

A. Initial Development of Medicaid Buy-In Program and Related Comprehensive Employment Initiatives

November 2005

2003, 2004 and 1st, 2nd and 3rd Quarter 2005

2005 additions in **Bold** in endnotes

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State Medicaid Buy-In Programs Summary Table at end of End Notes:			
Includes : Year of Implementation, Authorization or Studies and Enrollments as of September 30, 2005			
Activity	States with Experience	States Planning or Beginning Activity	TA Tools, Policy Analysis, and/or Multi-State Analysis
1. Consumer Input & Characteristics and Needs Studies – Pre Buy-In¹	<u>Studies cited in a 2004 MIG Reports</u> Alabama ² Idaho ³ South Dakota ⁴ Virginia ⁵ For other studies see individual state pages at web site www.medicaidbuyin.org	<u>Studies cited in a 2005 MIG Reports</u> Hawaii ⁶ Kentucky ⁷	<i>Cross-Disability Community Leadership: Organization and Roles</i> http://www.uiowa.edu/~lhpdc/work/V_Planning.html
2. Initial Medicaid Buy-In Policy Development, Fiscal Estimating, Enactment of Legislation & Initial Implementation⁸	<u>Medicaid Buy-In Legislation Enacted in 2005</u> North Carolina ⁹ <u>Medicaid Buy-In Programs Reauthorized in 2005</u> North Dakota ¹⁰ <u>Medicaid Buy-In Legislation Enacted in 2003-4</u> Arizona ¹¹ Colorado ¹² Louisiana ¹³ Maryland ¹⁴ Michigan ¹⁵ Nevada ¹⁶ Rhode Island ¹⁷	Delaware ¹⁹ District of Columbia ²⁰ Idaho ²¹ Kentucky ²² Ohio ²³ Oklahoma ²⁴ South Dakota ²⁵ Texas ²⁶ Virginia ²⁷	CMS State Medicaid Directors letter on Medicaid Buy-In http://www.cms.hhs.gov/states/letters/smd82900.asp <i>Policy Frameworks for Designing Medicaid Buy-In Programs and Related State Work Incentive Initiatives</i> http://aspe.hhs.gov/daltcp/reports/polframe.htm <i>The Medicaid Buy-In Program: Lessons Learned From Nine "Early Implementer" States</i> http://aspe.hhs.gov/daltcp/reports/Ellesson.htm <i>Reports prepared for the U.S. Dept of Health and Human Services by Allen Jensen, Bobby Silverstein and Donna Folkemer</i> <i>Developing Fiscal Estimates for a Medicaid Buy-in Program: Using Data from Early Implementer States_– Allen Jensen and Donna Folkemer – CWD Team</i> http://disability.law.uiowa.edu/lhpdc/medbuyinwrkincent/new.html <i>Third Party Health Care Coverage: (Medicare, State</i>

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Activity	States with Experience	States Planning or Beginning Activity	TA Tools, Policy Analysis, and/or Multi-State Analysis
	West Virginia ¹⁸ <u>Medicaid Buy-In Programs Implemented in 2003-4</u> Arizona Louisiana Michigan Nevada North Dakota West Virginia		<i>General Fund, and Employer Sponsored) for Working Individuals with Disabilities</i> – Gail Stefl CWD Team http://www.nasmd.org/disabilities/taskforces/tpoverview.asp
3. Studies to Consider or Actual Revisions of Medicaid Buy-In Program Income Eligibility Criteria & Relationship to Medicaid Waivers <small>28</small>	Revisions Made: Pennsylvania ²⁹ Vermont ³⁰ Medicaid Buy-In Program Repealed: Missouri ³¹	Revision Studies: Arkansas ³² California ³³ Iowa ³⁴ Maine ³⁵ New Hampshire ³⁶ South Carolina ³⁷ Wisconsin ³⁸ Wyoming ³⁹	<i>Compilation of Medicaid Buy-In Program Design Features: Income Eligibility Criteria</i> – Allen Jensen CWD team http://www.uiowa.edu/~lhpdc/work/III_framework.html <i>Building Work Incentives Using Section 1902(r)(2) of the Medicaid Statute</i> – Donna Folkemer CWD Team Work Incentives Development Report Series of the Center for Workers with Disabilities http://www.nasmd.org/disabilities/pubs/special.asp

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Activity	States with Experience	States Planning or Beginning Activity	TA Tools, Policy Analysis, and/or Multi-State Analysis
4. Studies to Consider or Actual Revisions of Medicaid Buy-In: Resources Limits and Exclusions ⁴⁰	Vermont ⁴¹	Revision Studies: Alaska ⁴² California ⁴³ Wisconsin ⁴⁴	<i>Compilation of Medicaid Buy-In Program Design Features: Resources Limits & Exclusions – Allen Jensen CWD Team</i> http://www.uiowa.edu/~lhpdc/work/III_framework.html
5. Studies to Consider or Actual Revision of Medicaid Buy-In Cost Sharing Policies: Minimum Income Level and Premium Methods ⁴⁵	Revisions Made: Minnesota ⁴⁶ Connecticut ⁴⁷ Massachusetts ⁴⁸	Rhode Island ⁴⁹ Oklahoma ⁵⁰ Revision Studies: Illinois ⁵¹	<i>Compilation of Medicaid Buy-In Program Design Features: Minimum Income Level and Premium Method – Allen Jensen CWD Team</i> http://www.uiowa.edu/~lhpdc/work/III_framework.html
6. Studies or Actual Revisions of Medicaid Buy-In Work-Related Policies and Protections ⁵²	Revisions Made: Minnesota Vermont ⁵³	Revision Studies: Illinois ⁵⁴ Iowa ⁵⁵ New Hampshire ⁵⁶ Wisconsin ⁵⁷	<i>Compilation of Medicaid Buy-In Program Design Features: Work Related Policies & Protections – Allen Jensen CWD Team</i> http://www.uiowa.edu/~lhpdc/work/III_framework.html
7. Development or Revision of	<u>Specific Mention in State MIG Report</u>	<u>Specific Mention in State MIG Report</u>	

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Activity	States with Experience	States Planning or Beginning Activity	TA Tools, Policy Analysis, and/or Multi-State Analysis
Medicaid Buy-In Regulations & Operating Procedures⁵⁸	Missouri ⁵⁹ Nevada ⁶⁰ North Dakota ⁶¹ New York ⁶² Revisions Made: Connecticut ⁶³	Illinois ⁶⁴ <i>Maryland⁶⁵</i>	
8. Training Eligibility Staff related to Medicaid Buy-In and other Work Incentives Programs⁶⁶	Indiana ⁶⁷ Kansas ⁶⁸ Minnesota ⁶⁹ Nevada ⁷⁰ New Mexico ⁷¹ <i>Idaho⁷²</i> North Dakota ⁷³ <i>Missouri⁷⁴</i> <i>New York⁷⁵</i>		
9. Development or Implementation of “Medical Improvement” Medicaid Buy-In Program⁷⁶	Connecticut ⁷⁷ Kansas ⁷⁸ Pennsylvania ⁷⁹	Nebraska ⁸⁰	
10. Development or Implementation of “Demonstrations to Maintain	Minnesota ⁸² Kansas ⁸³		CMS web site on DMIE grant solicitation at: http://www.cms.hhs.gov/twwiia/independ.asp

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Independence and Employment” project. ⁸¹			
12. Published Studies of Relationship between Medicaid Buy-In & Medicare Pharmacy Assistance program ⁸⁴	Kansas ⁸⁵		
11. Development of Policy Options Related to Impact of State’s 209(b) Medicaid Eligibility Status on Work Incentives ⁸⁶	Oklahoma ⁸⁷	New Hampshire ⁸⁸	
13. Relationship between Medicaid Buy-In and Managed Care ⁸⁹	<i>Wisconsin</i> ⁹⁰ <i>California</i> ⁹¹		
14. SSI State Supplementation-only Beneficiaries Work Incentives Development under Section 1905(q) ⁹²	<i>Idaho</i> ⁹³		

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¹ Consumer Input & Characteristics and Needs Studies – Pre Buy-In

² Alabama – 2nd Q 2004 - Medicaid Buy-In feasibility study was began in June 2004 with a Workgroup organized (Medicaid, agency staff and consumers) to develop input for model development.

2004 Annual Mental Health Recovery Conference Survey regarding whether they work, why they do not, and perceived barriers to working.

³ Idaho- 2nd Q 2004 – State reconvened MIG advisory committee with the mandate to develop a Medicaid Buy-In which is budget neutral.

⁴ South Dakota – Consumer survey of SSI and SSDI beneficiaries conducted in 2001 and report available at <http://www.sd-ccd.org/ftw/toc.html>

⁵ Virginia - 2003 –MIG Advisory Committee extensively involved in developing design of Medicaid Buy-In pilot proposal and demonstration project. Virginia–State developed and submitted to CMS in November 2003 a Medicaid Buy-In Section 1115 Medicaid Waiver proposal as directed to do so by state legislation. Continuing research and evaluation efforts on Vocational Rehabilitation clients employment earnings in support of development of Medicaid Buy-In; 1st Q 2004–MIG contracted for statistical analysis of Vocational Rehabilitation closures and income. Reports to include: sustainability of employment, extent of health insurance coverage and earnings above or potential above Substantial Gainful Activity. Reports available at http://www.dmas.state.va.us/mb-real_choice_starter_grant.htm.

⁴ Q 2004 - As a result of meetings with the Virginia Secretary of Health and Human Resources and the Lieutenant Governor, potential revisions to the waiver proposal are being evaluated by the MIG Advisory Committee.

⁶ Hawaii 2nd Q 2005. Consumer focus group facilitators trained and focus groups/participants scheduled statewide between August and October of 2005. Intent is to conduct a needs assessment from information gathered from persons with disabilities, family members,

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⁷ **Kentucky 3rd Quarter 2005 – MIG contracted with University of Kentucky Martin School of Public Policy and Administration for a feasibility study on the development of a Medicaid Buy-In program. Developed a statewide steering committee representing the disability community, employers, service providers, and legislators together with representative from the state agencies involved in the project. MIG Committee is assisting in the identification of barriers people with disabilities face in obtaining and retaining employment and to make recommendations for overcoming these barriers.**

⁸ **2. Initial Medicaid Buy-In Policy Development, Fiscal Estimating, Enactment of Legislation & Initial Implementation**

⁹ *North Carolina 2nd Q 2004 – Researching other state Buy-In programs. Developing data for cost analyses and has contracted with University of North Carolina for analyses in preparation for drafting a proposal for the legislative study group.*

3rd Q 2004 – Medicaid Buy-In Work Group formed. Three scenarios developed for costing out. Intent is to develop a draft proposal for the Governor.

4th Q 2004 – North Carolina Medicaid Buy In proposal submitted to NC Blue Ribbon Commission on Medicaid Reform- accepted as Recommendation #8 in final report to the 2005 General Assembly. Preliminary drafting of legislation to begin February 1, 2005. Fact sheet prepared as a review of other buy-ins.

North Carolina 2nd Q 2005 Senate bill S119 appropriated \$400,000 for the 2005-2006 fiscal year for the Medicaid Buy In, effective July 1, 2005. Additional information on Buy In implementation is to be reported to the North Carolina General Assembly not later than March 2006.

3rd Quarter 2005 – Medicaid Buy In legislation was approved by the state legislature and signed into law by the Governor in August 2005.

¹⁰ **North Dakota – 1st Q 2005 – Medicaid Buy-In program in state was scheduled to sunset in 2005. In 2005 State legislature reauthorized the program and made it permanent.**

¹¹ Arizona – Medicaid Buy-In legislation enacted in 2003. Web site for program at <http://www.ahcccs.state.az.us/Services/Programs/FreedomToWork.asp>

¹² **Colorado 2nd Q 2005 - Study conducted in 2003 of feasibility of a budget neutral Medicaid Buy-In program in Colorado**

¹³ Louisiana - Medicaid Buy-In program enacted in 2003. Program effective March 2004 Web site for program at <http://www.dhh.state.la.us/offices/?id=136>

¹⁴ Maryland–1st Q 2004–Developing cost estimates for Medicaid Buy-In based on different levels of restrictions and also costs for Personal Care costs. Pursuing possible Section 1115 Medicaid waiver as an approach to implementing Medicaid Buy-In earlier than July 2005.

4th Q 2004 – Maryland Governor included \$4 Million in state budget proposal to fund a Medicaid Buy-In program.

Maryland - 1st Q 2005 Current target date to implement Medicaid Buy-In program is now April 1, 2006.

Maryland 2nd Q 2005 – State 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 allocated to the State budget in FY 2006. Projected to begin enrolling January 2006

¹⁵ Michigan– Michigan enacted Medicaid Buy-In law in 2003. Program implemented January 1, 2004. See Michigan page on www.medicaidbuyin.org.

¹⁶ Nevada – 3rd Q 2004- State implemented Medicaid Buy-In program effective July 1, 2004

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¹⁷ Rhode Island– 1st Q 2004 - MIG project staff, Governor’s Committee on Employment of Persons with Disabilities, and the State Economic Development Council collaborated to organize meeting of state legislators, state Medicaid, Vocational Rehabilitation and Work Force officials which resulted in Medicaid Buy-In legislation being developed and introduced in both houses of state legislature. Cost estimates based on experience in early implementer states with assistance from the center for Workers with Disabilities team members. State also using Rhode Island’s Medicare/Medicaid linked longitudinal database in developing estimates on cost of health services and improving health care delivery.

¹⁷Rhode Island–1st Q 2004–Medicaid Buy-In legislation developed and introduced in both houses of state legislature of Rhode Island
2nd Q 2004 – Medicaid Buy-In law passed by legislature and signed by Governor.

¹⁸ West Virginia – Medicaid Buy-In legislation enacted in 2003. Implemented May 1, 2004

¹⁹ Delaware–1st Q 2004–State is developing various models and cost estimates for a Medicaid Buy-In program.
2nd Q 2004 – State has developed support for a specific model for a Medicaid Buy-In.

²⁰ *District of Columbia- 2nd Q 2004 – Medicaid agency reviewed Medicaid Buy-In options. DC City Council has given Medicaid agency permission to establish a Medicaid Buy-In program.*

District of Columbia 1st Q 2005 – Medicaid agency developed new cost estimates and timeframe for Buy-in development and implementation.

²¹ **Idaho – 1st Quarter 2005 - A bill to implement a Buy-in program introduced during the 2005 legislative session was not passed. Previous intent language to implement a budget-neutral program is still in effect**

²² **Kentucky 2nd Q 2005 – State has contracted with University of Kentucky Martin School of Public Policy and Administration for a feasibility study.**

²³ Ohio–Report prepared under contract with Lewin on related administrative changes that would be required to develop a Medicaid Buy-In program and Medicaid Buy-In eligibility standards options.

2nd Q 2004 – Medicaid Buy-In work team established and strategic planning begun.

4th Q 2004 - The Request for Proposal (RFP) for the design of a premium collection system has been developed and has been forwarded to the entity within the ODJFS responsible for posting on the department website for procurement opportunities. The RFP for the premium collection design is being revised and should be ready for release 2/1/05.

²⁴ **Oklahoma 3rd Q 2004 – Oklahoma Health Care Authority in its Strategic Plan is supporting the development of a Medicaid Buy-In. Decisions are contingent on passage of a Tobacco Tax as a question on the November ballot to provide revenues. If passes, \$2 million could be available.**

4thQ 2004 - Passed Tobacco tax but funding still unlikely because of decrease in Federal matching for Medicaid in Oklahoma

Oklahoma 2nd Q 2005 - The Governor signed HIFA Waiver 1115a, which is now O-EPIC, Oklahoma Employer & Employee Partnership for Insurance Coverage, and it is scheduled to go into effect October 1, 2005. State is awaiting approval from CMS. The HIFA Waiver will provide a Premium Assistance Program for employers with 25 or fewer employees when the employee is at or below 185% of federal poverty levels. To be funded by the Tobacco Tax.

²⁵ South Dakota–MIG Steering Committee on development of a Medicaid Buy-In made recommendations on the overall framework for a Medicaid Buy-In.

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MBI cost share structure development continues.

2nd Q 2004 – Subcontracting with an agency to provide more detailed fiscal and programmatic information

4th Q 2004 – Expected to make legislative budget request for Medicaid Buy-In program in 2005.

South Dakota 1st Q 2005 – Anticipating submitting state legislation for a Medicaid Buy-In in 2006.

²⁶ Texas– 1st Q 2004 - A work group on health care options for certain persons with disabilities was formed as was required under state law and it is evaluating options. The state issued an RFP for consultants to develop a proposal for a Medicaid Buy-In program.

3rd Q 2004 – Contracted with consultant to develop Medicaid Buy-In program including eligibility and premiums and cost estimates.

²⁷ Virginia - 1st Q 2004–Research on Vocational Rehabilitation clients' earnings by disability type as means to develop information for development of Medicaid Buy-In program.

²⁸ 3. Studies to Consider or Actual Revisions of Medicaid Buy-In Program Income Eligibility Criteria & Relationship to Medicaid Waivers

²⁹ Pennsylvania–State Medicaid agency sent Operations Memo to inform county eligibility workers that individuals enrolled in Medicaid Buy-In can apply for Home and Community Based waiver services and those in waivers can apply for Medicaid Buy-In. The AIDS waivers were amended to include workers with disabilities.

³⁰ Vermont 2nd Q 2005 – Legislation enacted (Vermont Act 56) which provides for the disregarded all SSDI and all Veteran's disability benefits of the individual against the unearned income limit (previously unearned income limit of Vermont's Medically Needy Protected Income Limit plus \$500).

³¹ Missouri 1st Q 2005 - Senate Bill 539 was signed 04/26/05 by Governor Matt Blunt eliminating the state's Buy-In program.

³² Arkansas 1st Q 2005 - Analyzing the costs and benefits of raising the Buy-In unearned income limit, to determine the feasibility of expanding participation of people receiving SSDI benefits. State MIG is forming an Eligibility Committee to study program and fiscal implications of raising the unearned income limit (SSI standard) on Medicaid Buy-In program.

³³ California 2nd Q 2004 – Study of California's Medicaid Buy-In program and options for change. *The California Working Disabled Program: Lessons Learned, Looking Ahead* funded by the California Health Care Foundation and conducted by Lewin. Report at <http://www.medi-cal.org/topics/view.cfm?itemID=20684>

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³⁴ Iowa - 4th Q 2004 - Work continued on the Medicaid Buy-In evaluation report, the advisory committee reviewed drafts of the report to provide input for the final version. Data analysis of the report to determine changes will continue for the next year, the advisory committee continues to meet to provide input. Report available at http://www.dhs.state.ia.us/dhs2005/dhs_homepage/docs/MEPD-04_report-master.pdf

³⁵ **Maine 2nd Q 2005 – Evaluating fiscal impact of modifying current unearned income limit for eligibility for Medicaid Buy-In program.**

³⁶ New Hampshire– Studying the possibility of calculating net income without considering employment income from VISTA, AARP projects, and AmeriCorps.

³⁷ *South Carolina - 2nd Q 2004 – Planning to expand or revise current Medicaid Buy-In program based on analysis of evaluation of barriers in current eligibility criteria and records of those determined ineligible.*

South Carolina 1st Q 2005 - Have completed interviews and focus groups and identified issues related to eligibility determination in Medicaid that has limited employment by persons with disabilities.

³⁸ Wisconsin–1st Q 2004–Series of analysis papers have been prepared and distributed to key stakeholders on Medicaid Buy-In policies that may be barriers to employment. Topics include: treatment of spousal income; portability of independence accounts; and the definition of employment.

³⁹ Wyoming – 3rd Q 2004 – Crafting legislation to raise income eligibility level to 185 % of Federal Poverty Level

⁴⁰ 4. Studies to Consider or Actual Revisions of Medicaid Buy-In: Resources Limits and Exclusions

⁴¹ **Vermont 2nd Q 2005 - Legislation enacted (Vermont Act 56) which changed the resource standard to \$5,000 for an individual, \$6,000 per couple at the time of enrollment (previously was SSI resources standards at enrollment but allowed to accumulate assets from earnings after enrollment)**

⁴² Alaska 2003 - MIG Project staff is attempting to increase resources limit for Medicaid Buy-In above current \$2,000 limit. The state is working with Asset Building Coalition to explore ways for low-income persons to accumulate assets.

Alaska – 2nd Q 2004 – Project staff and representatives from disability community followed up on earlier presentations to Governor and state legislative committees on changing assets limit. A November, 2004 Disability Policy Summit to be convened will include development of strategies on this and other issues.

Alaska – 4th Q 2004 The Department of Health & Social Services agreed to make changes to the Medicaid Buy-In through regulatory rather than statutory change during the new state fiscal year, starting July 1, 2005. MBI participants will be able to save up to \$10,000 once the regulations are adopted. Although the department has agreed to make regulatory change to the Medicaid Buy-In, the process for making these changes will not be scheduled until after the legislative session ends in late May.

Alaska 1st Q 2005 - The Department of Health & Social Services has agreed to start the process for making regulatory changes to the resource limits for buy-in recipients on July 1, 2005.

Alaska 3rd Quarter 2005 - The Department of Health & Social Services issued draft regulations to raise the resource limit for Medicaid Buy-in participants from \$2,000 to \$10,000 for an individual and from \$3,000 to \$15,000 for a couple.

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⁴³ *California 2nd Q 2004 - A study of California's Medicaid Buy-In program and options for change. The California Working Disabled Program: Lessons Learned, Looking Ahead funded by the California Health Care Foundation and conducted by Lewin. Report at <http://www.medi-cal.org/topics/view.cfm?itemID=20684>*

⁴⁴ Wisconsin – 1st Q 2004—Series of analytical reports were prepared and distributed to key stakeholders on Medicaid Buy-In policies that may be barriers to employment. Topics include: treatment of spousal income, portability of independence accounts, and the definition of employment.

⁴⁵ **5. Studies to Consider or Actual Revision of Medicaid Buy-In Cost Sharing Policies: Minimum Income Level and Premium Methods**

⁴⁶ Minnesota 2003 – Scale from 1% to 7.5% of income above 100% FPL. (Before 12/01/01, 10% of income above 200% FPL). Effective Jan. 1, 2004 all enrollees must pay no less than \$35 a month. However, effective Nov. 1, 2003, those with income less than 200% FPL must be reimbursed for Part B Medicare premiums they may pay.

⁴⁷ Connecticut 4th Q 2004 Automated recalculation for premiums with consideration for Medicare Part B premiums resulting in greater efficiency

⁴⁸ Massachusetts 4th Q 2004 – Assessing the aggregate change in characteristics of the Medicaid Buy-In population before and after premium increase (March, 2003). Assess the changes in individual characteristics (income, healthcare costs) after premium increase.

⁴⁹ Rhode Island—1st Q 2004—Medicaid Buy-In legislation developed and introduced in both houses of state legislature.
2nd Q 2004 – Medicaid Buy-In law passed by legislature and signed by Governor.

⁵⁰ Oklahoma—In anticipation of the establishment of a Medicaid Buy-In program MIG project has developed a strategy for developing a premium collection and monitoring system.

⁵¹ Illinois 2003 – State is considering possible changes in Buy-In premiums to increase enrollment.

⁵² **6. Studies or Actual Revisions of Medicaid Buy-In Work-Related Policies and Protections**

⁵³ Vermont 2nd Q 2005 – Legislation enacted (Vermont Act 56) which requires that earnings of the working individual with disabilities shall be documented by evidence of FICA tax payments, Self employment Contributions Act tax payments, or a written business plan approved and supported by a third-party investor or funding source.

⁵⁴ Illinois—State is attempting to develop policies related to defining work and work related protections.

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⁵⁵ Iowa–State is attempting to develop possible new policies related to work requirements for Medicaid Buy-In programs.

⁵⁶ New Hampshire–1st Q 2004–Revising rules to “raise the bar on job search.”

⁵⁷ *Wisconsin 2nd Q 2004- Paper prepared analyzing likely effects of options to change definition of employment in Medicaid Buy-In program*

⁵⁸ 7. Development or Revision of Medicaid Buy-In Regulations & Operating Procedures

⁵⁹ Missouri–1st Q 2004– “Monthly billing and collection system for the Medicaid Buy-In Program is working as it was designed to do.”

⁶⁰ Nevada–Medicaid Buy-In operations manual is being reviewed in anticipation of implementing a program in 2004. Developing Information Technology infrastructure and purchase equipment required to create Medicaid Buy-In eligibility system, produce and track premium payments, system accounts receivable, and produce required reports.

Nevada 2nd Q 2004 – State developed IT structure, MBI aid code, premium payment system and basic reporting system for implementation of Medicaid Buy-In by July 1, 2004.

⁶¹ North Dakota 2003 –State has Medicaid Buy-In Implementation Advisory Group. Members include the Executive Directors of the Centers for Independent Living, Executive Director of People First and Director of Disabilities Advocacy Consortium, and consumers.

⁶² New York–1st Q 2004–Developing a contract with a vendor to provide for automated Medicaid Buy-In premium payment collection and tracking system.

4th Q 2004 Contract continues in the review process with contracts and legal staff prior to signoff and submission to comptroller.

Policy staff continues to work with systems staff to insure that specs for interface meet the needs of the program. In order to insure that the premium payment collection and tracking (PPCT)system interface and automated systems are fully functional by the implementation date, test both the interface and automated system and make necessary changes.

⁶³ Connecticut–1st Q 2004 – State is making changes in MMIS system to increase accuracy of Medicaid Buy-In premium calculations.

4th Q 2004 - Automated recalculation for premiums with consideration for Medicare Part B premiums resulting in greater efficiency

⁶⁴ Illinois–MIG project arranged for visit to each of the local Medicaid offices to educate caseworkers about the Medicaid Buy-In program.

Illinois 1st Quarter 2005 – MIG project is attempting to reduce time for processing applications for Medicaid Buy-In program to less than 20 days by tracking and with program qualify assurance measures to assure compliance.

Illinois 3rd Quarter 2005 - The application processing turnaround time is less than 15 days.

⁶⁵ Maryland–1st Q 2004–Developing methods for eligibility determination, premium collection, and data collection including possibility of stand-alone system compared to incorporating the Buy-In into current system.

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Maryland 4th Q 2004 Continuing evaluation of administrative methods for Medicaid Buy-In including examining other states' eligibility systems to identify best practices and how best to make the systems changes necessary.

⁶⁶ 8. Training Eligibility Staff related to Medicaid Buy-In and other Work Incentives Programs

⁶⁷ Indiana–1st Q 2004–State is planning new training program for local caseworkers on Medicaid Buy-In as a means to improve customer service.

⁶⁸ **Kansas 2nd Q 2005 – – Earlier surveys of Medicaid Buy-In participants indicated that eligibility workers and other front line staff were the first point of contact for many of the people who become eligible for the program. Therefore, a survey of “frontline staff” as to their perceptions and understanding of the Medicaid Buy-In program and its participants was conducted as a means to evaluate the efficiency and effectiveness of the Medicaid Buy-In program from the perspective of staff who are involved in the day-to-day operation of the program. The survey included demographic questions, general questions about their experiences with and the perceptions of people with disabilities and their ability to work, and questions specific to the operation and administration of the Medicaid Buy-In program. The results of the survey can be found at www.workinghealthy.org under “Working Healthy Policy Briefs” August 2005**

⁶⁹ Minnesota–Specific goal of MIG is to “Promote paradigm shift for county workers, stakeholders, and employers regarding the employability of people with disabilities and MIG staff continues to give training to county and community agencies and responded to over 100 Buy-In policy inquiries.”
2nd Q 2004 – Participated in 11 trainings with over 380 attendees.

⁷⁰ Nevada–Determining what training material and curricula will be needed to implement a Medicaid Buy-In program.
Nevada 2nd Q 2005 - Outreach personnel continue to attend welfare trainings and train Medicaid eligibility staff in district offices on the Buy-In program.

⁷¹ New Mexico–Continues to work with caseworkers in field offices to inform them on how to properly complete necessary forms and submit relevant medical records for a timely disability determination.
New Mexico 1st Q 2005 – Caseworker program training began with goal of training 50% of caseworkers in year. 3rd Quarter 2005 – Medicaid Buy-In staff has conducted state-wide comprehensive program training for Medicaid eligibility staff. There are over 300 FAA's state-wide. 205 FAA's & support staff have recv'd this training as of 9-30-05. Training Evaluations show this training is much needed. Attendees are very inquisitive.

⁷² *Idaho- 2nd Q 2004 – MIG advisory committee established goal of developing educational resources, including orientation to Section 1619 work incentives, to promote use of work and use of work incentives, with persons with disabilities, and state Medicaid staff and other state agencies.*

⁷³ North Dakota–1st Q 2004–Disseminated training guide for Medicaid staff.

⁷⁴ *Missouri – Agency field staff have all been educated about the Medicaid Buy-In program. Conducting training for all agencies who have contact with persons with disabilities.*

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⁷⁵ *New York 2nd Q 2004 – Disability Awareness training will be provided to local eligibility workers as a means to create a more supportive environment for persons with disabilities who apply for the Medicaid Buy-In program.*
4th Q 2004 - Trainings held in October 2004

⁷⁶ 9. Development or Implementation of “Medical Improvement” Medicaid Buy-In Program

⁷⁷ Connecticut 2nd Q 2005 – Medicaid Buy-In “Medically Improved” program implemented. Two enrollees as of June 30, 2005

⁷⁸ Kansas–Benefits Specialists track Medicaid Buy-In enrollees who lose their eligibility due to medical improvement. State is in process of adding the Medically-Improved category to their Medicaid state plan.

Kansas 1st Q 2005 - Coverage of individuals who are considered “Medically Improved” (MI) began on schedule, February 1, 2005, and one individual moved from Working Healthy Basic coverage to MI coverage during the first quarter. Data is being collected on MI enrollees, as is data for individuals who appeal the MI decision.

Kansas 2nd Q 2005 - Two individuals moved from Basic coverage to Medically Improved during the second quarter, bringing the total to three individuals.

⁷⁹ Pennsylvania 2nd Q 2005 - Medicaid Buy-In “Medically Improved” program implemented. Eight enrollees as of June 30, 2005

⁸⁰ Nebraska–Requested assistance in developing Medically Improved Buy-In program.

⁸¹ 10. Development or Implementation of “Demonstrations to Maintain Independence and Employment” project.

⁸² Minnesota – Interagency team of Medicaid, Department of Employment, and Economic Development is designing a Demonstration project to submit to CMS.
2nd Q 2004 – Submitted Demonstration to Maintain Independence proposal to CMS

⁸³ Kansas – 3rd Q 2004 - Demonstration to Maintain Independence (DMIE) project approved by CMS.

⁸⁴ 12. Published Studies of Relationship between Medicaid Buy-In & Medicare Pharmacy Assistance program

⁸⁵ Kansas–State Medicaid Buy-In evaluation team at Kansas University has identified potential problem with access to pharmacy benefits for disabled under new program.

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Kansas 1st Q 2005 – Kansas University (KU) will survey enrollees regarding their awareness of Medicare Part D issues in June 2005. KU will follow-up in June 2006 to determine how the transition from Medicaid to Medicare for prescription coverage impacted participants. A question regarding Part D will also be added to the disenrollment.

Kansas University research staff has published article regarding possible impact of Medicare Part D on Medicaid Buy-In program at Kaiser Family Foundation website at <http://www.kff.org/medicaid/7330.cfm>

⁸⁶ 11. Development of Policy Options Related to Impact of State's 209(b) Medicaid Eligibility Status on Work Incentives

⁸⁷ Oklahoma 2003 – A brief has been prepared related to problems of limitation on access to Medicaid caused by 209(b) status.

^{3rd Q 2004 – Olmsted Committee met to construct the steps for an action plan to be presented to State Senator for legislative consideration and action.}

^{4th Q 2004 - Olmstead Committee constructed action steps, prepared position paper and, and committee is forming legislative advocacy for change of 209(b) status. New Legislature has not assigned a priority to this issue. Estimated cost is \$5M for approx 6000 people. Dual eligibility is a factor.}

⁸⁸ New Hampshire—Considering changing the disability criteria for Medicaid disability from current state criteria (209(b) state) of the medical condition must be expected to last at least four years to the SSI disability criteria of the medical condition is expected to last at least one year.

⁸⁹ 13. Relationship between Medicaid Buy-In and Managed Care

⁹⁰ Wisconsin – Conducted analysis of Medicaid Buy-In enrollee costs under managed care versus fee-for-service

⁹¹ *California 2nd Q 2004 – MIG project staff collaborated with Medicaid agency in developing a briefing paper on the relationship between Medicaid and Managed Care.*

⁹² 14. SSI State Supplementation-only Beneficiaries Work Incentives Development under Section 1905(q)

⁹³ Idaho – ^{3rd Q 2004 – State has developed rules to provide continued Medicaid for those beneficiaries of state administered state SSI supplementation (no Federal SSI) who lose their state SSI supplement because of earnings using provisions under Section 1905(q) of Medicaid law.}

^{4th Q 2004 - Completed rules for program. Completed impact assessment. On target for March 2005 training and April 1, 2005 implementation.}

Idaho 1st Quarter 2005 - Effective 4-1-05, a temporary rule expands the 1619(b) work incentive to recipients of the state SSI supplemental grant who do not receive Federal SSI. Over 550 Medicaid recipients are potentially eligible to use the new work incentive. A workgroup has been formed to facilitate operational implementation.

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**State Medicaid Buy-In Programs Summary Table:
Implementation, Authorization, Studies and Enrollments – November, 2005 update**

		Year Implemented						Enrollment			
		1999	2000	2001	2002	2003	2004	Enrolled June 30, 2004	Enrolled Dec. 31 2004	Enrolled June 30, 2005	Enrolled Sept 30, 2005
Alabama											
Alaska	I	X						204	194	215	218
Arizona	I					X		480	598	733	733
Arkansas	I			X						45	46
California	I		X					1026	1165	1441	1647
Colorado	S										
Connecticut	I		X					3073	3365	3711	3799
Delaware											
District of Columbia	A May start in 2007										

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Florida											
Georgia											
Hawaii											
Idaho											
Illinois	I				X			592	656	752	762
Indiana	I				X			5674	5186	5580	5580
Iowa	I		X					6941	7695	8610	8610
Kansas	I				X			750	823	930	980
Kentucky	S										
Louisiana	I						X	170	424	646	717
Maine	I	X						622	644	690	722
Maryland	A- To start 4-1-06										
Massachusetts	I (Sec 1115 waiver)	Pre- 99						(7080)	(7520)	(7468)	(7619)
Michigan	I						X	36	140	189	370
Minnesota	I	X						6209	6165	6458	6429
Mississippi	I		X								
		1999	2000	2001	2002	2003	2004	Enrolled June 30, 2004	Enrolled Dec. 31 2004	Enrolled June 30, 2005	Enrolled Sept 30, 2005
Missouri	I- Medicaid Buy-In ended 8-28-05				X			17,619	18610	16987	0
Montana											
Nebraska	I	X						101	67	96	84
Nevada	I						X		7	18	19
New Hampshire	I				X			1339	1,268	1308	1315
New Jersey	I			X				1186	1,351	1771	1771
New Mexico	I			X				1041	1181	1353	1427
New York	I					X		1526	2,480	3657	3657
North Carolina	A										
North Dakota	I						X	55	258	301	321
Ohio											
Oklahoma	S										
Oregon	I	X						565	583	599	607
Pennsylvania	I				X			3263	4365	5693	6236

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Rhode Island	A- To start 1-1-06										
South Carolina	I		X					47	48	48	38
South Dakota											
Tennessee											
Texas	S										
Utah	I			X				243	260	283	297.
Vermont	I		X					508	553	557	557
Virginia	S										
Washington	I				X			243	448	593	750
West Virginia	I						X	15	90	152	188
Wisconsin	I		X					6511	7713	8602	9054
Wyoming	I				X				5	4	10
TOTALS	Implemented = 32 Authorized= 4 Studies = 5 Program terminated = 1										56,387 Massachusett Waiver Buy-In not included in total