

Medicaid and Employment

Opportunities for Systems Change and Successful Employment Outcomes for People with Disabilities

Nancy Kirchner
Colleen Gauruder

Disabled and Elderly Health Programs Group

1915 (c) Waiver Technical Guidance Revisions

- Underscores CMS's commitment to the importance of work for waiver participants
- Supports States' efforts to increase employment opportunities and meaningful community integration for waiver participants.
- Provides further clarification of CMS guidance regarding several core service definitions and adds several new core service definitions.

Key Updates to CMS Waiver Guidance: continued

- Articulates best practices and highlights self direction options for employment support
- Explains that Ticket to Work Outcome and Milestone payments are not in conflict with payment for Medicaid services rendered

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Key Updates to CMS Waiver Guidance:

- Provides a strong preamble that highlights the importance of competitive work and CMS's goal to promote more integrated employment options in waivers
- Emphasizes the critical role of person centered planning in achieving employment outcomes

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Key Updates to CMS Waiver Guidance: continued

- Articulates best practices and highlights self direction options for employment support
- Explains that Ticket to Work Outcome and Milestone payments are not in conflict with payment for Medicaid services rendered

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Key Updates to CMS Waiver Guidance: continued

- Clarifies that pre-vocational services are not an end point, but a time limited (but no specific limit given) activity to help someone obtain competitive employment
- Describes that volunteer work and other work type activities that are not paid, integrated community employment are appropriately classified as pre-vocational, not supported employment services

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Key Updates to CMS Waiver Guidance: continued

- Splits supported employment into two core service definitions- individual and small group
- Adds a new core service definition for career planning, that is currently used by several States



- Examples of employment support models to expand employment opportunities through 1915(c) waivers.
 - Peer Support
 - Self directed service delivery
 - Customized Employment
 - Co-worker Supports
 - Ticket to Work: States that operate SSA Ticket Programs can receive both Ticket milestone or outcome payments and waiver funding for services.
 - Supported Employment

Peer Support

- Evidence based practice for people with mental illness
- Supports provided by a peer mentor or through a consumer operated service program
- State Medicaid Director Letter – Aug. 15, 2007 on CMS website for more info.

Customized Employment

- Individualizing the employment relationship between employees and employers that meet the needs of both.
- May include job carving, self employment or entrepreneurial initiatives.

Co-worker Supports

- People with disabilities rely on employees within the work setting to provide on the job training and ongoing support.
- Often less expensive to provide and less intrusive to the flow of a business.
- May be delivered on a volunteer basis or paid through a stipend or other statewide payment methodology.

Supported Employment

- May be furnished as part of expanded habilitation.
- Services to help individuals realize their goals of obtaining and maintaining community employment in the most integrated setting.
- Not limited to people with intellectual or developmental disabilities.

Sharing Updates

- CMS is not changing policy, but rather clarifying and strengthening guidance around permissible waiver options to promote employment for people with disabilities and individuals who are elderly.
- CMS issued an Informational Bulletin with these updates on 9/16/11 (<https://www.cms.gov/CMCSBulletins>)
- These changes will also be included in version 3.6 of the Waiver Technical Guide to be released at a later date

Medicaid State Plan Rehabilitative Services Option (Rehab Option)

- Used by States to offer various rehabilitative services, primarily for individuals with serious mental illness
- Services can be provided in home, **work, or other community settings**
- Services can be delivered by community paraprofessionals, including peer specialists
- Benefit allows for services that may help people with competitive employment such as: peer support, living skills training, counseling, crisis intervention or Assertive Community Treatment (ACT)
- Medicaid funding does not cover services such as teaching specific job tasks or assistance in finding a job

Demonstration to Maintain Independence and Employment (DMIE)

- The Demonstration to Maintain Independence and Employment (DMIE) was intended to test the theory that providing health care and other services to targeted individuals early in the progression of disease may delay or prevent the onset of disability determination.
- The demonstration ended in 2009.
- Key findings are that early intervention services can have a positive impact on an individual's health and functional status and DMIE supports had a positive impact on forestalling or preventing the receipt of SSA benefit.

Medicaid Infrastructure Grants (MIG)

- The Medicaid Infrastructure Grant (MIG) program is an 11-year grant program which provides funding to States to strengthen the infrastructure necessary to assist individuals with disabilities who work or who want to work through employment promoting and supporting policies and services.
- States have utilized MIG resources and expertise to obtain authority to implement Medicaid Buy-In (MBI) programs, build linkages between State Medicaid agencies and Vocational Rehabilitation agencies and integrate employment supportive policies into key Affordable Care Act provisions.



Medicaid Buy-In

- The Medicaid Buy-In program allows adults with disabilities to work, access Medicaid benefits and earn more than would otherwise be possible while enrolled in traditional Medicaid.
- Typically States allow participants to “buy into” the Medicaid program, by paying premiums based on income.
- There are 43 States operating Medicaid Buy-In programs with 153,000 enrollees nationally.



Provisions of The Affordable Care Act: Section 2403: Money Follows the Person

- Money Follows the Person (MFP) Demonstrations are active in 43 States and the District of Columbia.
- MFP provides opportunities for States to promote and support employment through program administration, policies and services.
- States also have opportunities within their rebalancing funds to support employment related services and activities.



Money Follows the Person State Investments Using Rebalancing Funds

- Increase in Waiver slots
- Development of needs-assessment tools
- Increase community service capacity, including employment services
- Employment Specialists

Provisions of The Affordable Care Act: Section 10202: Balancing Incentive Program

- Effective October 1, 2011
- Balancing Incentive Program offers a targeted FMAP increase to States that undertake structural reforms to increase access to HCBS.
- The enhanced matching payments are tied to percentage of State's long-term services and supports offered through HCBS.
- Requires States to implement structural changes including: no wrong door–single entry point system, conflict-free case management services, and core standardized assessment instruments.
- Provides a strong financial incentive to stimulate greater access to non-institutionally-based long-term services, including employment supports.

1915 (i) State Plan Option for Home and Community Based Services

- Section 1915 (i) State Plan Option to provide home and community based services was modified through Section 2402 of the Affordable Care Act to allow States to expand access to home and community based services without requiring institutional level of care for enrollees.
- There are 6 States with an approved 1915(i) HCBS in their State plans.
- Services can include employment supports.
- MIG Grantees are working with States as they develop 1915(i) options to integrate employment supportive policies and supports.

Provisions of The Affordable Care Act: Section 2401: Community First Choice Option

- Adds Section 1915(k) to the Social Security Act
- Includes 6% enhanced FMAP
- Statewide – in community (not institutions)
- CFC is an optional State plan benefit which utilizes a person-centered plan and allows for provision of services to be self-directed under either an agency-provider model or a self-directed model with a service budget.
- The benefit can be used to support an individual's employment goals.

Additional Information

www.cms.gov

Nancy Kirchner

Nancy.Kirchner@cms.hhs.gov

Colleen Gauruder

Colleen.Gauruder@cms.hhs.gov