

**Essential Considerations for Establishing Partnerships
Among Agencies Addressing the Employment-Related Needs
of Individuals with Disabilities**



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Essential Considerations for Establishing Partnerships Among Agencies Addressing the Employment-Related Needs of Individuals with Disabilities

The Collaboration Brief series is intended to assist both generic and disability-specific agencies to work collaboratively and enhance their capacity to serve individuals with disabilities. To help agencies become familiar with their mandated and non-mandated partners, these briefs provide information that will contribute to better understanding of the goals, eligibility criteria, and policy parameters of the respective generic and disability-specific agencies; the development of expanded and improved collaborative relationships; and the coordination of resources, services, and supports. These briefs are consistent with and reflect the overarching goal of the Workforce Investment Act (WIA)—to develop a seamless workforce investment system that includes multiple agencies and programs.

The series includes briefs on the One-Stop Career Centers established under Title I of the WIA and the one disability-related mandatory partner participating in the workforce investment system (vocational rehabilitation agencies). In addition, the series includes employment-related services and supports provided by other federal, state, and local agencies and programs serving people with significant disabilities, including Mental Health, Developmental Disabilities, and Special Education. Further, the series explains the potential role the Medicaid program can play in supporting employment and the work incentive provisions in Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs, and describes the Ticket to Work Program operated by the Social Security Administration.

Each brief provides information on the purpose of the program, eligibility for benefits or services, funding sources, administrative structure, and resources provided to support jobseekers and employers. Further, the briefs provide considerations for assessing the respective programs in each state and suggestions for the development of collaborative relationships.

The concepts and strategies of Customized Employment—a dynamic set of assessment and job development tools—will be used to contextualize the collaborative strategies discussed in each brief. Most importantly, the briefs show that no agency is alone or limited to their own resources in serving people with significant disabilities; this series should be used as a source for the basic information upon which cross-system partnerships are built. Collaborative relationships between One-Stop Career Centers, Vocational Rehabilitation, community provider organizations, and other systems that provide benefits and services will create new employment opportunities for people with significant disabilities.

Customized Employment and Partnerships

Customized Employment is a set of employment development strategies that emphasize flexibility, individual service, and strong collaborations across community groups, agencies, and organizations focused on workforce development. To assist readers in translating the considerations for collaboration into practical terms, each brief includes information on how any given agency can assist individuals in pursuing the use of Customized Employment strategies to achieve their employment goals.

What Is Customized Employment?

Customized Employment is the voluntary negotiation of a personal employment relationship between a specific individual and an employer that fulfills the business needs of the employer and the employment needs of the job seeker. Specific elements of Customized Employment are discussed below.

Elements of Customized Employment

The following terms will be used in this series of briefs, in reference to some of the major strategies that constitute Customized Employment:

Job Seeker Exploration

Time spent engaging with job seekers to explore their unique needs, abilities, interests, and their complexities is essential to establishing successful employment. Unlike traditional testing or standardized assessment, customized employment engages job seekers in controlling the planning process and captures their preferences and connections in the community. The job seeker selects friends, family, and colleagues to participate in the process so that they can share positive perspectives and potential connections to employment opportunities.

Customized Planning

Information from the exploration process is the foundation for customized employment planning. The customized employment planning process should result in a blueprint for the job search. Also, numerous tools—including profiles, portfolios, and other creative means—can be used to capture, organize, and represent the information that was collected during exploration.

Employer Negotiations

An essential element in customized employment is negotiating job duties and employee expectations to align the skills and interests of a job seeker to an employer's needs. Other points of potential negotiation include job supports, hours or location of the job, and specifics of supervision.

Self-Employment

Through the processes of exploration and planning, some individuals make the choice to start their own businesses. Small business ownership allows people to expand their area of interest or expertise and create an opportunity to generate income.

Creative and Flexible Use of Funding and Resources

Some agencies and organizations have allotted funding and other resources to individuals in a fashion that creatively reflects their needs. Willingness to purchase equipment on an individual's behalf or to invest in a small business are examples of this use of funding and resources. Further, some agencies "braid" or combine their funding or resources with those of other organizations. Braided funding involves more than one public funding source authorizing dollars to be included in an individual budget. Each public funder maintains control of its dollars, and each tracks expenditures for agreed purposes and evaluates return on investment. In braided funding, the funding sources remain visible while they are used in common, to produce greater strength, efficiency, and effectiveness. Individuals with significant barriers often require multiple sources of assistance to achieve their working goals. Instances where an individual's goals are supported by multiple agencies simultaneously are some of the best examples of partnership.

Provider Agencies

The Vocational Rehabilitation, Mental Health, and Developmental Disability state agencies frequently contract with community provider agencies for the provision of services. These provider agencies need to be active participants in partnerships with disability systems to facilitate collaborative employment service plans. Some briefs in this series include information on how these agencies contract for providers for a variety of employment-related services.

Steps for Developing Partnerships

The following steps are important to consider as you seek to engage other systems and organizations as partners:

Identifying Potential Partners

To identify specific opportunities for partnerships, first it is important to understand whether pre-existing partnerships are already in place. If so, it is advisable to build on these relationships rather than replicating them. It is also essential to determine the local leadership and staff of the various programs (Note: the structure of the various programs is included

in the Collaboration Briefs). A request for individual meetings with key local staff in each system to discuss the collective interest in providing employment resources for people they serve should be well received. Mutual interests and needs can be discussed and the opportunities for multi-system collaborations on behalf of people with disabilities can be assessed.

Defining Partnership Mechanisms

Partnerships involve two or more organizations working in concert to meet mutual objectives. Each of the organizations has its own structure and identity. The latitude that each organization has to blend with another organization will vary based on federal and state legislation, regulations and policies. Accordingly, a partnership's structure will vary based on the organizations involved and the programs they operate. Therefore, it is important that Workforce Development Agencies research their policies on partnerships to fully assess the types of partnerships they can create.

Once the capability and limits of each partner are identified, it is helpful to share them in writing. This written capability statement provides a clear base for discussion of the development of a partnership strategy that will achieve mutual goals

Understanding Partnership Options

Several options for structuring systemic partnerships are available. These include, but are not limited to, the following:

1. **Formal:** Formal partnerships are governed by a document, such as a Memorandum of Understanding, that describes mutual objectives, elements of the relationship, and obligations of each partner.
2. **Informal:** Informal partnerships involve arrangements where entities agree to meet regularly and coordinate activities.
3. **Cross Training:** Cross Training involves pooling training resources among partners to provide for unified service delivery practices and consistency of information across systems.
4. **Co-location:** Co-location involves a partner locating staff at another partner's service offices to better facilitate coordination of services.

Nurturing Existing Partnerships

Once partnerships are established, they need to be cultivated to maximize their effectiveness and create a base for long-term sustainability. The following are critical considerations for guiding partnerships forward:

1. *Reaffirm mutual goals.* Mutual goals are the reason for the partnership; therefore, continual reaffirmation of the goals and commitment to the partnership reinforces the bonds that hold the partnership together.
2. *Engage staff in relationship building.* The work of the partnership is done by staff of partner agencies. It is important to engage in relationship and team- building activities so staff at all levels can work together collaboratively.
3. *Focus on communication.* Communication strategies are essential to keep each partner informed on activities and issues. Regular meetings and liberal use of cc's on communications keep staff involved and informed.
4. *Conduct ongoing assessments.* Partnerships need ongoing assessments of outcomes. Achievement of goals reinforces the partnership and failure to achieve goals can signal a need to review operating strategies.
5. *Establish problem-resolution processes.* Issues and disagreements can be expected and may threaten the continuation of a partnership if they are not resolved. These processes are necessary to ensure that problems are identified and resolved amicably.
6. *Celebrate success.* Nothing reinforces the bonds of a partnership like success. Partners should take time to celebrate the successful achievement of goals.

The Value of Partnerships

The establishment of partnerships among agencies increases the capacity to serve people with significant disabilities. Partnerships have the potential to assist agencies in serving people with significant disabilities by:

1. *Creating opportunities for braided or blended funding.* Partnerships ensure that more potential funding options are available to support comprehensive individual employment plans. Funding from multiple sources can be combined (braided) or pooled (blended) to fund employment plans that would not be possible for any individual partner to support. This partnership maximizes the use of limited resources.
2. *Creating opportunities for in-kind resource sharing.* Agencies typically have a broad range of staff expertise and resources. In-kind sharing of these resources through partnerships results in more sophisticated employment plans that better meet the support needs of each individual.
3. *Increasing efficiency.* Many agencies can not afford to maintain specialized staff that may be valuable in supporting people with significant disabilities to become employed. Partnerships can make it possible for these staff resources to be available from the appropriate partner when needed, rather than by hiring a full- or part-time staff person directly. As such, through effective partnerships, the knowledge and staff capacity of one agency can benefit and support a wide range of partners.

WIA–Funded Services and the One-Stop Career Center System: Essential Considerations

Title I of the Workforce Investment Act (WIA) provides one of the primary funding streams around which One-Stop Career Centers (also called “One-Stops”) are formed. One-Stops are the structure within which multiple partners (some mandated by law, others recruited on the basis of local priorities) can provide seamless services to a wide array of job seekers. From its inception, Congress intended that the One-Stop system be designed to address the needs of individuals with disabilities. The U.S. Department of Labor (USDOL) recognized early on that the provision of quality services to this population should be a key component. As a consequence, the regulations implementing WIA expect that states will develop programs designed to provide individuals with disabilities effective and meaningful access to training and other services required under the Act.

Purpose

The basic purpose of One-Stop Centers is to provide job seekers with access to a variety of employment and training services in a seamless, comprehensive way. WIA was designed to give states and Local Workforce Investment Boards (LWIBs) the opportunity for significant local control in the design of services. This flexibility offered LWIBs the opportunity to develop specific methodologies to provide for the needs of local employers and job seekers.

Key components of the One-Stop Center include streamlined services, empowering individuals through information and access to training resources, providing universal access to core services, increasing accountability for results, insuring a strong role for LWIBs and the private sector in the workforce investment system, facilitating state and local flexibility, and improving youth programs.

The One-Stop operator typically works in conjunction with a wide array of state and local public and community agencies to provide the aforementioned range of services. Furthermore, the One-Stop often has numerous reciprocal affiliations with community-based organizations to enhance the employability of area residents. These relationships are governed by a wide range of partnership types ranging from informal agreements and arrangements to formalized memorandums of understanding and contracts.

Eligibility

All individuals entering the One-Stop Center are eligible to receive One-Stop Core Services. Core services include outreach, intake, eligibility determination, assessment, job search assistance, and providing job vacancy and labor market information. Based on the assessment and eligibility determination, participants may be directed to Intensive or Training Services.

Participants receiving Intensive Services and Training Services must meet eligibility criteria (see below). Intensive Services are defined as requiring a significant degree of staff assistance. This includes individual job search services, career counseling, and job development.

Training Services include Individual Training Accounts (ITAs), on-the-job training, and a variety of individualized job training programs. Core services are always provided at the One-Stop Career Center, while Intensive and Training Services may be provided at the One-Stop or at an off-site location via a service provider who has a memorandum of understanding, contract, or some other type of agreement with the One-Stop.

Individual training accounts are designed to allow customers to pursue their career goals by providing funding for the training program of the customer's choice. Most One-Stops have criteria for qualified training providers, and many require that the training provider be certified by the One-Stop prior to paying for the customer's training. Also, customers will

typically have to apply for the ITA, justify why the training will likely lead to a positive career outcome, and show that they have attempted to find a job without the use of such funds, the dollars are typically more limited than the demand for them in any given area. Finally, ITAs can also pay for equipment relevant to a training program. For example, if an ITA is used to pay for a carpentry course, it can also pay for the purchase of necessary equipment that will thereafter become the property of the individual.

WIA funding eligibility is available in three categories: 1) adults, 2) dislocated workers, and 3) youth.

Adult category

Adults are eligible to receive Intensive and Training Services if they are 18 years of age or older; have registered for Selective Service; and have received at least one Core Service. To receive Training Services, an adult must have received at least one Intensive Service.

Dislocated worker

Examples of individuals who would qualify as dislocated workers include those who have been terminated or laid off, those who have received a notice of termination or lay-off, or those who have exhausted their unemployment compensation.

Youth category

Youth are eligible if they are aged 14 through 21 and are low-income. They must also be deficient in basic literacy skills and be either a school dropout, a runaway, a foster child, pregnant or parenting, an offender, homeless, or an individual who requires additional assistance to complete an educational program to secure and hold employment.

Additional provisions exist to ensure that youth with disabilities have additional opportunities to participate. For example, when determining income criteria for eligibility for youth with disabilities, WIA considers only the personal income of the young person, not the income of his or her family. Youth with disabilities receiving SSI are automatically eligible. Furthermore, up to five percent of participants in youth programs do not have to meet income criteria, as long as they are from specific populations, one of which is being a youth with disabilities.

Funding

The One-Stop system is supported through a combination of funding sources. WIA and Wagner-Peyser or Employment Service funds are primary sources of funding, but are usually combined with other U.S. and state DOL funding, as well as partner resources. Each is discussed below.

WIA funds

WIA funding is provided by the USDOL through the states based on a federal funding formula. Implementation of services is based on plans submitted by the states which, in turn, are based on plans from local areas.

Wagner-Peyser funds

Wagner-Peyser Funds, administered by the Federal Department of Labor are provided for "labor exchange" activities which match employers with potential employees. It has been used historically for staffing and the provision of Training services within the One-Stop. Both WIA and Wagner-Peyser monies contribute to form the root of Core, Intensive, and Training services within the One-Stop.

Federal and State DOL

USDOL also offers funding for specific projects on a competitive basis. These projects include, but are not limited to, veterans' services, programs for incumbent workers, programs for persons with disabilities, and a number of others. The U.S. Secretary of Labor also has access to discretionary funding that can be used for a variety of programs deemed of value to the population served.

Partner Resources

The system can potentially incorporate dollars or in-kind services from any number of partners, including Vocational Rehabilitation (VR), Economic Development, or private entities. This flexibility poises the One-Stop as a potential hub for partnership activities across any given community.

Innovation and Expansion

Regulations governing WIA do not specifically set aside monies to fund specific populations beyond those defined in their overall programmatic structure (Youth, Adult, Dislocated, etc.). Regulations do, however, allow LWIBs to allocate funding in this innovation and expansion area. Competitive grant opportunities are also available for LWIBs to target populations with special needs or considered "at-risk." LWIBs have a good deal of flexibility in determining how formula funds and funds supplied to states on the basis of calculations of population, need or other metrics can be used to accommodate these populations. The flexibility allows for collaborations with partner agencies to develop new strategies that are consistent with the goals and objectives of WIA, as they relate to employment and training.

Customized Employment

As discussed in the Introduction to this brief series, Customized Employment practices are a collection of flexible and consumer-driven employment services. The concept of multi-system collaboration is essential to Customized Employment, to meet the needs of the job seeker and the employer. Services received through the VR agency, for example, can be valuable in the collaborative effort.

The following section offers considerations for collaborating in the provision of Customized Employment strategies for front-line staff. For more details on the key features of customized employment, please refer to the introduction section of this brief series.

In addition to being the staging point of a number of local partnerships, the universally accessible core services and intensive services available directly through the One-Stop can also be of significant value to the job seeker. While they are often not as versed in Customized Employment methods, One-Stop staff tend to have greater knowledge of the employer community, a closer link to a number of resources, and considerable information. With an appropriate partnership between the One-Stop and an Employment Service Provider in the community, very high quality outcomes can be produced.

Assessment.

One-Stops offer a range of assessment services to their customers. While most do not offer customized job-seeker exploration, information gleaned from these assessments can often be used to supplement information gathered during the exploration process.

Job negotiation.

In many cases, One-Stops have assembled "Business Service Units" or other distinct internal entities meant to market their services to employers. In many cases, representatives of these Units maintain very close relationships with business. While it is rare that One-Stop staff are versed in employer negotiation practices, their close relationships with businesses can often be leveraged to conduct a negotiation of job duties. This negotiation most likely would require a close partnership between the business service staff in the One-Stop and a provider of Customized Employment services.

Creative and flexible use of funding.

Individual Training Accounts (ITAs), detailed above, can act as fairly flexible training and education funds. They are typically only expended with certified vendors, but the management of this certification is subject to significant local control. Further, for training courses that require equipment (e.g., tools or electronics), transportation, or day care,

ITAs can be allotted to pay for these expenses as well as the cost of the training itself. For some customers, ITAs are the means to permanently acquire necessary equipment.

Local areas also have employer “Supportive Service” funding to assist individuals in their job search. These funds can assist in covering life expenses for a short period (rent, food, clothing, etc.) while the job search commences. These dollars provide necessary support that allows job seekers to focus entirely on their employment goals.

Generally, One-Stops can provide important ancillary services to customers exploring Customized Employment services, but, often, will not provide these services directly. Again, this is an instance wherein the One-Stop’s capacity as a hub of partnerships can act as a foundation for more intensive and customized services; the One-Stop can build partnerships with agencies and provider organizations that can provide the individualized service for which it is typically not capable.

Provider Agencies

WIA Provider Agencies fall into two categories: 1) Partner agencies providing services to participants either at the One-Stop or by referral, and 2) Individual Training Account (ITA) Training Providers offering programs under contract to the LWIB.

Partner agencies

Regulations promulgated under WIA call for various organizations to collaborate with LWIBs, some as mandated partners. These partners include, but are not limited to: 1) community-based organizations; 2) colleges and universities; 3) Vocational Rehabilitation Services; 4) Vocational Rehabilitation services for the blind (in instances where this constitutes a separate agency from Vocational Rehabilitation); 5) housing authorities; 6) (Title V) Program Operators—State Departments of Labor; 7) state Departments of Education; 8) Social Services; 9) Departments of Economic and Community Development, and 10) local school systems. Services are often institutionalized through the execution of a Memoranda of Understanding (MOU) between the agency and the LWIB. Non-mandated disability agencies (e.g., Developmental Disability or mental health agencies) may wish to collaborate with the LWIB to provide reciprocal services to customers of the One-Stop Operation.

However, not all partnerships with the One-Stop require formalization through an MOU. In some cases, innovative partnerships can begin through collaboration on a special, time-limited project. MOUs are typically written in cases where monies are being shared between systems around a single project or initiative. However, many of the most innovative collaborations have involved highly informal, non-monetary resource (i.e., staff time, service provision, etc.) braiding of multiple-resource streams (see the introduction under Customized Employment) between agencies and the One-Stop).

Individual Training Account (ITA) training providers

Each state is responsible for developing a process by which training providers are approved for inclusion on the State-Eligible Training Provider List (ETPL). It should be noted that there is only one ETPL developed for each state, and customer choice is given consideration when eligible participants select a provider.

Example:

In Juneau, Alaska, the One-Stop is the ‘front door’ to a variety of customized services. Rather than attempting to using WIA funds to be the sole service provider, the One-Stop has aligned itself with Vocational Rehabilitation and a number of community organizations. As such, career seekers who require customized services approach the One-Stop and are supported by a blend of One-Stop Core and Intensive services, in conjunction with vocational rehabilitation and community provider organization services. The One-Stop, in this case, becomes the entryway and the hub of a variety of available customized services.

Vocational Rehabilitation: Essential Considerations for Partnership

This brief provides a basic understanding of the Vocational Rehabilitation (VR) program established under Title I of the Rehabilitation Act, highlighting the elements that offer opportunities for collaboration and facilitation of systemic change between the One-Stop Center, the state VR agency (a mandatory partner in the workforce investment system), other mandatory partners, and other agencies serving persons with disabilities. Ideally, this information will act as a foundation for systemic collaboration. This information is intended to facilitate fruitful conversations with the VR systems.

Purpose

The public VR program was created to provide individuals with disabilities—particularly individuals with the most significant disabilities—comprehensive vocational rehabilitation services and supports to enhance employment outcomes. Rules governing the state VR program affirm that competitive wages provided in integrated settings are essential for individuals with disabilities and mandate that their funding be used in pursuit of such positions. VR typically provides support for job development and follow-along support, assistance in assessing the need for and acquiring assistive technology, and assistance in developing a small business or micro-enterprise (in certain instances).

Eligibility

The most important aspect of eligibility for VR services is that the candidate has a significant physical, developmental, intellectual, or psychiatric disability. An individual who is eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) is presumptively eligible for VR services. (More information on SSI and SSDI is available in the Social Security Administration brief in this series.)

State VR agencies nationwide often experience demand for services by individuals with significant disabilities that outstrips their capacity to provide services to all individuals who are eligible. Thus, the rules require that those state VR agencies select customers on an “Order-of-Selection” basis, which can limit the availability of services, even to those individuals who are eligible. Order-of-Selection means that VR serves job seekers with the most significant disabilities first. The details of any given Order-of-Selection are determined by each state and approved on a federal level. While not every state has adopted this system, most have done so due to the lack of resources sufficient to serve every eligible citizen.

Funding

State VR funds are provided by the Rehabilitation Services Administration (RSA) under the U.S. Department of Education. These funds must be matched by state resources. While this is a foundational funding stream of all VR agencies, agencies often have other funding options as well. Information on types and usage of funding that exist within an agency can assist potential partners in determining how they might proposed braiding funding around an individual or a project.

Blind and Low-Vision Services

States may create a separate agency to work solely with individuals with blindness or low vision. While the procedures of these agencies are largely similar to those of VR, it is important to know if your state offers separate services for this population.

Supported Employment Funding

Supported Employment Funds are a separate stream allotted to provide employment services to job seekers with the most significant disabilities. This money is used to provide assessment, job search, job development and time-limited on-the-job supports. Supported Employment funding is funneled down to provider agencies (known also as Community Rehabilitation Providers) who thereafter provide the services directly to job-seekers.

Innovation and Expansion

The Vocational Rehabilitation Act allows agencies to set aside a portion of the basic grant funding to develop new services. While the levels and commitments of these funds vary by state, they are allotted for the purpose of creating progressive initiatives around new partnership and service types. Well-developed partnerships with VR agencies can often be expanded through the use of these funds.

Program Income

Program income, though seldom more than 5% of the overall state VR budget and still restricted to use for VR program activities, represents funds culled from sources other than those from the Rehabilitation Services Administration, including the Social Security Administration's VR reimbursement and the Ticket to Work (see the Social Security Brief contained in this brief for further details). Program income is generated through a variety of means, including the sale of VR services to for-profit companies.

Other Grants and Initiatives

Many VR agencies also operate other disability and employment programs, such as extended supports or transition planning for youth. These are usually state or county funded and governed by state laws and regulations. These programs can be very important, since they may compliment the VR program. Some cautions may need to be exercised in that not all of these programs will have integrated employment as their goal.

Administration

VR administration varies widely from state to state. Considerable autonomy often exists in local offices and in each individual counselor. The following questions are offered to stimulate thinking around useful strategies for collaborating with VR at the administrative level.

1. Does the state VR answer to an independent director, or does it fall under the administration of another agency, such as the state Department of Labor?
2. How much budgetary control does the state's VR agency have? Can it realign funds to support innovative projects, or does it require the clearance of other key stakeholders?
3. Regardless of the official model of administration, does the state's VR agency have a history of using resources in a more flexible fashion?
4. Are potential barriers the result of policy or regulation, or are they the result of attitudes, habits or assumptions of staff?
5. In the case where actual policies stand in conflict with the agency, with whom do the decisions about these policies rest, and could they potentially be altered?

Customized Employment

As discussed in the introduction of the brief series, Customized Employment (CE) practices are a collection of flexible and consumer-driven employment services. The concept of multi-program collaboration is essential to CE, to meet the needs of the job seeker and the employer. Services received through the VR agency can be valuable in the collaborative effort. The following offers considerations for collaborating with VR in the provision of CE strategies at the front-line level.

Customized Employment services

Customized Employment (CE) is consistent with the goals and principles of the vocational rehabilitation program (i.e., services are customer and skill driven, highly individualized around customer choice, and clearly state that standard, competitive employment is an important goal for people, regardless of the significance of their disability).

Although the terminology may differ, the principles of Customized Job-Seeker Exploration, Planning, and Job Negotiation are all elements of typical VR funding services.

Further, the manner in which VR currently allocates its funding is, to a great extent, in alignment with these principles. Many states have found it easy to write Customized Job-Seeker Exploration and other CE elements into the language of their payment regulation; others have simply proceeded on the assumption that these services fall under existing categories. Both strategies have proven successful. One key element in the movement to provide CE services through VR is that provider agencies be trained on these methods, as most of VR's allocation of services and resources occurs through these organizations.

Creative and flexible use of VR funding

Often, the most effective individual service plans use funds from multiple partners to support all the facets of the job seeker's life. VR agencies frequently collaborate in this fashion. Some agencies have provisions to provide funds directly to customers, and, thus, allow a greater sense of control by these customers in the way the funds are spent.

Importantly, VR operates under the rule of Comparable Benefits. This rule means that other funding streams available to the person should typically be used first. However, funding needs beyond those covered by other agencies are often contributed by VR on a "last-dollar" basis, meaning that the agency will look for contributions on the part of other agencies and organizations before contributing funds of its own.

Provider agencies: Community Rehabilitation Providers

The most common partnering relationship for VR agencies is with a provider agency or organization, typically referred to as a Community Rehabilitation Provider (CRP). These CRPs are approved vendors of services and offer a range of employment and job-seeking services to clients of the public VR system on a fee-for-service basis. These fees are typically paid by the VR agency to the CRP.

Agencies or organizations that provide employment services might feel that becoming a provider of VR services is the best means to access their resources and become a partner. The following questions will be important to answer prior to attempting to engage in a vendor relationship.

1. How often does the VR agency generate RFPs to solicit new vendors, and what is the process for doing so?
2. What is the payment structure for vendors, and is it compatible with the services and accounting structure of your organization?
3. How efficiently are payments typically approved and issued?
4. What types of qualifications and certifications must an organization have prior to being approved as a vendor?
Do these restrictions conflict with the operations of the agency in question?

Example:

Vocational rehabilitation funding is a very good fit for customized services, as well as for the braiding of services across multiple agencies. Numerous states have 'customized' language written into their VR regulations, while others fund services, like discovery and negotiation, through standard supported employment categories. In Montana, vocational rehabilitation funding has frequently been used in conjunction with funding from multiple other sources, including Social Security Plan for Achieving Self Support (PASS) and economic development funding, to purchase equipment to assist in starting a business for a customer. In one case, vocational rehabilitation funding went toward the purchase of one piece of equipment necessary to founding a hauling business, the PASS plan went toward the purchase of the truck, and a One-Stop assisted in covering other life needs while the customer was working the business toward profitability.

State Mental Health Service Agencies and Programs: Essential Considerations for Partnership

The purpose of this brief is to assist the reader to better understand programs operated by mental health service agencies, known in some states as Departments or Divisions of Mental Health. Ideally, this information will act as a foundation for systemic collaboration and will describe the basic mission and purview of the parts of the mental health system. The information will provide a starting point for collaborative discovery in an agency's particular locale and will offer some suggestions about how to efficiently partner with these mental health agencies and programs.

Purpose

In many states, mental health programs and services are geared to remediate the symptoms of mental illness and to assist people in recovery by providing rehabilitation. Areas in which people typically need assistance are illness management, employment and housing support, other types of skills training, and help with a wide and variable range of skills needed to thrive in the community. Many states are engaged in the implementation of Evidence-Based Practices (EBP), which are research-based methods of providing targeted rehabilitation services in specific areas. Currently these practices include:

1. Supported employment
2. Illness management and recovery
3. Assertive community treatment
4. Integrated dual disorders treatment (chemical health)
5. Family psychoeducation

A wealth of detail about these practices can be found at <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits>

Because mental illness is a medical condition that often creates social challenges, people typically receive both medical care and a range of social supports, depending upon the severity and duration of the illness.

In recent years, the federal government has begun requiring states to keep track of the employment status of people receiving public mental health services. This requirement is a welcome development, as research has shown that people with mental illness can work, that work is an important part of recovery and a path to meaningful community participation. It is now clear that rapid engagement into job search, coupled with appropriate supports, is the most successful path to employment for people with mental illness.

Eligibility

Eligibility rules vary from state to state, but generally conform to the federal definition of a Serious Mental Illness (SMI) coupled with a functional need for services. The federal definition includes individuals 18 years and older who have (or have had during the past year) a DSM IV (Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition, a comprehensive and standard listing of identified psychiatric disorders published by the American Psychiatric Association) diagnosis. This diagnosis must result in a functional impairment that substantially interferes with or limits one or more major life activities, such as employment, walking, eating, and so forth. Specifically excluded are people with substance abuse issues or developmental disabilities (unless it is coupled with a mental illness).

Programs for people with SMI vary in intensity and cost. States typically create eligibility standards for programs to target resources to people who need them most, as well as continuing to shape programs to support recovery. Eligibility at the state level often changes depending upon state budget priorities and changes in coverage of private insurance.

Funding

Mental health services are supported by a number of funding streams, including state appropriations, federal funding (such as Medicaid), county or regional taxes and funds, local providers' fundraising, occasional time-limited grants, and foundation support. This array of possibilities can make for a confusing situation for local providers and service-seekers, and can also result in gaps where none of these resources is adequate to meet the needs of an individual.

Vocational Rehabilitation

As discussed below, many recipients of mental health services are also served through the VR program, and, therefore, varying degrees of VR's employment assistance will be received through that program. (More information is available on the attached brief on Vocational Rehabilitation Services.)

Medicaid

Medicaid funding is used to remediate symptoms, teach illness management and recovery skills, and support the functional limitations of the individual. For example, if individuals have social deficits due to schizophrenia, providers might help them plan for an interview, practice interview skills, and then accompany them to the interview to prompt interaction, and, afterward, talk with them about illness management strategies that worked, didn't work, and so forth. These services help individuals manage symptoms and use appropriate social skills in the community.

Providers, individuals, and families often struggle to understand what employment-related services are included in Medicaid services. Medicaid can pay for many employment-related support and services, but others are not allowable; understanding the line between what is or is not allowable is often challenging. The following are not Medicaid services:

1. Helping a person who cannot find a job due to a bad economy, felony history, lack of transportation access, or poor education. The intervention must be related to the symptoms of the mental illness.
2. Job coaching. While it may be necessary for a provider to meet with an individual at a work site, specific coaching of job tasks is not a service of Medicaid.
3. Job development, without the person present.

Continuing to receive medical services, especially medications, is a critical concern for returning workers. Some states offer the opportunity to "buy in" to Medicaid insurance, and this "buy in" is an incentive to help individuals work as many hours as they can, rather than holding down earnings to maintain benefits (the brief on Medicaid contains more information).

Mental Health (MH) Employment Supports

Employment support delivered through the MH system will vary widely, depending on the state, county or locality. An individual will either be served directly by mental health staff, or through a community rehabilitation provider (CRP) (More information on CRPs and their relationship to larger state systems is included in the brief on Vocational Rehabilitation). It is not uncommon for local MH systems to lack funding to provide employment services altogether.

Administration

States administer programs for people with mental illness in widely varying ways. Some states provide care directly with staff employed by the state, others grant funds to counties or regional entities who distribute it, and some fund providers directly. An excellent resource for determining the administrative system in a particular state is the state's Federal Block Grant Application. Interested individuals can also contact the state grantee of the Federal Block Grant. The grantees' contact information is available at: www.acf.hhs.gov/programs/ocs/ssbg/docs/procon.html

Some states have a free-standing Department of Mental Health, whereas others have a Division of Mental Health under

the larger Department of Human Services. Within these state MH departments or divisions, considerable variation exists with respect to how the state organizes social services (Developmental Disabilities, Chemical Health, Children and Adult Mental Health, Child Welfare, Older Adult Services, etc.).

Each state has a State Mental Health Planning and Advisory Council responsible for the policy and programs for people with mental illness. The federal Department of Health and Human Services, through the Federal Block Grant process, sets guidelines for states about desirable mental health services and exerts leadership about service outcome measures and qualitative features of the mental health system. (For more information about this program, visit this website: <http://mentalhealth.samhsa.gov/publications/allpubs/KEN95-0022/default.asp>).

Collaboration Between Vocational Rehabilitation and Mental Health Service Systems

While any agency can collaborate with a MH agency, the state VR agency is more closely involved in the provision of employment supports in states and local areas. The purpose of VR is to assist people with disabilities to achieve their employment goals and increase their financial and community independence. Many people with serious mental illness are served in VR programs nationwide, and VR typically funds assessment, placement, and initial coaching. Funding for long-term job coaching and supports, however, must be provided by other payers, representing an area of potential collaboration. It must be noted that many more people with mental illness need employment support and service than are engaged with VR due to lack of VR resources. Both mental health and VR can support a person, but funding must be carefully coordinated.

TANF (Temporary Assistance for Needy Families)

Many individuals who receive TANF funds have barriers to employment, such as mental health and substance abuse issues. It is believed that at least a third of those who remain recipients of TANF are in need of mental health/chemical health services. Because these individuals may seek employment support elsewhere, it is important for staff to know that the collaboration across the Mental Health, Vocational Rehabilitation, and TANF agencies is likely.

Mental Health Evidence Based Practice (EBP) and Customized Employment (CE)

As discussed in the introduction to this brief series, CE practices are a collection of flexible and consumer-driven employment services. The concept of multi-system collaboration is essential to CE to meet the needs of the job seeker and the employer. Services received through the VR agency can be valuable in the collaborative effort. The following offers considerations for collaborating with VR in the provision of CE strategies at the front-line level.

Evidence-Based Practices (EBP)

CE and EBPs in mental health share many common features. The themes of consumer centeredness and consumer direction are unifying principles of EBP and CE. Both concepts place a high premium on outcomes. Many elements of CE dovetail with the core competencies needed to provide EBP for mental health clients. For example, motivational interviewing (a core competency) is a method of joining with consumers in a spirit of inquiry to forward the process of uncovering individual personal factors that drive changes or, conversely, support the status quo. It enables people to clarify their goals and preferences beyond limiting service labels. In CE, exploration and negotiation draw on these skills. The evolving nature of CE, as a strategy in which the job development process continually adjusts to the emerging needs and goals of the individual, fits with evolving recovery from mental illness. As consumers gain strength and confidence, their capacities for enhanced job performance will be revealed and the customization process can keep pace with recovery. Evidence-Based Supported Employment and CE are particularly harmonious, as both are concerned with getting and keeping jobs, but the foundation of client centeredness is core to all other EBPs as well.

Negotiating task sets with employers, on behalf of people with mental illness, requires multi-level skills that fo-

cus on meeting the overt needs of employers to get jobs done and the more covert concerns they may have about mental illness in general. The same genuine spirit of inquiry that is brought to engage clients is also important with employers. The motivational interviewing approach can help uncover concerns gently, so they can be addressed.

As noted above, employment services provided directly by the mental health system vary widely, and, subsequently, the extent to which local systems can provide customized services will also be highly variable. As such, it is incumbent on staff of interested organizations or agencies to investigate their local system as thoroughly as possible and to avail themselves to the services of the other partners discussed in these companion briefs, to provide comprehensive customized services.

Example:

Given the fact that mental health services change from state to state, and even by county or locality, the Customized Support Team approach can be a highly potent method. In the case of one career seeker who struggled to find adequate supports in her attempt to return to work, her Customized Support team was helpful in providing information on a variety of available services, including one through her county offices of which she had not previously been aware.

Developmental Disabilities Services Systems: Essential Considerations

The purpose of this document is to assist the reader to better understand the roles and responsibilities of Developmental Disabilities (DD) service agencies, known in some states as Departments or Divisions of Developmental Disabilities or Mental Retardation. (Many states have moved away from certain descriptive language—including the term ‘retardation’—as advocacy groups find them demeaning; in this case, they prefer ‘Developmental Disability’ as a more appropriate term.) Ideally, this information will act as a foundation for systemic collaboration and will facilitate fruitful conversations with the DD service agencies in an agency’s state, region, or locality.

Purpose

Each state has an agency devoted to providing a range of services for individuals with developmental disabilities. These agencies provide residential, day, and employment services and supports. Residential services in some states range from institutional housing, to group homes, to individual ownership or rental facilities. Most states still support congregate employment settings, such as sheltered workshops, while there is a general movement toward individualized, competitive employment options. Employment supports are typically offered through Community Rehabilitation Providers (CRPs), and often in conjunction with Vocational Rehabilitation funding (also discussed in the attached brief on Vocational Rehabilitation Services). Most states also offer in-home family supports. Most supports offered—including job coaching and in-home supports—are designed to occur over a longer period of time than most other funding sources.

Eligibility

Eligibility rules vary from state to state, but generally conform to the definition of a significant developmental disability. Onset of the disability must occur prior to adulthood (variously defined as 18 to 22 years of age), and must interfere with one or more activities of daily living, such as eating, walking or employment. Individuals with intellectual disabilities, cerebral palsy, and/or autism, would typically be eligible for these services.

Funding

State DD services are typically offered through a mixture of state-only and Medicaid funding. Most customers of this system will also receive Supplemental Security Income and have health coverage through Medicaid. Others are eligible for Social Security Disability Insurance as disabled adult children and are also eligible for Medicare. (More information is discussed in the attached briefs on Social Security and Medicaid.)

State DD agencies generate Medicaid reimbursement for community services, including supported employment, through Home- and Community-Based Waivers. (More detailed information on Medicaid Waivers is available in the Medicaid Brief .) Waivers include service definitions and the rates paid by the DD agency for community services. Further, many states maintain multiple waivers with varying scopes of services and funding caps. Accordingly, to effectively serve people from DD systems, it is critical to be informed about the state’s waiver structure and conditions, to determine services available to each individual.

Federal regulations preclude the expenditure of waiver funds on services fundable under the Vocational Rehabilitation Act (discussed in the brief on Vocational Rehabilitation Services). Accordingly, states have requirements for accessing VR funding for assessment, placement, and initial job coaching before utilizing DD funding for employment supports.

Administration

The administration and policy development functions of state DD agencies are generally the responsibility of leadership

and staff at a central office. Eligibility determination, intake, service planning, and service delivery are the responsibility of staff at regional or county offices. Finally, case management services for any given customer, which are of significant importance to any partnership building effort, are coordinated at the individual level. The following information is useful in determining strategies for establishing relationships with state DD agencies at the administrative/leadership level:

1. Is the state DD agency a component of a broader state department? How much independence does the agency have to establish new policies and initiatives? How much discretion does local office leadership and staff have to participate in operational partnerships?
2. How much budgetary control does the DD agency have? Can it realign funds to support projects independently? Does funding follow a person who moves from a non-employment day service into community employment?
3. Does the state DD agency view employment as a priority? Does the agency have an initiative to increase the number of people it serves who are employed in competitive, integrated settings?

Customized Employment

As discussed in the introduction, CE practices are a collection of flexible and consumer-driven employment services. The concept of multi-agency collaboration is essential to CE, to meet the needs of the job seeker and the employer. Services received through the DD agency can be valuable in the collaborative effort. The following section offers considerations for collaborating with DD in the provision of CE strategies at the front-line level. (More details on the key features of CE is discussed in the introduction section of this product.)

Typically, DD agencies primarily fund long-term employment supports. Accordingly, shorter-term elements of the CE process such as discovery, job development, and job placement may be funded by the VR agency. Long-term supports may include the following options, which are also considered elements of CE:

1. The ongoing support of a personal representative
2. Job retraining for career advancement
3. Job retraining due to modification of job duties
4. Micro-enterprise and small business development

It is important to note, however, that the use of these options may be limited in most states where employment supports are primarily provided through traditional, supported employment approaches.

Creative and Flexible use of Funding and Resources

Creative and shared funding arrangements have proven highly effective for job seekers with significant barriers to work and represent another component to the CE process. Many states will frequently braid VR and DD funding in the provision of employment services (the introduction of this series provides more information on braided and blended funding). Some states also have self-determined or customer-driven service models that allow greater flexibility, potential for partnership, and consumer choice. These arrangements typically occur on a voucher system and can be integrated into a large blended/braided funding arrangement.

Provider Agencies

DD agencies provide supported employment and other services through a network of Community Rehabilitation Providers (CRPs). (The Vocational Rehabilitation Brief contains additional information,) CRPs are key partners in developing comprehensive employment services for people with disabilities, as they often already have the funding arrangements and expertise to provide many forms of service and support.

The following information is critical to consider when determining strategies for collaboration with DD-funded provider agencies:

1. What provider agencies are under contract with the state DD agency to provide employment services in the geographic area? Are any of these providers willing to partner?
2. What is the process for becoming approved as a DD provider agency? Is the state DD agency seeking additional service providers?
3. What is the rate methodology for supported employment used by the state DD agency, and what are the levels of reimbursement?
4. What types of training and certifications are required for DD provider agencies?
5. How would people with DD be approved for state DD agency funding if they are not already receiving services?

Example:

In states like Georgia, where the delivery of service and funding through the Office of Developmental Disabilities is designed to be as customer choice-driven as possible, there is far more potential for designing customized outcomes for individuals who receive this funding. For example, individuals in Valdosta, Georgia, who are seeking a customized position can choose who will provide their job coaching services, and/or if they require transportation to a job and how best to meet their transportation needs. By shifting from funding programs that serve multiple people, to funding the individuals who need services directly, many states, including Georgia, are creating opportunities for choice and customization that did not previously exist for their customers.

Special Education and School-to-Work: Essential Considerations for Partnership

The intent of this document is to offer brief background information on special education and transition services available to youth through the local school system. Employment professionals may find the information and resources helpful, as they forge working relationships with the local school system to assist youth as they transition from school to post-school activities.

Purpose

The Individuals with Disabilities Education Act (IDEA) entitles every child, regardless of the nature or severity of disability, to a free, appropriate public education (FAPE). The Act emphasizes special education, transition services, and related services designed to prepare students for further education, employment, and independent living.

Transition services are defined by IDEA as a coordinated set of activities for a student with a disability that . . .

1. Are designed to be **within a results-oriented process, focused on improving the academic and functional achievement of the student with a disability, in order to facilitate the student's** movement from school to post-school activities. This includes post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.
2. Are based on the individual student's needs, taking into account the student's **strengths**, preferences, and interests.
3. Include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, include acquisition of daily living skills and functional vocational evaluation.

This coordinated set of activities is set forth in an Individualized Education Plan (IEP). IDEA requires that, by no later than age 16, a student's IEP should begin focusing on the preparation from school to adult life, to postsecondary education, or employment. In many cases, the IEP should address instruction, community experiences, and development of employment and other post-school adult living objectives.

The Transition Service Integration Model

The Transition Service Integration Model (Certo & Luecking, 2006) is designed to combine the resources of school and post-school systems (vocational rehabilitation, workforce development, developmental disabilities, or mental health) during the last year of a student's enrollment in public education. Public schools enter into subcontracts with CRPs and other forms of public and community administrative entities, to serve these students. Ideally, the same provider of employment support continues service after school through a vendorship agreement, creating a seamless transition in service delivery. This approach is entirely community-based. It is within the context of this model that employment providers should connect with the school system to enhance their transition preparation for students.

Eligibility

Any student with a disability who meets one of the listed impairments in section 504 of the Rehabilitation Act and who, by reason of such impairment needs special and related services is entitled to IDEA services. IDEA is an entitlement system, meaning that all students who are eligible will receive the needed services.

Administration

Each state has specific guidelines to follow in determining and certifying students as needing special education services.

It is common practice for each school system to have a designated special education director or someone responsible for overseeing the delivery of special education services for eligible students. Typically, the special education director reports to the superintendent of schools. Also key to school-to-work transition is the designated transition coordinator or the designated lead school staff member with these responsibilities.

Collaborative Transitional Services

Special educators, transition specialists, guidance counselors, and others providing transition support have useful expertise that can be joined with employment professionals. This expertise can be harvested by cultivating collaborative relationships. The following are offered as considerations for employment professionals interested in building collaborative relationships with local school systems at the administrative level. Employment professionals and administrators can consider:

1. Meeting with the lead for transition services to review school system needs for transitioning youth; in other words, determining the capacity of the school system and introducing school staff to the resources available at a particular agency. The agency should:
 - Offer a tour to the transition services lead and present a proposal regarding how the agency can work collaboratively with the school system to offer youth opportunities to transition from school to work
 - Arrange opportunities for teaching staff to interface with each other to address programmatic and physical accessibility needs for students to benefit from the agency's services
 - Offer to participate on IEP teams for students seeking employment services
 - Invite school staff to provide training so that the agency's staff can develop the capacity to serve youth with disabilities
2. Determining the capacity of the agency to address needs and offer opportunities for participation in the following:
 - Pre-readiness classes (e.g., empowerment/leadership, résumé writing, interviewing, dress for success, etc.)
 - Career exploration and assessment, and, where available, on-line search resources, which are highly compatible with the school setting
 - Linkages with employers for career exploration, to include work-based experiences and employment
 - Intensive services (e.g., skill training and CE) (More information on CE is provided in the introduction section of this product.)
3. Bringing together the range of agencies and programs (education, vocational rehabilitation, developmental disabilities, mental health, WIA, and other key One-Stop partners) to braid funding and resources for transitioning youth (More information on braiding and blending funding is available in the introduction to this product.)
4. Including school personnel on local youth councils that are required to provide advice and direction to WIA-funded youth programs

What can be gained by partnership with a school system?

What a school system can offer to the collaborative process varies with every district and the resources available. In any case, partnership with the school system brings a variety of advantages to employment professionals, including:

1. A variety of assessments conducted by guidance counselors, teachers, and school psychologists
2. A forum for intensive planning during the IEP process
3. A level of "case-management" style assistance offered by the school and its staff, often not present once the student leaves the school setting

By their nature, school systems provide guidance to their students, along with assistance in meeting their various needs (including employment, educational, and other life needs) and coordinating services accordingly. This level of guidance and coordination can be invaluable in conjunction with the more specialized employment services.

On the flip side, employment professionals can be of great assistance to the school system and to students engaging in the IEP process, by making themselves available to represent the community's employment assistance capacity, and ensuring that these resources are factored in to the student's IEP.

Customized Employment

As discussed in the introduction, Customized Employment practices are a collection of flexible and consumer-driven employment services. The concept of multi-system collaboration is essential to Customized Employment, to meet the needs of the job seeker and the employer. Services received through the school system can be valuable in the collaborative effort. The following offers considerations for collaborating with the school system in the provision of CE strategies at the front-line level. (More detail on the key features of CE is discussed in the introduction section of this product.)

1. Schools typically offer a variety of assessment models to their students. While these are often designed to assist in crafting their educational services, they can also assist in determining the students' strengths related to employment. Information on the assessment strategies and tools employed by the school can be garnered through contact with guidance counselors, transition specialists, school psychologists, and teachers.
2. The Individual Education Plan (IEP) is a mandated format for individual planning for the students' education and transition process. This level of individualized planning is often difficult for partners to fund, and, thus, can be very valuable to the CE process.
3. Transition specialists, teachers, and counselors provide a level of individual support and staff time for students that are typically absent after the close of the transition process. Staff time and general support resources are always of great value to employment professionals engaging in customized employment strategies.

Creative and Flexible use of Funding and Resources

In the education system, funding is not typically available to purchase services or equipment. Each school system receives funding from the U.S. Department of Education based on pupil enrollment. In turn, each local school system receives an allocation from the state education agency and most school systems have matching funds generated from local resources. Services provided for students' transition preparation will vary, depending on each school system's available resources, board policies, and the level of personnel expertise. Some examples of transition resources include:

1. Allowing school time and educational credit for students attaining work experience and independent living skills
2. Incorporating transition-focused curriculum into regular school courses
3. Providing staff assistance for job coaching and transportation to assist students in meeting transitional goals

In some instances, these resources have been used in conjunction with funds from other agencies (VR, MH, MR/DD, WIA) to facilitate a school to adult life transition.

Example:

The educators and Transition Specialists in one local school system worked closely with the One-Stop to prepare their students, from the earliest possible age, for the world of work. Students made frequent visits to the One-Stop, as part of their education, and were given the opportunity to choose from the multiple services available to them through WIA Youth services. This practical education served as the foundation for increased success of both the transition services and the WIA Youth programs.

The Social Security Administration: Essential Considerations for Partnership

This document is designed to assist the reader in understanding some of the work incentives provided by the Social Security Administration (SSA) for people with disabilities who want to work. A brief description regarding the application of selected incentives, qualifications, requirements, and any limitations is also provided, with the hope that service providers and individuals can better access these work incentives and build meaningful relationships with the Social Security Administration and its various offices.

Through the SSA, eligible individuals (i.e., individuals with a disability and, in many cases, with limited income and resources) can receive Supplemental Security Income (SSI) benefits, Social Security Disability Insurance (SSDI) benefits, or both, depending on their situation, as described below. Following a description of these beneficiary streams, this brief will document some of the key incentives designed to assist the beneficiary in attaining and maintaining employment. While this brief does not include all of the wide variety of incentives available to Social Security beneficiaries, this information will facilitate collaboration with this system, and employment support providers can utilize SSA supports in innovative and more efficient ways.

Purpose

The SSA is far more than a provider of cash benefits. It increasingly seeks to provide progressive supports for individuals with disabilities seeking to return to or enter the employment market. Initiatives and resources to enable working and earning an income, while receiving benefits from SSA, offer individuals options to become more self-determined and to become a productive member of the community. The SSA also offers many individuals with disabilities a range of medical and income supports, as well as incentive programs to facilitate their movement towards a work life.

Eligibility

Supplemental Security Income (SSI) /Medicaid Background (Title XVI)

In October of 1972, the U.S. Congress passed legislation establishing the SSI program. The program authorized cash benefit payments to qualifying individuals and permitted the states to provide Medicaid to them as well. Medicaid offers an array of services (primarily related to medical and personal care), as is described at length in the attached brief, "Medicaid: Essential Considerations for Partnership." SSI is a means-tested program, meaning that individuals must qualify based on their income and assets, as well as being "disabled" by SSA's standard. In many cases, those who are receiving SSI have never worked and make only very limited income.

Social Security Disability Insurance (Title II)

To qualify for SSDI, an individual will have worked and paid Social Security taxes, either as an employee or as a business owner, and be "disabled" by SSA's standard (i.e., possesses a disability resulting in marked functional limitations, which can be expected to last for a period of not less than 12 months). Individuals receiving SSDI benefits have no limits concerning what they may own or the financial value. People receiving SSDI qualify for Medicare (also described in the attached Medicaid brief) and SSA Work Incentives (described in more detail below).

Social Security Disabled Adult Child Program (SSDAC) Benefits

SSDAC benefits are paid to eligible individuals who are more than 18 years of age and became disabled prior to age 22. If they are not working and their parents are deceased, retired, or disabled, and if the parents paid into Social Security, such adult children could be eligible for SSDAC. These adult children receive their benefits through the parents' work record and continue to receive these benefits as long as they remain disabled.

Benefits for Disabled Widows or Widowers

These benefits are paid to the widows or widowers of beneficiaries with a disability, if they are between the ages of 50 and 60 and acquired their disability before the death of the original beneficiaries or within seven years after their death. It is important to know from which program an individual is receiving benefits, since the work incentives and the impact of working are different in the various programs.

State Differences in Medicaid Eligibility and Work Incentives

While the SSI and SSDI programs are federal programs, state policies impact the accessibility to work incentives. Learning about state policies, including whether the state provides automatic eligibility for Medicaid for SSI beneficiaries, is important.

In thirty-three states (including the District of Columbia), individuals eligible for SSI are automatically enrolled in the state Medicaid program without a separate application to the Medicaid agency. However, in ten states, separate state criteria for eligibility are required for Medicaid enrollment. These states are known as Section 209(b) states. In another seven states, the SSI criteria are used for eligibility for Medicaid, but individuals must apply to the Medicaid agency to become eligible.

Information about state-specific differences can be found in a publication called State Assistance Programs for SSI Recipients and is available at: http://www.socialsecurity.gov/policy/docs/progdesc/ssi_st_asst/2006/index.html

Work Incentives

The SSA is firmly committed to the goal of employment for all of its working-age beneficiaries. The following incentives are provided to assist the individual in attaining work, and those providing employment support should be cognizant of them as powerful tools in the individual's job search.

This section provides an incomplete overview of many of the incentives offered by the SSA. There are numerous incentives and rules that this paper cannot cover, but which could be of assistance to an eligible individual in finding or maintaining employment. Each of these incentives has eligibility rules that depend on each individual's status and situation. While this information can be helpful to begin exploring the possibilities offered by SSA, contact with the agency's Work Incentives Planning and Assistance (WIPA) program is an important consideration. WIPA is a service provided by SSA and its state partners to assist individuals and professionals in the complicated process of understanding and planning around the complexities of SSA benefits while working. Contact information for the nearest agency providing these services is available at the following website: www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html

Earned Income Exclusion

This work incentive acts as an inducement for individuals receiving SSI and Medicaid to earn income without losing all of their SSI checks. SSA does not count all of their earned income when the agency figures the SSI payment amount. SSA does not count the first \$65 as the earned income exclusion, and an additional \$20 might be subtracted (depending on the person's unearned income) as a general income exclusion, for a total initial deduction of \$85. After that, recipients lose \$1 for every \$2 earned from their SSI check. For instance, an individual with gross earnings of \$400 during one month would lose \$157.50 from the SSI check for that month. As such, SSA excludes a portion of the beneficiary's earned income when computing the SSI payment amount, while still leaving the individual with a higher take-home pay when working.

\$400 gross earnings
-85 (\$65+\$20)
\$315.00
\$315.00 divided by 2=
\$157.50 deducted from SSA check
Individual Federal Benefit Rate (SSI amount) = \$623/mo.
Minus \$157.50 = \$465.50 SSI check

1619(a)

This work incentive allows beneficiaries to receive SSI cash payments and Medicaid even upon earning more than \$940 per month. SSA's current (2008) monetary definition of Substantial Gainful Activity (SGA) is \$940, the income level past which an individual's continuing eligibility for benefits typically comes into question. The 1691(a) work incentive allows the sliding scale of benefits as they relate to earned income, as addressed above in Earned Income Exclusion.

1619(b)

The 1619(b) work incentive was created to ensure health coverage to those whose income exceeds the threshold, after which they no longer receive SSI cash benefits, but Medicaid coverage continues. This work incentive allows individuals to work and earn a substantial income, without facing the worry of losing medical benefits for earning too much. (The Medicaid brief provides additional information on this program.)

As of 2007 and depending upon the state, an SSI beneficiary can earn between a low of \$22,728, in Alabama, and a high of \$52,407, in Connecticut, and remain attached to the SSI program and be eligible for Medicaid under the provisions of Section 1619(b) of the SSI program. Updated state-by-state Section 1619(b) threshold numbers can be found on the SSA website at: <https://s044a90.ssa.gov/apps10/poms.nsf/lrx/0502302200>

Impairment-Related Work Expenses (IRWE)

IRWEs enable individuals receiving SSI/Medicaid to recover some of their work expenses incurred as a result of their disability. This rule is important to assist these individuals to have more substantial earnings, while not endangering their disability benefits. Deducting the cost of an IRWE reduces the amount of countable income used to figure the SSI check amount, therefore maximizing the cash benefit.

An IRWE deduction must meet the following criteria:

1. Expenses must be necessary for the individual to work
2. Expenses must be related to the individual's disability
3. Expenses must be paid by the individual and not be reimbursable from another source
4. Expenses must be paid within the month in which the individual is working
5. Expenses must be reasonable

Examples of IRWE include, but are not limited to, employment services, work-related attendant care services, transportation costs, medical devices, prosthetics to enable employment, residential modifications, routine drugs or medical services to ameliorate disability, diagnostic procedures, medical supplies, and service animals.

There are no time limits on how long an individual may use an IRWE. An IRWE isn't always a monthly expense; an IRWE may be a large, one-time expense that is pro-rated over several months, or over as much as a year.

Property Essential to Self Support (PESS)

SSA will not count property that is essential to support individuals in employment toward the asset limit that may push these individuals toward the threshold limit. Examples of such property include special equipment, medication, vehicles, assistive technology, and so forth. Individuals must use this property to earn a competitive wage or to maintain a small business. Business bank accounts, for business use only, will not be counted. However, if the individuals pay themselves from the account, the income must be reported to SSA. Stocks, bonds, notes, or any other form of liquid assets are not considered property essential to self-support, unless used as part of a trade or business.

Student Earned Income Exclusion (SEIE)

The SEIE was created to support recipients under the age of 22 who are regularly attending school. SSA will exclude up to \$1460 worth of earned income when calculating cash payments. This exclusion is applied before any other exclusion. "Regularly attending school" means that the student is either home taught (special eligibility requirements apply) or takes one or more courses of study and attends classes:

1. In a college or university for at least 8 hours per week
2. In grades 7-12 for at least 12 hours a week
3. In a training course to prepare for employment for at least 12 hours a week (15 hours a week if the course involves shop practice)
4. For less time than indicated above for reasons beyond the student's control, such as illness

Blind Work Expense (BWE)

The BWE was created specifically for recipients with visual impairments to cover work-related expenses. An allowable BWE is any work-related expense incurred by the individual, consistent with IRWE. Examples of BWEs include, but are not limited to, the cost of purchasing a service animal and all associated expenses, transportation costs, vehicle modification costs, work-related equipment or services and their maintenance and repair, and medical supplies.

Plan to Achieve Self Support (PASS)

A PASS plan allows individuals with a disability to set aside countable income (money that would otherwise be subtracted from the SSI check due to earnings) and/or resources for a specific period of time and for specific items or services to realize a work goal. There is no limit to the number of successful PASS plans qualified individuals may have in a lifetime.

Basic requirements for a PASS plan must:

1. Show a decreased reliance on the Social Security system
2. Be in writing and be approved by SSA
3. Have a specific and feasible work goal (in some cases, a PASS may be approved to explore feasible work goals for an individual)
4. Have a specific time frame for reaching the goal, and defined milestones for accomplishment
5. Show what money or other resources received will be used to reach the goal
6. Show how money will be kept separate from personal funds
7. Be reviewed by SSA periodically to check goal achievement and spending compliance.

Likely PASS candidates include:

1. People who have earned income and are receiving SSI checks
2. People who have SSI only, but who will begin earning money in the near future
3. People who may have resources in excess of allowable SSI/Medicaid limits, but may set aside those resources in a PASS to become eligible or to remain eligible for the benefit

Possible PASS expenditures may include:

1. Equipment, supplies, start-up capital, and inventory to establish a business
2. Any cost associated with an educational or occupational training program, including tutoring, counseling, vocational evaluation, work experience, and so forth
3. Attendant care/personal assistance at work or to get to work (including transportation)
4. Equipment or tools, either as an accommodation or for general use
5. Uniforms, specialized clothing (including business dress), and safety equipment
6. Least costly alternative for transportation
7. Modifications to buildings or vehicles to accommodate a person's disability
8. Dues or publications for academic or professional purposes
9. Licenses, certifications, and permits necessary for employment or self-employment

Note: PASS plan authorization from SSA is very specific concerning what goods or services may be purchased and at what price. Any change in expenses for services or goods purchased, or any change in "milestones" (i.e., the agreed upon progress that will be made by the individual), whether it be timelines or the goals themselves, must be reported to the SSA prior to the change, in order to guard against overpayments or disqualification of the PASS.

Ticket to Work

The Ticket to Work and Work Incentive Improvement Act (TWWIA) is designed to support the choice to seek and maintain competitive employment by giving the customer greater choice in their support services, and by removing many of the barriers that previously existed for beneficiaries seeking employment. Eligible beneficiaries can exchange a ticket (supplied by SSA) for the employment support services of their choice, supplied by an eligible and registered service provider (known as an 'Employment Network') in their area. The TWWIA also attempts to remove many of the disincentives faced by beneficiaries who would previously have lost their health benefits as a result of earning a competitive wage.

More information on the Ticket to Work can be found at: www.yourtickettowork.com

Customized Employment (CE) and Social Security Work Incentives

CE is grounded in multi-system collaboration to meet the needs of the job seeker and the employer. SSA Work Incentives can be valuable in this collaborative effort. The following section offers considerations for collaborating with SSA to provide CE at the front-line level.

Creative and Flexible Funding and Resources

Each of the resources detailed above can be of great assistance to individuals seeking employment support. A resource like the PASS, for example, is particularly useful for individuals seeking to acquire equipment or services. Exclusions, such as the PESS and IRWE, can assist individuals receiving SSA benefits in maintaining these benefits while pursuing employment and gainful earnings. Individual can use set-aside income to pay for support services.

Assistance with Benefit Planning

Although Social Security does not have “providers” per se, every state has Social Security-funded benefits planners or Work Incentives Planning and Assistance (WIPA). These representatives can be very useful to employment seekers and the staff who are assisting them in sorting out the complex rules behind the consumers’ benefits and the multiple work incentives that might be available to them. The fear of losing benefits often intimidates Social Security beneficiaries. Benefits planners are there to assist them in maintaining their benefits and receiving further employment-related support for the SSA.

Example:

Social Security Benefits can be perceived as a barrier to employment, but, when incentives are used correctly, they can be a fantastic support in a job search or in the founding of a small business. In one instance, a benefits specialist was brought into an organization to evaluate the PASS eligibility of every customer on its case load. This resulted in over a third of the individuals being able to apply for PASS funding, in many cases with a two-year retroactive application. This resulted in thousands of dollars contributed toward the employment goal of each of these customers. A benefits specialist is now consulted as a part of every individual’s discovery process.

Additional resources

Form for PASS: The form (SSA BK-545) may be found at <http://www.ssa.gov/online/ssa-545.pdf>

PASS cadre contact information website: www.ssa.gov/disabilityresearch/wi/passcadre.htm

More specific information concerning benefits planning and work is available from a local Work Incentives Planning and Assistance program (formerly called Benefits Planning Assistance Outreach Program) representative. The following website shows WIPA state and territory locations:

www.socialsecurity.gov/work/ServiceProviders/BPAODirectory.html

Information for this paper was gathered from the SSA Redbook 2006 edition and *It Doesn’t Take a Rocket Scientist*, 10th Edition, by R. Shelley, M. Katz, and D. Hammis.

Medicaid: Essential Considerations for Partnership

This brief outlines the basic features of the Medicaid program, including eligibility and its use for funding employment and community-living supports, and how Medicaid can be used to strengthen collaborative efforts and promote partnerships when providing employment support to people with disabilities. At the end of the brief, readers will find a list of websites where more information can be obtained.

Purpose

A federal policy forms a national framework within which each state designs and administers its Medicaid program. Federal Medicaid law requires that each state serve specific groups of individuals (e.g., Supplemental Security Income (SSI) beneficiaries (the brief on the Social Security Administration contains more detailed information) and provide a mandatory core set of benefits (e.g., hospital services) to all Medicaid beneficiaries. States may decide to extend Medicaid to other optional groups of individuals and cover a wide range of additional benefits. Because states can and have made different choices about who may receive Medicaid benefits, each state's Medicaid program is unique. Frequent changes in federal policy also contribute to Medicaid's complexity.

People with disabilities often fear that getting a job will cause them to lose their Medicaid benefits. Over the years, the federal Medicaid policy has changed in significant ways so that people with disabilities who are successful in the workplace can continue to receive Medicaid benefits.

Funding

The federal government and each state share in the cost of furnishing Medicaid services to eligible individuals. Federal financial participation in state Medicaid expenditures varies by state, ranging from 50 to 83 percent. In general, Medicaid operates on a fee-for-service basis; that is, providers are paid on a unit of service basis after they furnish a service to an eligible person. Medicaid is an entitlement program, meaning that a state must enroll all persons who meet the state's eligibility criteria and provide the services that its program covers to every eligible individual who requires them.

Each state must designate a single state agency that is responsible for the operation of its Medicaid program. This Medicaid agency must retain authority over the program, but may enter into cooperative agreements with other state agencies to administer some elements of the program. The Medicaid state plan spells out the scope of the state's Medicaid program—the groups of beneficiaries that the state serves and the benefits that are provided. The Centers for Medicare & Medicaid Services (CMS) at the U.S. Department of Health and Human Services is the federal agency that administers Medicaid. CMS must approve changes in each state's plan and oversee how each state administers its programs to ensure compliance with federal requirements.

Eligibility

To secure Medicaid services, individuals must be found eligible. Medicaid eligibility rules are complicated and vary by state. Medicaid is a means-tested program. Consumers cannot have income or resources that exceed state-defined eligibility thresholds. Also, consumers must fit into one of the more than 50 distinct eligibility groups that are established in federal law, which the state has decided to cover in its program.

As with the SSA, Medicaid offers an array of benefits to its beneficiaries. Each of these incentives has eligibility rules that depend on an individual's status and situation. While this information can be helpful to begin exploring the possibilities offered by Medicaid, it is also important for these individuals to contact their state's Work Incentives Planning and Assistance (WIPA) program (formerly called the Benefits Planning Assistance Outreach Program), another service provided by SSA and its state partners to assist individuals and professionals in the complicated process of understanding and plan-

ning around the complexities of SSA and Medicaid benefits while working. Contact information for the nearest agency providing these services is available on the following website:

<http://www.socialsecurity.gov/work/ServiceProviders/WIPADirectory.html>

Several potential pathways to Medicaid eligibility are available for people with disabilities:

SSI Beneficiaries

All states must provide Medicaid to people with disabilities who receive SSI cash-assistance payments. In most states, receipt of SSI results in automatic Medicaid enrollment. In others, SSI cash recipients must separately apply for Medicaid or meet somewhat more stringent eligibility requirements. Receipt of Social Security Disability Insurance (SSDI), however, does not automatically make an individual eligible for Medicaid. When an individual's employment income results in the loss of SSI cash assistance, Medicaid benefits can continue under Section 1619(b) of the Social Security Act. (The brief on SSA presents more detailed information).

People with Income Less than 100 percent of Poverty Level

The Federal SSI cash-assistance benefit (\$637/month or \$7,644 per year in 2008) is roughly 75 percent of the Federal Poverty Level (FPL) (\$10,210 in 2008) for a single person. States have the option of serving people with disabilities with incomes up to 100 percent of the FPL. The selection of this option can enable many SSDI beneficiaries who do not also receive SSI to qualify for Medicaid. About 20 states cover this eligibility group.

People Considered "Medically Needy"

States also have the option to create a "medically needy" program. Under such programs, people with disabilities who have too much income to qualify for Medicaid on a categorical basis can receive benefits when they "spend down" their income on health care services to an amount that qualifies them for Medicaid. The medically needy coverage option has utility for people (especially SSDI beneficiaries) who have high ongoing health care expenses. But, in most states, the amount that must be spent on health services to qualify for Medicaid is quite high and individuals frequently have little money left over for their living expenses. About 30 states have medically needy programs.

People Who Meet Special Home and Community-Based Services Income Levels

Many states extend Medicaid eligibility to individuals residing in institutional settings with incomes up to 300 percent of the SSI base benefit amount (the equivalent of 225 percent of poverty level). In these states, the same eligibility rules can be applied in a Home- and Community-Based Services (HCBS) waiver (discussed below). People who are enrolled in a waiver can work (and stay within income and asset levels) and receive full Medicaid benefits as well as the community supports that are available through the waiver.

Medicaid Buy-In for Workers with Disabilities

The Medicaid Buy-In program permits states to extend full Medicaid coverage to people with disabilities who work but have earnings that would otherwise prevent them from securing Medicaid eligibility. More than 30 states have Medicaid buy-in programs. States have considerable flexibility in setting income and resource standards for their buy-in programs; some states extend eligibility to people with household incomes as high as 450 percent of FPL or no income limit, as in Minnesota. States usually have a range of set resource limits from the standard of \$2,000 up to whatever their rules support, although Washington State has no resource limit. Under this program, workers with disabilities "buy into" the Medicaid program, typically by paying premiums based on income.

Range of Services

Under Medicaid, states can cover a wide range of health care and long-term services and supports. Every state must cover a core set of fourteen mandatory services, including hospital, physician, and outpatient services. A host of additional optional services (such as prescription drugs, mental health rehabilitative services, and home and community-based services) may also be covered by states at their discretion.

Medicaid affords access to vital health care services for beneficiaries with disabilities. When a worker with disabilities secures employer health care coverage, Medicaid wraps around that coverage and pays for benefits that the employer health plan does not include.

Important Medicaid benefits are:

Personal Assistance

Coverage of personal assistance (personal care or attendant care) is a way to provide help to individuals in performing activities of daily living, such as preparing meals, shopping for groceries or employment, and other essential tasks. Personal assistance helps individuals maintain independence and avoid placement in congregate-care settings like nursing facilities. About 35 states offer personal assistance, but individual state coverages vary considerably. A growing number of states permit people to use some of their personal assistance hours to support them in the workplace. Also, in many states, people with disabilities have the authority to hire and supervise their personal assistants.

Mental Health Services

In order to secure work, many individuals need effective treatment and support to recover from or manage their mental illnesses. Federal policy permits states to cover a wide variety of mental health services, ranging from periodic outpatient treatment to more intensive services. Medicaid coverage of rehabilitative services (sometimes called the “rehab option”) has emerged as an especially important tool. Recovery-oriented rehabilitative services that can be covered under Medicaid include illness management, peer support, life and social skill improvement, intensive community interventions to avoid hospitalization, and helping people overcome barriers to employment. Medicaid rehabilitative services, along with other Medicaid-funded mental health services, can be coordinated with non-Medicaid employment supports to help people with mental illnesses succeed in the workplace. (More information on mental health services is available in the brief on state Departments of Mental Health.)

Home and Community-Based Services (HCBS) Waiver

States may operate HCBS waivers (Waivers are excepted from the standard federal rules and granted to states by the Department of Health and Human Services.) to provide a wide range of services to support people with disabilities in the community. People who require an institutional level of care may, instead, be supported in the community through a waiver. People who participate in a waiver receive the full range of regular Medicaid benefits, plus the extra services and supports offered through the waiver. HCBS waiver funding is especially important in underwriting community services for people with developmental disabilities. (More information on services for people with developmental disabilities is presented in the brief on Developmental Disability Service Systems.)

States have increased the use of HCBS waivers to rebalance their long-term care systems and promote community living. Commonly covered waiver services include personal assistance, health services to complement the services that the state offers to all beneficiaries, home modifications, assistive technology, and service coordination. More and more states are reconfiguring their waivers so that waiver participants can directly manage their waiver funding and services. States are also amending their HCBS waivers to include the individuals covered under Medicaid Buy-in —essentially ensuring that a person can work and earn more without having to choose between a job and critical waiver supports.

Federal law prohibits using Medicaid funding to pay for “vocational services.” However, states have the authority to

cover supported employment services under a waiver. Waiver-funded supported employment coverage may include job development, job training, follow-along supports and transportation to/from the workplace as well as assisting a person to set up a business. Nearly all HCBS waivers for people with developmental disabilities cover supported employment services. Waiver-funded supported employment services usually are furnished on a follow-along basis, subsequent to or in tandem with vocational rehabilitation. Waiver-funded supported employment services can also be provided when VR services are not available.

State Plan HCBS Coverage

The State Plan HCBS Coverage differs from the HCBS waiver authority in several respects, including allowing states to offer HCBS to beneficiaries without having to determine that they require an institutional level of care. States also are not required to secure a waiver to offer these services. When a state offers HCBS outside of a waiver, it must fashion functionally based eligibility criteria. A state may not limit services based on diagnosis or condition. A state may employ this option to cover supported employment (and other) services to the same extent as under an HCBS waiver. This option potentially poses new opportunities to provide HCBS and employment supports to a broader range of Medicaid beneficiaries, including people with mental illness in particular. This new option can be used in tandem with HCBS waivers.

Medicaid Infrastructure Grants (MIGS) to Support the Competitive Employment of People with Disabilities

The Ticket to Work and Work Incentives Improvement Act (TWWIA) of 1999 established a grant program to support state efforts to enhance employment options for people with disabilities, by removing barriers to employment in the Medicaid system. The goal of the MIG program is to support people with disabilities in securing and sustaining competitive employment in an integrated setting. The grant program provides financial assistance to states to facilitate the competitive employment of people with disabilities through (a) Medicaid buy-in opportunities under the Medicaid state plan, (b) significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts, and (c) providing comprehensive, coordinated approaches across programs to removing barriers to employment for individuals with disabilities.

Forty-two states have MIG programs that have been funded since 2001. States are actively using MIG funds to develop collaboration, communication, and partnerships and outreach across the agencies and partners responsible for funding health and employment supports in states. MIG funds are the only planning dollars available to states to implement the intent of the Ticket legislation—these flexible dollars (minimum \$500,000/year for each state) are extremely valuable when developing the links and intersections of service delivery and funding opportunities.

Further information about MIGs can be found at: http://www.cms.hhs.gov/TWWIA/03_MIG.asp

Working with Medicaid: Considerations for Partnership

Medicaid's complexity can be daunting. At the same time, Medicaid is an especially robust, open-ended federal funding stream that can pay for many services and supports that are important to individuals with disabilities. It is important to understand what each state's Medicaid program offers and what it does not. In this context, some important features should be looked at for each state's Medicaid program:

1. *Eligibility.* Does the state's eligibility policies support continuing Medicaid benefits for people who are successful in the workplace? Does the state employ 100 percent of the poverty coverage option so that non-SSI recipients can access Medicaid benefits without having to incur large medical expenses? Does the state have a Medicaid Buy-In program? Do people with disabilities know how to access the buy-in program? Has the state received a Medicaid Infrastructure Grant?
2. *Personal Assistance.* Does the state cover personal assistance services, either in its state plan or an HCBS waiver? Are personal assistance benefits sufficient to support people with significant disabilities in the community? Can

personal assistance benefits be used outside the home, including supporting people in the work place? Can beneficiaries hire and supervise their attendants? If the state has a Medicaid Buy-in, have they amended the HCBS waivers to include individuals covered through this?

3. *Rehabilitative Services*. Is the state's coverage of mental health rehabilitative services recovery oriented? Does the coverage include helping people overcome barriers to employment?
4. *HCBS (Health- and Community-Based Service) Waiver*. Does the state cover supported employment in all its waivers for working-age people with disabilities? Does the supported employment coverage include the full range of employment supports? Has the state established effective linkages among its waiver-service delivery system and the employment service providers?
5. *New HCBS State Plan Benefit*. Does the state intend to add this coverage? Will the state include the coverage of supported employment?

Establishing effective lines of communication with the state Medicaid agency to explore how Medicaid can contribute to employment for people with disabilities is important. HCBS waivers are often operated by other state agencies (e.g., the developmental disabilities authority), so it is important to communicate with them, as well as the Medicaid agency, to determine how best to link to waiver-funded employment services.

Customized Employment and Medicaid Benefits

Customized employment is grounded in multi-system collaboration in order to meet the needs of the job seeker and the employer. Services funded by Medicaid can be valuable in this collaborative effort. The following section offers considerations for collaborating with Medicaid and the use of Medicaid-funded services when providing Customized Employment at the front-line level.

1. Medicaid affords access to vital health care services for beneficiaries with disabilities. Having access to Medicaid and knowing that coverage is available creates options for job seekers that wouldn't otherwise exist—especially when used in conjunction with SSA's work incentives.
2. Medicaid rehabilitative services, along with other Medicaid-funded mental health services, can be coordinated with non-Medicaid employment supports to help people with mental illnesses succeed in the workplace. Medicaid can pay for many services and supports that are important to people with disabilities seeking employment. For example, some states couple vocational rehabilitation funding and Medicaid dollars through the Developmental Disability system, using VR funding to perform 'intensive' job search and placement activities, and using Medicaid/DD funding to provide long term follow along services and coaching.
3. Use of waivers
 - *HCBS Waiver*. The state's options regarding their HCBS waiver needs to be understood and considered as an option to cover supported employment and other employment supports. With this understanding, an agency can create some sort of linkage to the waiver service-delivery system and maintain communication and contact.
 - HCBS waivers are often operated by other state agencies (e.g., the developmental disabilities authority), so communicating with them as well as the Medicaid agency to determine how best to link to waiver-funded employment services is an important partnership consideration.

Web Resources

The following websites are sources for additional information about the topics covered in this brief:

General Medicaid Information

Centers for Medicare & Medicaid Services: *cms.hhs.gov/home/medicaid.asp*. An overview of Medicaid:
cms.hhs.gov/MedicaidGenInfo/03_TechnicalSummary.asp

Kaiser Commission on Medicaid and the Uninsured. The Commission makes a wide range of information available about Medicaid (including each state's Medicaid program on its website at: *kff.org/medicaid/index.cfm*). The Commission's Medicaid Resource Book (*kff.org/medicaid/2236-index.cfm*) contains information about federal policies, including eligibility and benefits.

Links to State Medicaid Agencies: Links to state Medicaid agency websites: *nasmd.org/members.htm*

Medicaid Buy-In

Description of Medicaid Buy-In Eligibility:

kff.org/medicare/7241/medicaid.cfm and *cms.hhs.gov/TWWIA/downloads/TWWIABuyInGroups.pdf*

Medicaid Infrastructure Grants.

aphsa.org/disabilities/home/index.htm

National Consortium for Health Systems Development: A Resource on Medicaid Infrastructure Grants (MIGs):
www.nchsd.org/index.aspx

Medicaid Benefits

Personal Assistance: A useful publication is available from the Center for Workers with Disabilities, an affiliate of the American Public Human Services Association:

aphsa.org/disabilities/home/docs/PAS%20as%20a%20State%20Plan%20Option-%20Doug%20Stone.pdf

Mental Health Rehabilitative Services: Provides a useful resource:

hcbs.org/moreInfo.php?type_tool/223/doc/1263/Community_Living_Brief:_The_Medicaid_Rehabilitativ

HCBS Waiver Program: Overview:

cms.hhs.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp

State-by-state information about HCBS waivers: *nasmd.org/waivers/1915cdb.htm*