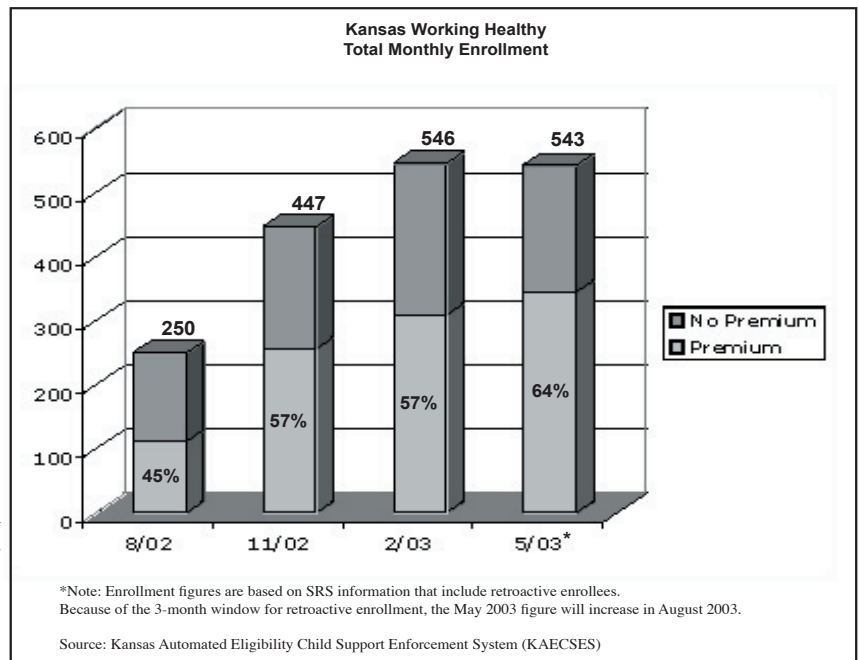


Working Healthy Enrollment At A Glance...

Since Working Healthy began in July 2002, enrollment has steadily increased. A feature to note in considering enrollment figures is the nature of retroactive enrollment dates. Upon initial enrollment, consumers are given the choice to have their enrollment effective for the prior three months. Many consumers choose this option in order to cover qualifying medical expenses they may have incurred before enrolling in Working Healthy. Therefore, enrollment numbers are not final until three months after a particular month (e.g. the May enrollment figure will not be final until August and though early July figures show enrollment to be 563, this number will also increase and not be final until November). Over half of Working Healthy enrollees pay a premium for their coverage. As of December 2002, the average monthly premium paid was \$67.00 and as of June 2003, the average premium was \$69.00/month.



New Reports on TW-WIIA and Medicaid Buy-In Programs Highlight Successes and Problems

By Jean P. Hall, Ph.D.

Two national reports published in the last three months provide timely information about work incentives programs for people with disabilities. The first of these reports was released by the national Ticket to Work and Work Incentives Advisory Panel. The Ticket to Work and Work Incentives Improvement Act (TW-WIIA) was passed in 1999 with the intent to remove many disincentives to work for people with disabilities. The first part of the legislation created a new program called the "Ticket to Work," which provides a voucher that consumers can use to select their own employment services or rehabilitation provider. The second part of the Act was designed to remove barriers to employment by increasing access to health care.



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...New Reports, continued from page 1

TW-WIIA

The Ticket Advisory Panel is a bipartisan group of twelve citizens who represent diverse racial and ethnic backgrounds, have diverse experience and knowledge as recipients, providers, disabled veterans, employers and employees in the fields of employment services, vocational rehabilitation and other disability related support services.

The Ticket to Work legislation established the Advisory Panel within the Social Security Administration to advise the President, the Congress and the Commissioner of Social Security on issues related to work incentive programs, planning, and assistance for individuals with disabilities. In its Third Annual Report to Congress published in April, the Panel:

- Reaffirmed its recommendation that 16- and 17-year-olds be allowed to participate in the Ticket Program. As the Panel noted, “prohibiting youth participation would send the wrong message and could encourage lifelong dependency on benefits.” Ironically, the Ticket legislation does mandate that Medicaid Buy-In programs be open to people with disabilities from ages 16 through 64.
- Reported that the Social Security Administration (SSA) will implement many of the Panel’s prior recommendations regarding a feasibility study of a \$1 for \$2 cash benefit offset. The offset would allow SSDI cash beneficiaries to retain \$1 of their cash benefits for every \$2 they earn, up to the Substantial Gainful Activity level of \$800 per month. SSA plans to implement a demonstration program early next year to test the effectiveness of the offset in increasing the earnings of SSDI beneficiaries.
- Reiterated its 2001 recommendation that Congress consider any employment successful, even if the individual attaining employment does not earn enough to completely leave the cash benefit rolls. Such a provision would likely increase the number of people utilizing the Ticket and also decrease the overall level of benefits paid out of the Social Security Trust Fund.
- Recommended that Congress provide the financial resources necessary for SSA “to establish a dedicated corps of trained, accessible, and responsive work incentives specialists, as required by law” and to develop “an immediate, coordinated national marketing and public education campaign” about the availability of programs under TW-WIIA.

The Panel’s report is available at: http://www.socialsecurity.gov/work/panel/panel_documents/reports.html

Medicaid Buy-Ins

The second report, published by the General Accounting Office in June, is called “Medicaid and Ticket to Work: State’s Early Efforts to Cover Individuals with Disabilities.” The report includes the following summary information:

“As of December 2002, 12 states had implemented Medicaid Buy-In programs under the authority of the Ticket to Work legislation, which was effective October 1, 2000, enrolling over 24,000 working individuals with disabilities. These states used the flexibility allowed by the legislation to raise income eligibility and asset limits as well as cost-sharing fees. Across the 12 states, income eligibility levels ranged from 100 percent of the federal poverty level (FPL) in Wyoming to no income limit in Minnesota, with 11 states setting income eligibility limits at twice the FPL or higher. In addition to increasing income and asset levels, these states required participants to buy in to the program by charging premiums, ranging from \$26 to \$82 a month, and copayments, generally ranging from \$0.50 to \$3 for office visits and prescription drugs. In detailed analysis of four states—Connecticut, Illinois, Minnesota, and New Jersey—GAO found that most Buy-In participants had prior insurance coverage

continued on page 3...



Did You Know?

If an employer offers health insurance to a Working Healthy participant, SRS may be able to pay the employee's share of the premium if doing so is considered cost-effective. In those instances, Medicaid coverage through Working Healthy acts as a "wraparound" service to cover medical services that the private insurance does not. This program is known as the Health Insurance Premium Payment System (HIPPS). You can learn more about HIPPS by contacting a Benefits Specialist or by calling the SRS Consumer Assistance Unit at 1-800-766-9012 or 291-4144 in Topeka. In addition, employers are allowed to pay consumers' Working Healthy premiums if they would like to do so as a benefit for their employees.

...New Reports, continued from page 2

by Medicaid and Medicare, few had prior coverage by private health insurance, and many earned low wages—most making less than \$800 per month. “

The report further documented that the percentage of premium payers ranged from 12% to nearly all participants across the states charging premiums. Additionally, the GAO found that “crowd out” of private insurance coverage by Medicaid coverage is not an issue, because less than 10% of participants had access to private coverage at enrollment.

The GAO report is available at <http://www.gao.gov/> by entering “GAO-03-587” in the Full Text Search box.

Relationship of these Reports to Working Healthy

How do these findings relate to Working Healthy? First, young people aged 16 to 20 are disproportionately under-represented among enrollees (as of July, only one person in this age range was enrolled). Second, average earnings of enrollees are still much lower than the substantial gainful activity level of \$800 per month. Third, the great majority of enrollees work less than forty hours per week and very few have access to private health insurance through their employers. Fourth, until Social Security has adequate resources to dedicate to outreach, the Working Healthy Benefits Specialists will continue to be needed to assist in that activity to increase enrollment. Finally, Kansas is essentially in line with other TW-WIIA buy-in programs with regard to enrollment, premium payment, and earnings of participants.

Positive Feedback from Enrollees

Continuing their evaluation research, Working Healthy staff at KU sent over 900 surveys to individuals across Kansas, asking them about their life and work experiences. Of those, 480 individuals who were enrolled in Working Healthy for at least 4 months were sent a Satisfaction Survey. Below are just a few of the comments from these surveys. Completing a survey is completely voluntary and anonymous.

- “Now with this program I can afford my prescriptions so my health can be taken care of.”
- “I am slowly becoming more sure of myself...and gaining confidence.”
- “I’m setting goals for the future knowing that increased income will not immediately terminate my health benefits. It’s a weight lifted from my shoulders.”
- “I feel better working. This is a very good program to get into.”
- “We [my family] have more money so we can eat and dress better, we now get out of the house to church and other activities. I feel better for once. I can take all my medicines.”

Benefits Specialists' Corner

This issue features Working Healthy Benefits Specialist Dan Hallacy from the Pittsburg Area SRS Office. Before becoming a Benefits Specialist in May 2002, Dan worked with consumers through the Community Mental Health Center of Crawford County and the Southeast Kansas Mental Health Center. His knowledge of social services and supported employment for people with disabilities has proved invaluable in his work with consumers in his area. Dan can be reached at (620) 431-5096 or CDLH@srskansas.org. The map on page 5 provides information regarding the counties Dan covers in his area.

The task of informing Kansans about the existence of the Working Healthy is an enormous undertaking. As fast as outreach to agencies and organizations is accomplished, program changes occur and/or new staff are hired and the need to educate begins anew. Furthermore, the benefit planning we do is very individualized and ever changing. The individuals' marital status, work hours, earned and unearned income, disability status, property owned, student status, medical expenses and housing assistance can all change periodically.

We not only provide information to help individuals make informed decisions about their benefits, but in the event they do find themselves in need of other assistance we help them transition to their previous services. Individuals who have disability benefits remember what a troubling procedure it was to first get assistance and how they had to struggle financially in those initial months. They oftentimes experienced a loss in income coupled with large medical debt on top of their normal living expenses; all at a time when they were emotionally trying to cope with their new life with a disability. An individual invests a great amount of trust in a Benefits Specialist.

Many aspects of receiving benefits can be overlooked until individuals are faced with changes that might or will occur. Some examples include:

- Someone who is reaching their retirement age and the impact that will have on their SSDI or SSI benefits and medical coverage; or
- Someone who has lost their SSDI or SSI and how he or she might begin receiving their benefits again, either through reapplying for Social Security benefits or Expedited Reinstatement of benefits, depending upon which one might be best in their particular case.

Hopefully we can continue to inform Kansans about Working Healthy in a prompt and comprehensive way.

-Dan Hallacy, Benefits Specialist

Working Healthy Outreach Efforts Continue

The Working Healthy Benefits Specialist continue to conduct outreach activities across the state. These outreach efforts strive to educate consumers, service providers and the general public of the benefits of Working Healthy and how it can help people with disabilities maintain their Medicaid coverage while working. Below is a list of presentations/sessions that Benefits Specialists will be conducting over the course of the next few months. This information will be updated on the Working Healthy web site when new sessions are requested or added (<http://das.kucl.org/medicaid.html>). Please contact the Benefits Specialist in your area (see box below for contact information) if you or someone in your area has questions about Working Healthy or is interested in hosting an outreach presentation. For more information about these outreach activities, please contact the Benefits Specialist Team Leader, Nancy Scott, by email at nas@srskansas.org or by phone (785) 291-3461.

July 17-18, Families Together Conference presentation, Topeka, KS

July 26, Display and information available at ADA Celebration, Garden City, KS

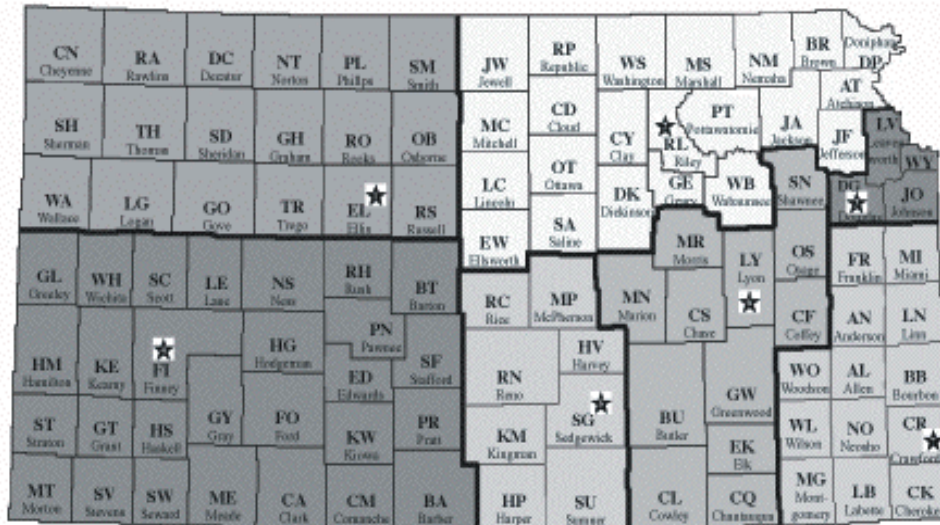
August 6-8, Kansas Disability Caucus presentation, Topeka, KS, Capitol Plaza Hotel

September 8-13, Display and information available at the KS State Fair, Hutchinson, KS

October 1-2, Display and information available at InterHab Conference, Wichita, KS

Changes Made in BENEFITS SPECIALISTS Coverage Areas

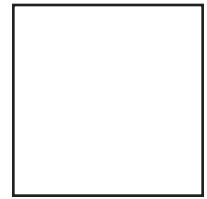
A few small changes have recently been made in the counties covered by Working Healthy Benefits Specialists. Due to the saturation of Working Healthy enrollees in the eastern portion of the state, coverage areas have been changed slightly. The Northeast Region has been reduced to four counties, while the Northcentral and Southcentral regions have gained counties in their coverage areas. Please note these changes in the map below.



- 1 - Northwest Region: Gary Youngman, Hays Office, (785) 628-1066 ext. 268, HAGGY@srskansas.org
- 2 - Southwest Region: Steve Curtis, Garden City Office, (620) 272-5828, SXXC@srskansas.org
- 3 - Northcentral Region: Judith Vargas, Manhattan Office, (785) 776-4011 ext. 227, MJXV@srskansas.org
- 4 - Wichita & surrounding counties: Madeleine Anthony, (316) 337-6427, WMZA@srskansas.org
- 5 - Southcentral Region: Carrie Boettcher, Emporia Office, (620) 342-2505 ext. 246, EECAB@srskansas.org
- 6 - Kansas City & surrounding counties: Norm While, Lawrence Area Office, (785) 832-3716, LNBW@srskansas.org
- 7 - Southeast Region: Dan Hallacy, Pittsburg Area Office, (620) 231-5300 ext. 330, CDLH@srskansas.org

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Return service requested

This newsletter and other information regarding the Working Healthy can be found on-line at: <http://das.kucrl.org/medicaid.html>

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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, JR Pearson Hall, Room 521, 1122 West Campus Rd., Lawrence, KS 66045-3101, by phone (785) 864-7085, or by E-mail: pixie@ku.edu

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