

### ***New Law to Increase Employment of People with Disabilities***

**I**n 1999, Congress passed the Ticket to Work and Work Incentives Improvement Act (TW-WIIA), a law designed to help increase the employment of people with disabilities, partly by removing federal disincentives to employment. The implementation of parts of this law began in October 2000.

The first part of the legislation creates a new program called the "Ticket to Work." This program, which will be phased

in nationally over a three year period, provides a voucher that consumers can use to select



**Many Kansans with disabilities can benefit from this new legislation.**

their own employment or rehabilitation provider. Persons receiving SSI or SSDI and using

the Ticket would be exempt from continuing disability reviews during their job search. In addition, the law provides for expedited benefits reinstatement for Ticket users who are not successful at achieving gainful employment.

The second part of the Act is intended to remove barriers to employment by increasing access to health care. The law gives states the option and provides

*continued on page 2*

### ***Why Was This Law Needed?***

Federal disability programs have tended to punish, rather than reward, people with disabilities who start or return to work. For this reason, the number of people receiving disability benefits has steadily increased, but the number of people who successfully gain employment remains very low.

Consider the following facts\*:

- From 1986 to 1995, the number of individuals receiving federal disability benefits rose almost 70%, to 7.5 million.
- Currently (as of 12/99), more than 9 million people with disabilities are receiving benefits--about half through SSI and about half through SSDI.
- Less than 1 out of every 500 SSDI beneficiaries currently leaves the rolls by returning to work.
- Only 6.7% of SSI recipients had any earned income in December of 2000, with average monthly earnings of \$481. Of this 6.7%, 24% were making \$65 per month or less.
- Americans with disabilities spend more than four times as much on medical care, services, and equipment, on average, than their non-disabled counterparts.
- Seventeen percent of people with severe disabilities have no health insurance coverage at all.



***New Law, continued from page 1...***

incentive grants to create a program for SSI and SSDI beneficiaries who enter gainful employment to retain their Medicaid coverage. The Health Care Financing Administration (HCFA) made funds available to facilitate the creation of these “Buy-In” programs through Infrastructure Change grants. States may elect to: raise the income limits for eligibility, disregard some earned and unearned income, raise asset limits, exempt certain assets, and charge premiums on a sliding scale (see page 4 for Kansas eligibility guidelines). The law also extends to eight and one half years the cost-free period for Part A Medicare coverage for SSDI beneficiaries who return to work.

The Kansas Working Healthy Program has recruited people with a wide variety of knowledge and expertise to serve on an advisory council, which meets on a quarterly basis. The first meeting took place in Lawrence on April 17, 2001. Future meetings include: Lindsborg, July 6th; Topeka, October 5th; and Wichita, January 4th. The members of the advisory council are as follows:

- Crystal Ashenbrenner, Ottawa
- Dale Barnum, KS Rehabilitation Services, Topeka
- Larry Cupps, TECH Inc., Hutchinson
- Brenda Eddy, Topeka
- Michael N. Flesher, LINK, Hays
- Michael Fox, KU Health Policy and Management, Lawrence
- Wendy Fuqua, Nuts & Bolts Inc., Hugoton
- Mary Fusco, HIV Program KU School of Medicine, Wichita
- Martha Gabehart, KS Commission on Disability Concerns, Topeka
- Jim Germer, KS Advocacy and Protective Services, Topeka
- Meri Gifford, Ottawa
- Jean Hall, KU Health Policy and Management, Lawrence
- Jennifer Hendrix, Community Supports and Services, Topeka
- Bob Hull, Cerebral Palsy Research Foundation, Wichita
- Randy Johnson, HCP/Mental Health/SATR, Topeka
- Sharon Johnson, SRS Division of Health Care Policy
- Shannon Jones, Statewide Independent Living Council of KS, Topeka
- Noelle Kurth, KU Health Policy and Management, Lawrence
- Leigh Liggett, Brain Injury Association of KS, Kansas City
- Shirley Martin Smith, Adecco/Martin Smith Personnel, Lawrence
- Gina McDonald, KS Association of Centers for Independent Living, Salina
- Karen McNally, Comcare, Wichita
- James R. Miller, Lawrence
- Tricia Morgan, Stockton
- Howard Moses, SRS Division of Health Care Policy
- Mike Lynam, Central KS Mental Health Center, Salina
- Chris Owens, Prairie Independent Living Resource Center, Hutchinson
- Mike Oxford, Topeka Independent Living Resource Center, Topeka
- David Reyes, KS Elks Trainings Center for the Handicapped, Wichita
- Jane Rhys, KS Council on Developmental Disabilities, Topeka
- Daryl Rutschmann, KS Association for the Medically Underserved, Topeka
- Peg Spencer, KS Rehabilitation Services, Topeka
- Donna E. Sweet, KU School of Medicine, Wichita
- Cindy Taylor, Topeka

**Advisory Council**

# The Kansas Infrastructure Change Project

## Background

In October, 2000 the state of Kansas received an Infrastructure Change grant from the US Department of Health and Human Services. The grant was awarded to facilitate changes in the Kansas Medicaid system that will increase services and supports to individuals with disabilities who want to work, as well as those currently working, without the fear of losing health coverage.

Kansas will use the grant to begin a Medicaid Buy-In program starting in January, 2002 which will allow Kansans with disabilities to maintain or initiate Medicaid coverage when they enter competitive employment (see page 4 for details of the program and eligibility requirements). In explaining the importance of the grant and the changes it will support, SRS Secretary Janet Schalansky recalled a statement of “the great labor priest, George Higgins, ‘Work is an important way in which we exercise our humanity. In return, society offers us not only our daily bread, but a sense that we, ourselves, are honored for the contributions we make.’”

## Program Philosophy & Services

The Kansas Buy-In program, called “Working Healthy: Making Health

Care Work,” is founded on the philosophy of encouraging people to develop assets that will prevent them from needing to go back to reliance on any type of public assistance. By allowing the accumulation of assets such as savings and checking accounts, retirement funds, and equity in homes, the program empowers people with disabilities to have a buffer to face emergencies, undertake new life ventures, and become self-sufficient.

### Goals of “Working Healthy: Making Health Care Work”

Goal one: Emphasis on Work Outcome – With this initiative, the State of Kansas will be able to announce by 2004 “the highest growth rate of percentage of individuals with disabilities placed in employment than in any other state.”

Goal two: Inter-Connected Infrastructure Necessary – Program design must be accessible, coordinated with other public policy and programs (health care, training, and benefits eligibility), and understandable to agency staff, consumers of services, and others.

Goal three: Do No Harm- Public program policy and outcomes shall do no harm to people with disabilities and/or to other family of choice members.

The Kansas program is also committed to providing services that are person-centered and wraparound in nature. Wraparound is a person/family-of-choice-centered, strengths-based, needs-driven planning process for creating individualized services and supports for eligible recipients with disabilities wishing to work and also for their designated families of choice who facilitate access to inclusive community options, activities, and opportunities. The project permits flexible use of state Medicaid, Workforce Improvement Act, SSA Benefits Counseling, and other funds targeting employment to permit the individualized, intensive,

wraparound service packages necessary to keep eligible individuals who wish to work and their families of choice in gainful employment settings.

## Other Activities

Regular participant satisfaction surveys will be conducted by the University of Kansas Health Care Policy and Management Department to ensure that the program is meeting its stated goals. An advisory group

(see page 2) comprised of at least 50% people with disabilities will provide guidance, feedback, and concerns for the project. In addition, the project will fund outreach activities to

increase public awareness of the program and its potential benefits. In 2002 and 2004, the project will host statewide training and input conferences for consumers and providers. These conferences will provide a forum both for learning about the program and suggesting ways to make it work better.



Many people with disabilities want to work but worry that doing so could jeopardize their vital health and long term care coverage. The Working Healthy Program offers people with disabilities who are working or interested in working the opportunity to keep their Medicaid coverage while on the job.

## ***Benefits Include...***

- The same as those available through Kansas Medicaid.
- The opportunity to earn more without the risk of losing health care coverage.
- Higher asset and income eligibility.
- Increased personal and financial independence.
- Personal assistance services (PAS) and targeted case management.

## ***Eligibility...***

If you meet the following criteria, you may be eligible:

- *Assets and income.* You have individual assets of less than \$15,000 and net family income below the Working Healthy Program limits.
- *Age.* You are 16-64 years of age.
- *Disability.* You meet the SSI or SSDI disability standard, whether or not you have received SSI or SSDI in the past.
- *Employment.* You have verified earned income from competitive employment and pay FICA taxes.
- *Residency.* You are a Kansas resident.

## ***Monthly premium...***

Some people may be required to pay a monthly premium. The premium is:

- never more than 7.5% of your total monthly income and
- calculated on a sliding fee scale based on your income.

In addition, some of your income may be disregarded in calculating this premium.

The personnel who assist you with the program will be able to calculate your monthly premium for you.

***If you are interested in pursuing your career goals but have been afraid that doing so might disqualify you from the health coverage you need, the Working Healthy Program may be the program for you!***

***Check out our website:***

***<http://das.kucrl.org/medicaid.html>***

# On-line Resources

- <http://www.ssa.gov/work/ResourcesToolkit/legisregfact.html>  
This website of the Social Security Administration provides a simple “fact sheet” of information about the Ticket-to-Work and Work Improvement Incentives Act of 1999 (TW-WIIA).
- <http://www.uiowa.edu/~lhpdc/work/index.html>  
This site maintained by the University of Iowa Resource Center for Developing & Implementing Medicaid Buy In Programs and Related Employment Initiatives for Persons with Disabilities gives detailed downloadable narratives on the formation of new state policies related to the Medicaid Buy-In.
- [http://www.thearc.org/ga/wiia\\_summary.html](http://www.thearc.org/ga/wiia_summary.html)  
The Arc, an advocacy group for people with developmental disabilities, provides a summary of selected provisions of TW-WIIA, including Medicaid Buy-In at this web site.
- <http://www.pacer.org/employ/workinc.htm>  
This portion of the PACER (Parent Advocacy Coalition for Education Rights) web site provides information focusing on employment strategies for youth and adults with disabilities, including information regarding TW-WIIA and Medicaid Buy-In.
- <http://www.ssa.gov/work/panel/index.html>  
The TW-WIIA legislation includes a provision for establishing an advisory panel “to advise the Commissioner of Social Security and report to the President and Congress on issues related to work incentive programs, planning and assistance for individuals with disabilities.” This web site is the home page for this panel and contains information about the members, their meetings and updates of their activities.
- <http://www.hcfa.gov/medicaid/twwiia/ksinf.htm>  
This site of the Health Care Financing Administration (HCFA) provides information about the activities of and contact information for Kansas’ Medicaid Buy-In Project.
- <http://www.ssic.org/primer.html>  
This web page by the SSI Coalition for a Responsible Safety Net includes information on Buy-In programs, TW-WIIA, and the Health Insurance Portability and Accountability Act (HIPAA).

**“Not since the passage of the Americans with Disabilities Act in 1990 has legislation promised to so significantly improve my quality of life. Finally, there is a program that will allow me to use my talents, skills, and education in a way that is productive and meaningful without losing the benefits that I need in order to thrive in my community.”**

–Lorraine C.  
Lawrence, KS



# WORKING HEALTHY

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**“Working Healthy” is the new name of the Kansas Medicaid Buy-In Program.  
All future reference to the Buy-In Program will be under this new title, “Working Healthy.”**

*Working Healthy is published by the KU Department of Health Policy and Management, in cooperation with the KU Division of Adult Studies and the Kansas Department of Social and Rehabilitation Services.*

*Additional copies and copies in alternate formats are available upon request by writing the University of Kansas Department of Health Policy and Management, c/o Division of Adult Studies, Attn: Noelle, 1122 West Campus Rd., JRP Hall Rm. 517, Lawrence, KS 66045, by phone (785) 864-7085, by email: [pixie@ukans.edu](mailto:pixie@ukans.edu)*

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