



# **LEARNING FROM THE PAST, LOOKING TO THE FUTURE**

## **2010 MIG/DMIE EMPLOYMENT SUMMIT**

Abstract: Ascellon Corporation hosted the 2010 MIG/DMIE Employment Summit to assist the Centers for Medicare and Medicaid Services (CMS) in its efforts to promote the employment and independence of people with disabilities through Medicaid Infrastructure Grants. Sustainable support currently in place include access to healthcare and personal assistance, job opportunities, and improved work conditions.



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## FORWARD

Sustainable employment has been one of the most talked about subjects among organizations and governmental agencies that serve people with disabilities. The Centers for Medicare and Medicaid Services (CMS) advocates the implementation of effective and supportive education and resources to assist with employment of the disabled. In an effort to springboard successful concepts that foster progress in this area, CMS apportions grant initiatives such as the Medicaid Infrastructure Grant (MIG) to bridge the gaps in support and services nationwide for employing people with disabilities.

Ascellon is pleased to present this document intended to highlight trends relative to employment of the disabled, and the workforce conditions that challenge disabled people daily. If you have any questions or comments, please do not hesitate to reach out to us.

## OVERVIEW

The Medicaid Infrastructure Grant (MIG) is funded by CMS (a division of the U.S. Department of Health and Human Services). The MIG's primary objective is to work collaboratively with Medicaid and other employment-related service agencies to facilitate enhancements to State Medicaid programs and services, and to devise effective systems of employment supports for people with disabilities. Grant funds could be used by the States to increase availability of Personal Assistance Services, develop a Medicaid Buy-In<sup>1</sup> option, plan a Demonstration to Maintain the Independence and Employment Program (DMIE), or for state-to-state technical assistance.

Since January 2007, through two rounds of competitive solicitations, \$150 million has been awarded to Medicaid Agencies in 35 States, the District of Columbia, and Puerto Rico<sup>2</sup>. Comprehensive analysis and monitoring measures enables CMS to remove the barriers to employment of people with disabilities by developing a more effectual bridge between people with disabilities and opportunity. The list below provided by the Office of Disability Employment Policy (ODEP)<sup>3</sup> shows some barriers inhibiting people with disabilities and effective reduction strategies that may deliver resolution.

<b>Challenges of People with Disabilities vs. Effective Resolutions</b>	
<i>Barriers</i>	<i>Reduction Strategies</i>
Lack of related experience	Mentoring
Lack of required skills/training	Staff training
Supervisor knowledge of accommodation	Visible top management commitment
Attitudes /stereotypes	Diversity initiatives to foster change in attitudes
Cost of accommodations	On-site consultation and technical assistance / Short-term outside assistance
Cost of supervision & training	Employer tax incentives/special budgets

<sup>1</sup> The Medicaid Buy-In program offers Medicaid coverage to people with disabilities who are working, and earning more than the allowable limits for regular Medicaid.

<sup>2</sup> The Centers for Medicare and Medicaid Services. (n.d.). *Medicaid Transformation Grants (Overview)*.  
<http://www.cms.gov/MedicaidTransGrants/>

<sup>3</sup> U.S. Department of Labor, Office of Disability Employment Policy, July 2001.  
[http://www.ucp.org/ucp\\_channeloc.cfm/1/17/11928/11928-11928/4663](http://www.ucp.org/ucp_channeloc.cfm/1/17/11928/11928-11928/4663)

## EMPLOYMENT & INCOME

- ▶ **7,493,000 out of 19,065,400 non-institutionalized, male or female, with a disability, ages 18-64, all races, regardless of ethnicity, with all education levels in the United States were employed.**

\*+ The estimates above are based on the 2008 American Community Survey.

- ▶ **1 in 5 workers with a disability had difficulty remaining employed or finding a job.**
- ▶ **34 percent of people with disabilities, who worked, were limited in the amount or kind of work that they could do.**
- ▶ **\$2,250 is the median monthly earnings for people 21 to 64 with a non-severe disability. This compares with \$2,539 for those with no disability and \$1,458 for those with a severe disability.**
- ▶ **12% is the poverty rate for people 25 to 64 with a non-severe disability. This compares with 27 percent for those with a severe disability and 9 percent of those without a disability.**

\*+ The estimates above are based on The U.S. Census of 2005

- ▶ **1 of every 12 federal dollars goes to either a disabled person or to a disability program.**
- ▶ **For every dollar spent to rehabilitate disabled persons for employment, 10 or more dollars are returned into the U.S. economy.**

\*+ Above information was provided by The Job Accommodation Network

What is seemingly necessary to encourage the employment success of people with disabilities are linked to adequate training, access and accommodations. The MIG is geared towards educating prospective employers about the special needs of people with disabilities, while encouraging them to provide employment. CMS and other agencies serving people with disabilities also provide information related to cost-effective solutions, and possible government subsidies that may be available through various government agencies and in participating states.

According to Job Accommodation Network, an analysis of more than 10,000 disabled employees revealed that 31 percent of their employment required no added cost for special training or facilities. Fifty percent of their employment resulted in costs that were under \$50; and 69 percent cost less than \$500. Only 1 percent of disabled employees reported that their employment resulted in expenses totaling more than \$5,000; purchasing buses with lifts increased the cost by 5 percent.

However, there is also a link between employment, income, and healthcare. In *Americans With Disabilities: 2005*, using a Survey of Income Program Participation (SIPP), Matthew Brault affirmed that out of the 18,710 survey participants, who identified their condition as severe, 4,432 people were covered by Medicare; 6,083 were covered by social security, 3,756 were covered by supplemental social security income, and 10,110 were not covered<sup>1</sup>.

This further makes a case for the Medicaid Buy-In advantage extended to people with disabilities through MIG-funded states. Medicaid Buy-In was described as an "important patch" needed for what are considered gaping holes in health care coverage suffered by most people with disabilities who want to work and live independently<sup>2</sup>. In 2007, the average cost to Medicaid of a Buy-In member was \$984.00 vs. \$1,583 of a non-Buy-In Medicaid member. Forty-one states currently offer Buy-In programs. Roughly, 215,000 people are currently enrolled in a Medicaid Buy-In program; Buy-In members' costs are less on average than persons enrolled in Medicaid.

As the nation's population ages, the number of people with disabilities is expected to increase. With nearly 50 million Americans, or 1 in 5 individuals<sup>3</sup> having reported a disability, the call to action is growing stronger<sup>4</sup>— especially as it relates to employment.

<sup>1</sup> Brault, Matthew W. *Americans With Disabilities: 2005*. Current Populations Report (Household Economics Study), P70-117, U.S. Census Bureau, Washington D.C. 2008.

<sup>2</sup> Agency for Persons with Disabilities. *APD-State of Florida*. <http://apd.myflorida.com/mig/training-descriptions.htm#j>

<sup>3</sup> U.S. Census Bureau. (2005, August 2). *American Factfinder*. [http://factfinder.census.gov/jsp/saff/SAFFInfo.jsp?\\_pageId=tp4\\_disability](http://factfinder.census.gov/jsp/saff/SAFFInfo.jsp?_pageId=tp4_disability)

<sup>4</sup> *State Chartbook: Profiles of Health for Adults with Disabilities*. Disability and Health Program. Centers for Disease Control and Prevention, National Center on Birth Defects, Developmental Disabilities Division of Human Development and Disability.

## QUALITY-FOCUSED EXPERTISE

In response to this dire forecast regarding the employment of people with disabilities, Ascillon organized the 2010 MIG/ DMIE Employment Summit on April 19-21, 2010 at the Pittsburgh Hilton in Pittsburgh, Pennsylvania, on behalf of CMS. The 3-day Summit was attended by a total of 181 participants, including Medicaid Infrastructure Grant (MIG) Grantees, CMS staff, and CMS partners (including Mathematica Policy Research and the Social Security Administration).

The Summit's theme, "Learning from the Past, Looking to the Future" helped focus the agenda so Grantees could more effectively present the MIG employment activities being implemented in their States. To learn from lessons of the past, guest speakers covered a myriad of topics ranging from generating income and developing entrepreneurship to building strong peer and support networks.

On the first day of the Summit, The National Consortium for Healthcare Systems Development (NCHSD) revealed its national ad promoting the employment of people with disabilities as part of the MIG's National Marketing Campaign entitled "Think Beyond the Label." The 30-second ad, whose intended audience is business owners across the nation, was well received by Summit attendees.

Prominent guests took center stage, including keynote speaker addresses by Andrew Imperato, President of the American Association of People with Disabilities (AAPD) and Kathleen Martinez, Assistant Secretary, U.S. Department of Labor, who set the tone for the six (6) hands-on intensive sessions related to the overall progress of MIG and DMIE activity nationwide—which commenced throughout the day.

The workshop sessions grew more intensive as the final days drew near; attendees remained engaged in in-depth discussions where they shared ideas, lessons learned, challenges, and future plans regarding the MIG in their States.

A sample of the topics presented includes:

- Benefit of Set Pilots: Evaluating an off-ramp for the cash cliff
- Changing Cultures: Embedding the buy-in in Medicaid
- Entrepreneurship and Customized Employment Programs that Work: Changing attitudes, changing systems
- Promoting Independence and Preventing Disability: Lessons from Ticket to Work and MIG
- Coordination of Benefits and Employment Services
- Supported Employment: Modernizing programs, increasing capacity, and promoting best practices
- System Change Becomes Reality: Rhode Island global waiver

**A representative from New York Makes Work Pay relaying an interesting fact during the presentation at the 2010 MIG / DMIE Employment, asserted that people with disabilities turn to self-employment in greater numbers than those without disabilities. In fact, when given the choice, 20 to 30 percent of people with disabilities chose self-employment over wage**

- Strategies for working with youth in transition: projects, progress and plans
- Health Status, Access to Care, and Employment

## **MONITORING QUALITY ASSURANCE**

Throughout the Summit, Ascillon ensured the utmost in customer service by maintaining a consistent staffing presence throughout the event. On the evening of arrival, the Hilton hosted a complimentary bar and appetizer networking session where Grantees and CMS staff had the opportunity to chat and unwind from their hectic flights. During the session, Ascillon staff exhibited superior hospitality and ensured a relaxed and calming atmosphere to support the Grantees in becoming re-acquainted with each other prior to Summit activity the following day.

Ascillon provided hands-on assistance to disabled guests and ensured the provision of special meals to those with different dietary needs. In addition, staff provided audiovisual support and technical assistance to CMS and the Grantees at the Registration table and in each of the three breakout rooms.

## **OUTCOMES**

A survey implemented during the Employment Summit indicated that while the Summit generated positive feedback overall, some attendees expressed an interest in having more interactive sessions with a greater emphasis on sharing “success stories” and sustainability. CMS Senior Technical Advisor Joseph Razes concurred with that feedback at the conclusion of the Summit. He announced that next year’s (2011) Summit activity would involve hands-on round table sessions, where Grantees would come to roll up their sleeves and share ideas for sustainability of MIG activity long after the funding ends (MIG funding is slated to end in September 2011).

## KEY PARTNERS

Centers for Medicare and Medicaid Services

New York Helps Make Work Pay

Healthcare and Family Services

UConn Health Center, Center on Aging

The Center for Social Capital

Syracuse University Burton Blatt Institute

Center on Disability studies at University of Hawaii at Mañoa

Minnesota Department of Employment and Economic Development

University of Massachusetts Medical School Work without Limits Initiative

Michigan Department of Community Health

University of Connecticut Health Center

Bureau of Rehabilitation Services, CT Dept. of Social Services

Director Governor's Cabinet and Advisory Committee for People with Disabilities

West Virginia University Center for Excellence in Disabilities

University of Kansas

Disability Statistics Center at University of California at San Francisco

Texas Department of State Health Services

Baylor College of Medicine

University of Texas at Austin Addiction Research Institute

**TABLE A<sup>1</sup>**

EMPLOYMENT STATUS OF THE CIVILIAN POPULATION BY SEX, AGE, AND DISABILITY STATUS  
(NOT SEASONALLY ADJUSTED)

<b>HOUSEHOLD DATA</b>				
<b>Table A-6. Employment status of the civilian population by sex, age, and disability status, not seasonally adjusted</b>				
[Numbers in thousands]				
<b>Employment status, sex, and age</b>	<b>Persons with a disability</b>		<b>Persons with no disability</b>	
	<b>Jan. 2010</b>	<b>Jan. 2010</b>	<b>Jan. 2010</b>	<b>Jan. 2010</b>
<b>TOTAL, 16 years and over</b>				
<b>Civilian non-institutional population</b>	26,952	26,885	209,880	211,819
<b>Civilian labor force</b>	5,877	5,406	147,079	147,130
<b>Participation rate</b>	21.8	20.1	70.1	69.5
<b>Employed</b>	4,987	4,669	131,823	132,930
<b>Employment-population ratio</b>	18.5	17.4	62.8	62.8
<b>Unemployed</b>	891	737	15,257	14,201
<b>Unemployment rate</b>	15.2	13.6	10.4	9.7
<b>Not in labor force</b>	21,075	21,479	62,801	64,689
<b>Unemployment rate</b>	14.3	15.6	8.4	8.5
<b>Not in labor force</b>	5,102	5,233	26,604	27,198
<b>Both sexes, 65 years and over</b>				
<b>Civilian labor force</b>	846	771	5,844	6,128
<b>Participation rate</b>	6.9	6.3	22.3	22.6
<b>Employed</b>	750	724	5,442	5,696
<b>Employment-population ratio</b>	6.2	5.9	20.8	21.0
<b>Unemployed</b>	95	47	402	432
<b>Unemployment rate</b>	11.3	6.1	6.9	7.1
<b>Not in labor force</b>	11,330	11,441	20,381	21,042
NOTE: A person with a disability has at least one of the following conditions: is deaf or has serious difficulty hearing; is blind or has serious difficulty seeing even when wearing glasses; has serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition; has serious difficulty walking or climbing stairs; has difficulty dressing or bathing; or has difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. Updated population controls are introduced annually with the release of January data.				

<sup>1</sup> Source: U.S. Department of Labor – Bureau of Labor Statistics. <http://www.bls.gov/news.release/empsit.t06.htm>. Last Modified Date: February 04, 2011

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*For more information, contact Marie Onwuachi, Grants Program Manager*

Ascellon Corporation • 8201 Corporate Drive • Suite 1200 • Landover, MD 20785  
Phone: (301) 918-4070 • Fax: (301) 918-4071