to meet the needs of people with disabilities who want to work. CMS is the designated DHHS agency responsible for this grant program. The Medicaid Infrastructure Grant program is authorized for 11 years and \$150 million in funding has been appropriated for the first five years of the program. The minimum grant award to an eligible state is \$500,000 per fiscal year. Thirty eight states have received Medicaid Infrastructure Grants; as of January 1, 2003, 25 states are enrolling people in MBI programs.

C. Facts about Workers with Disabilities.

It may be useful to address some of the myths and facts regarding workers with disabilities for your audience, particularly if new state staff comes from the private sector. Virginia Commonwealth University's RRTC has produced a fact sheet that describes employer attitudes towards workers with disabilities. For more information, see <http://www.worksupport.com/Text/Topics/productivity.htm>. Briefly, some highlights include:

- Employees with disabilities were rated the same or better than their non-disabled co-workers in almost all work performance areas.
- Employers do not believe that there are additional costs associated with employing persons with disabilities. The costs of accommodations, training, and supervision of employees with disabilities were not barriers to employment.
- The majority of accommodations provided to employees cost less than \$100.
- Employers indicated they are doing a good job of retaining existing employees with disabilities.

The U.S. Department of Labor also has a fact sheet describing the successes of people with disabilities in the workforce. For more information, see <http://www.dol.gov/odep/pubs/fact/dispel.htm>.

D. Economic Impact of Employment.

It is critical in the current economic environment to talk about Medicaid Buy-In programs and related employment supports initiatives included in MIG work plans as a component of an economic stimulus package. Workers with disabilities increase the state tax base while also paying premiums to the state Medicaid agency for their health insurance. Medicaid buy-in programs encourage independence among people with disabilities while meeting labor needs within the state. Any data that can suggest the increase in the tax base as a result of higher incomes should be included as well; possibilities include average earnings levels of recipients of state Vocational Rehabilitation services and average earnings levels of Section 1619(b) participants.

E. National Data Resources.

Here are some websites that may be helpful.

a. SSA.GOV – This section of the Social Security Administration’s website provides a chart of state work incentive activities with links to Medicaid information.

<http://www.ssa.gov/work/Beneficiaries/activity.html>

b. DOL.GOV – This section of the Department of Labor website lists fact sheets available from the Office of Disability Employment Policy.

<http://www.dol.gov/odep/pubs/publicat.htm>

c. NCDDR.ORG – The publications page of the National Center for the Dissemination of Disability Research.

<http://www.ncddr.org/cgi-bin/mysql/grantee-employ.cgi?showdetail=highlights&showhighlight=resrc |url>

d. CMS.HHS.GOV – There are two state maps on the CMS website that may be useful: one describes the work incentives eligibility rules and policies for each state, and one highlights states with demonstration and infrastructure grants.

<http://www.cms.hhs.gov/twwia/statemap.asp>
http://www.cms.hhs.gov/twwia/inf_dmap.asp

Section V: Templates for Materials

Here is an example of a fact sheet developed for state legislators in Maryland with background information regarding MBI.

Medicaid Buy-In Programs Background Information

Work Incentives Project

**A Joint Research and State Technical Assistance Project of the
National Conference of State Legislatures (NCSL) and George Washington
University (GWU)**

Presented by Allen Jensen, Project Director, GWU

Intent of the Medicaid Buy In Option for States

Enable persons with significant disabilities to work and have needed health and support services.

Examples:

- * Persons with severe mental illnesses who can work if they have medication
- * Persons with severe physical disabilities who need personal assistance services

Persons with Disabilities in Maryland.

The Social Security Disability Insurance (SSDI) program provides income assistance for persons with significant mental or physical disabilities who have paid into the Social Security trust fund. It also provides income assistance to disabled adult children of Social Security beneficiaries whose disability began before age 22. SSDI recipients have Medicare after a 2-year wait but many need medications and other assistance not provided by Medicare.

There are approximately 80,000 persons ages 18 – 64 receiving SSDI benefits in Maryland. The average benefit for a SSDI disabled worker is approximately \$800. 52,000 adults in Maryland receive Supplemental Security Income (SSI) benefits on the basis of disability. Some receive both SSDI and SSI because their SSDI benefits is less than the Federal SSI income standard of \$545. Those eligible for SSI can retain their Medicaid if they work. Those on SSDI only will eventually lose their SSDI and Medicaid if they work.

Medicaid and Adults with Disabilities in Maryland.

Some of the 80,000 SSDI recipients in Maryland are eligible for Medicaid because their SSDI benefits are low enough to qualify under the Maryland Medicaid income assistance criteria. Some are eligible for Medicaid because they also receive Supplemental Security Income (SSI) benefits. Some are only eligible for SSI and Medicaid if they live in a group home or some form of supported housing. Some may use the Medically Needy program but must spend down to \$350 a month with medical costs to be eligible.

A Medicaid Buy-In Program

A Medicaid Buy-In program can enable:

- Some SSDI recipients to work and increase their income and not lose their Medicaid.
- Some SSDI recipients to work and be eligible for Medicaid as a supplement to private insurance
- Persons with disabilities to be able to work and only rely on Medicaid without SSDI, SSI or state income assistance.

A Medicaid Buy-In program can provide Federal funding for health care services for persons who are now served with state funded pharmacy assistance and state funded mental health services programs.

Limiting a State's Fiscal Exposure in a Medicaid Buy-In Program

A state can decide how to limit their fiscal exposure by:

- Limiting how many are potentially eligible by setting limits based on SSDI benefit levels
- Targeting the Medicaid Buy-In program to those with significant earning

Limiting eligibility or providing cost-offsets with significant Medicaid Buy-In premiums

Also included, as Appendix A, is an example of a flyer on MBI developed by the Minnesota MIG Project.