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What Were the Top Outcomes of State Medicaid Infrastructure (MIG) Grants?

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Authorized by the Ticket to Work and Work Incentives Improvement Act (the "Ticket Act") of 1999 and administered by the Centers for Medicare & Medicaid Services (CMS), the Medicaid Infrastructure Grant (MIG) program afforded states the opportunity to develop infrastructures and initiatives that promoted, supported, and facilitated the competitive employment of people with disabilities. Specifically, the MIG program aimed to increase the number of people with disabilities participating in competitive employment by (1) developing Medicaid infrastructure by facilitating targeted improvements to a state's Medicaid program and/or developing a comprehensive employment infrastructure that coordinates disparate state service delivery systems; (2) removing barriers to employment of persons with disabilities by creating systemic change throughout the Medicaid program and coordinating with other programs to further remove barriers; and (3) developing infrastructure that offers sustainable and significant improvement in the ability of the system to provide adequate health coverage, personal assistance, and other supports for people with disabilities who are competitively employed. For the most part, CMS mandated that MIG funding was not to be used for the direct provision of services, but rather to change the systems surrounding and supporting the employment of individuals with disabilities. The one exception was that states could use up to 10 percent of MIG funding to provide benefits counseling services.

From 2001 through 2011, over $450 million in MIG funding was awarded to 49 states plus the District of Columbia and the U.S. Virgin Islands. Many states also received no-cost extensions to continue MIG activities past the end of 2011, into 2012, and for a handful of states, into 2013.

Now that the grant funding is coming to an end, policymakers and stakeholders are interested in understanding what states accomplished with the MIG funding and how states plan to sustain MIG activities. Based on a recent survey of state MIG directors and staff, this issue brief provides information about these topics.

What Were the Top Outcomes of MIG Funding?

The majority of states identified three to five major outcomes, or accomplishments, that resulted from MIG funding. The most common outcomes fall into four categories: (1) training for and outreach to consumers and employers; (2) making policy and programmatic changes that extended health and support services to workers with disabilities, most notably the development, implementation, and/or support for the states' Medicaid Buy-In programs; (3) establishing collaborative relationships across state government agencies and with other organizations; and (4) developing data systems, initiating

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DATA AND METHODS

The data for this brief come from a 2012 survey of 44 states that received MIG funding in calendar year 2011. The states were asked to describe the top three to five most significant outcomes of their MIG program. They were also asked whether they had a plan to sustain MIG activities once the funding came to an end. Forty-three of the 44 states responded to the survey, yielding a response rate of nearly 98 percent. The survey was conducted by Mathematica Policy Research under contract to CMS.

research and evaluation activities, or building the capacity for such work (for example, by establishing data-sharing agreements between state agencies).

Training for and Outreach to Consumers and Employers. Nearly all states (over 90 percent) considered training for and outreach to consumers and employers to be one of the most significant outcomes of their MIG programs (Table 1). Nearly half of the states (19) used MIG funds to build and launch web-based resources designed to help individuals with disabilities (and in some cases, employment services staff) with benefits planning, employment planning, and/or networking with potential employers.

Slightly more than one-third of the states (15) used their MIG funding to train benefits staff, eligibility staff, or community partners on work incentives, work supports, and benefits planning. In most cases, the training focused on the Medicaid Buy-In program, SSA disability programs, or SSA work incentive programs. This training was designed to equip staff, who would in turn guide consumers to the services and supports they would need in order to pursue competitive employment. In 10 states, expanding access to work incentives or benefits counseling was a top MIG outcome.

For more than one-third of the states (16), developing and launching a marketing or outreach campaign was one of their most important MIG-funded accomplishments (Table 1). These campaigns were usually designed to raise awareness among employers or the general public about issues related to disability and employment. In addition, slightly more than one-third of the states (15) noted that strategic partnerships with employers were an important outcome of their MIG funding.

Policy and Programmatic Changes. The majority of states (37) cited the achievement of a policy or programmatic change as one of their most important MIG-related outcomes (Table 2). Nearly half of states (21) used MIG funding for policy and programmatic changes related to establishing and maintaining a Medicaid Buy-In program. These changes included gaining the needed support to pass legislation for a Medicaid Buy-In program, developing and implementing the program (or making progress toward implementing one), and/or providing ongoing support for the program. The Medicaid Buy-In is an optional Medicaid eligibility category authorized by the Balanced Budget Act of 1997 and the Ticket Act of 1999. It allows states to expand Medicaid to workers with disabilities whose income and assets would otherwise make them ineligible for traditional Medicaid coverage. To some extent, states can customize the Medicaid Buy-In eligibility requirements and benefits package to their unique needs, resources, and objectives.[2] Although Medicaid services are not funded through the MIG grants, MIG funding has helped states to gain support and pass legislation for their Buy-In programs, refine program eligibility requirements and benefits, develop a disability review process, and conduct other activities related to program implementation.[3] Although over 90 percent of the states that responded to our survey (39 of 43) have implemented a Buy-In program to date, not all of them attributed this change to the MIG. This is because some states chose to focus the majority of their MIG resources on infrastructure-building efforts other than the Medicaid Buy-In program.

States also named a variety of other policy and programmatic changes as top MIG achievements. More than one-quarter of the states (12) increased access to or improved benefits counseling and planning services. Benefits counseling is a support for individuals who are interested in working and want to better understand the impact of employment on their benefits. As noted previously, states were permitted to use up to 10 percent of their MIG resources to pay for benefits counseling.

Another 12 states established transitional employment services or initiatives for youth (including project SEARCH pilot sites) who have little to no formal work experience, providing them with a series of temporary, wage-paying jobs in a competitive, integrated

TABLE 1. TOP STATE MIG OUTCOMES: TRAINING FOR AND OUTREACH TO CONSUMERS AND EMPLOYERS

MIG Outcome	Number of States	States Reporting Outcome
Any consumer education and training or employer outreach (total)	**39**	**AR, AZ, CA, CT, CO, DC, FL, GA, HI, ID, IA, IL, LA, ME, MD, MA, MT, MI, MN, MA, NE, NH, NV, NJ, NY, NM, NV, OR, PA, RI, SD, TX, UT, VA, VT, WA, WI, WV, WY**
Created and launched a web-based resource designed to assist persons with disabilities and/or employment services staff with benefits planning, employment planning, and/or networking with potential employers	19	AZ, CA, CT, ID, IL, ME, MD, MI, MN, MA, NE, NH, NJ, NY, PA,[a] TX, UT, WA
Launched a marketing or outreach campaign	16	AR, CA, CO, CT, DC, HI, ID, KS, MA, MD, NH, NV, NY, PA, KS, VT
Developed strategic partnerships with employers	15	AZ, DC, ID, ME, MA, MN, MT, NH, NJ, NM, NV, PA, TX, UT, VT
Conducted education or trainings for benefits and eligibility staff or community partners on the Medicaid Buy-In program, SSDI, SSI, and/or state-specific work incentives or benefits planning	15	AL, CO, DC, GA, ID, FL, LA, NY, OR, PA, SD, TX, VA, WA, WV
Expanded access to work incentives training or counseling to persons with disabilities	10	MT, DC, FL, MA, NH, PA, RI, SD, VA, WI
Organized and held one or more workshops, trainings, conferences, or summits targeting persons with disabilities who wish to work	9	IA, KS, MT, NJ, NM, NV, RI, VT, WY
Conducted other staff trainings related to disability and employment of persons with disabilities	5	KS, NJ,[b] PA, WY, NV
Organized job fairs targeting persons with disabilities	2	LA, NM
Developed formal programs or trainings that help employers hire or retain persons with disabilities	3	SD, VT, NM
Developed a mentoring program for persons with disabilities	1	ME

[a]PA developed both phone and web-based resources.

[b]NJ trained employment services staff on its new 'benefits calculator' web-based resource.

work setting with customized support services. The goal is to help young people with disabilities to gain the job skills and marketable workforce experience they need to achieve long-term employment.

Ten states expanded access to personal-assistance services, which are services that help people with disabilities perform vital tasks they cannot perform on their own. These tasks may include activities of daily living, employment-related functions, and accessing health care. Eight states supported an executive order establishing "Employment First" as the official policy of state agencies that provide employment services. This policy establishes competitive, integrated employment as the agencies' primary goal for people with disabilities. Additional policy and programmatic changes that states considered top outcomes of their MIG are noted in Table 2.

Collaboration Across State Agencies or With Other Organizations. More than half the states (26) considered collaboration across state agencies or with community organizations to be a top outcome of MIG funding. Nearly half the states (21) developed strategic, formal, interagency and community partnerships, the goal being to use resources more efficiently and deliver program

TABLE 2. TOP STATE MIG OUTCOMES: POLICY AND PROGRAMMATIC CHANGES

MIG Outcome	Number of States	States Reporting Outcome
Any policy or programmatic change (total)	**37**	**AL, AK, AZ, AR, CA, CO, CT, DC, FL, ID, IN, IA, IL, KS, LA, MD, ME, MA, MI, MN, MT, NV, NH, NJ, NY, NC, ND, PA, RI, SD, TX, UT, VA, WA, WI, WV, WY**
Established (or made progress toward establishing) and maintained a **Medicaid Buy-In Program**	21	AL,[a] CA, CO, IL, HI[a], KS, LA, MD, MI,[b] MN, MT, NC, ND, PA, RI, SD, TX, UT, VA, WA, WV
Increased access to, or sought to improve, in-person **benefits counseling or planning services**	12	CT, DC, IA,[c] IL, IN, NC, RI, SD, UT, WA, WI, MT
Established **transitional employment services or initiatives for youth** (including Project SEARCH pilot sites)	12	Project SEARCH Pilots: DC, IN, MI, NH, SD; Other: CA, AK, IL, MN, MT, NV, CT,
Other **legislative** or substantive employment-related policy **changes**	12	AZ, AK, CA, CO, FL, IL, MI, MN, ND, RI, UT, WI
Expanded access to **personal assistance services (PAS)**	10	AL, AR, ID, KS, MI, NC, ND, UT, WA, WV
Passed legislation or executive order incorporating **"Employment First"** into state policy	8[d]	AR, IA, KS, ME, MI, NJ, UT, WA
Established and provided other **employment-related services and supports** to individuals with disabilities	6	AK, CT, IA, IL, NY, NH,[e] WY
Improved or increased transportation options for individuals with disabilities who wish to work	4	AK, CT, ID, MA
Established one or more state government agencies as a "**model employer"**	2	CA, MA
Incorporated **employment planning** into the state's **home and community-based services assessment process**	2	MD, HI
Made improvements to the **Supported Employment** program	2	AK, FL
Implemented **peer support services**	2	MT, UT

Note: Top outcomes are listed only for the 44 MIG states that responded to the survey.

[a]Alabama used MIG funds to design a Medicaid Buy-In program that would be cost-neutral to the state, but it was not implemented. Hawaii used MIG funds to support legislation that launched a Medicaid Buy-in task force to explore the development and possible implementation of a Medicaid Buy-In program in 2014 or later.

[b]Michigan has worked with advocates since 2007 to analyze and support legislation (introduced in 2011) that would expand eligibility for the state's Medicaid Buy-In program.

[c]Iowa supported benefits planning (and business planning) for entrepreneurs with disabilities and is conducting a feasibility study on providing benefits counseling as a reimbursable service.

[d]In addition, Rhode Island's MIG has moved the state toward legislation incorporating "Employment First" into state policy, but it has not yet been passed.

[e]New Hampshire trained and added 60 new ACRE-certified employment services staff.

services more effectively. For example, Massachusetts established the "Regional Employment Collaboratives," which focused on teamwork and streamlining communication between state agencies, employers, service providers, schools, and people with disabilities. The goal was to improve competitive employment outcomes. Nine states developed a new benefits- or employment-related group, network, advisory group, or organization. Nine states secured additional funding to complement MIG funding, allowing them to increase the reach and scope of MIG activities.

Data Systems and Research and Evaluation. More than one-third of the states (16) reported that a top outcome of their MIG was the development of a database or system to track employment or other outcomes, and/

or employment and disability-related research and evaluation. These tools help states to monitor the attributes, needs, and service use of the populations they serve and to gauge the extent to which programs have been effective and how they can be improved. For example, Washington State evaluated its Medicaid Buy-In program, while Iowa worked to achieve consensus across stakeholders to collect a common set of employment data elements across job types. These data are intended to allow the state to compare and track employment outcomes with other states and over time.

Other Accomplishments. Many states made inroads in areas that do not fall neatly into the four categories discussed above. For example, Iowa redesigned its employment services financing structure, re-aligning reimbursement rates to motivate providers to encourage integrated employment. Wisconsin used its MIG to collaborate with state and local managed long-term care programs to identify, implement, and evaluate employment supports. Nebraska introduced RentWise, a sustainable, tenant-based, education program intended to address the employment barriers of inadequate housing and low financial literacy. Vermont created the New England Assistive Technology Equipment Exchange, which included a free, web-based clearinghouse that allowed individuals with disabilities and their families to find free or low-cost durable medical equipment. Indiana drew up a comprehensive strategic plan that continues to serve as the state's roadmap for pursuing systems change, breaking down barriers, and increasing employment opportunities for individuals with disabilities.

Sustainability of MIG Activities

As MIG funding comes to an end, states must evaluate whether each MIG activity should be sustained and if so, how to sustain it. When asked about a transition plan, nearly three-fourths of the states (26 of 36) responding to this question reported that all or most of their MIG activities would continue once their state's MIG funding ends. In most cases, Medicaid and/or existing state agencies, community partners, or other funding sources will move MIG-related activities into state infrastructure and/or operations.

Fewer than one-quarter of the states (8) reported that MIG activities would not be sustained, most citing a lack of funding or staff resources to cover the cost and oversight. Two additional states did not know if any MIG activities would continue after grant closure.

TABLE 3. TOP STATE MIG OUTCOMES: COLLABORATING ACROSS STATE AGENCIES OR WITH OTHER ORGANIZATIONS

MIG Outcome	Number of States	States Reporting Outcome
Collaboration across agencies or with other organizations (total)	**26**	**AK, AZ, CA, CT, DC, GA, IA, HI, ID, IL, IN, KS, ME, MA, MN, NE, NH, NJ, NY, NM, NV, ND, UT, VT, SD, WI.**
Developed **partnerships with other organizations or with state agencies**	23	AK, AZ, CA, CT, DC, FL, GA, IA, ID, IL, IN, ME, MA, MI, MN, NE, NH, NJ, NY, NM, NV, OR, UT, VT
Developed or funded **a new benefits or employment-related group, network, advisory group or organization**	9	FL, HI, IN, IL, KS, MA, ND, NJ, NM
Securing **funding from other agencies or organizations** to pair with MIG funding	9	AK, CA, HI, ME, ND, SD, VT, WI, IA

TABLE 4. TOP STATE MIG OUTCOMES: DEVELOPING DATA SOURCES AND CONDUCTING RESEARCH AND EVALUATION

MIG Outcome	Number of States	States Reporting Outcome
Produced any disability research products or database	**16**	**AK, CT, FL, GA, HI, IA, IN, KS, NH, NY, OR, RI, WA, WI, VT, NV**
Implemented a **database or data system** to track employment or other outcomes	11	AK, CT, FL, IA, IN, KS, NV, NY, NH, OR, WA, WI
Produced employment and disability-related **research and evaluation**	8	GA, HI, IN, KS, RI, WA, WI, VT

States that planned to sustain their MIG activities past the end of the grant cited several facilitating factors. These factors included state and community partnerships developed during the grant period and sustainability planning from the outset of the grant, including work throughout the grant period to secure additional, sustainable funding sources.

Conclusions

Over the course of more than 11 years of the MIG program, states accomplished a variety of system changes that have strengthened the opportunity for people with disabilities to work and improve their economic well-being. In addition, states have helped employers become more aware of the benefits of a diverse workforce, potentially reducing stereotypes and negative attitudes toward hiring workers with disabilities. Collaboration across state agencies and with community partners has improved, allowing for more effective communication, and promoting employment and efficient delivery of employment-related programs and services.

At the same time, states now offer workers with disabilities a broader range of services and supports that bolster their ability to work relative to a decade ago—e.g., benefits counseling, personal assistance services, transportation options, and other health care and support services through Medicaid Buy-In programs. States have also helped individuals with disabilities to better understand the work supports, services, and incentives available to them. States see MIG funding as the means that helped them achieve these goals.

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