>> LAURA GLENECK: Hello, everyone. My name is Laura Gleneck, and it’s really my pleasure to welcome you to LEAD Center's webinar on Understanding Medicaid Buy-In for Workers with Disabilities, Using Medicaid Buy-In to Support Employment and Economic Advancement. The LEAD Center, which stands for Leadership for the Employment and Economic Advancement of People with Disabilities, is the Workforce Innovation and Opportunity Act, also known as WIOA, Policy Development Center. LEAD is led by Social Policy Research Associates and National Disability Institute and is funded by the Office of Disability Employment Policy at the U.S. Department of Labor.

Next slide. So that everyone can fully participate in today's webinar, we'd like to take a moment to share some captioning and housekeeping tips. Today's webinar is captioned. The captions will appear below the slide deck. You also have the option to open the captioning webpage in a new browser. The link has been posted in the chat box. You can adjust the background color, text color, and font using the drop-down menus at the top of the browser. Position the window to set on top of the embedded captioning.

If you have content questions during this presentation -- and we do encourage to you ask them -- please type them into the Q&A panel, and we will save time at the end for questions and answers.

If you are experiencing technical issues or have questions for the technical support team, open the Participants list and select the Raise Hand button next to your name.

Next slide. To kick off our presentation today, we would like to welcome Andy Arias, who is a policy advisor on the workforce systems policy team with Office of Disability Employment Policy at the U.S. Department of Labor. Andy works on a number of federal policy initiatives focused specifically on WIOA implementation and economic advancement for individuals with disabilities. He works across government agencies to align policy in supporting WIOA implementation and is responsible for creating a WIOA state matrix with 18 essential elements for all states and territories, which is an online tool, and our last slide in the slide deck will include a link to that.

Andy has focused on economic empowerment for marginalized communities for the majority of his career. And prior to coming to the Office of Disability Policy, he created a countywide youth program for over 150 youth with disabilities. Andy is an adjunct faculty for Georgetown University. His area of focus is diversity and inclusion from an LGBTQ disability perspective. And he lectures across the country to many different audiences. And finally, Andy's background and expertise on the national, state, and local levels has really done a lot to help support national technical assistance activities around implementation of Department of Labor-funded Disability Employment Demonstration Projects of which I have had the pleasure to work closely with him. So thank you, Andy, for being with us today. I am now going to turn the presentation over to you.

>> ANDY ARIAS: Wow, thank you, Laura. That was a marvelous introduction. I didn't know I did all that stuff. Wow.

First off, I'd like to say happy 30th ADA to all the colleagues and partners who have joined this webinar. ODEP is celebrating 30 years of the ADA in multiple ways, including but not limited to this webinar. To get more information, please go to our website at www.dol.gov/odep/ada30.

The Office of Disability Employment Policy, or as we like to be referred to, ODEP, was established in 2001 as part of the U.S. Department of Labor. We are the only nonregulatory federal agency that promotes policies and coordinates with employers on all levels of government to increase workplace success for people with disabilities. Our mission is to develop and influence policies that increase the number and quality employment opportunities for people with disabilities. Put simply, we do what we can from our place in the federal government to help people with disabilities get good jobs by influencing policy change.

As many of you know, historically people with disabilities have not had the same access or opportunities in employment as those without disabilities. This continues today. People with disabilities do not have the same opportunities for employment as their nondisabled peers. This is for a variety of complex reasons, but not because people with disabilities do not have the desire to work. At ODEP, we work to bridge that gap. Our mission to advance is through grants and contracts, including the contract that funds the LEAD Center, which is hosting this webinar. We appreciate our partners, Social Policy Research Associates and the National Disability Institute for all their work on the LEAD Center to make it successful.

Before I pass it on to my colleagues, I'd like to take a moment to get a little bit personal. I have been a policy advisor at ODEP for the last four years. When I first started my employment journey, I was very fearful in how I was going to navigate healthcare and maintain competitive employment. You see, I grew up in the foster care system, and I grew up in systemic poverty. And my value was really based on what level of income I had. I knew that I wanted to be off benefits and off Social Security, but I didn't know how I was going to be able to keep my healthcare. And being without healthcare was not an option. When I went to my counselors and service providers, they had no idea how I could be employed and still have my healthcare needs met. I heard a rumor about a program called Medicaid Buy-In, so I did what every other person does in this day and age, and I looked it up on the computer or Googled it myself, and eventually I came across a program called Medicaid Buy-In. Now, I knew nothing about it, but eventually I was able to get enough information to join the 250% California Disabled Worker Program, which is one of California's Medicaid Buy-In programs. I was on this program for the first three years of my employment. After that, I was able to gain healthcare through my employer. I wanted to share this story with everyone because I think it's really important to highlight the transition between being off benefits and healthcare to employment. And that it is a potentially rocky road for many people with disabilities, and there shouldn't be an option of whether I want to work or have healthcare.

So Medicaid Buy-In could be one option to smooth that road out a little bit. I think Medicaid Buy-In options should be at every level of acknowledgment, for people with disabilities, for service providers, and for systems across the board. This is so important because people with disabilities do want to work.

Today we are going to hear from a vast variety of experts, and we are going to gain knowledge about what they are doing in Kansas as well. But I want to introduce one of my colleagues and all-around guru about the Medicaid Buy-In, Annette Shea. She has worked in the health and human services field focusing on successful community living for people with disabilities and older adults for more than 20 years. Recently, Annette worked for the Administration for Community Living and Centers for Medicare and Medicaid Services. Annette is a national expert for Medicaid for workers with disabilities, also known as Medicaid Buy-In. In addition to promoting successful employment outcomes for people with disabilities, Annette continues to work in the field as an independent contractor, and it is a pleasure to be able to work with her on this presentation.

And with that, I am going to pass it on to Annette. Thank you very much.

>> ANNETTE SHEA: Thank you, Andy. Thank you very much. I appreciate the introduction and hearing your story.

Today, in addition to hearing from me about some technical information on the Medicaid Buy-In and a national perspective, later in the presentation we will hear from Cheryl Laaker. Cheryl is the manager of community engagement with the Life Share team at Sunflower Health Plan, a managed care organization in Kansas that has more than 30 years of experience helping people find their best quality of life. She has worked in roles with the majority of services available to individuals on the IDD and autism waivers. Most recently, she has focused on programs that support employment, such as the Working Healthy Work Program and Project Search. So thank you very much for her perspective.

You'll also be hearing from Ian Kuenzi. Ian is also with Sunflower Health Plan as a member advocate. He has been on the Kansas Work Program since February 2013. He self-directs his services, and he has for 17 years while advocating for civil rights of people with disabilities for 22 years, both personally and professionally. So we are excited to hear from Ian also.

Next slide. Today we want to let you know the webinar objectives. So we hope that the takeaways from this webinar will be that you will learn about the Medicaid Buy-In for workers with disabilities, including how it can support employment and higher earnings for people with disabilities. You'll also learn about the services to help workers with disabilities access Medicaid Buy-In and possibly leave Medicaid Buy-In if their needs are met by another payer source, including employer-sponsored insurance.

Next slide. In addition, you'll hear about the experiences of a worker with using Medicaid Buy-In and the employment services providers that support them, explore resources related to Medicaid Buy-In for people with disabilities, employment staff, and policymakers resources for them.

Next slide. So what I wanted to start with is the groundbreaking legislation that many know as the Ticket to Work and the Work Incentives Improvement Act of 1999. It provided the opportunity, offered states an unprecedented opportunity to eliminate the barriers to employment for individuals with disabilities who received Supplemental Security Income, SSI, and/or SSDI, which is Social Security Disability Insurance; and also those who met the SSA definition of disability. Sometimes people are unaware that the disability determination criteria is the same for the Medicaid Buy-In program as it is for Social Security, except with the Medicaid Buy-In program, people can have income that's higher than those Social Security programs. So this Ticket to Work also provided an opportunity for people who are working and still needed access to services which are only offered by Medicaid.

Next slide. So we wanted to talk about what is Medicaid Buy-In for workers with disabilities? Well, it's an authority within -- it's an eligibility group and authority which is in Medicaid which gives states the ability to remove barriers to employment and community living for workers with disabilities who earn income which exceeds Medicaid limits. It provides the potential for individuals to no longer choose between healthcare and work. Collectively, this term refers to multiple Medicaid Buy-In eligibility groups. And I want to underscore also something, going back to what Andy said, that this really is consistent and aligns well with the vision and the purpose of ADA.

Next slide. Medicare. Why do we need Medicaid Buy-In when we have other programs? Medicare and employer-based health plans, including private health plans offered through the state healthcare exchanges, generally do not cover services such as personal care attendant services, long-term community-based services, durable medical equipment, and extended therapies.

Next slide, please. Medicaid Buy-In allows workers with disabilities access to these critical Medicaid benefits and the opportunity to have more earnings than traditional Medicaid. Therefore, Medicaid Buy-In continues to be an important pathway to employment for community living for people with disabilities.

Next slide. 45 states currently operate a Medicaid Buy-In using different Medicaid authorities. And here I have listed two Medicaid authorities. One is the Balanced Budget Act, so some states use that authority. And the Ticket to Work and Work Incentives Improvement Act establish a permanent state authority to include workers with disabilities 16 through 64. Some states choose to use both authorities to provide opportunities for the broadest range of workers with disabilities. I will note a caveat, on the 45, I have learned that currently that may be 44 because we have -- there are some states that still have things in the works. New Mexico has got legislation pending, so that should be going back live, I believe, fairly soon. Just wanted to clarify.

Next slide, please. So something called -- how the authorities operate Medicaid Buy-In and how states choose to be more flexible when it comes to earnings, there's something called a 1902(r)(2) disregard in the Social Security Act, and that is where states are allowed to be more generous in their methods of treating income and resources for the purposes of Medicaid eligibility for workers with disabilities. And so in many cases, states have removed income limits and assets using this provision, and states may do that at any time too, so states that have existing policies within their Medicaid Buy-In program can change if they submit an amendment for approval to CMS.

States are permitted, as I said, to make policy changes to promote employment and earnings, and states add Medicaid Buy-In for workers with disabilities by amending their Medicaid state plan.

Next slide. Some of you folks on the phone may have been involved in the Medicaid Infrastructure Grants. So for 11 years, TWIIA provided more than $500 million in MIG funding, which sunsetted in 2013, and the MIG era really saw the greatest emergence of the Medicaid Buy-Ins, along with the development of valuable information used to support states in making data-driven decisions around promoting employment for workers with disabilities.

Next slide. Sometimes the features which promote employment and earnings, there are states with no income limit or higher income limits; no asset limit and/or the inclusion of earnings accounts as noncountable resources; and financial eligibility, which includes only the applicant's income and not spousal income.

Next slide. Other features promoting employment and earnings are no premiums, or if premiums are used, the methodology does not include spousal income and does not create a barrier to earnings to the degree possible. There are many states that include a grace period as a programmatic feature, and that is when someone has an interruption in employment, they may remain on the Buy-In for a period of time without losing their eligibility status. And also the inclusion of workers with disabilities age 16 to 18 or 65 and older.

Next slide, please. So states' emerging practices. This may not be known to folks, and that is currently 8 states have no limit on earned income for Buy-In enrollees. 22 states do not count spousal income for financial eligibility. 5 states have no asset or resource limit. And 11 states offer Buy-In beneficiaries the option of Independence Accounts for earnings which are not countable and permitted to remain noncountable for future Medicaid eligibility after -- when they transition from the Buy-In to another Medicaid group.

Next slide, please. 12 states include workers with disabilities age 65 and older. And there are some states that have plans in the works to expand their program to workers with disabilities 65 and older. More states are exploring policy improvements to promote earnings and asset building. And as I said, at least two states are moving toward adding workers 65 and older. And DC and Hawaii are exploring adding Medicaid Buy-Ins to their Medicaid portfolio, which is good news.

Next slide, please. Also, we want to make sure that we provide some of the research findings underlying, reinforcing some of the link between Medicaid Buy-In and Medicaid, and that is that research has shown that Medicaid Buy-In is not just good for beneficiaries and employers; it's also good policy for Medicaid. And there is an analysis of expenditures, and I think we provide the link at the end of this presentation, and expenditures and services that show the Medicaid Buy-In participants incurred lower annual Medicaid costs than other adult Medicaid enrollees with disabilities.

And I want to point out where this is a good program for employers. It's because it really provides a competitive advantage when you can have a diverse workforce because there are there are plenty of people who go through a training process, get promoted, become really part of the work team, and if they don't have access to proper healthcare, even when they have earnings, they are not going to be able to remain part of your workforce, your team. So employers who make investments can be rest assured that their employees are going to get the services they need to stay employed. That's good news for employers, something we don't always point out.

Next slide, please. And studies have shown that service use expenditures among higher-income Medicaid Buy-In participants were generally less than expenditures for the same services among all Medicaid Buy-In participants. This study came from the Medicaid evaluation Project under the Medicaid Infrastructure Grant, and as I said, I think the link to that study is at the end of this presentation.

Next slide, please. So I am very excited to hand off the presentation to the Kansas team, to Cheryl Laaker, so Cheryl, take it away. Thank you.

>> CHERYL LAAKER: Thank you so much, Annette. That was great foundation for what I will be sharing. I am really excited today to be able to share how the Medicaid Buy-In program has helped individuals here in the State of Kansas.

So Medicaid Buy-In started in Kansas in 2002 because there were people out there who knew that we needed a better system to achieve a better quality of life and really incentivize employment. The program is managed by the Kansas Department of Health and Environment.

Next. Thank you. One of the largest incentives to participate in -- Kansas calls our program Working Healthy, and one of the biggest incentives is the opportunity to earn more income without really losing Medicaid coverage. Individuals that participate in Working Healthy sometimes are self-employed and they do not have benefits through their employers. And you can have up to $15,000 in assets instead of the $2,000 limit that we have on Medicaid waivers.

Next slide. So for some individuals, part of their employer premiums can be covered. You can also receive services under WORK, which is Work Opportunities Reward Kansans. And I will go into that a little more in the presentation. Another piece that makes the program special is the role of our benefits specialists, so I will also be explaining their role later on in the presentation.

Next slide. To be eligible for the Working Healthy program in Kansas, you do need to be between the ages of 16 and 64 and meet the definition of disability through Social Security and have earned income.

Next slide. The minimum amount of earned income is only $65.01 per month, which really makes this accessible to a lot of different people. The individual also needs to be paid at or above the federal minimum wage. And you have to be a Kansas resident.

Next slide. So as I explained earlier, one of the things that makes the Working Healthy program really work well is the role of the benefits specialists. One of the biggest fears that I hear from individuals when they are discussing whether they want to look at employment is that they are going to lose all their benefits if they go to work. A benefits specialist will meet with the individual, gather their information, and help do an analysis. We have six benefits specialists across the state, and they all have certification through a nationally recognized program, similar to the one, Community Work Incentive Counseling at Virginia Commonwealth University.

Next slide. Once the benefits specialist completes the analysis, they then provide these options to the individual and really help them understand the impact of their employment or the change in their employment and what kinds of services are available to them. What I really like most about the benefits specialist is that they put it in terms that that individual can truly understand. Because sometimes these systems are very complex, and the benefits specialist is really able to interpret that for us. They then allow the individual to make an informed choice about where they want their life to go for the future.

Next slide. So under the umbrella of Working Healthy, which is the Medicaid Buy-In program, Kansas also has the WORK program, the Work Opportunities Reward Kansans, and this program is an area of the Medicaid Buy-In program where the individual can receive personal care services that are determined by a needs assessment completed by a care coordinator through the managed care organization. The individual can also receive supported employment and funding for assistive technology. There is also an independent living counselor that can help the individual manage the path of employment and the systems. This role is similar to a service coordinator. They help build the budget and find other resources and manage all of the paperwork that's needed to maintain the employees and the services under WORK.

Next slide. An important piece of WORK is that the individual maintains their safety net. So if they were on a waiver prior to employment and for some reason they lose their employment, they are able to then return to that waiver. Or if they were on the waiting list, then they return to their same spot where they were on that waiting list. This really helps alleviate that fear of not having services if their life circumstances change.

Next slide. So in order to be eligible for work, an individual must be eligible for one of three waivers in Kansas -- the intellectual/developmental disability waiver, the physical disability waiver, or the brain injury waiver. Individuals with physical disabilities must also demonstrate a need for physical assistance with at least two activities of daily living.

Next slide. Individuals with an intellectual/developmental disability or a brain injury diagnosis must demonstrate the need for each physical assistance or cuing and prompting to perform the activities of daily living and/or demonstrate a need for supported employment.

Next slide. The WORK program is based on a cash and counseling model. An individual works with our counselor to develop a budget within the allocation that's determined through the assessment. This not only allows an individual to self-direct their services but helps them determine how they want their services delivered. They can choose to be an employer of record or have agency direction. Individuals are able to higher better-quality personal care attendants because they can choose how much they want to pay their support as long as it stays within their allocation.

Next slide, please. If an individual would rather pay for home-delivered meals instead of a personal care attendant to make those meals, they are able to do so since they have budget authority. There is also an option to save some of their unspent allocation for emergency backup or the ability to pay their care attendants for at least a week of vacation.

Next slide. So why would a managed care organization be interested in supporting Medicaid Buy-In? We really have a large focus on social determinants of health. There are a lot of studies that support people who are employed having better quality of life.

Next slide. In 2011, Kansas Working Healthy did a study with Kansas University that looked at the impact of the program. It showed that those enrolled in Working Healthy had an increase in income and a decrease in Medicaid cost. The next two slides are from the study, and that study is in the Resources slide.

This slide compares those that were continuously enrolled in Working Healthy and their adjusted gross income compared to the substantial gain activity rate for Social Security at that time. As you can see, the adjusted gross income increased through their years on Working Healthy. The longer these individuals were on the Working Healthy program, the higher their income was.

Next slide, please. This slide -- and I apologize. I know it's a little small. Hopefully you guys will go to the Resources and really be able to see this well. This slide demonstrates that Medicaid costs decreased for those continuously enrolled in Working Healthy. People lose their spend-down obligations and pay a regular monthly premium, resulting in a more consistent and continuous Medicaid coverage. They are also able to engage in meaningful employment, which has a stabilizing effect on health, especially their mental health. The bars that I really want you to look at are the ones that are in red. Those represent the individuals that were continuously enrolled in Working Healthy. So you can see the longer they were in the program, their medical expenses declined.

So where do we go from here? In Kansas, we are continuing to analyze the program and find ways to improve the current program as well as make it available for more populations.

So Annette, I am going to hand it back to you so Ian can share his experience about being a participant in the program. Next slide.

>> ANNETTE SHEA: Great. Thank you very much, Cheryl. Now I have some questions for Ian Kuenzi, who I introduced earlier in the presentation. So Ian, thank you very much for participating. I want to first ask how has participating in the Buy-In in Kansas benefitted you?

>> IAN KUENZI: It's really benefitted me because it's allowed me to work and keep more of the money that I would make while still allowing for my personal assistance that I would need to be able to work, and really, it incentivizes people like me to work because we no longer have to worry about the protected income level. If you are on the Medicaid Buy-In, you just pay the premium, and you are able to keep the rest of your money as well as you are able to have assets. I bought my own home, and I have also bought an accessible vehicle. All of these things would not be possible without the Medicaid Buy-In because without the Medicaid Buy-In, I would have to choose between the services that I need to make it through the day or, you know, not living the quality of life that I want without the Medicaid Buy-In. So those are some of the ways that the Medicaid Buy-In has really changed the way that I view employment and service provision.

>> ANNETTE SHEA: Great. Thank you, Ian. I have another question. What do you see as the strongest benefit to being on the Medicaid Buy-In versus being on one of the waiver programs?

>> IAN KUENZI: I would definitely say it's the economic freedom as well as the service provision freedom that you do not typically see on any other waiver program. You know, like I just mentioned, the Medicaid Buy-In allows me to live my life with a disability much like anybody else would without a disability, without having to worry about choosing between services and making money and having goals in my life. And it's like self-direction on a whole different level because you have that budget authority that you wouldn't necessarily see on any other waiver program.

Again, like Cheryl mentioned before, you can, within your budget, you can decide how much you want to pay your worker and give them time off for a week and do also employer things that you wouldn't be able to do if you were just on a waiver program. Plus there's really no reason not to work if you are able to because all of the disincentives of not working are taken away by the Medicaid Buy-In program, and it incentivizes work and economic freedom so that you can live your life with a disability with equity like most of our nondisabled participants in the American society.

>> ANNETTE SHEA: Great. And finally, what are some of the lessons you have learned by participating in Kansas' Medicaid Buy-In?

>> IAN KUENZI: I have learned that it does take a lot of responsibility, and if you are the employer, there are more responsibilities than would be on a waiver, but along with those responsibilities comes the freedom that I have been speaking about that there is no way to achieve without the Medicaid Buy-In, and you really just learn that you are in charge of your life, and that you can do anything with your disability, regardless of the situation, if you have the correct setup that the Medicaid Buy-In would provide you.

I really think that Medicaid Buy-Ins are the way of the future, and I hope that in every system we can figure out a Medicaid Buy-In so that you can have the freedom of the Medicaid Buy-In without the waiver and be able to live your life with freedom.

>> ANNETTE SHEA: That's great. Thank you very much, Ian. You do a great job describing your experience, and I am sure it's been helpful for the participants.

>> IAN KUENZI: I mean, yeah, my story mirrors a lot of what Andy said in the beginning. You know, I wouldn't be working this job right now if it wasn't for the Medicaid Buy-In because there are a lot of disincentives to working if you are on the waivers. So I believe that the Medicaid Buy-In is the way of the future and incentivizes freedom that other nondisabled people enjoy as well as economic freedom. Thank you.

>> ANNETTE SHEA: Great. Thank you very much, Ian. I appreciate it.

I think we are going to go to the next slide; is that right? Finding state-specific information. My advice to folks who -- and I think there may have been questions that have come up in the chat box -- if you are looking for information on your state's Medicaid for workers with disabilities, you can go to your state's Human Service page or Medicaid page and search for "Medicaid for workers with disabilities."  You may be able to find information on your state's specific program and what the rules are around that. I have found that every state, just about, has something on their website. They have sometimes a brochure that you can download or they have information on a webpage.

Next slide. Here are some resources that we wanted to provide you with. There's a Medicaid Buy-In Q&A that was released last year, and the study that I referred to the findings from that study, there's a link to that study. And then the Working Healthy Data Chart Book that Cheryl mentioned, there's a link to that.

And now I think we are going to move to questions and answers. We have some questions in the chat box, and I think there was a question about how to find out what authority your state is using -- authority or authorities. Oftentimes that information can be on the website. I will say if you can't -- is there one page or one site that has all Medicaid Buy-In on it? No, not that I am aware of. And I think throughout the years there have been some studies, but as you would guess, sometimes that information changes. So you may have to find a source in your state if you are looking for that. There is an email contact information at the beginning of this slide deck with my email on it. If you have a question, I may be able to answer it fairly quickly. So if you get stuck, I am happy to answer questions.

Let's see. So sorry, Google the location, I think I provided the information how to find out about the state program.

Can you let us know which states have no income or asset? I can. If you want to email me, again, I can provide you with that information that I have. Just it would -- I would need to go digging through that information, and I don't think we have time to do that.

Yes, so someone asked a question, New York State's Medicaid Buy-In has an income level for one person of $64,836. New York is an interesting state. They are one of the states that they will give you a dollar figure, and I think it's updated every year because it does relate to an FPL percentage, I believe. And a $20,000 resource limit. And retirement accounts do not count. Does this vary from state to state?

Yes, it does vary from state to state, and when there are many states that do not count retirement accounts when applying the asset limit or the resource limit. That's where also I noted Independence Accounts. So there are several states that allow workers with disabilities to establish Independence Accounts, and those -- using earnings. So you would put the earnings into the Independence Account, and those accounts would not be countable when it comes to the resource limits as part of the program.

And next question here, I will say it, I have a client who has Medicaid Buy-In but lost his job, and due to money he made, lost his Social Security, his SSI. Can he get his SSI benefits back without reapplying?

I don't think I am in a position to answer SSI-related questions, but I would definitely refer you to your -- the Social Security Administration for answers to those type of questions. But I appreciate the question.

So there is a question: Are individuals with disabilities that do not require physical assistance from someone else or supported employment eligible to participate in the Buy-In programs? The answer is yes. So the Medicaid Buy-In is for workers with disabilities who meet the Social Security definition of disability. So when it comes to requiring physical assistance from someone else, so it sounds like you are referring to personal care attendant services or supported employment. Now, when it comes to accessing certain services, there may be some state-specific rules, and I think Cheryl described the way the Kansas Buy-In is constructed. So again, whatever state you are in or you are inquiring about, I would encourage you to go on that state's website for the answers.

There is another question about how does all this fit in with the ABLE Act? Very good question. So I would also refer you -- if I had known this question was coming up, I would have included, there is a State Medicaid Directors letter that CMS released, and it explains the intersection with the ABLE Act and Medicaid eligibility. So I would encourage you to, if you Google that, the State Medicaid Directors letter, SMD, on the ABLE Act, you should find a link to that, and that was released just a few years ago.

I don't believe I see -- okay. So I don't believe my state participates -- this is a question. Sorry. -- participates in the Medicaid Buy-In but does have a WIPA counseling, which helps with Social Security trial work, et cetera. We do have Medicare Buy-In -- that's something different -- and I am not sure how to promote this for my state.

I would first recommend if you are questioning whether or not your state participates to go on the state-specific website to see if you can find information to find the answer to that question first. And the agency that's responsible for implementing the Buy-In and operating it is your state Medicaid agency. Now, in different states, that falls under, you know, agencies that may have an umbrella of multiple agencies, so you will know more in your state what agency that is, but it's the state Medicaid agency that makes decisions around the programs and the policies that they choose to implement, and including what the policies are around earnings and resources. So I would encourage you to reach out and ask that question to your state Medicaid agency contact. And then could you ask what kind of questions they need answered and see what factored into the decision around whether or not they have a Medicaid Buy-In. Medicare Buy-In is something separate, and it's not specifically for workers with disabilities.

And the premiums. There is a question about how much the premiums are. And that varies state to state, and not all states choose to implement a premium as part of their Medicaid Buy-In program. New York, for example, does not have a premium.

I am sorry. I am looking through this.

So can individuals that do not fit Social Security's definition of disability still qualify? So the way someone would maybe not fit the definition of disability by Social Security, sometimes they include income as a factor. So the difference would be income. So someone in Social Security has to go through meeting the criteria, so it would be the clinical criteria in addition to financial rules that apply. So I would encourage the person who has that question to just -- I am not sure if you mean they would be disqualified because of income. But in terms of other criteria, they typically would meet -- for the Buy-In program we are speaking of, they would need to meet the same Social Security definition of disability. Some states -- most states, I think all states, if someone is going through the Medicaid program and not Social Security and they want their eligibility to be based on a disability, then they would have to go through a clinical determination in addition to the state's financial eligibility determination. So a state may have a contract with an entity to conduct those evaluations to determine if they met the definition of disability as the rules are around Medicaid. So that would be for the Buy-In program and for the adults with disabilities programs in the state.

So I am trying -- sorry, I am going through. There's a lot of questions, so thank you very much. I want to try to get through as many. Somebody posted just thank you very much. DB101.org has some state information, so thank you very much, Patricia.

Someone asked the question how does Medicaid Buy-In tie into the Affordable Care Act. So Medicaid Buy-In existed before the Affordable Care Act, and it was not influenced by the Affordable Care Act. There is something called a Medicaid Buy-In that is -- it's an expansion benefit group that is not for workers with disabilities, even though -- so that term has been used for broader groups other than Medicaid for workers with disabilities, so that has created some confusion. But the Affordable Care Act plans did not create a situation where the Medicaid Buy-In is no longer needed for workers with disabilities.

Hopefully that answers your question.

So the Medicaid Buy-In Q&A, the link is right in the slides. And you would find that on ODEP's site. You will find it on CMS's website and the ACL, Administration for Community Living, site if you for some reason you don't have the slides in there.

So I think someone asked what Independence Accounts are. Hopefully I explained it in the previous question.

There is a question for Kansas. Cheryl, I don't know. Are benefits planners employed by the Kansas Medicaid agency, or are they contractors, and are they certified through the Cornell certification program?

>> CHERYL LAAKER: The Kansas benefits specialists are employed by the state under the Health Environment Department under our Working Healthy program, so they do work for the state.

>> ANNETTE SHEA: Someone noted that -- sorry, I lost it. The National Council on Disability published a 2015 state-by-state MBI comparison in terms of eligibility, and said it was updated in October 2013. And has been -- has there been any up-to-date state-by-state Medicaid Buy-In comparisons? Not really to my knowledge. I continue to work in this space, so I am always on the lookout for that because I am doing that myself. So it's something that really is important so I would say keep looking and keep encouraging more information about the Buy-In to be made available to those who need it.

Someone asked if there are states who are pursuing extending the Medicaid Buy-In age requirement beyond 65 or 64, so 65 and older, and yes they are. Yes, they have. Washington State, for example, just added that group January 1. They also removed their income limit. So there's no income limit, no asset limit, and they cover 65 and older group too.

I think we are coming to probably the end. So thank you very much, everyone. I really appreciate your questions, and I hope that you enjoyed the presentation and you can really use the information.

>> LAURA GLENECK: Annette, this is Laura Gleneck again. Just a quick, on behalf of the LEAD Center, we would like to take this opportunity to thank everybody for joining us today. Thank you, Andy, for your welcome and overview and personal connection to Medicaid Buy-In at the beginning of today's webinar, and our speakers, Annette, Cheryl, and Ian, for allowing us to learn from your on-the-ground experience and expertise and insights.

As you exit today's webinar, please do take a moment to respond to our post-webinar survey. So let us know how we did as well as how we can continue to support you in future webinars.

And on the next slide, you will see the link to our website, leadcenter.org. And also a link to the DRIVE website. Thank you, everybody, and enjoy your afternoon, and thank you for being with us today.