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A Government Performance and Results Act (GPRA) Report: The Status of the Medicaid Infrastructure Grants Program as of December 31, 2006

Final Report

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Jody Beauchamp
Henry T. Ireys
Su Liu

Submitted to:

Centers for Medicare & Medicaid Services
OICS/Acquisition and Grants Group
2-21-15 Central Building
7500 Security Blvd.
Baltimore, MD 21244-1850
Telephone: (410) 786-2292

Project Officer: Steve Hrybyk

Submitted by:

Mathematica Policy Research, Inc.
600 Maryland Ave. S.W., Suite 550
Washington, DC 20024-2512
Telephone: (202) 484-9220
Facsimile: (202) 863-1763

Project Director: Su Liu

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EXECUTIVE SUMMARY

The Medicaid Infrastructure Grant (MIG) program supports state efforts to foster the competitive employment of people with disabilities. Administered by the Centers for Medicare & Medicaid Services (CMS), the grants can be used to develop infrastructure and programs that make it easier for people with disabilities to work by expanding their access to health insurance and employment supports. This report examines the performance of MIGs funded during calendar year 2006, the sixth year of the program. The analysis uses quantitative data including trends in enrollment in the Medicaid Buy-In program, the earnings of Buy-In participants, and personal assistance services (PAS) provided through states' Medicaid State Plans to gauge the effect of MIGs on working-age adults with disabilities.

Congress succeeded in designing the MIG program to be attractive to states, as evidenced by the fact that virtually every state has obtained MIG funds for at least one year since the program's inception in 2001. Specifically, the number of awarded MIGs increased from 25 in 2001 to 43 in 2006, and only two states did not have a MIG for at least one year between 2001 and 2006. MIG funding totaled over $130 million during this time.

Available quantitative data demonstrate that MIGs have had a meaningful impact on certain programs and services that make it easier for people with disabilities to work. Findings include:

- MIG funding has encouraged states to develop and sustain a Medicaid Buy-In program for people whose earnings would otherwise make them ineligible for public health benefits. From 2001 through 2006, the number of MIG states with a Medicaid Buy-In program doubled from 16 to 32, and the number of Buy-In participants enrolled at the end of each calendar year rose from 29,711 in 2001 to 98,264 in 2006.

- Participation in the Buy-In program has helped adults with disabilities to work. Nearly 70 percent of Buy-In participants in 2006 reported positive earnings. The combined annual earnings of all Buy-In participants increased from $222 million in 2001 to more than $556 million in 2006.

- MIGs have motivated states to expand PAS offered through their Medicaid State Plan and waivers, because the level of MIG funding a state can receive is tied to the PAS offered through the state Medicaid program. For grants awarded in years 2001 to 2006, 20 states expanded their coverage of PAS, as indicated by their movement into a higher MIG eligibility category. Almost half (20 of 42) of the states with a MIG in 2006 fell into the highest eligibility category, signaling that PAS can be provided statewide at a level to sustain full-time competitive employment.

- The Buy-In program, PAS expansions, and other employment supports provided through MIG funding may have contributed to higher employment rates for individuals with disabilities, but this effect may not yet be large enough to be observed in national data.

The available data, however, are likely to *understate* the actual impact of the MIGs. This report focuses only on data that all MIG states can provide, regardless of the duration or complexity of their MIG program efforts. Because most states initially used MIG funds to develop Medicaid Buy-In programs, CMS focused its attention on data reporting mechanisms related to this program. These mechanisms now provide accurate and comprehensive quantitative data that show the positive impact of the Buy-In program. However, as Congress intended, states that have had MIGs for several years typically use their funding to establish a variety of different types of programs and efforts that build on existing resources in the state. As a result, states with more mature programs have extended and diversified their infrastructure-building efforts well beyond those of states that have had a MIG for only a year or two. On the one hand, this trend represents another success of the MIG program (building a state-specific infrastructure); on the other, it presents difficult measurement and reporting challenges.

CMS has made the collection of high-quality quantitative data on these more complex and differentiated efforts a high priority, and the agency is working aggressively to improve the breadth and depth of available data. A particular emphasis has been placed on standardizing the outcome measures of MIG performance across states and time. Some measures of MIG performance are now reliable and accurate, but additional data will be necessary to capture the impact of the extensive and varied changes in infrastructure that states have made through MIG support. In the next several years, CMS's commitment to collecting the best possible data will improve the agency's ability to more accurately measure MIG performance.

CHAPTER I

OVERVIEW OF MIGS AND THE ASSESSMENT PROCESS

A. POLICY CONTEXT

For individuals with disabilities who want to work, the road to employment can be a challenging one. Two of the most formidable challenges faced by low- and middle-income workers with disabilities include the limited availability of employer-based and private individual health insurance coverage for those in part-time or other jobs without coverage, and the possibility that increased earnings could lead to ineligibility for public coverage. Furthermore, to secure and sustain employment, some adults with disabilities need personal assistance services, special medical devices, or other types of employment supports. In the past several decades, federal legislation and changes in social norms have made it easier for adults with disabilities to work, but many still find it difficult—as evidenced by declining rates of employment since the early 1990s (Houtenville et al. 2005).

Medicaid Infrastructure Grants (MIGs) and other programs created by the Ticket to Work and Work Incentives Improvement Act of 1999 (the "Ticket Act") were designed to pave the way to the workforce for people with disabilities.[1] In developing this legislation, Congress recognized that "for individuals with disabilities, the fear of losing health care and related services is one of the greatest barriers keeping the individuals from maximizing their employment, earnings potential and independence." The Medicaid Infrastructure Grant (MIG) program was established as a competitive grant program in Section 203 of the Ticket Act to provide financial assistance to states to develop infrastructure and targeted programs that would "facilitate the competitive employment of people with disabilities through (1) Medicaid buy-in opportunities under the Medicaid State Plan, (2) significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts, and (3) providing comprehensive coordinated approaches across programs to removing barriers to employment for individuals with a disability" (Centers for Medicare & Medicaid Services 2005).

[1] The full text of the Ticket Act is available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=f:publ170.106.

Congress authorized the MIG program for 11 years beginning in 2001 and gave the Centers for Medicare & Medicaid Services (CMS) the responsibility for managing, monitoring, and reporting on the performance of programs implemented by individual states. More than $130 million of MIG funding were awarded between 2001 and 2006 to 48 states plus the District of Columbia and the U.S. Virgin Islands. Throughout the course of the program, CMS has been committed to identifying the effects of the MIG program in order to achieve the best outcomes and to shape future activities. Early efforts to develop quantitative measures of the Medicaid Buy-In program (which most states initially used their MIG dollars to establish) have yielded an unusually comprehensive and reliable database on participation in the Medicaid Buy-In program.[2] However, other effects of infrastructure developed using MIG funding are difficult to quantify because (1) they involve a wide range of activities from one state to the next, and (2) "infrastructure development" as it relates specifically to employment is difficult to quantify because it relies on building new collaborations between public agencies, and between the public and the private sector. Together, these factors make it challenging to assess the full extent to which MIGs have directly affected the employment of people with disabilities.

B. PURPOSE AND PLAN OF THE REPORT

This report uses available quantitative data to examine historical trends for the MIG programs operating in 2006, focusing on the dimensions and outcomes of the MIG program for which data are accurate and reliable. It assesses the role that MIGs have played in the evolution of health coverage and employment supports for people with disabilities, as well as the impact that increased access to these programs and services has had on employment. While the existing data cannot assess all activities funded by MIGs, these data are part of several evolving information-gathering systems that, over the next few years, should provide policymakers with additional information on the effects of MIG performance.

The report is structured around the MIG program's stated goals of (1) protecting and enhancing health care, other benefits, and necessary employment supports; (2) maximizing employment for people with disabilities; and (3) expanding a state's labor force by encouraging people with disabilities to work. The history and rapid growth of MIGs since 2001 are covered in Chapter II. The following two chapters assess MIG performance in the context of the aforementioned goals. Chapter III considers how well states with MIGs are protecting and enhancing health care and employment supports by measuring the growth in the number of states with a Medicaid Buy-In program, enrollment in the Buy-In, and in the expansion of personal assistance services (PAS) to assist people with disabilities in sustaining competitive employment. Chapter IV identifies the extent to which increases in employment

[2] CMS has contracted with Mathematica Policy Research to analyze this data, and this effort has already produced three full-length reports and seven issue briefs, highlighting some of the most salient features and effects of the Buy-In and related programs. These reports and issue briefs are available at http://www.mathematica-mpr.com/disability/medicaidbuy-in.asp and include those discussed elsewhere in this report such as Andrews and Weathers (2007), Davis and Ireys (2006), Gimm et al. (2007), Ireys et al. (2005), Liu and Weathers (2007), and Liu et al. (2004).

in MIG states in recent years can be attributed to having a MIG, using data on earnings and Medicaid premiums among Buy-In participants, as well as national survey and administrative data. The conclusion highlights the achievements that have resulted from MIG funding, discusses planned activities for future years of MIGs, and offers recommendations for future work including the creation of standardized measures to better assess MIG performance. The appendices provide greater detail than in the body of the report, including state-level data that correspond to the national statistics provided in the text.

CHAPTER II

THE EVOLUTION OF MIG AWARDS

Since the inception of MIGs in 2001, CMS has solicited applications for the program in every year, and appropriations for MIGs doubled between 2001 and 2006, from $20 to $40.8 million.[3] In some years, the agency has made strategic changes to its grant solicitations based on its experience managing the grants, but the mission of the program has remained consistent with its legislative intent. For example, the requirements for securing a grant have become progressively more difficult to meet, in order to encourage states to improve the provision of PAS in their Medicaid State Plan. In the early years, states not able to provide enough PAS to allow people with disabilities statewide to maintain full-time employment were able to apply for MIG funding under the reserved, transitional, or conditional grant categories. By 2008, these categories will have been phased out, so that only states able to provide PAS at a level necessary to sustain full-time employment among people with disabilities will be eligible for funding.[4]

State interest in the MIG program was high from the start and has grown over time. Twenty-five states had a MIG in 2001, 37 had a MIG in the following year, and by 2006, there were 43 MIGs nationwide, including 3 states with no-cost extensions from an earlier grant period (Figure II.1, appendix Table B.1). From 2001 to 2006, every state except Arizona and Tennessee received a MIG, and Arizona secured MIG funding starting in 2007. Of the remaining 48 states, the District of Columbia and the U.S. Virgin Islands, 22 had a MIG in all six years between 2001 and 2006 (Table B.2). Once states receive their first MIG, they tend to continue to apply for funding. Only one of the 39 states that had a MIG in 2005 did not have a MIG in 2006.

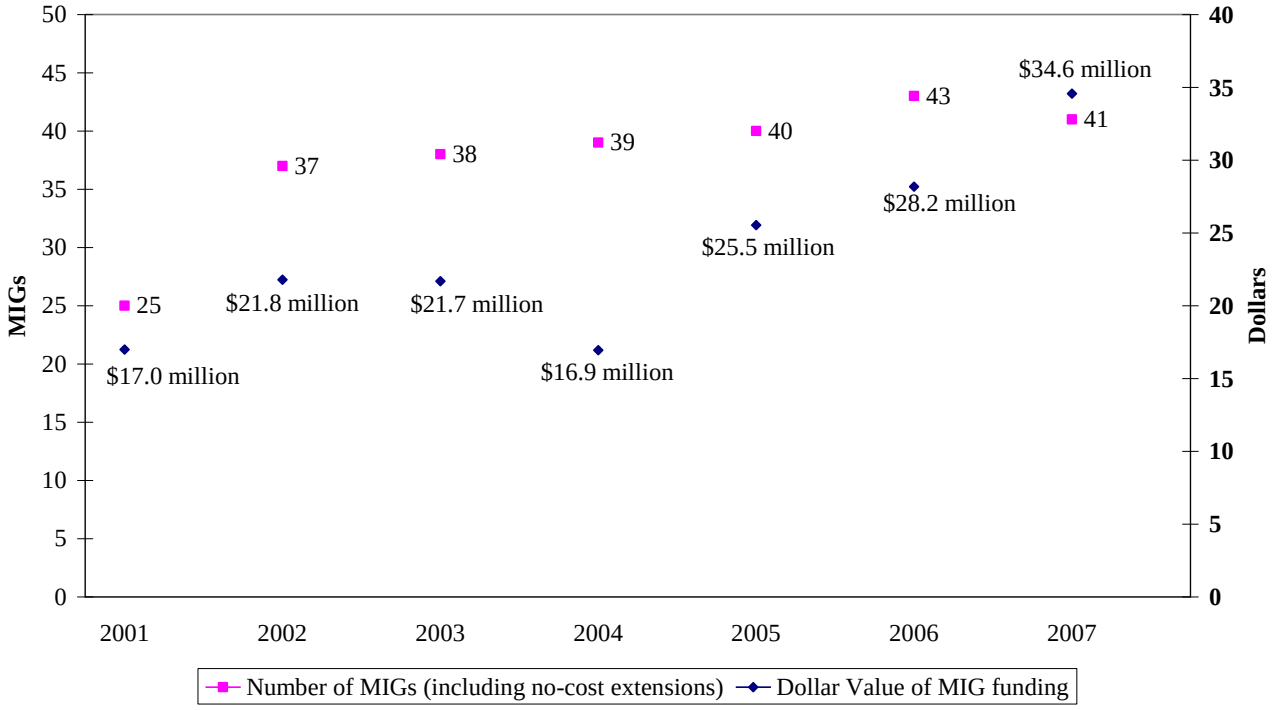
Funds distributed to states to support MIG activities have increased during this period: from $17 million in 2001 to $28.2 million in the 2006 funding cycle. This rise in expenditures reflects three developments: (1) an increase in the number of states with a MIG, (2) an increase in the number of participants in existing Buy-In programs, and (3) an increase in

[3] Ticket Act, 1999 and 2006 MIG grant solicitation (CMS 2005).

[4] The specific grant types and PAS requirements to obtain MIG funding are described in detail below (Table B.3).

per-person expenditures among Buy-In participants if an existing Buy-In program begins to cover additional services. From 2001 through 2006, new MIG awards ranged from a minimum of $500,000 to 10 percent of the Medicaid Buy-In expenditures from the previous year (if those expenditures exceed $500,000). Only states with a Buy-In program and PAS offered at the fully eligible level could request more than $500,000, but these funds could not be used to pay for services paid for by Medicaid. As a result, the most common award amount since 2001 has been $500,000, though many states have consistently received more than that (Table B.2). MIG funding is likely to grow if states that do not currently have funding obtain it and as states continue to expand their PAS or enhance their Medicaid Buy-In programs.

Figure II.1. Number of MIGs and Total MIG Funding, by Year, 2001-2007



Source: CMS.

MIG funding is used to sponsor a range of activities that vary based on the type of grant the state has and the areas in which MIG funds are most needed. In the early years after securing MIG funding, states might be likely to use the majority of the funding received to develop and implement a Medicaid Buy-In program. As that program is put into place, states tend to shift MIG funding towards other areas inside or outside Medicaid, in order to improve the infrastructure that supports employment of people with disabilities. Examples of this might include outreach to target particular group of potential Buy-In participants, educating employers on the benefits associated with hiring people with disabilities, making necessary improvements to expand PAS, improving access to PAS, or providing benefits counseling regarding transportation or housing options.

Information provided by states in their 2006 quarterly reports regarding their efforts toward developing sustainable changes highlights how varied the activities funded by MIGs are.[5] For example, MIG staff in Hawaii used 2006 MIG funds to initiate partnership planning with its Medicaid office to integrate MIG initiatives with Medicaid, while MIG funds were used in Connecticut to convene a steering committee of 12 state agencies and to host a stakeholder retreat to finalize and approve the state's MIG strategic plan. In the same year, MIG staff in Oregon reviewed national best practices in benefits planning; planned for a comprehensive and sustainable benefits-planning system; and identified funding sources for benefits counselors and for training and paying information specialists. As states continue to secure additional years of MIG funding, those that have implemented their Buy-In and expanded PAS in their State Plan or waivers may begin to use funding to develop other sustainable and comprehensive solutions to improve the employment opportunities of people with disabilities.

While the infrastructure developments funded by MIGs might not necessarily have measurable impacts on employment outcomes among people with disabilities in the short term, they may have set in motion a series of changes (e.g., increased awareness of employment supports for working-age adults with disabilities, increased willingness of employers to hire persons with disabilities) that over time could improve employment opportunities for people with disabilities. Thus, it will be important to continue to monitor how activities funded by MIGs evolve over the next several years to affect outcomes.

[5] While states with MIG funding are required to submit quarterly reports regarding their progress, the majority of information provided in those reports is descriptive and qualitative, while this report is focusing on outcome-oriented quantitative data. A systematic review of information contained in the 2006 progress reports can be found in Xu and Roemer (September 2007).

CHAPTER III

MIG PERFORMANCE: PROTECTING AND ENHANCING WORKERS' HEALTH CARE, OTHER BENEFITS, AND EMPLOYMENT SUPPORTS

Improvements in employment outcomes among people with disabilities rely on the presence of necessary health benefits and other supports to make working feasible. MIGs can be used to fund infrastructure to develop or maintain systems to coordinate or deliver health benefits or other supports. This chapter documents the effects of MIGs on (1) expansions of PAS in Medicaid State Plans and waivers in order to provide assistance to those who wish to work, and (2) the growth in the Medicaid Buy-In program to offer workers public health insurance coverage even if their earnings would typically make them ineligible. The creation of the Medicaid Buy-In is the most visible product of MIG funding and also has the most available data to measure its performance. MIG funding has likely improved other supports such as benefits counseling, transportation, or housing services, but the data required to document these effects in a systematic way are not currently available.

A. PERSONAL ASSISTANCE SERVICES

Individuals with disabilities may find it difficult to complete activities of daily living, including activities that occur inside the home (for example, dressing or bathing independently or preparing meals) or outside the home (for example, using transportation to get to work or using a telephone or email at work). Difficulties with these and other activities can make working outside of the home a challenge. PAS, as defined in the Ticket Act, consist of "a range of services, provided by 1 or more persons, designed to assist an individual with a disability to perform daily activities on and off the job that the individual would typically perform if the individual did not have a disability." Expanded PAS services or provider networks could lead to an increase in the number of individuals with disabilities who are able to sustain competitive employment.

According to Section 203 of the Ticket Act, in order to apply for MIG funding, a state must demonstrate that it makes PAS available under the Medicaid State Plan to the extent necessary to enable individuals with disabilities to remain employed.[6] Expansions to PAS are expected as MIG criteria are tightened, but the data to systematically examine these changes in detail are largely unavailable. States offer PAS through a variety of channels including their Medicaid State Plan and home- and community-based services (HCBS) waivers, and moreover, these services are not coded consistently across states in Medicaid administrative claims data. Liu et al. (2004) highlights some of the difficulties of performing analyses of PAS Medicaid expenditures across states. Given these difficulties, in the future it would be desirable to have consistent information across states on the number of PAS clients, the volume of services they receive, and the amount of expenditures on PAS in order to more fully understand the evolution of these services, and by extension, MIG performance.

Without consistent claims data regarding the amount of PAS provided per individual, the best way of systematically assessing expansions in the availability of PAS is by studying the eligibility status of states receiving MIG funding. The requirements to obtain MIG funding create incentives for states to expand PAS. To be fully eligible for MIG funding and thus able to secure the largest possible award, a state must offer PAS statewide, both inside the home and out (including the work place), to an extent that would allow an individual to be engaged in full-time competitive employment (Table B.3). Grants awarded to fully eligible states have been awarded under the names of "full," "basic," and "comprehensive," depending on the year of application. States that cannot offer the level of PAS required to attain full eligibility have been awarded less generous grants—designated as "reserved," "transitional," or "conditional"—depending on the calendar year in which a state applied (see Table B.3). States receiving these grants have been required to demonstrate that they are improving access to PAS in order to apply for additional years of funding.[7] Beginning in 2007, only states that meet the requirements of full eligibility will be able to apply for new MIG funding.

The number of fully eligible states has increased over time, suggesting that MIG funding has encouraged and allowed states to expand PAS coverage. In 2001, only 10 states were fully eligible, but by 2006, that number had doubled (Table B.1). However, in all years between 2001 and 2006, the majority of the states with MIG funding qualified in one of the limited eligibility categories. For example, 60 percent of grant recipients in 2001 received reserved, transitional, or conditional grants. By 2006, 58 percent of the newly awarded grants

[6] This is only true for states that have elected to provide medical assistance to these individuals under the State Plan. Note that the definition of employed for the purposes of PAS is not necessarily the same as it is for the Medicaid Buy-In. In Section 203 of the Ticket Act, "employed" is defined earning at least the minimum wage as defined in Section 6 of the Fair Labor Standards Act and working at least 40 hours per month, or "being engaged in a work effort that meets substantial and reasonable threshold criteria for hours of work, wages, or other measures, as defined and approved by the Secretary."

[7] States with more developed PAS were eligible to secure more years of grant funding and could use this funding to support a broader range of activities. However, they also had to provide technical assistance to other states with less developed PAS.

were conditional, and 52 percent of the continuation or no-cost extension grants were awarded to states that were less than fully eligible. Thus, there are many states that received MIG funding in 2006 that will need to improve their PAS to secure future funding from 2008 onward.

States can use MIG funding to plan, design, manage, or evaluate improvements to Medicaid State Plan or Medicaid waivers that would provide more effective support to workers with disabilities. Studying eligibility changes within individual states across time again suggests that states may have responded to eligibility incentives and possibly used MIG funds to improve PAS. Eleven states were fully eligible for a MIG when they first applied (Table B.4). Some of these states may have used MIG funds to further expand PAS or improve access to services, but studying eligibility categories alone does not provide this information. Efforts are underway to collect more quantitative data on states' provision of PAS. Twenty states have moved from a lower to a higher category of eligibility since first securing a MIG (90 percent of which became fully eligible), indicating that the availability of PAS in these states has improved (Table B.5).[8] While it cannot be determined whether MIGs were directly or solely responsible for these changes, MIG funding appears to have contributed to gradual expansions in PAS, therefore making it easier for people with disabilities to work.

B. GROWTH IN MEDICAID BUY-IN PROGRAMS IN MIG STATES

As reflected in the Ticket Act legislation, one of the biggest concerns among low-income adults with disabilities who want to work is the potential for losing federal benefits after obtaining employment. The Medicaid Buy-In program for workers with disabilities was authorized as a state Medicaid option through the Balanced Budget Act of 1997 and in Section 201 of the Ticket Act as a way for workers with disabilities to remain covered by health insurance, even if their earnings might typically make them ineligible for federal coverage.[9] States without a Buy-In program were encouraged to create one as a result of MIG funding, because MIGs provide the funding to allow states to design, plan, and implement a Buy-In. Because the Buy-In falls under each state's Medicaid plan, covered services are determined by what each state's Medicaid plan covers, and flexibility is given to states to set the income and asset limits for Buy-In participation, which in turn affects the size of the target population covered by the program.

[8] This number is only 12 states if improvements only through the 2006 applications are considered. However, since states had to apply for 2007 funding in 2006, we assume that these improvements can be attributed to the period through December 31, 2006.

[9] Massachusetts and Maryland have legislative authority for their MIG programs under Section 1115 waivers.

From 2001 through 2006, the number of MIG states with a Buy-In program increased substantially, doubling from 16 to 32 (Table B.6).[10] The number of total enrollees roughly tripled during this time, from 29,711 in 2001 to 98,264 in 2006 (Figure III.1, Table B.7).[11] In all years in which Buy-In programs have operated (including the years before MIGs were established), more than 191,000 people have been enrolled in a Buy-In program at some time. Six MIG states have each enrolled more than 10,000 people since their Buy-In programs began; these are Massachusetts, Wisconsin, Minnesota, Iowa, Indiana, and Pennsylvania.

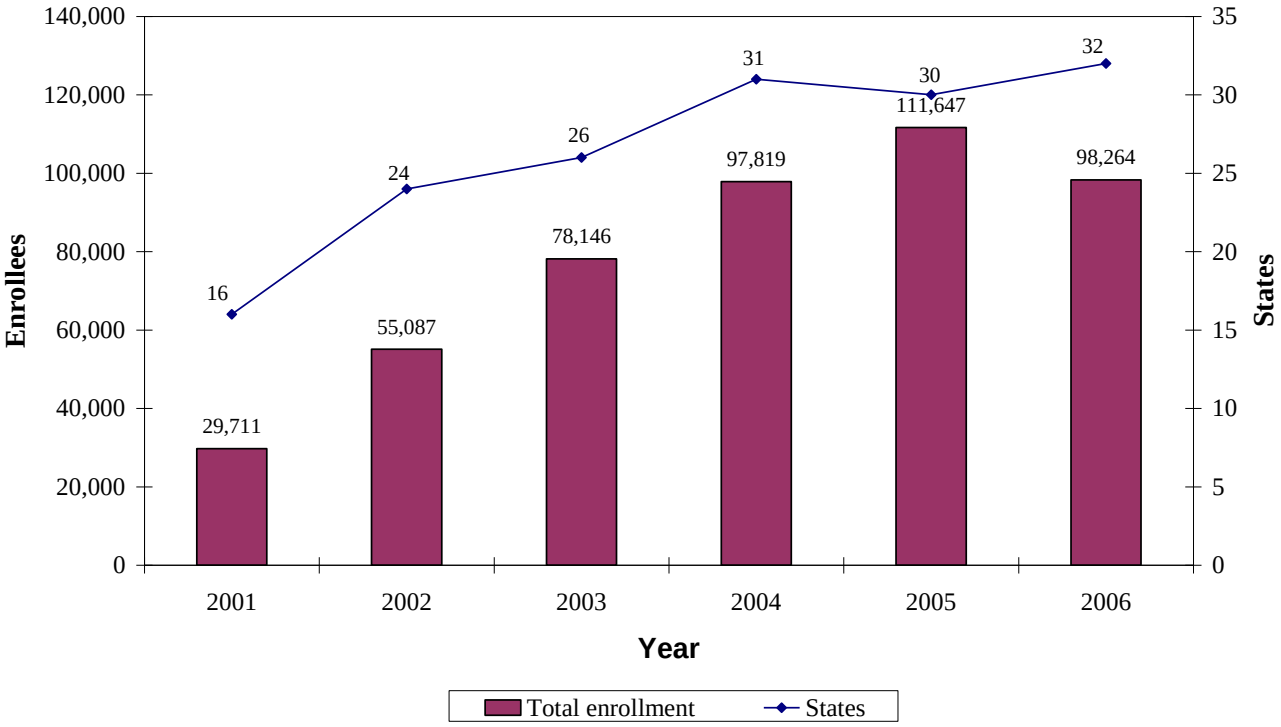
In 2006, Buy-In programs ranged in size from one person in South Dakota to 15,043 in Massachusetts (Table B.7). The average number of enrollees across all MIG states was 3,080, and the states with the five largest Buy-In programs had an average enrollment of slightly more than 12,000 people each. Overall enrollment across all Buy-In programs grew by 14 percent from the end of calendar year 2005 to the end of calendar year 2006 (excluding Missouri and New York) but varied widely by state, depending, in part, on the age of the program. Across all states, more than 28,000 individuals participated in the program for the first time in 2006 (Table B.8).

Buy-In enrollment and enrollment trends in any state depend on a number of factors, which states must consider when continuing to apply for MIG funding to support their Buy-In program. In many states, enrollment tends to grow rapidly in the first year or two after program implementation then slows with time. Programmatic features such as outreach efforts and eligibility rules also affect enrollment growth rates and levels. For instance, states that do not conduct sustained outreach might not see continual increases in enrollment and states with the most restrictive eligibility requirements in terms of earned and unearned income and assets tend to have smaller Buy-In programs (Ireys et al. 2007).

[10] A number of the states (South Carolina, Oregon, Alaska, Minnesota, Nebraska, Maine, Vermont, Iowa, Wisconsin, California, New Mexico, and Utah) had a Buy-In when the MIG program started in 2001 under the Balanced Budget Act (BBA) of 1997. Some of these states switched their legislative authorization to the Ticket Act once it was implemented. This report addresses only Buy-In programs in states with MIG funding because these are the only states required to submit information to CMS on their Buy-In participants. However, some states have a Buy-In program but not a MIG; these include Idaho, Mississippi, New York, Oklahoma, and as of 2007, Texas.

[11] The drop in the number of states with and enrollment in a Buy-In from 2005 to 2006 was a result of two factors. Missouri rescinded its Buy-In in August 2005, when almost 21,000 people were enrolled. This closure is reflected in the total Buy-In enrollment for 2006. New York, which had approximately 4,600 people in its Buy-In at the end of 2005, did not have a MIG in 2007 and therefore did not submit 2006 Buy-In enrollment information.

Figure III.1. Number of MIG States with Medicaid Buy-In Programs and Total Buy-In Enrollment, 2001-2006



Source: 2001-2006 Buy-In finder files.

Notes: These numbers reflect Buy-In programs and enrollment at the end of each calendar year. Duplicate cases that appear in two states during the same year are removed from the Buy-In total enrollment numbers shown in this table. For these individuals, the record with the earliest Buy-In start date was included.

[a]The decrease in enrollment between 2005 and 2006 is due to changes in two states. Beginning August 2005, Missouri discontinued its Buy-In program; New York, though it had a Buy-In program in 2006, did not have a MIG in 2007 and therefore did not report Buy-In enrollment numbers for that year (since 2006 data were collected in 2007). The decline in enrollment between 2005 and 2006 largely reflects the termination of the Missouri program. Excluding the experiences of Missouri and New York would have led to increases in enrollment from 2005 to 2006, but lower enrollment in each year.

CHAPTER IV

MIG PERFORMANCE: MAXIMIZING EMPLOYMENT AMONG PEOPLE WITH DISABILITIES

If MIGs provide needed health insurance coverage and other employment supports to adults with disabilities, one might expect that people affected by MIGs might be better equipped to work. However, directly attributing changes in employment among people with disabilities to MIG funding is not simple. For example, the Medicaid Buy-In program, which is the most visible of MIG-funded activities, has enrolled slightly less than 200,000 people since Buy-In programs began, which is only a small fraction of the estimated 23 million adults of working-age with disabilities (United States Census Bureau 2007).[12] Further, states seeking MIG funding are likely to be those that are the most committed implementing many kinds of efforts to improve work opportunities for adults with disabilities, and therefore attributing employment changes to MIGs rather than other policies or programs is difficult.

This chapter presents data on the earnings of Buy-In participants, the premiums charged to those receiving Buy-In coverage, and publicly available statistics on the employment of people with disabilities. While the effects of MIGs on overall employment are likely to be indirect, these data may suggest the extent to which MIGs are increasing the labor force of people with disabilities.

A. EARNINGS MEASURES OF PARTICIPATION IN THE BUY-IN PROGRAM

As a key component of MIGs, the Medicaid Buy-In program is intended to provide working-age adults with disabilities opportunities to increase earnings and still have access to health insurance coverage through Medicaid. One way to assess whether the Buy-In program

[12] The statistic here is derived from disability data in the 2005 and 2006 American Community Survey (ACS), conducted by the United States Census Bureau. This survey supplements the decennial census and provides representative data on the employment and disability status of Americans. Defining disability using survey data is the subject of much debate, see Burkhauser et al. (2003). The definitions of disability in the ACS can be found at: http://www.census.gov/acs/www/Downloads/2005/usedata/Subject_Definitions.pdf.

is meeting its goal is to determine how many participants have jobs and how much they are earning.[13] Overall, 69 percent of Buy-In participants had some earnings in 2006 (Table B.9). This represents an increase of 3 percentage points over the previous year. Across all states in 2006, the proportion of Buy-In participants with reported earnings ranged from 40 to 100 percent and in 20 of 32 states, earnings were reported for at least 85 percent of participants. The fact that most participants were working suggests that MIG grantees in general have been implementing the Medicaid Buy-In program as Congress intended. Increases over time in the fraction of Buy-In participants who are working indicate that the Buy-In program is continuing to reach people with disabilities who want to work.

Among Buy-In participants who had reported earnings, average annual earnings rose slightly from $7,876 in 2005 to $8,237 in 2006 (Table B.10).[14] In 10 of the 32 states that had data for 2006, Buy-In participants earned more than $10,000 annually on average. Evidence from previous years shows that the level of earnings as well as the likelihood of increased earnings over time varies significantly, both within a state and from one state to the next. For example, in 2004, the top 10 percent of all earners in the Buy-In program made at least $16,205 annually and $25,231 on average; in contrast, average earnings for the remaining 90 percent of Buy-In earners in 2004 were $5,248 (Gimm et al. 2007).[15] Approximately 40 percent of Medicaid Buy-In participants who enrolled from 2000 through 2003 saw their earnings increase in the year after enrollment relative to the year before. The median increase in earnings was $2,582 over the two-year period, which is substantial relative to the average pre-enrollment earnings of $4,844 (Liu and Weathers 2007). Both categories of participants (those with increased earnings and those who are top earners) were more likely than participants overall to be young and nonwhite, and less likely to be receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits in the year before enrolling in the Buy-In.

Another way to measure participation by using earnings is to look at the sum of annual earnings for all participants by year (Table B.11). This figure, which represents the total revenue contribution of the Buy-In program to the general tax base, rose continuously, from $222 million in 2001 to more than $556 million in 2006. Such growth reflects not only a rise in the number of Buy-In programs and enrollees over time but also an increase in earnings for some fraction of participants. That the sum of annual earnings has more than doubled since MIG funding began suggests that MIG funding is allowing for the expansion of Buy-

[13] Findings on earnings and employment reported in this section were determined on the basis of FICA-covered earnings, which is not necessarily how Buy-In states might define employment and earnings. Indeed, some states include 'in-kind' income as an acceptable means of meeting employment eligibility, which might explain why some people are eligible for the Buy-In, but do not have any reported earnings. In addition, unearned income, such as disability cash benefits and food stamps, is not included in this analysis, although it could represent an important source of total income.

[14] All earnings results have been adjusted for inflation.

[15] This number is provided only for context, as the data do not indicate the number of people in the household, a factor that would be required to construct a correct measure of poverty.

In programs to reach people with disabilities who work because they can maintain their federal health insurance benefits.

While we cannot directly measure the effects of Buy-In participation on employment and earnings, the early evidence does suggest that the majority of Buy-In participants were employed and had positive annual earnings. Average earnings among participants are relatively low, but this reflects the fact that these individuals have disabilities and that many are receiving unearned income such as Social Security disability benefits.[16] It is possible that participants with certain characteristics (e.g., those without disability benefits) may have benefited more from the program than others did, as measured by an increase in their earnings. Differences in earnings across states and over time also suggest that certain Medicaid Buy-In design features—such as an income limit and a verification requirement—have an impact on employment and earnings outcomes, which makes it difficult to develop a performance measure that is equally applicable from one MIG grantee to the next. In addition, local labor market conditions and the general business cycle may also affect earnings dynamics. CMS has commissioned a study that would provide more insight into how these and other factors independently affect employment and earnings outcomes among states.

B. BUY-IN PREMIUM COLLECTION

The Medicaid Buy-In program is so named because states are authorized to collect monthly premiums from participants in exchange for Medicaid coverage. Overall, Buy-In participants were charged more than $22 million in premiums in 2006. While neither the BBA nor the Ticket Act requires states to charge premiums, the latter has provisions governing premium amounts as a percent of income.[17] Because most states charge premiums to Buy-In participants on a sliding scale relative to income, the amount of premiums charged provides an indication of the earnings among Buy-In participants, since increased total income among participants is likely due to increased labor earnings (rather than increases in unearned income). Higher premiums might therefore reflect another way to gauge the extent to which the Buy-In is improving work outcomes among people with disabilities.

Twenty-five of the 32 states that had both a Buy-In and a MIG submitted records regarding the amount of premiums charged to Buy-In participants in 2006.[18] Of the seven

[16] The Social Security Administration uses an earnings level, referred to as substantial gainful activity (SGA), as one of the eligibility criteria for its disability programs. In 2006, SGA was $860 per month for those with disabilities other than blindness. Those who earn more than SGA risk losing their disability benefits.

[17] For example, states may charge 100 percent of the Buy-In premium to people earning more than 250 percent of the federal poverty level, and they must charge the full premium to individuals whose adjusted gross income is more than $75,000 per year (Ireys et al. 2007). Many states choose not to charge premiums to participants who earn less than the federal poverty level.

[18] Note that the amount charged does not equal the amount paid by participants, but rather the amount of the invoices that were sent to participants, regardless of whether they paid. The data submitted by states does not allow the identification of amounts paid.

states that did not need to submit data, five (Arizona, New Mexico, South Carolina, South Dakota, and Vermont) did not have a premium structure in place, and although New Jersey and Michigan did, neither collected premiums from any participant during the year. In the remaining 25 states, about 40 percent of Buy-In participants were not charged any premiums (Table IV.1) and about 40 percent were charged between $1 and $50 per month in premiums. About 20 percent of participants in these states were charged premiums of more than $50 per month.

The share of Buy-In participants who were charged a premium and the average amount charged in 2006 varied by state. In four states that submitted data, all participants were charged a premium of some amount, and in eight more states, more than 90 percent were charged a premium (Table B.12). In six of these states, fewer than 25 percent of participants were charged a premium. The average monthly premium across the 25 states that submitted premium data was $32.38. In the five states with the highest monthly premiums, the average was about $91 per month. In the five states with the lowest monthly premiums, the average amount charged was $4.40 per month.

Table IV.1. Distribution of Premiums Among Buy-In Participants, 2006

Average Amount Charged per Month	Percent of Participants
$0	41.2
$1-25	18.8
$26-50	19.4
$51-75	10.2
$76-100	4.1
$101-200	4.8
$201+	1.5

Source: 2006 Buy-In finder file and premium file.

Note: Table III.1 only includes Medicaid Buy-In premium data from the 25 MIG states that submitted this information. The other 7 states were not required to submit premium files because they did not collect premiums from any participants in 2006.

C. Overall Employment Rates of People with Disabilities

MIGs began at a time when the labor force participation of people with disabilities was declining (Acemoglu and Angrist 2001, Houtenville and Burkhauser 2004, Houtenville et al. 2005). This implies that a reasonable short-term goal for states with MIG funding might be to slow or stop the decline in labor force participation among those with disabilities rather than to increase it. However, one of the major challenges in assessing the effect of the MIG program on employment rates is to determine the size of the population with disabilities. Recent estimates from the 2006 American Community Survey (ACS) suggest that there are about 23 million working-age adults with disabilities in the United States, or about

12 percent of the working-age population (Tables B.13 and B.14).[19] Even the most optimistic assessment of the MIGs' impact would suggest the impacts of MIG-funded programs have yet to reach enough individuals to be measurable for this large population.

Nevertheless, to provide a baseline index for future years, we can compare employment rates by disability status and state using ACS data from 2005 and 2006 (Tables B.13 and B.14). Over those two years, there was about a 0.5 percent increase in the overall employment rate of individuals without a disability in the United States, but there was also a 0.5 percent drop in the employment rate of individuals with disabilities. This suggests that despite MIGs and other efforts, the overall employment situation of people with disabilities was still declining relative to people without disabilities.

These data show that states vary widely not only in the share of the population categorized as having a disability, but also in the employment rate for these individuals. However, there is little or no relationship between states that have a MIG and the rate of employment of individuals with disabilities in those states. The average employment rate of people with disabilities in 2006 in states that were fully eligible for a MIG in 2006 was only slightly higher (41 percent) than in MIG states that were not fully eligible (39 percent), and than in states without any MIG at all (38 percent). It is not possible to determine whether these differences by MIG eligibility status are due to MIG-funded activities or other systemic differences between states with and without a MIG.

D. Employment Rates of People with Disabilities Who Receive Federal Disability Benefits

Instead of affecting the overall rate of employment of people with disabilities, MIGs might be more likely to affect the employment of people who receive federal disability benefits. For this reason, states that receive a MIG must annually report the percentage increase (and, by extension, the number) of adults who are working and covered by the Social Security Administration's Title II (Social Security Disability Insurance) or Title XVI (Supplemental Security Income) programs (Ticket Act 1999). In theory, the initiatives implemented by states as a result of the MIG awards should lead to increased independence from SSDI and SSI among working-age adults with disabilities, meaning that more of these beneficiaries will work.[20] However, it is important to note that many SSDI and SSI beneficiaries may have disabilities that would prevent working, regardless of any incentives put in place to encourage employment.

[19] Issues regarding the definition of disability using survey data mentioned in an earlier footnote also apply here. It is important to note that the definition of disability reported in survey data is different from the definition used by the Social Security Administration (SSA), which is the definition relevant to Buy-In enrollees. SSA's definition is generally more stringent than questions in survey data, and thus, rates of disability as reported in surveys would be higher than reported by SSA.

[20] However, in most cases Title XVI rules preclude SSI recipients from receiving Medicaid under the Buy-In eligibility category since they are otherwise eligible.

The number of SSDI beneficiaries who were entitled to benefits based on their own work history (as opposed to workers' spouses or children of workers) and whose benefits in 2006 were (1) withheld because they worked at the substantial gainful activity (SGA) level or (2) terminated because of a successful return to work was very small compared to the overall number of SSDI beneficiaries. This percentage also did not change much between 2005 and 2006, holding steady at about one percent in each year.[21] Tables B.15 and B.16 show these data by state.

The percentage whose SSDI benefits were withheld or terminated varied very slightly by the type of MIG in each state in 2006. In states fully eligible for a MIG (i.e., having full, basic, or comprehensive grants), benefits were withheld or terminated for about 1.3 percent of SSDI beneficiaries, compared to 1.1 percent in states with a MIG but with less than full eligibility (i.e., having a reserved or a conditional grant). Regardless of the type of MIG, SSDI beneficiaries in states with any MIG returned to work at a higher rate than they did in states with no MIG at all, where benefits were withheld or terminated for 0.9 percent of SSDI beneficiaries. Although these differences are small, they may point to a relationship between MIG activity and independence from SSDI.

Section 1619(a) and 1619(b) allow SSI beneficiaries to keep their Medicaid benefits while they work for pay. Overall, a relatively small proportion of Buy-In participants and possibly in the other MIG-related efforts are SSI beneficiaries, suggesting that these initiatives may have a small impact on the overall proportion of SSI beneficiaries who return to work. Throughout the nation, 29.7 percent of SSI beneficiaries who worked in 2005 and 30.5 percent of those who worked in 2006 did so under Section 1619(a) or 1619(b) (Tables B.17 and B.18). This percentage does not vary by whether a state had a MIG in 2006 or whether the state was fully eligible for a MIG.

E. THE CHALLENGE OF OBSERVING MIG EFFECTS ON EMPLOYMENT RATES

For the reasons listed below, point-in-time measures of the employment rate of adults with disabilities do not fully capture a MIG's effect on employment, and therefore it is not surprising that the previous data on employment among people with disabilities did not reflect the impact of MIGs.

1. Employment outcomes are indirectly affected by MIG funding, since MIG influences infrastructure development rather than providing direct services to people with disabilities. Further, MIG funding is relatively small compared to funding for other federal disability programs. While the infrastructure developed with MIG funding may be critical to the employment of certain groups of working-age adults with disabilities, the effects of the grants themselves on overall rates of employment may not be reflected in aggregate statistics.

[21] Note that this percentage includes both those people who left the SSDI rolls because their benefits were terminated and those who stayed on the SSDI rolls but had benefits withheld.

2. MIGs put into place infrastructure that is designed to support people with disabilities for years to come, meaning that the overall effects of MIGs may be gradual and cumulative. As additional years of ACS data become available, the effects of MIGs might be better explored by assessing trends in labor force participation of adults with disabilities. Previous work has indicated that Medicaid Buy-In programs are having positive outcomes especially for individuals who are 21 to 44 years old, meaning that over time these effects might become larger and future studies may need to focus on adults with disabilities in this age group (Gimm et al. 2007).

3. States that apply for a MIG may also be experiencing broader, systemic changes to improve employment outcomes for people with disabilities. For example, changes in work incentives for SSDI or SSI may improve employment outcomes separately from MIG funding, but would also affect workers with disabilities (Davis and Ireys 2006). While the MIGs may be an important component of that effort, it will likely not be the only one that affects employment, meaning that it will not be easy to disentangle the effects of MIGs from these other efforts.

States have received different types of MIGs for different periods of time since 2001. In addition, MIGs support a range of activities, some of which may have more lasting impacts on employment than others. The variation in MIG type and duration makes it difficult to isolate those effects and to compare MIG performance from state to state. Finally, every state other than Tennessee has had a MIG at some point, making it impossible to compare states with MIGs to states without MIGs.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS: SETTING THE STAGE FOR THE FUTURE

Since 2001, MIGs have funded infrastructure and programs that are intended to promote the employment of people with disabilities. States have clearly found the program an attractive one; nearly every state has had a MIG at some point since 2001 and many have had MIG funding in each year since the program began. Even Missouri, which suspended its Medicaid Buy-In program in 2005, is now working to reinstate it, another indication of the value of MIG-funded activities to states and to adults who want to work.

Findings in this report showed that MIGs have improved access to health insurance and other employment supports for people with disabilities in a relatively short period of time. The Medicaid Buy-In is the most visible of these developments, and the number of states with a Buy-In program doubled between 2001 and 2006, with yearly enrollment nearly tripling during the same time. MIGs have also encouraged and facilitated expansions of PAS in Medicaid State Plans and waivers, which allow for increased employment among people with disabilities by providing necessary assistance with activities that people without disabilities can perform independently. Because of these types of developments, MIGs have promoted employment among Buy-In participants and earnings for some of these people have also increased.

Despite accurate and reliable measures of performance for some MIG activities such as the Buy-In program, existing data likely underestimate the true impact of MIGs because the states' use of MIG funds are more diverse than can be captured using available sources. Infrastructure improvements are inherently difficult to measure, and comprehensive systems to improve the employment opportunities for people with disabilities are necessarily complex. Because the MIG program has been a rapidly growing one, maintaining up-to-date data that is reliable across states and time has been challenging. CMS has already made impressive strides toward collecting high-quality data that achieves these objectives, and will continue to carefully monitor MIG performance through additional data collection. Ongoing efforts in this area include:

- ***Quarterly reporting by grantees.*** States receiving MIG awards must submit quarterly reports to CMS through the agency's web reporting system.[22] The elements that are reported have evolved as the program has developed and CMS has identified process and outcome measures that are more specific, accurate, and reliable in measuring MIG performance. Future revisions to the reporting system are expected to reflect not only the continued evolution of the MIG program itself, but also experience with the strengths and weaknesses of existing reporting requirements.

- ***Dissemination of findings through issue briefs and reports.*** CMS has contracted with Mathematica Policy Research. Inc. to analyze data on Buy-In and other MIG program performance. This work has so far produced seven issue briefs and two full-length reports, and work in this area is ongoing.

- ***Core set of MIG outcome measures.*** CMS is currently developing a set of MIG performance measures that would be applicable from state to state and from year to year. This will allow for a more comprehensive assessment of MIG performance that will remain consistent even as the range of activities supported by MIG funding evolves.

- ***Cross-agency data linkages.*** Data on Buy-In participants can now be linked with SSA administrative data, facilitating assessments of some important elements of program performance and outcomes. Moreover, CMS is hosting an interagency work group that may help to sustain and expand this critical effort by linking the existing data to data from other agencies, such as the Department of Education. These developments would allow for the collection of a wider range of reliable data and accurate measures related to MIG activities.

- ***Identifying the MIG target population.*** Even with the best data, identifying the population that could be affected by MIG-funded activities, or estimating the share of the population of adults with disabilities who could feasibly work under the most supportive circumstances, is difficult. CMS will continue to work to identify the appropriate target population that might reasonably be expected to be affected by MIG activities.

The achievements of the MIG program in a relatively short period of time are noteworthy. This is one of the first efforts in which CMS has been engaged that actively tries to affect employment outcomes; these types of activities were previously undertaken by other agencies such as SSA or the Department of Labor. CMS has not only developed a program that is relevant and useful to states, but has also worked hard at developing a monitoring system that will allow for the performance outcomes of the program to be

[22] Appendix C includes an example of both the information required by CMS and the instructions provided to grantees. Quarterly reports provide basic information on MIG grantees; document how grant funds are used; and identify program goals, progress, and barriers to progress.

consistently tracked in a high-quality way as the program continues. This report sets the stage for future analyses of MIG performance because it identifies selected outcomes that are expected to remain measurable and relevant to all states. As the MIG program continues, states may shift their focus from building infrastructure to sustaining it, but the outcomes in this report will remain relevant. CMS looks forward to submitting next year's GPRA report highlighting additional MIG achievements, and believes that the continuation of MIG funding beyond 2011 would allow states to continue to pursue important efforts to improve the employment status of people with disabilities.

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APPENDIX A

DATA SOURCES CONSULTED IN PREPARING THIS REPORT

A. MEDICAID BUY-IN FINDER FILES

States receiving MIG funding that also have a Buy-In are required to submit an annual Medicaid Buy-In finder file, which includes individual-level identifier information (including social security number, date of birth, gender, race, Medicaid identification number, and state residence) and the dates of Buy-In enrollment and disenrollment for individuals who enrolled in the program at any time since its inception through December 31, 2006. By April 2007, 32 states had provided Buy-In finder files: Alaska, Arkansas, Arizona, California, Connecticut, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Washington, West Virginia, and Wisconsin and Wyoming.

B. MEDICAID BUY-IN PREMIUM FILES

Medicaid Buy-In Premium files were designed to collect data on premium amount charged to Buy-In participants. It contains individual-level identifier information and monthly premium amount due for individuals who enrolled in the program at any point of time during 2006. Only states required to submit a finder file and that actually collected premiums from its Buy-In participants during 2006 are required to submit a premium file. Seven of the 32 states that submitted a finder file did not need to provide a premium file: Arkansas, New Mexico, South Carolina, South Dakota and Vermont did not charge a premium to their Buy-In participants; Michigan and New Jersey had a premium structure in place but did not collect premiums during 2006.

C. SSA'S TICKET RESEARCH FILE

The Ticket Research File (TRF) was designed to support an evaluation of the Ticket To Work program. It contains longitudinal data (January 1994 to December 2006) and one-time data on individuals age 18 to 64 who participated in the SSI or SSDI programs at any time from March 1996 through December 2006. These data, covered under the CMS-SSA

interagency data use agreement, were culled from various other SSA administrative data files and include such items as identifiers, disabling conditions, SSDI/SSI program participation status, and benefit payments. Despite the TRF's advantages, it does not include all Buy-In participants. For instance, if a participant was never an SSI or SSDI beneficiary, or if a participant was a beneficiary before March 1996 or after December 2006, he or she would *not* be included in the TRF. Nevertheless, the majority of Buy-In participants are likely to have been SSI or SSDI beneficiaries at some time from 1996 through 2006 and therefore likely to be included in the TRF.

D. SSA'S MASTER EARNINGS FILE

The Master Earnings File (MEF) contains reliable annual earnings data (derived from W-2 reports) on nearly all workers in the United States for each calendar year from 1951 through 2006.[23] Because the MEF is based on tax information from the W-2, the file is accessible only under rules established by the Internal Revenue Service (IRS). Those rules give access only to SSA employees and only at SSA facilities. Although the CMS-SSA interagency data-use agreement does not give CMS access to the micro-data, the agency can receive tabular data and derived variables approved by SSA.

MEF data are available for Buy-In participants regardless of SSI or SSDI status as long as their employer reported earnings to the IRS. Individuals are likely to have some earnings in order to meet eligibility criteria for the Buy-In program. Therefore, Buy-In participants will be in the MEF unless they earn small amounts of cash income from a casual job (for example, babysitting for a few hours per month), did not report income, or are not required to report because they work in sheltered workshops or other similar settings. While these data contain excellent earnings data not available elsewhere, the annual nature of the earnings data makes it impossible to identify which part of the year the earnings occurred, which can be potentially problematic when studying Buy-In participation, which is determined monthly.

[23] We used the amount of wages subject to Medicare taxes to represent annual earnings in this analysis (reported in Box 5 on the W-2 form). Unlike wages subject to Social Security taxes, there is no maximum wage base for Medicare taxes. Medicare wages include any deferred compensation, 401k contributions, or other fringe benefits that are normally excluded from the regular income tax, and therefore should accurately represent an individual's total earnings. Data were pulled in August 2007, by which time, MEF was 94 percent completed for 2006 earnings; missing data were mostly from late filers who tend to have more complicated income returns, and unlikely to be Buy-In participants.

APPENDIX B

STATE-LEVEL ANALYSES OF MIG PERFORMANCE

Table B.1. Total Number of MIGs by Type and Year, 2001-2007

Type of Grant	2001	2002	2003	2004	2005	2006	2007
New							
Reserved	2	0	0	0	0	0	0
Transitional	6	8	0	0	0	0	0
Conditional	7	5	5	0	11	7	0
Full	10	2	0	0	0	0	0
Basic	0	0	0	0	3	2	7
Comprehensive	0	0	0	1	10	3	3
Confirmation							
Reserved	0	2	2	2	2	1	0
Transitional	0	3	9	9	4	0	0
Conditional	0	7	11	17	8	15	12
Full	0	10	11	10	1	1	0
Basic	0	0	0	0	0	3	5
Comprehensive	0	0	0	0	1	11	14
Total	**25**	**37**	**38**	**39**	**40**	**43**	**41**

Source: CMS.

Note: Continuation numbers include no-cost extensions.

Table B.2. MIG Awards by State, Year, and Type of Award, 2001 Through 2007

State	2001	2002	2003	2004	2005	2006	2007
Alabama	New Reserved $625,000	Continuation Reserved $500,000	Continuation Reserved $500,000	Continuation Reserved $500,000	No-cost extension Reserved --	New Conditional $500,000	Continuation Conditional $500,000
Alaska	New Full $625,000	Continuation Full $500,000	Continuation Full $500,000	No-cost extension Full --	New Comprehensive $550,000	Continuation Comprehensive $500,000	Continuation Comprehensive $500,000
Arizona							New Basic $500,000
Arkansas					New Conditional $550,000	Continuation Conditional $494,950	No-cost extension Conditional --
California		New Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000	New Comprehensive $712,956	Continuation Comprehensive $1,386,318	Continuation Comprehensive $2,100,000
Colorado		New Transitional $500,000					
Connecticut	New Conditional $625,000	Continuation Conditional $500,000	Continuation Conditional $500,000	No-cost extension Conditional --	New Conditional $724,127	New Comprehensive $1,511,013	Continuation Comprehensive $5,120,550
Delaware		New Transitional $500,000	Continuation Transitional $500,000	No-cost extension Transitional --			
District of Columbia	New Reserved $500,000	Continuation Reserved $500,000	Continuation Reserved $500,000	Continuation Reserved $500,000	Continuation Reserved $400,860	No-cost extension Reserved --	New Basic $500,000
Florida						New Conditional $500,000	Continuation Conditional $500,000
Georgia	New Transitional $625,000	Continuation Transitional $500,000					

TABLE B.2 *(continued)*

State	2001	2002	2003	2004	2005	2006	2007
Hawaii					New Conditional $500,000	Continuation Conditional $500,000	New Basic $500,000
Idaho	New Full $625,000	Continuation Full $500,000					
Illinois	New Full $625,000	Continuation Full $500,000	Continuation Full $500,000	Continuation Full $500,000	New Conditional $600,000	Continuation Conditional $500,000	New Basic $500,000
Indiana			New Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $700,000	Continuation Conditional $500,000	No-cost extension Conditional $500,000
Iowa	New Transitional $1,046,750	New Conditional $1,296,000	Continuation Conditional $1,458,200	No-cost extension Conditional --	New Conditional $913,272	Continuation Conditional $96,728	No-cost extension Conditional --
Kansas	New Conditional $529,117	Continuation Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $600,000	Continuation Conditional $500,000	New Comprehensive $1,000,000
Kentucky					New Conditional $500,000	No-cost extension Conditional --	
Louisiana		New Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $600,000	New Basic $500,000	Continuation Basic $500,000
Maine	New Conditional $582,963	Continuation Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $500,000	New Comprehensive $600,000	Continuation Comprehensive $650,000	Continuation Comprehensive $650,000
Maryland			New Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $25,440	Continuation Conditional $350,000	New Basic $500,000
Massachusetts	New Full $1,231,807	Continuation Full $990,891	Continuation Full $1,044,778	New Comprehensive $500,000	Continuation Comprehensive $1,656,368	Continuation Comprehensive $2,069,699	Continuation Comprehensive $1,964,130
Michigan					New Conditional $550,000	Continuation Conditional $500,000	New Basic $500,000

TABLE B.2 *(continued)*

State	2001	2002	2003	2004	2005	2006	2007
Minnesota	New Full $1,250,000	Continuation Full $1,500,000	Continuation Full $1,500,000	Continuation Full $566,293	New Comprehensive $2,137,692	Continuation Comprehensive $1,937,692	Continuation Comprehensive $2,682,103
Mississippi			New Conditional $500,000	No-cost extension Conditional --			
Missouri	New Transitional $625,000	New Conditional $1,500,000	Continuation Conditional $825,000	No-cost extension Conditional --	New Conditional $500,000	Continuation Conditional $500,000	No-cost extension Conditional --
Montana						New Conditional $500,000	Continuation Conditional $500,000
Nebraska	New Transitional $625,000	New Full $500,000	Continuation Full $500,000	Continuation Full $500,000	New Basic $550,000	Continuation Basic $500,000	Continuation Basic $500,000
Nevada	New Full $625,000	Continuation Full $500,000	Continuation Full $500,000	Continuation Full $500,000	New Basic $550,000	Continuation Basic $500,000	Continuation Basic $500,000
New Hampshire	New Conditional $625,000	Continuation Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $1,385,041	New Conditional $650,000	Continuation Conditional $500,000	New Comprehensive $771,045
New Jersey	New Conditional $625,000	Continuation Conditional $500,000	Continuation Conditional $500,000	No-cost extension Conditional --	New Conditional $650,000	Continuation Conditional $500,000	New Comprehensive $500,000
New Mexico	New Full $625,000	Continuation Full $500,000	Continuation Full $500,000	Continuation Full $499,575	New Comprehensive $1,0854,334	Continuation Comprehensive $732,193	Continuation Comprehensive $994,966
New York		New Full $500,000	Continuation Full $500,000	Continuation Full $500,000	Continuation Full $311,689	No-cost extension Full --	
North Carolina			New Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $349,339	Continuation Conditional $500,000	No-cost extension Conditional $500,000

TABLE B.2 *(continued)*

State	2001	2002	2003	2004	2005	2006	2007
North Dakota		New Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $569,177	New Comprehensive $500,000	Continuation Comprehensive $500,000
Ohio		New Conditional $500,000		Continuation Conditional $500,000	Continuation Conditional $286,416	New Conditional $500,000	Continuation Conditional $500,000
Oklahoma		New Transitional $500,000	Continuation Transitional $124,283	Continuation Transitional $500,000	Continuation Transitional $45,053		
Oregon	New Full $625,000	Continuation Full $500,000	Continuation Full $500,000	Continuation Full $500,000	New Comprehensive $600,000	Continuation Comprehensive $500,000	Continuation Comprehensive $500,000
Pennsylvania		New Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $446,470	New Conditional $500,000	Continuation Conditional $500,000
Rhode Island	New Conditional $625,000	Continuation Conditional $500,000	Continuation Conditional $500,000	No-cost extension Conditional --	New Basic $500,000	Continuation Basic $500,000	Continuation Basic $500,000
South Carolina			New Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $299,647	Continuation Conditional $500,000	No-cost extension Conditional --
South Dakota		New Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000	New Basic $500,000	Continuation Basic $500,000
Texas		New Transitional $500,000	Continuation Transitional $500,000	No-cost extension Transitional --			
Utah	New Transitional $625,000	Continuation Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000	New Comprehensive $600,000	Continuation Comprehensive $500,000	Continuation Comprehensive $500,000
Vermont	New Conditional $625,000	Continuation Conditional $500,000	Continuation Conditional $500,000	Continuation Conditional $500,000	New Comprehensive $600,000	Continuation Comprehensive $600,000	Continuation Comprehensive $500,000
Virgin Islands						New Conditional $500,000	

TABLE B.2 *(continued)*

State	2001	2002	2003	2004	2005	2006	2007
Virginia		New Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000	New Conditional $500,000	Continuation Conditional $500,000
Washington	New Full $625,000	Continuation Full $500,000	Continuation Full $500,000	Continuation Full $500,000	New Comprehensive $600,000	Continuation Comprehensive $500,000	Continuation Comprehensive $500,000
West Virginia	New Transitional $625,000	Continuation Transitional $500,000	Continuation Transitional $500,000	Continuation Transitional $500,000		New Comprehensive $500,000	Continuation Comprehensive $500,000
Wisconsin	New Full $598,720	Continuation Full $500,000	Continuation Full $732,747	Continuation Full $1,494,271	New Comprehensive $2,557,057	Continuation Comprehensive $3,844,806	Continuation Comprehensive $5,778,535
Wyoming					New Conditional $550,000	Continuation Conditional $500,000	New Basic $500,000

Source: CMS.

Legend: Pink = reserved grants; orange = transitional grants; yellow = conditional grants; gray = full grants; blue = basic grants; green = comprehensive grants.

Table B.3. MIG Eligibility Categories and PAS Requirements, 2001-2007

Eligibility Category	Years Available	Grant Types/Names[a]	PAS Requirements Necessary to Secure MIG Funding for Grant Type
Reserved	2001-2003	Reserved	States that do not qualify for full, conditional, or transitional eligibility (those that do not have a personal assistance service and/or do not have capacity to deliver personal assistance services statewide outside the home) may still apply and have first or second-year funds reserved for them, contingent upon later passage and implementation of coverage for personal assistance services capable of serving people with disabilities in competitive employment of at least 40 hours per month.
Transitional	2001-2003	Transitional	States that offer personal assistance services sufficient to support individuals engaged in competitive employment of at least 40 hours per month, but either not in a statewide manner or not outside the home.
Conditional	2001-2006	Conditional	States that don't meet full eligibility criteria but have statewide personal assistance services of limited scope capable of serving people with disabilities engaged in competitive employment of at least 40 hours per month.
Full	2001-2005	Full	State must offer personal assistance services statewide within and outside the home to the extent necessary to enable an individual to be engaged in full-time competitive employment. Must offer personal assistance services statewide through optional Medicaid personal care services benefit under the state Medicaid plan, a section 1115 or 1915(c) waiver and/or a 1915(b) waiver, or a combination of the above.
	2005-2007	Basic	
	2005-2007	Comprehensive	

Source: MIG Solicitations, 2001-2007, CMS.

[a]Note that while the eligibility categories and requirements for each have remained the same since 2001, the types/names of grants supported in each eligibility category have changed. In other words, full, basic, and comprehensive grants have all been offered to fully eligible states, just at different points in time.

Table B.4. States Which Qualified for Full Eligibility Upon First MIG Receipt

State	First Year with a MIG
Alaska	2001
Idaho	2001
Illinois	2001
Massachusetts	2001
Minnesota	2001
Nevada	2001
New Mexico	2001
New York	2002
Oregon	2001
Washington	2001
Wisconsin	2001

Source: 2001-2007 MIG Solicitations, CMS.

Table B.5. States Which Improved PAS Between 2001 and 2007, by Virtue of Qualifying for a Higher MIG Eligibility Category

State	Eligibility Transition Type	First Year of Higher Eligibility
Alabama	Reserved to conditional	2006
California	Transitional to full (comprehensive)	2005
District of Columbia	Reserved to full (basic)	2007
Hawaii	Conditional to full (basic)	2007
Illinois[a]	Conditional to full (basic)	2007
Kansas	Conditional to full (comprehensive)	2007
Louisiana	Transitional to full (basic)	2006
Maine	Conditional to full (comprehensive)	2005
Maryland	Conditional to full (basic)	2007
Michigan	Conditional to full (basic)	2007
Nebraska	Transitional to full	2002
New Hampshire	Conditional to full (comprehensive)	2007
New Jersey	Conditional to full (comprehensive)	2007
North Dakota	Conditional to full (comprehensive)	2006
South Dakota	Transitional to full (basic)	2006
Utah	Transitional to full (comprehensive)	2005
Vermont	Conditional to full (comprehensive)	2005
Virginia	Transitional to conditional	2006
West Virginia	Transitional to full (comprehensive)	2006
Wyoming	Conditional to full (basic)	2007

Source: 2001-2007 MIG Solicitations, CMS.

[a]Though Illinois was fully eligibly upon receiving its first MIG in 2001, it had a two year period (2005-2006) where it had only conditional eligibility. It applied for a new grant beginning in 2007, again as a fully eligible state.

Table B.6. Legislative Authority and Initial Implementation Dates of States That Had a MIG Buy-In Program Between 2001 and 2006

State	Year of Implementation	Initial Legislation That Started the Buy-In	Total Ever Enrolled by December 31, 2006
Massachusetts	July 1997	Section 1115 Waiver	30,848
South Carolina	October 1998	Balanced Budget Act of 1997	192
Oregon	February 1999	Balanced Budget Act of 1997	1,838
Alaska	July 1999	Balanced Budget Act of 1997	858
Minnesota	July 1999	Balanced Budget Act of 1997 (prior to October 2000), Ticket Act Basic (as of October 2000)	16,623
Nebraska	July 1999	Balanced Budget Act of 1997	479
Maine	August 1999	Balanced Budget Act of 1997	3,336
Vermont	January 2000	Balanced Budget Act of 1997	2,000
New Jersey	February 2000	Ticket Act Basic	3,519
Iowa	March 2000	Balanced Budget Act of 1997	16,991
Wisconsin	March 2000	Balanced Budget Act of 1997	17,417
California	April 2000	Balanced Budget Act of 1997	5,735
Connecticut	October 2000	Ticket Act Basic and Medical Improvement	9,176
New Mexico	January 2001	Balanced Budget Act of 1997	4,666
Arkansas	February 2001	Ticket Act Basic	340
Utah	June 2001	Balanced Budget Act of 1997	2,414
Pennsylvania	January 2002	Ticket Act Basic and Medical Improvement	12,500
Washington	January 2002	Ticket Act Basic and Medical Improvement	1,522
Illinois	January 2002	Ticket Act Basic	1,695
New Hampshire	February 2002	Ticket Act Basic	3,518
Indiana	July 2002	Ticket Act Basic	16,779
Kansas	July 2002	Ticket Act Basic and Medical Improvement	1,826
Missouri	July 2002	Ticket Act Basic	27,013
Wyoming	July 2002	Ticket Act Basic	40
Arizona	January 2003	Ticket Act Basic and Medical Improvement	1,611
New York	July 2003	Ticket Act Basic and Medical Improvement	4,821
Louisiana	January 2004	Ticket Act Basic	1,495
Michigan	January 2004	Ticket Act Basic	1,402
North Dakota	May 2004	Ticket Act Basic	541
West Virginia	May 2004	Ticket Act Basic and Medical Improvement	593
Nevada	July 2004	Ticket Act Basic	32
Rhode Island	January 2006	Balanced Budget Act of 1997	19
Maryland	April 2006	Section 1115 Waiver	85
South Dakota	October 2006	Balanced Budget Act of 1997	1

Source: State Buy-In staff questionnaire, July 2007 and Buy-In finder files.

Beginning August 2005, Missouri discontinued its Buy-In program. New York had a no-cost extension for its MIG in 2006 was therefore not required to report Buy-In enrollment numbers for that year (since 2006 data were collected in 2007).

Table B.7. Total Number of People Ever Enrolled in MIG Buy-In Programs, by State, 2001-2006

State	Total Ever Enrolled [a]	2001	2002	2003	2004	2005	2006
Alaska	858	181	256	312	353	360	360
Arkansas	340	216	207	80	58	70	104
Arizona	1,611	--	--	444	764	1,058	1,301
California	5,735	766	945	1,193	1,625	2,522	4,026
Connecticut	9,176	2,654	3,511	3,839	4,320	5,109	5,584
Iowa	16,991	4,153	5,951	7,595	9,476	11,286	12,491
Illinois	1,695	--	395	712	907	1,064	1,019
Indiana	16,779	--	4,296	7,907	9,434	9,938	8,634
Kansas	1,826	--	515	836	1,028	1,233	1,276
Louisiana	1,495	--	--	--	526	963	1,289
Massachusetts	30,848	7,762	9,867	11,117	12,097	13,615	15,043
Maryland	85	--	--	--	--	--	85
Maine	3,336	988	1,116	1,181	1,069	1,192	1,217
Michigan	1,402	--	--	--	41	644	1,307
Minnesota	16,623	8,272	8,202	8,482	8,103	8,158	8,256
Missouri	27,013	--	8,933	17,640	23,245	20,986	N/A
North Dakota	541	--	--	--	277	399	476
Nebraska	479	175	151	148	180	141	142
New Hampshire	3,518	--	1,128	1,536	1,987	2,198	2,089
New Jersey	3,519	333	744	1,193	1,698	2,237	2,792
New Mexico	4,666	565	1,113	1,521	1,869	2,261	2,456
Nevada	32	--	--	--	7	26	28
New York	4,821	--	--	955	2,914	4,588	N/A
Oregon	1,838	649	801	983	786	790	792
Pennsylvania	12,500	--	971	2,081	3,788	6,415	10,745
Rhode Island	19	--	--	--	--	--	19
South Carolina	192	105	105	83	70	71	47
South Dakota	1	--	--	--	--	--	1
Utah	2,414	337	580	602	678	790	1,085
Vermont	2,000	525	685	762	852	903	942
Washington	1,522	--	157	288	552	951	1229
Wisconsin	17,417	2,038	4,514	6,768	9,198	11,654	13,147
West Virginia	593	--	--	--	86	272	544
Wyoming	40	--	3	9	7	12	29
National Total	**191,480**	**29,711**	**55,087**	**78,146**	**97,819**	**111,647**	**98,264**

Source: Medicaid Buy-In finder files, 2001-2006.

Notes: Cells with '–' denote years in which the state did not have a Buy-In program. Beginning August 2005, Missouri discontinued its Buy-In program. New York had a no-cost extension for its MIG in 2006 was therefore not required to report Buy-In enrollment numbers for that year (since 2006 data were collected in 2007). Duplicate cases that appear in two states during the same year are removed from the total Buy-In enrollment sums, but appear as a case in each state they appear in. For identical SSNs, the record with the earliest Buy-In start date was kept for the national total.

[a]The total ever enrolled includes the number of participants in all years of the state's Buy-In program, even if the program started before the state received a MIG. This table only shows the enrollment numbers for the years in which the MIG program existed, and excludes the years prior.

Table B.8. Total Number of Newly Enrolled in Buy-In Programs, by State, 2001-2006

State	Total First-Time Enrollees[a]	2001	2002	2003	2004	2005	2006
Alaska	762	108	134	129	136	127	128
Arkansas	340	216	25	14	15	20	50
Arizona	1,611	--	--	444	365	417	385
California	5,463	527	408	478	694	1,291	2,065
Connecticut	8,168	1,682	1,401	1,171	1,129	1,507	1,278
Iowa	14,564	1,945	2,280	2,237	2,688	2,915	2,499
Illinois	1,695	11	384	377	353	360	210
Indiana	16,779	--	4,296	4,031	3,390	2,895	2,167
Kansas	1,826	--	515	358	336	366	251
Louisiana	1,495	--	--	--	526	488	481
Massachusetts	22,513	2,817	3,731	3,322	3,807	4,390	4,446
Maryland	85	--	--	--	--	--	85
Maine	2,649	508	456	467	393	418	407
Michigan	1,402	--	--	--	41	603	758
Minnesota	9,680	2,378	1,706	1,756	1,382	1,347	1,111
Missouri	27,013	0	8,933	8,804	7,413	1,863	--
North Dakota	541	--	--	--	277	142	122
Nebraska	345	71	46	45	64	59	60
New Hampshire	3,518	--	1,128	530	662	682	516
New Jersey	3,513	327	428	549	646	732	831
New Mexico	4,666	565	634	733	880	962	892
Nevada	32	--	--	--	7	19	6
New York	4,821	--	--	955	1,964	1902	0
Oregon	1,563	374	295	364	160	196	174
Pennsylvania	12,500	--	971	1,221	1,986	3,081	5,241
Rhode Island	19	--	--	--	--	--	19
South Carolina	90	27	19	5	17	16	6
South Dakota	1	--	--	--	--	--	1
Utah	2,414	337	402	352	379	398	546
Vermont	1,636	277	298	265	285	267	244
Washington	1,522	--	157	141	310	481	433
Wisconsin	16,402	1094	2,738	2,777	3,263	3,494	3,036
West Virginia	593	--	--	--	86	189	318
Wyoming	40	--	3	6	2	7	22
National Total	169,824	13,253	31,343	31,461	33,573	31,516	28,678

Source: Medicaid Buy-In finder files, 2001-2006.

Notes: Cells with '–' denote years in which the state did not have a Buy-In program. The total number of new enrollees contains people who enrolled prior to 2001 in Buy-In programs that were not started through a MIG. Beginning August 2005, Missouri discontinued its Buy-In program. New York had a no-cost extension for its MIG in 2006 was therefore not required to report Buy-In enrollment numbers for that year (since 2006 data were collected in 2007). Duplicate cases that appear in two states during the same year are removed from the total Buy-In enrollment sums, but appear as a case in each state they appear in. For identical SSNs, the record with the earliest Buy-In start date was kept for the national total.

[a]The total ever enrolled includes the number of participants in all years of the state's Buy-In program, even if the program started before the state received a MIG. This table only shows the enrollment numbers for the years in which the MIG program existed, and excludes the years prior.

Table B.9. Percent of Buy-In Enrollees with Positive Earnings, by State and Year, 2001-2006

State	2001	2002	2003	2004	2005	2006
Alaska	57	52	56	54	56	57
Arkansas	43	52	64	88	87	88
Arizona	--	--	94	88	86	86
California	73	74	73	74	72	70
Connecticut	92	89	86	86	86	85
Iowa	64	54	49	44	41	40
Illinois	--	97	96	95	95	94
Indiana	--	88	88	88	86	85
Kansas	--	95	94	93	92	90
Louisiana	--	--	--	93	89	84
Massachusetts	90	87	84	79	75	69
Maryland	--	--	--	--	--	95
Maine	91	92	90	91	91	90
Michigan	--	--	--	90	91	85
Minnesota	85	85	86	90	92	91
Missouri	--	42	40	39	35	--
North Dakota	--	--	--	96	95	94
Nebraska	94	94	91	93	96	93
New Hampshire	--	91	86	86	88	90
New Jersey	91	90	89	85	82	77
New Mexico	40	39	42	46	45	43
Nevada	--	--	--	--	85	71
New York	--	--	83	82	81	--
Oregon	89	89	86	88	89	88
Pennsylvania	--	76	77	74	73	66
Rhode Island	--	--	--	--	--	--
South Carolina	89	91	87	91	92	94
South Dakota	--	--	--	--	--	--
Utah	83	73	76	81	84	86
Vermont	91	87	86	88	84	85
Washington	--	94	92	89	86	84
Wisconsin	81	70	61	55	50	47
West Virginia	--	--	--	93	89	88
Wyoming	--	--	--	--	--	76
National Average	**82**	**73**	**69**	**66**	**66**	**69**

Source: SSA's Ticket Research File and Master Earnings File, 2001-2006.

Note: Cells with '–' denote years in which the state did not have a Buy-In program. The total number of new enrollees contains people who enrolled prior to 2001 in Buy-In programs that were not started through a MIG. Beginning August 2005, Missouri discontinued its Buy-In program. New York had a no-cost extension for its MIG in 2006 was therefore not required to report Buy-In enrollment numbers for that year (since 2006 data were collected in 2007).

Table B.10. Average Earnings (in $) Among Buy-In Enrollees with Positive Earnings, by State and Year, 2001-2006

State	2001	2002	2003	2004	2005	2006
Alaska	11,848	11,467	12,070	12,668	12,118	11,485
Arkansas	6,548	6,972	9,515	10,365	13,341	13,111
Arizona	--	--	7,983	8,059	9,175	9,748
California	9,188	10,425	10,370	10,244	10,297	10,635
Connecticut	7,598	7,739	7,575	7,755	7,578	7,573
Iowa	4,824	4,685	4,636	4,676	4,762	4,781
Illinois	6,321	7,431	7,249	7,409	7,406	7,239
Indiana	--	5,721	6,300	6,669	6,819	7,149
Kansas	--	5,031	5,332	5,508	5,531	5,918
Louisiana	--	--	--	9,905	9,529	10,165
Massachusetts	14,860	14,294	13,859	13,623	13,018	12,388
Maryland	--	--	--	--	--	8,188
Maine	9,213	9,528	9,259	9,402	8,722	8,654
Michigan	--	--	--	8,345	7,156	7,393
Minnesota	6,091	6,200	6,200	6,076	6,136	6,178
Missouri	--	5,023	5,809	6,262	6,287	--
North Dakota	--	--	--	4,918	5,505	5,481
Nebraska	8,048	9,384	9,010	8,583	8,367	8,280
New Hampshire	2,239	5,961	6,020	6,405	6,728	6,732
New Jersey	7,564	7,835	8,286	8,762	8,617	8,598
New Mexico	8,539	8,389	8,736	8,895	8,585	8,962
Nevada	--	--	--	--	11,626	14,657
New York	--	--	7,922	8,510	8,096	--
Oregon	10,946	9,830	8,237	9,160	9,065	9,346
Pennsylvania	--	7,418	7,725	8,417	9,182	10,333
Rhode Island	--	--	--	--	--	--
South Carolina	14,503	13,310	14,132	15,302	15,970	17,780
South Dakota	--	--	--	--	--	--
Utah	8,280	7,618	7,247	7,246	7,856	7,645
Vermont	7,435	7,638	7,367	7,427	7,461	7,385
Washington	--	6,768	8,128	7,824	8,143	8,649
Wisconsin	5,925	5,439	5,332	5,183	5,051	4,727
West Virginia	--	--	--	11,414	11,359	11,241
Wyoming	--	--	--	--	--	7,931
National Average	**9,053**	**8,077**	**7,789**	**7,819**	**7,877**	**8,237**

Source: SSA's Ticket Research File and Master Earnings File, 2001-2006.

Note: Cells with '–' denote years in which the state did not have a Buy-In program or had fewer than 25 participants. The total number of new enrollees contains people who enrolled prior to 2001 in Buy-In programs that were not started through a MIG. Beginning August 2005, Missouri discontinued its Buy-In program. New York had a no-cost extension for its MIG in 2006 was therefore not required to report Buy-In enrollment numbers for that year (since 2006 data were collected in 2007).

Table B.11. Total Earnings (in thousands of dollars) Among Buy-In Enrollees with Positive Earnings, by State And Year, 2001-2006

State	2001	2002	2003	2004	2005	2006
Alaska	1,220	1,514	2,124	2,432	2,436	2,354
Arkansas	609	753	485	529	814	1,206
Arizona	--	--	3,329	5,440	8,368	10,927
California	5,155	7,298	9,032	12,293	18,772	29,884
Connecticut	18,624	24,130	25,022	28,964	33,465	35,910
Iowa	12,725	14,969	17,266	19,516	22,139	23,619
Illinois	70	2,853	4,951	6,371	7,465	6,942
Indiana	--	21,684	43,806	55,429	58,411	52,196
Kansas	--	2,465	4,212	5,272	6,289	6,830
Louisiana	--	--	--	4,833	8,185	10,948
Massachusetts	103,618	122,801	129,343	129,381	132,396	129,128
Maryland	--	--	--	--	--	663
Maine	8,255	9,795	9,880	9,157	9,498	9,493
Michigan	--	--	--	309	4,201	8,213
Minnesota	42,575	43,258	45,032	44,201	46,075	46,194
Missouri	--	18,918	40,755	56,184	46,100	--
North Dakota	--	--	--	1,313	2,081	2,461
Nebraska	1,320	1,333	1,216	1,442	1,138	1,093
New Hampshire	2	6,086	7,983	10,985	13,059	12,608
New Jersey	2,292	5,226	8,775	12,697	15,864	18,468
New Mexico	1,913	3,616	5,617	7,623	8,765	9,536
Nevada	--	--	--	--	256	293
New York	--	--	6,274	20,407	30,183	--
Oregon	6,316	7,019	6,944	6,357	6,354	6,542
Pennsylvania	--	5,474	12,391	23,584	43,153	73,323
Rhode Island	--	--	--	--	--	--
South Carolina	1,349	1,278	1,018	979	1,038	782
South Dakota	--	--	--	--	--	--
Utah	2,327	3,245	3,326	3,963	5,217	7,118
Vermont	3,546	4,530	4,840	5,570	5,671	5,945
Washington	--	1,002	2,162	3,857	6,636	8,978
Wisconsin	9,818	17,126	22,073	26,265	29,435	29,027
West Virginia	--	--	--	913	2,760	5,351
Wyoming	--	--	--	--	--	174
National Total	**221,728**	**326,375**	**417,878**	**506,322**	**576,293**	**556,383**[a]

Source: SSA's Ticket Research File and Master Earnings File, 2001-2006.

Note: Cells with '–' denote years in which the state did not have a Buy-In program or had fewer than 25 participants. The total number of new enrollees contains people who enrolled prior to 2001 in Buy-In programs that were not started through a MIG. Beginning August 2005, Missouri discontinued its Buy-In program. New York had a no-cost extension for its MIG in 2006 was therefore not required to report Buy-In enrollment numbers for that year (since 2006 data were collected in 2007).

[a]The national total earnings for 2006 did not include total earnings from New York.

Table B.12. Percent of Participants Charged Buy-In Premiums for at Least One Month in 2006, by State

State	Percent Who Were Charged a Premium	Average Monthly Premium Charge Amounts	Total Amount of Premiums Charged in 2006, by State
Alaska	61.7	$18.84	$54,082
Arizona	88.4	23.98	30,700
California	99.9	50.54	1,441,719
Connecticut	13.9	4.82	195,361
Iowa	30.3	11.72	1,395,024
Illinois	98.9	57.04	477,336
Indiana	100.0	63.30	1,623,096
Kansas	76.0	49.29	596,319
Louisiana	10.9	8.72	83,490
Massachusetts	78.6	31.62	4,413,934
Maryland	98.8	14.14	5,070
Maine	18.7	0.85	3,120
Minnesota	95.7	62.08	4,759,011
North Dakota	99.0	60.46	270,501
Nebraska	2.3	0.53	267
New Hampshire	23.6	7.07	129,517
Nevada	100.0	37.92	8,437
Oregon	69.3	98.35	737,823
Pennsylvania	93.7	38.60	2,890,157
Rhode Island	31.6	24.31	2,340
Utah	92.3	134.92	741,020
Washington	94.1	75.06	858,458
Wisconsin	12.1	16.02	1,670,497
West Virginia	100.0	27.01	115,434
Wyoming	100.0	84.70	10,709
Total	**41.2**	**$32.28**	**$22,513,422**

Source: 2006 Buy-In finder file and premium file.

Note: Average monthly premiums charged includes all Buy-In participants, even those who were charged $0 per month.

Table B.13. Fraction of People with Disabilities Who are Working, by State, 2005

State (2006 MIG Grant Type)	Total Working Age Population (Ages 16-64)	Percent of Working Age Population with a Disability	Percent of Population with a Disability That Is Employed	Percent of Working Age Population Without a Disability	Percent of Population Without a Disability That Is Employed
United States	188,041,309	12.12	37.54	87.88	74.43
Alabama (Cond.)	2,894,176	17.06	32.16	82.94	73.15
Alaska (Comp.)	426,990	13.80	47.30	86.20	72.77
Arizona	3,667,827	11.57	38.51	88.43	73.29
Arkansas (Cond.)	1,738,224	18.07	33.81	81.93	75.58
California (Comp.)	22,906,307	10.29	37.19	89.71	71.12
Colorado	3,053,504	9.74	45.84	90.26	77.08
Connecticut (Comp.)	2,215,438	9.85	42.53	90.15	77.01
Delaware	535,270	11.98	42.02	88.02	76.88
D.C. (Res.)	349,668	11.15	36.32	88.85	73.94
Florida (Cond.)	10,879,045	12.17	36.97	87.83	73.86
Georgia	5,874,074	12.31	35.38	87.69	73.93
Hawaii (Cond.)	781,052	9.81	38.63	90.19	75.21
Idaho	905,424	12.92	44.12	87.08	75.92
Illinois (Cond.)	8,122,312	9.82	39.00	90.18	74.05
Indiana (Cond.)	3,944,502	12.95	39.26	87.05	76.01
Iowa (Cond.)	1,870,317	11.16	43.80	88.84	81.23
Kansas (Cond.)	1,727,251	11.41	45.26	88.59	78.96
Kentucky (Cond.)	2,685,570	18.81	28.91	81.19	73.68
Louisiana (Basic)	2,868,273	15.46	32.17	84.54	70.38
Maine (Comp.)	858,753	15.13	39.98	84.87	79.35
Maryland (Cond.)	3,592,127	10.13	42.45	89.87	77.55
Massachusetts (Comp.)	4,099,748	10.40	36.64	89.60	77.33
Michigan (Cond.)	6,449,302	12.95	34.50	87.05	73.28
Minnesota (Comp.)	3,328,870	9.65	46.88	90.35	80.55
Mississippi	1,818,313	18.13	30.22	81.87	71.90
Missouri (Cond.)	3,687,040	14.53	38.97	85.47	77.14
Montana (Cond.)	609,212	13.36	48.32	86.64	77.82
Nebraska (Basic)	1,101,899	10.99	47.46	89.01	81.02
Nevada (Basic)	1,551,999	9.52	39.66	90.48	75.10
New Hampshire (Cond.)	854,287	11.18	43.89	88.82	81.33
New Jersey (Cond.)	5,536,531	9.05	39.52	90.95	74.55
New Mexico (Comp.)	1,225,270	14.63	37.72	85.37	72.01
New York (Full)	12,269,828	10.95	34.42	89.05	72.38
North Carolina (Cond.)	5,485,373	13.80	36.68	86.20	75.52

State (2006 MIG Grant Type)	Total Working Age Population (Ages 16-64)	Percent of Working Age Population with a Disability	Percent of Population with a Disability That Is Employed	Percent of Working Age Population Without a Disability	Percent of Population Without a Disability That Is Employed
North Dakota (Comp.)	400,862	10.20	52.52	89.80	82.04
Ohio (Cond.)	7,284,244	13.26	36.69	86.74	75.56
Oklahoma	2,227,286	16.21	38.20	83.79	74.55
Oregon (Comp.)	2,359,978	13.22	41.25	86.78	74.81
Pennsylvania (Cond.)	7,760,620	12.54	35.22	87.46	75.47
Rhode Island (Cond.)	674,348	12.90	38.86	87.10	79.05
South Carolina (Cond.)	2,690,402	14.93	31.73	85.07	74.12
South Dakota (Basic)	478,509	11.11	50.01	88.89	80.99
Tennessee	3,857,312	16.14	32.61	83.86	74.93
Texas	14,417,382	11.66	39.26	88.34	72.12
Utah (Comp.)	1,551,680	10.81	50.40	89.19	76.80
Vermont (Comp.)	410,222	12.89	44.45	87.11	80.55
Virginia (Cond.)	4,823,588	11.02	39.91	88.98	76.55
Washington (Comp.)	4,124,279	13.20	41.41	86.80	74.30
West Virginia (Comp.)	1,168,648	20.23	26.49	79.77	70.70
Wisconsin (Comp.)	3,563,399	10.58	44.02	89.42	78.91
Wyoming (Cond.)	334,774	12.74	50.13	87.26	79.75

Source: 2005 American Community Survey, using the American FactFinder system, Table B18020 and CMS.

Table B.14. Fraction of People with Disabilities Who Are Working, by State, 2006

State (2006 MIG Grant Type)	Total Working Age Population (Ages 16-64)	Percent of Working Age Population with a Disability	Percent of Population with a Disability That Is Employed	Percent of Working Age Population Without a Disability	Percent of Population Without a Disability That Is Employed
United States	193,568,216	12.33	37.16	87.67	75.06
Alabama (Cond.)	2,951,988	17.47	30.77	82.53	73.00
Alaska (Comp.)	452,444	14.05	45.41	85.95	73.46
Arizona	3,860,234	11.33	37.40	88.67	74.07
Arkansas (Cond.)	1,777,162	18.67	34.48	81.33	75.04
California (Comp.)	23,637,212	10.34	36.21	89.66	72.21
Colorado	3,175,932	10.50	45.12	89.50	77.54
Connecticut (Comp.)	2,282,855	10.02	42.48	89.98	77.33
Delaware	548,272	12.56	37.16	87.44	76.39
D.C. (Res.)	396,111	11.07	32.43	88.93	73.37
Florida (Cond.)	11,280,359	12.41	38.35	87.59	75.20
Georgia	6,109,836	12.28	34.92	87.72	74.02
Hawaii (Cond.)	801,975	9.63	41.38	90.37	76.09
Idaho	930,511	12.80	40.90	87.20	76.42
Illinois (Cond.)	8,341,109	9.88	38.23	90.12	74.72
Indiana (Cond.)	4,087,653	12.67	38.67	87.33	76.24
Iowa (Cond.)	1,896,485	11.31	45.22	88.69	81.62
Kansas (Cond.)	1,756,190	11.80	45.28	88.20	79.85
Kentucky (Cond.)	2,736,210	19.16	29.14	80.84	74.84
Louisiana (Basic)	2,732,075	16.05	33.07	83.95	71.48
Maine (Comp.)	874,798	16.81	39.51	83.19	79.62
Maryland (Cond.)	3,701,954	10.16	42.60	89.84	78.30
Massachusetts (Comp.)	4,268,589	10.90	38.70	89.10	77.97
Michigan (Cond.)	6,583,481	13.49	32.65	86.51	72.78
Minnesota (Comp.)	3,404,922	10.05	47.13	89.95	80.92
Mississippi	1,833,556	19.00	30.02	81.00	71.03
Missouri (Cond.)	3,744,132	14.19	37.10	85.81	77.57
Montana (Cond.)	614,663	14.60	46.52	85.40	77.31
Nebraska (Basic)	1,127,084	10.74	47.43	89.26	82.04
Nevada (Basic)	1,630,778	10.39	39.97	89.61	75.97
New Hampshire (Cond.)	887,758	11.48	44.19	88.52	80.65
New Jersey (Cond.)	5,686,100	9.27	37.77	90.73	75.49
New Mexico (Comp.)	1,239,177	13.97	39.78	86.03	72.40
New York (Full)	12,662,582	10.94	32.88	89.06	72.78

State (2006 MIG Grant Type)	Total Working Age Population (Ages 16-64)	Percent of Working Age Population with a Disability	Percent of Population with a Disability That Is Employed	Percent of Working Age Population Without a Disability	Percent of Population Without a Disability That Is Employed
North Carolina (Cond.)	5,732,292	14.35	36.58	85.65	75.47
North Dakota (Comp.)	407,708	10.12	52.23	89.88	81.33
Ohio (Cond.)	7,409,099	13.44	37.39	86.56	76.35
Oklahoma	2,252,472	17.03	38.41	82.97	75.31
Oregon (Comp.)	2,440,267	13.78	41.21	86.22	75.59
Pennsylvania (Cond.)	7,989,954	12.95	34.99	87.05	75.82
Rhode Island (Cond.)	705,218	12.95	35.99	87.05	78.04
South Carolina (Cond.)	2,780,504	14.87	31.72	85.13	74.26
South Dakota (Basic)	490,361	10.34	49.26	89.66	81.44
Tennessee	3,934,144	16.40	32.20	83.60	74.67
Texas	15,011,389	12.06	39.21	87.94	73.20
Utah (Comp.)	1,596,399	10.57	50.66	89.43	76.77
Vermont (Comp.)	424,097	14.05	44.03	85.95	80.45
Virginia (Cond.)	4,984,991	11.02	37.89	88.98	77.55
Washington (Comp.)	4,237,999	13.58	40.16	86.42	75.47
West Virginia (Comp.)	1,181,724	20.73	26.72	79.27	71.63
Wisconsin (Comp.)	3,635,308	10.71	44.69	89.29	80.43
Wyoming (Cond.)	340,103	13.03	46.88	86.97	81.58

Source: 2006 American Community Survey, using the American FactFinder system, Table B18020 and CMS.

Table B.15. Number of SSDI (Title II) Beneficiaries Who Worked in 2005

State (2006 MIG Grant Type)	SSDI Workers[a]	Workers with Benefits Withheld Because of Substantial Gainful Activity	Workers with Benefits Terminated Because of Successful Return to Work
United States	6,519,001	27,713	36,263
Alabama (Cond.)	169,574	292	474
Alaska (Comp.)	9,640	59	97
Arizona	122,207	840	823
Arkansas (Cond.)	104,081	272	379
California (Comp.)	551,529	3,216	4,402
Colorado	72,439	375	533
Connecticut (Comp.)	64,751	421	440
Delaware	20,676	116	136
D.C. (Res.)	9,752	28	58
Florida (Cond.)	396,342	1,299	2,010
Georgia	196,010	431	805
Hawaii (Cond.)	18,522	124	124
Idaho	29,315	125	163
Illinois (Cond.)	221,848	1,176	1,575
Indiana (Cond.)	141,879	523	640
Iowa (Cond.)	59,475	268	324
Kansas (Cond.)	53,485	238	342
Kentucky (Cond.)	160,126	489	661
Louisiana (Basic)	108,904	342	496
Maine (Comp.)	46,143	249	251
Maryland (Cond.)	90,603	290	559
Massachusetts (Comp.)	152,111	1,035	1,320
Michigan (Cond.)	239,212	882	1,300
Minnesota (Comp.)	89,819	557	655
Mississippi	106,630	220	399
Missouri (Cond.)	161,227	590	801
Montana (Cond.)	20,527	86	99
Nebraska (Basic)	32,812	183	196
Nevada (Basic)	45,182	286	347
New Hampshire (Cond.)	32,998	291	234
New Jersey (Cond.)	153,611	880	1,040
New Mexico (Comp.)	45,256	202	277
New York (Full)	403,614	2,595	2,917
North Carolina (Cond.)	249,640	674	1,126
North Dakota (Comp.)	10,994	52	71
Ohio (Cond.)	241,960	1,091	1,683

State (2006 MIG Grant Type)	SSDI Workers[a]	Workers with Benefits Withheld Because of Substantial Gainful Activity	Workers with Benefits Terminated Because of Successful Return to Work
Oklahoma	90,867	253	357
Oregon (Comp.)	75,363	364	335
Pennsylvania (Cond.)	292,767	1,463	1,378
Rhode Island (Cond.)	28,843	212	171
South Carolina (Cond.)	130,973	191	416
South Dakota (Basic)	14,421	82	128
Tennessee	181,756	410	586
Texas	383,330	1,354	2,095
Utah (Comp.)	29,737	171	191
Vermont (Comp.)	15,845	144	113
Virginia (Cond.)	165,829	588	780
Washington (Comp.)	123,137	711	815
West Virginia (Comp.)	79,483	221	233
Wisconsin (Comp.)	110,319	578	695
Wyoming (Cond.)	9,606	52	93

Source: Social Security Administration, "Annual Statistical Report on the Social Security Disability Insurance Program, 2005" Baltimore, MD: September 2006, Table 56 and CMS.

[a]SSDI Workers are those who can claim SSDI benefits using their own work history, as opposed to spouses or children of workers, who qualify based on the work history of someone else.

Table B.16. Number of SSDI (Title II) Beneficiaries Who Worked in 2006

State (2006 MIG Grant Type)	SSDI Workers[a]	Workers with Benefits Withheld Because of Substantial Gainful Activity	Workers with Benefits Terminated Because of Successful Return to Work
United States	6,806,918	33,613	36,242
Alabama (Cond.)	178,303	394	418
Alaska (Comp.)	10,253	87	66
Arizona	125,654	1,043	867
Arkansas (Cond.)	109,104	351	316
California (Comp.)	570,177	4,274	4,144
Colorado	75,874	389	491
Connecticut (Comp.)	67,295	437	487
Delaware	21,702	130	147
D.C. (Res.)	10,263	31	176
Florida (Cond.)	407,193	1,445	2,143
Georgia	203,994	476	741
Hawaii (Cond.)	19,211	168	141
Idaho	31,357	173	142
Illinois (Cond.)	231,653	1,363	1,564
Indiana (Cond.)	148,744	580	751
Iowa (Cond.)	61,805	310	342
Kansas (Cond.)	55,525	302	324
Kentucky (Cond.)	167,339	551	513
Louisiana (Basic)	114,683	423	509
Maine (Comp.)	48,000	320	284
Maryland (Cond.)	94,535	432	783
Massachusetts (Comp.)	158,861	1,352	1,333
Michigan (Cond.)	250,412	898	1,364
Minnesota (Comp.)	94,887	680	715
Mississippi	109,552	295	430
Missouri (Cond.)	168,295	752	809
Montana (Cond.)	21,604	104	136
Nebraska (Basic)	33,921	201	214
Nevada (Basic)	46,951	422	383
New Hampshire (Cond.)	35,568	302	234
New Jersey (Cond.)	158,607	1,088	976
New Mexico (Comp.)	48,089	242	261
New York (Full)	416,955	2,902	2,822
North Carolina (Cond.)	260,960	781	1,000
North Dakota (Comp.)	11,697	62	68
Ohio (Cond.)	251,744	1,240	1,404

State (2006 MIG Grant Type)	SSDI Workers[a]	Workers with Benefits Withheld Because of Substantial Gainful Activity	Workers with Benefits Terminated Because of Successful Return to Work
Oklahoma	97,024	327	402
Oregon (Comp.)	78,853	410	389
Pennsylvania (Cond.)	309,581	1,669	1,530
Rhode Island (Cond.)	29,738	246	183
South Carolina (Cond.)	135,816	259	396
South Dakota (Basic)	15,044	75	116
Tennessee	190,613	487	672
Texas	410,805	1,906	1,917
Utah (Comp.)	32,280	214	158
Vermont (Comp.)	16,673	176	147
Virginia (Cond.)	173,567	770	909
Washington (Comp.)	130,099	944	843
West Virginia (Comp.)	83,129	288	205
Wisconsin (Comp.)	116,154	641	639
Wyoming (Cond.)	9,937	72	78

Source: Social Security Administration, "Annual Statistical Report on the Social Security Disability Insurance Program, 2006" Baltimore, MD: August 2007, Table 56 and CMS.

[a]SSDI Workers are those who can claim SSDI benefits using their own work history, as opposed to spouses or children of workers, who qualify based on the work history of someone else.

Table B.17. Number of SSI (Title XVI) Beneficiaries Who Worked in 2005

State (2006 MIG Grant Type)	Total Number of Recipients Who Worked	1619(a)	1619(b)	Other
United States	336,570	17,621	78,205	240,744
Alabama (Cond.)	4,059	290	1,002	2,767
Alaska (Comp.)	597	25	186	386
Arizona	3,919	260	1,126	2,533
Arkansas (Cond.)	3,700	147	785	2,768
California (Comp.)	44,807	3,970	8,254	32,583
Colorado	4,016	171	848	2,997
Connecticut (Comp.)	3,825	135	1,051	2,639
Delaware	890	43	251	596
D.C. (Res.)	720	68	251	401
Florida (Cond.)	12,752	865	3,836	8,051
Georgia	7,145	332	1,640	5,173
Hawaii (Cond.)	893	62	272	559
Idaho	1,892	95	520	1,277
Illinois (Cond.)	13,534	753	3,044	9,737
Indiana (Cond.)	5,755	229	1,462	4,064
Iowa (Cond.)	6,690	177	1,496	5,017
Kansas (Cond.)	4,101	128	949	3,024
Kentucky (Cond.)	4,749	275	1,150	3,324
Louisiana (Basic)	5,271	329	1,370	3,572
Maine (Comp.)	2,160	98	636	1,426
Maryland (Cond.)	6,032	305	1,429	4,298
Massachusetts (Comp.)	9,505	601	2,957	5,947
Michigan (Cond.)	13,526	535	3,042	9,949
Minnesota (Comp.)	9,976	261	2,215	7,500
Mississippi	3,088	208	805	2,075
Missouri (Cond.)	7,299	260	1,774	5,265
Montana (Cond.)	1,805	48	405	1,352
Nebraska (Basic)	3,046	95	590	2,361
Nevada (Basic)	1,689	95	428	1,166
New Hampshire (Cond.)	1,283	45	367	871
New Jersey (Cond.)	7,683	315	1,868	5,500
New Mexico (Comp.)	2,259	114	626	1,519
New York (Full)	30,609	1,585	6,731	22,293
North Carolina (Cond.)	8,202	323	1,792	6,087

State (2006 MIG Grant Type)	Total Number of Recipients Who Worked	1619(a)	1619(b)	Other
North Dakota (Comp.)	1,346	29	330	987
Ohio (Cond.)	16,792	602	3,120	13,070
Oklahoma	3,971	150	798	3,023
Oregon (Comp.)	4,064	129	1,005	2,930
Pennsylvania (Cond.)	15,472	745	3,844	10,883
Rhode Island (Cond.)	1,683	77	402	1,204
South Carolina (Cond.)	4,883	171	879	3,833
South Dakota (Basic)	2,061	52	457	1,552
Tennessee	5,210	237	1,182	3,791
Texas	14,113	705	3,559	9,849
Utah (Comp.)	2,263	81	519	1,663
Vermont (Comp.)	1,157	64	379	714
Virginia (Cond.)	6,852	362	1,700	4,790
Washington (Comp.)	6,042	481	1,902	3,659
West Virginia (Comp.)	2,166	141	549	1,476
Wisconsin (Comp.)	10,171	319	2,199	7,653
Wyoming (Cond.)	836	31	220	585

Source: Social Security Administration, “SSI Disabled Recipients Who Work, 2005” Baltimore, MD: May 2006, Table 6 and CMS.

Table B.18. Number of SSI (Title XVI) Beneficiaries Who Worked in 2006

State (2006 MIG Grant Type)	Total Number of Recipients Who Worked	1619(a)	1619(b)	Other
United States	349,420	17,394	89,350	242,676
Alabama (Cond.)	4,268	284	1,195	2,789
Alaska (Comp.)	621	a	a	388
Arizona	4,263	281	1,424	2,558
Arkansas (Cond.)	3,858	164	897	2,797
California (Comp.)	46,849	4,067	9,945	32,837
Colorado	4,102	156	938	3,008
Connecticut (Comp.)	3,941	132	1,171	2,638
Delaware	969	46	303	620
D.C. (Res.)	795	63	282	450
Florida (Cond.)	13,435	810	4,530	8,095
Georgia	7,213	322	1,839	5,052
Hawaii (Cond.)	926	58	338	530
Idaho	2,007	91	613	1,303
Illinois (Cond.)	14,242	702	3,603	9,937
Indiana (Cond.)	5,911	225	1,589	4,097
Iowa (Cond.)	6,985	159	1,592	5,234
Kansas (Cond.)	4,282	140	1,037	3,105
Kentucky (Cond.)	4,843	225	1,249	3,369
Louisiana (Basic)	5,428	332	1,539	3,557
Maine (Comp.)	2,193	91	677	1,425
Maryland (Cond.)	6,277	286	1,658	4,333
Massachusetts (Comp.)	9,812	544	3,295	5,973
Michigan (Cond.)	13,664	504	3,159	10,001
Minnesota (Comp.)	10,430	279	2,493	7,658
Mississippi	3,164	188	938	2,038
Missouri (Cond.)	7,635	254	2,100	5,281
Montana (Cond.)	1,904	60	456	1,388
Nebraska (Basic)	3,133	94	639	2,400
Nevada (Basic)	1,814	104	561	1,149
New Hampshire (Cond.)	1,313	35	402	876
New Jersey (Cond.)	7,869	333	2,124	5,412
New Mexico (Comp.)	2,316	127	645	1,544
New York (Full)	31,382	1,598	7,568	22,216
North Carolina (Cond.)	8,353	310	1,974	6,069

State (2006 MIG Grant Type)	Total Number of Recipients Who Worked	1619(a)	1619(b)	Other
North Dakota (Comp.)	1,396	35	357	1,004
Ohio (Cond.)	17,170	576	3,546	13,048
Oklahoma	4,242	132	1,019	3,091
Oregon (Comp.)	4,227	153	1,079	2,995
Pennsylvania (Cond.)	16,180	728	4,361	11,091
Rhode Island (Cond.)	1,641	63	468	1,110
South Carolina (Cond.)	4,859	153	992	3,714
South Dakota (Basic)	2,114	44	508	1,562
Tennessee	5,352	223	1,360	3,769
Texas	15,027	737	4,131	10,159
Utah (Comp.)	2,517	100	690	1,727
Vermont (Comp.)	1,255	60	418	777
Virginia (Cond.)	7,198	331	2,018	4,849
Washington (Comp.)	6,415	482	2,197	3,736
West Virginia (Comp.)	2,254	150	654	1,450
Wisconsin (Comp.)	10,488	308	2,284	7,896
Wyoming (Cond.)	875	33	278	564

Source: Social Security Administration, “SSI Disabled Recipients Who Work, 2006.” Baltimore, MD: April 2007, Table 6 and CMS.

APPENDIX C

EXAMPLE OF MIG STATE QUARTERLY PROGRESS REPORT AND INFORMATION PROVIDED TO STATES TO COMPLETE IT

Summary Page: The summary pages for the Medicaid Infrastructure Grant and Medicaid Buy-In are constructed from the quarterly reports submitted by the individual grantees. Summary pages are editable only through the reporting system itself. They are used in a variety of ways: on the CMS Ticket to Work site; as summary descriptions of Medicaid Infrastructure Grant activities; in briefing papers and books for Department management and Congress. In other words, these are public documents, and their content is under the control of the grantee.		
Basic Information: Basic information is the information that provides readers the critical information on the organization of the grant and key personnel.		
1.	**State**	The state receiving the grant
2.	**Quarter**	The quarter on which the state is reporting
3.	**Date Submitted**	The date on which the report was submitted
4.	**Grant number**	The number assigned to the grant by CMS; it appears on the Award Profile Sheet issued in the grant award package
5.	**Lead Agency**	The formal organization of state government that has the responsibility for the grant; this is the organization that the grantee signatory represents
6.	**Agency mailing address**	The complete address that is used in mailing official documents from CMS to the lead agency and, specifically, the signatory
7.	**Grantee signatory**	The individual empowered by the state to receive and sign (approve) MIG grant agreements between CMS and the state receiving the grant
8.	**Grantee title**	The title of the grantee signatory
9.	**Grantee telephone number**	The telephone number at which CMS officials can reach the grantee signatory
10.	**Grantee e-mail address**	The e-mail address with which CMS can send e-mail correspondence to the grantee signatory
11.	**Grantee fax number**	A number at which CMS can send official documents to the grantee signatory
12.	**Project director name**	The name of the individual responsible for the day-to-day operation of the grant
13.	**Project director telephone number**	The telephone number of the project director
14.	**Project director e-mail address**	The e-mail address of the project director

15.	**Project director address lines**	This address is the address of the project and will be used on the agency summary
16.	**Report preparer name**	The name of the person who is responsible for the **content** of this report; this is the person whom CMS will contact with questions about a particular report
17.	**Report preparer telephone number**	The phone number at which CMS can reach the report preparer
18.	**Report preparer e-mail address**	The e-mail address that CMS and others use to communicate with the project about the progress reports
19.	**Project website**	If the project has a website, enter its URL here; otherwise enter "N/A"
20.	**Program description**	Enter a brief description (up to 600 characters) of the project; This will be used on the summary page as a general description of the State's MIG
Major Outcomes: This section allows a state to include the major outcomes that it is working toward. These milestones must closely track with the grantees' approved proposal for funding. As an outcome is reached, it will be removed from the following quarter's report. Accomplishments and problems relate to the quarter in which they occur and are reported. They should not be repeated; however, problems may persist from quarter to quarter and should be reported each quarter they are at play.		
1.	**Outcomes**	Outcomes are primarily benefits to a person or a group of people. They constitute a change in people. They result from the outputs of the activities. An intermediate outcome or system level outcome may be used to describe a programmatic or policy change that is an intervening step to achieving a person level outcome. These may also be described as outcomes depending upon the situation and preferences. As a system-level outcome they must be demonstrated to reasonably influence the person-level outcome. It too, must be observable and measurable. Outcomes describe a change in people. **Do not include technical assistance or management outcomes or activities as outcomes**.
2.	**Strategy**	For the purposes of the CMS quarterly reports strategy is a brief description of the activities and outputs that are being undertaken to reach the individual-level outcomes. **The strategy should include any planned system-level outcomes**. Note that the number of characters allowed for this item is 500.
3.	**Funds budgeted annually to outcome**	Grantees are asked to divide their grant funds among their listed outcomes and their technical assistance contribution.
4.	**Planned completion date**	This is the date on which the grantee plans to achieve the outcome that has been set.
5.	**Status**	Status indicates where in time the grantee is toward achieving the outcome. The choices are: completed, on time, behind schedule, and abandoned.
6.	**Accomplishments**	Accomplishments are those results that have been achieved for the reporting period toward reaching the outcome. They may also include the accomplishment of intermediate system-level outcomes or outputs.
7.	**Problems/Issues**	Problems and issues are the roadblocks that grantees encounter in working toward the outcome.
8.	**Actual completion date**	Enter the date on which the outcome was actually achieved.

Consumer Involvement: The report format provides for the description of groups working with the grantee.		
1.	**Name**	Insert the name of a consumer group or organization that is involved with the project and is primarily composed of and controlled by consumers.
2.	**Role**	Describe the role and purpose of the group or organization generally. If the group's role is only to interact with the Medicaid infrastructure grant, indicate that here and describe its role in relation to the grant in the next item (3).
3.	**Relationship to the Grant**	Describe the group or organization's role with respect to the grant.
4.	**Percent of members with a disability**	The intention is to determine the proportion of the group or organization that are, or are potential, consumers of services and supports contemplated within the scope of the grant.
5.	**Hours spent last quarter**	Include the total hours spent by members of the group.
Research and Evaluation: The function of this section is to inform CMS and others of ongoing and completed formal research and evaluation efforts. CMS views research and evaluation studies as system-level outcomes or output designed to support person-level outcomes. The outcome section of the report should highlight accomplishments and problems in completing the study while this section of the report should discuss the content of the effort. Once a study is completed, it will be removed from the next quarter's report.		
1.	**Name**	Insert the name of the research or evaluation effort or project.
2.	**Description**	Include a concise description of the research or evaluation project.
3.	**Status**	Indicate whether the research or evaluation project is ongoing or completed. These projects are not completed until a copy of the study is available.
4.	**Report location**	Indicate how and where a person interested in the report or study can acquire a copy. It is critical that the source be precise. If it is available on the internet, please check the URL to insure that it is functioning properly.
5.	**Summary of findings**	For completed research or evaluations, indicate the key findings and conclusions. For ongoing efforts interim or preliminary findings may be included.
State Plan Personal Assistance Services (PAS): The Medicaid Infrastructure grant program requires that participating states provide a level of personal assistance services (PAS) sufficient for people with disabilities to maintain employment. This section of the report describes the state's PAS level. PAS may be provided through a state plan amendment or through waivers.		
1.	**State Plan PAS**	Are PAS available through an amendment to the state's Medicaid Plan? If the answer is yes, complete the remaining items.
2.	**Location**	Indicate whether the state plan provides for PAS only in an individual's home, in home and for medical appointments, or outside the home, including the worksite.
3.	**Hours allowed per month**	Choose among the three choices: less than 40 hours per month; 40 to 160 hours per month; and over 160 or unlimited, based on need.
4.	**Population limited to**	If all Medicaid population groups are included, insert "unlimited." Otherwise list each specific eligible group that is included in the PAS plan.
5.	**Included services list**	List each of the PAS services that is included in the plan.

6.	**Are PAS consumer directed**	If PAS are under the direct control of the consumer, select yes, otherwise, select no.
7.	**Number served with mental illness**	Include the number of individuals with mental illness during the past quarter using personal assistance services.
8.	**Number served with developmental disabilities**	Include the number of individuals with mental retardation or developmental disabilities during the past quarter using personal assistance services.
9.	**Number served with physical disabilities**	Include the number of individuals with physical (other) disabilities during the past quarter using personal assistance services. **(If you do not know the number for the period, you may enter "NA"; however if the population is not served by the waiver, enter "0.")**
10.	**PAS by waiver(s) for adults with disabilities**	Indicate whether the state provides personal assistance services through waivers to adult persons with disabilities.
Personal Assistance Services by WAIVERS: Each personal assistance services waiver must be separately described. Include only those waivers that provide PAS services. Include only waivers directed at adults with disabilities. Do not include waivers that are exclusively for children or elderly individuals. If the state has no PAS waivers, skip this section.		
1.	**Brief description of the waiver**	Briefly describe the nature of the waiver.
2.	**Waiver number**	Insert the waiver number assigned by CMS and used to report to CMS
3.	**Is the waiver statewide**	Indicate whether the waiver is statewide ("Yes") or only covers a portion of the state ("No").
4.	**Does the waiver include the buy-in**	Indicate whether or not the waiver has been amended to include the buy-in population. If the State does not currently have a buy-in the answer is, "No."
5.	**Is this an Independence Plus waiver**	If this waiver is an Independence Plus waiver, select "Yes"; otherwise, select "No."
6.	**Location**	Indicate whether the state plan provides for PAS only in an individual's home, in home and for medical appointments, or outside the home, including the worksite.
7.	**Hours allowed per month**	Choose among the three choices: less than 40 hours per month; 40 to 160 hours per month; and over 160 or unlimited, based on need.
8.	**Population limited to**	If all Medicaid population groups are included, insert "unlimited." Otherwise list each specific eligible group that is included in the PAS plan.
9.	**Included services list**	List each of the services that is included in the PAS state plan.
10.	**Are PAS consumer directed**	If PAS are under the direct control of the consumer (e.g., the consumer hires and can fire the provider), select yes, otherwise, select no.
11.	**Number served with mental illness**	Include the number of individuals with mental illness during the past quarter using personal assistance services.
12.	**Number served with developmental disabilities**	Include the number of individuals with mental retardation or developmental disabilities during the past quarter using personal assistance services.

13.	**Number served with physical disabilities**	Include the number of individuals with physical (other) disabilities during the past quarter using personal assistance services. (If you do not know the number for the period, you may enter "NA"; however if the population is not served by the waiver, enter "0.")
Medicaid Buy-In: After responding to the first item in this section, only those states that have Buy-In programs need to complete the rest of this section. For those states with Buy-Ins provide as accurate and complete descriptions as possible since states reading this section may be trying to define or redefine their own program.		
1.	**Buy-In Status**	There are five choices here: Actively pursuing a Buy-In; Not Actively pursuing Buy-In; Attempted Buy-In but was unsuccessful; Adopted the Buy-In; Buy-In rescinded.
2.	**Program name**	Enter the name by which the buy-in is known in your state.
3.	**Implementation date**	This is the date that the buy-in was officially opened to enrollment in the state.
4.	**State legislative authority**	Indicate the state enabling statute that created the buy-in in the state.
5.	**Federal authority**	There are four possible choices: 1115 waiver (applies only to Massachusetts); the Balanced Budget Act of 1997; the Ticket to Work and Work Incentives Act (TWWIIA) Basic; and TWWIIA Medical Improvement. Choosing the Medical Improvement option includes the TWWIIA Basic option.
6.	**Income eligibility**	Select the appropriate option. This choice was made in the Medicaid State Plan amendment creating the Buy-In.
7.	**Income eligibility other**	If the "other" choice was appropriate in 6., then the income eligibility criteria must be spelled out as specifically as possible within the 300 character limitation.
8.	**Countable income for eligibility**	There are two choices here: gross and net. Select the one appropriate for the state's program.
9.	**Does countable income for eligibility include spousal income**	Select the appropriate choice for the state's program.
10.	**Method for counting earned income**	As appropriate, select either the SSI methodology or other methodology.
11.	**Method for counting earned income (other)**	Describe as accurately and specifically as possible the method used with the state's buy-in program.
12.	**Method for counting unearned income**	As appropriate, select either the SSI methodology or other methodology.
13.	**Method for counting unearned income (other)**	Describe as accurately and specifically as possible the method used with the state's buy-in program.
14.	**Resource (asset) for individual limit**	Enter "2000" for SSI methodology, or the actual limit in the state plan amendment.
15.	**Resource limit includes spousal resource**	Select "Yes" or "No" depending upon state plan.
16.	**Additional savings accounts are excluded**	Select "Yes" or "No" depending upon whether savings accounts (e.g., Individual development accounts) are excluded from the resource limits.

17.	**Additional savings accounts are portable**	If savings accounts are excluded (16. above), can these savings be kept should the person leave the buy-in program? Select "Yes" or "No" depending upon state plan.
18.	**Cost sharing policy**	How does the individual "buy-in?" There are three choices: premiums for those states collecting premium payments; co-pays that the eligible person pays to the provider; and other. Do not consider Medicaid co-pays that effect all Medicaid eligibles (e.g., prescription drug co-pay).
19.	**Premium payments begin at**	Indicate the percentage of the federal poverty level at which premiums (or other cost sharing) starts. For "other" include the amount in the next item (20).
20.	**Method to calculate monthly premiums, co-pays, or other cost sharing**	Provide the specific methodology including income cut-off points, sliding fee scales, percentages of income. Be as specific and detailed as space allows.
21.	**Medicaid eligibility review**	Indicate the appropriate period between eligibility reviews from the four choices: monthly, every 6 months, every 12 months, or other.
22.	**Employment requirements**	Describe any particular work requirements associated with enrollment in the Buy-In (e.g., job must be covered under FICA)
23.	**Enrollees at the beginning of year**	This is the number of enrollees that were eligible under the Medicaid Buy-In on December 31st of the prior year, as of that date. This figure must not include individuals who were made retroactively eligible or ineligible at a later date.
24.	**Enrollees at the end of period**	Enter the number of enrollees (eligibles) on the last day of the reporting period (March 31, June 30, September 31, or December 31). This figure must include those who were eligible on the last day of the quarter. This figure must not include individuals who were made retroactively eligible or ineligible at a later date.
25.	**Major outreach activities**	Report significant and specific outreach activities that occurred during the three-month period.
26.	**For more information**	If the state has a web-site that provides more detailed information, enter the URL here.
Technical Assistance - 2005 Grant Year		
1.	**Technical Assistance Outcomes**	Indicate the specific measurable technical assistance outcome or result anticipated from the technical assistance.
2.	**TA Strategy**	Describe the general strategy for achieving that outcome.
3.	**Provider**	Enter the name of the provider of the technical assistance.
4.	**Planned completion date**	Enter the date that the TA outcome is to be completed.
5.	**Accomplishments**	Enter significant accomplishments or progress toward achieving the outcomes for the quarter.
6.	**Issues**	Enter any problems or issues that have arisen in the quarter that hinders accomplishing the outcome.
7.	**Actual completion date**	Enter the date the TA outcome was accomplished.

Outcome Data (Fourth Quarter Annual Report Only): In addition to enrollments in the Medicaid buy-ins, Medicaid Infrastructure Grants touch the lives of other people with disabilities who are working or are considering work. Some of them will become employed, change employment, or stay employed, at least in part because of the Medicaid Infrastructure Grant. Some people will choose not to work, but the decision will be an informed one based on their direct or indirect interaction with the grant. The first item requires that the grantee estimate the number of people with disabilities impacted directly or indirectly by the grant. The second and third items are specific to the TWWIIA legislation that requires annual reports that include the percentage increase in the number of SSI and SSDI beneficiaries who are working. These figures need only be updated for the annual report.		
1.	**Unduplicated count of individuals supported by MIG activities**	This figure is calculated by the grantee based upon the amount of interaction the grant has had with people with disabilities around the issue of employment.
2.	**Percentage increase in the number of Title II beneficiaries who returned to work**	At this time no method for determining this figure is available to CMS; however, we are continuing to explore data sources for making this calculation.
3.	**Percentage increase in the number of Title XVI beneficiaries who returned to work**	This number can be calculated from the SSA publications, SSI Disabled Recipients who Work for December of the preceding and current year of the annual report.
Resource Utilization		
1.	**Grant funds expended this quarter**	Include the actual grant funds expended through the end of the quarter based upon official State accounting records. (CMS will compare these figures with those in the Payment Management System.)
2.	**Carry-over funds (actual)**	Include the actual amount of carry-over funds as determined by official State accounting statements.
3.	**Award amount**	This is the amount of authorized funding for the year, including carry-over.
4.	**PMS reimbursement**	This is the amount that the grantee has drawn down as documented in the federal Payment Management System. This field is completed by CMS.

Source: MIG quarterly progress report system, http://www.dehpg.net.