



MEDICAID INFRASTRUCTURE GRANTS

IMPACTS AND OUTCOMES

CWD

Center for Workers with Disabilities

a technical assistance center of APHSA and NASMD

In 1999, Congress passed the Ticket to Work and Work Incentives Improvement Act (TWWIIA) to improve health care options and employment opportunities for individuals with disabilities. To help achieve these goals, TWWIIA authorized grants to states—Medicaid Infrastructure Grants (MIG)—to develop state infrastructures to support working individuals with disabilities. This grant program was authorized for 11 years and expires in federal fiscal year 2011.

The MIG was intended to assist states to develop Medicaid infrastructure that supports workers with disabilities, including a Medicaid Buy-In program and Personal Assistance Services (PAS) sufficient to enable individuals with disabilities to become or remain employed. Once a state established those supports, it could transition grant activities to the creation of a comprehensive employment system for people with disabilities. The goals of comprehensive employment system development include outreach activities, demonstration programs, and policy coordination between Medicaid and other public and private agencies that support workers with disabilities.

Since the Centers for Medicare and Medicaid Services (CMS) began awarding MIG grants in late 2000, states have used MIG funds to develop Medicaid infrastructure, build partnerships and interagency collaboration, foster leadership for employment of people with disabilities, and improve disability employment services, as well as seed and test innovative approaches to employment for adults and youth with disabilities. States have also used MIG resources to complement and enhance other federal and state initiatives such as the Ticket to Work Program and long-term care rebalancing initiatives. Activities supported by MIG funds have led to a variety of outcomes that improve the availability of health care and employment supports to individuals with disabilities, including:

Health Care Outcomes

- Established Medicaid Buy-In programs to support workers with disabilities in 43 states.
- Provided health care coverage through the Medicaid Buy-In programs to more than 105,000 individuals in 2007¹ and 120,000 individuals in 2008².
- Demonstrated lower Medicaid expenditures among Medicaid Buy-In enrollees as compared to other adult disabled Medicaid enrollees.³ In Iowa, for example, Buy-In enrollee costs are more like those of the general working-age Medicaid population than other disabled enrollees.

¹ Gruman, C., Croake, S., Schimmel, J., and Liu, S. *A Government Performance and Results Act (GPRA) Report: The Status of the Medicaid Infrastructure Grants Program as of 12/31/07* (Washington, D.C.: Mathematica Policy Research, December 2008), <http://www.cms.gov/TWWIIA/Downloads/2008GPRAReport.pdf>

² Croake, S., and Liu S. *A Government Performance and Results Act (GPRA) Report: The Status of the Medicaid Infrastructure Grants Program as of 12/31/08* (Washington, D.C.: Mathematica Policy Research, December 2009), http://www.mathematica-mpr.com/publications/pdfs/disability/GPRA_08.pdf.

³ Gimm, Gilbert, K. Andrews, J. Schimmel, H. Ireys, and S. Liu, *Analysis of Medical Expenditures and Service Use of Medicaid Buy-In Participants, 2002–2005, Final Report* (Washington, D.C.: Mathematica Policy Research, October 2009), http://www.mathematica-mpr.com/publications/pdfs/disability/buy-in_medex_rpt.pdf.

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- Expanded availability of Personal Assistance Services in the community and workplace for people with significant disabilities in over 27 states⁴.
- Provided programmatic support for implementing innovative PAS models, including Kansas' self-directed WORK program and Utah's EPAS, for workers with disabilities.
- Supported significant outreach and enrollment activities for Medicaid Buy-In programs, as well as connected individuals and families to other parts of the healthcare system.

Employment and Economic Outcomes

- Annual earnings totaled over \$700 million in 2008 among Medicaid Buy-In participants.⁵
- Substantially higher rate of employment among Buy-In participants (nearly 70 percent of all participants had positive earnings in 2008) than among the general population of working-age people with disabilities (39 percent rate of employment in 2008).
- Generated revenue through the collection of close to \$27 million in Medicaid Buy-In premiums in 2008.
- Generated tax revenue through Buy-In participants' work and earnings. The Kansas Buy-In obtained data showing that participants increased their earnings and amount of state taxes paid. Among Minnesota Buy-In enrollees who owed taxes in 2008, state taxes paid averaged \$640 per enrollee, generating over \$1.3 million in state tax revenue for the year.
- Increased understanding of the benefits of work and access to work incentive programs through direct support for work incentives counseling.
- Educated and engaged employers nationwide on recruiting, hiring and retaining individuals with disabilities.
- Improved access to employment and educational opportunities for transition-aged youth through innovative programs and new partnerships with schools and employers.

⁴ Croake, S., and Liu S. *A Government Performance and Results Act (GPR) Report: The Status of the Medicaid Infrastructure Grants Program as of 12/31/08* (Washington, D.C.: Mathematica Policy Research, December 2009), http://www.mathematica-mpr.com/publications/pdfs/disability/GPRA_08.pdf.

⁵ Ibid

Medicaid and Employment Policy Improvements

- Supported Medicaid Buy-In research and policy improvement in 21 states during 2008⁶.
- Implemented policy to improve premium collection in seven states during 2008⁷.
- Promoted Medicaid community-based care and employment through:
 - development of "Employment First" policies to promote integrated employment for individuals in home and community-based services;
 - supported employment program development in Medicaid-funded services; and
 - research and policy development on employment services and outcomes.
- Supported cross-agency collaborations and leadership bodies to advance the employment of people with disabilities in 40 states in 2010.

Service Improvements

- Increased capacity and quality of work incentives counseling services through training, technical assistance, research, development of work incentives networks, leveraging of resources, and quality assurance activities.
- Expanded use of evidence-based and promising practices for employment of people with disabilities including supported employment, customized employment, and Project Search, a school-to-work model for youth with disabilities.
- Improved capacity of the service delivery system through training and technical assistance to providers and through development of Web-based tools and resources related to work incentives and employer resources.
- Developed and strengthened coordination and collaboration across key service delivery systems including workforce development and vocational rehabilitation, health and mental health, long-term supports and services, education, and others.
- Increased options for personal choice and self-direction through improvements to policy, programs and service delivery such as self-directed PAS, person-centered assessments and planning, and support for self-employment.

⁶ Ibid

⁷ Ibid