

Disability Funders Network

A bridge between the disability community and organized philanthropy

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Executive Director

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Creating a Leadership Role for California Foundations in Linking Healthcare Coverage and Employment for People with Disabilities

June 9, 2000 10:30 – 1:30

The California Wellness Foundation

One Kearny Street

San Francisco, CA 94108

- | | | |
|---------------|---|--|
| 10:30 - 10:35 | Welcome and Introductions | Dr. Jeanne Argoff, Director
Disability Funders Network |
| 10:35 – 11:00 | Work and Healthcare Coverage for People with
Disabilities | Dr. Susan M. Daniels
Deputy Commissioner, SSA |
| | <i>The Federal policy environment governing the relationship of healthcare and employment for people with disabilities. Introduction to the Ticket to Work/Work Incentives Improvement Act (TWWIIA) and covered populations.</i> | |
| 11:00 – 11:20 | The Grassroots Advocacy Movement Behind TWWIIA | Bryon MacDonald, Public Policy
Advocate, World Institute on
Disability |
| | <i>Need for the legislation from the grassroots perspective: expanding employment options; expanding access to Medi-Cal and extending Medicare for workers with disabilities; helping individuals negotiate the maze of employment and healthcare policy.</i> | |
| 11:20 – 11:40 | The State Policy Environment | Brenda Premo, Director
Center for Disability Issues and
The Health Professions |
| | <i>How can TWWIIA expand access to Medi-Cal and Medicare for working people with disabilities? Brenda Premo, former director of the California Department of Rehabilitation, will lead a discussion about how TWWIIA interacts with current and pending state laws and initiatives.</i> | |
| 11:40 – 12:00 | Foundation Projects Focusing on Access to Healthcare and Employment for People with
Disabilities | |
| | <i>Foundation representatives share information on their current projects and priorities involving healthcare and employment.</i> | |
| 12:00 – 12:45 | Working Lunch | |
| | <i>Dialogue on match between foundation priorities and TWWIIA implementation needs, as expressed by consumers, state and federal agency representatives, advocates and community based organizations.</i> | |
| 12:45 – 1:15 | Defining the Foundation Role in Encouraging Healthcare Access for Workers with Disabilities | |
| | <i>Discussion of the variety of roles foundations of differing sizes and focus areas can play in the ongoing systems change signaled by the new legislation.</i> | |
| 1:15 – 1:30 | Next Steps | |



News Release

SOCIAL SECURITY

Social Security Administration Launches High Tech Web Site To Promote Return to Work Activities

William J. Clinton, President of the United States announced today the launching of a new web site—*The Work Site*—which contains important information and support for disability beneficiaries, employers, service providers, advocates and others whose goal is to help those persons with disabilities work.

Persons with disabilities face serious challenges when attempting to enter the workforce. Assistance programs are often complex and poorly coordinated, forcing individuals to piece together information and to develop work strategies on their own. They often find that employers are reluctant to hire persons with disabilities, which can discourage them from looking for work. Young people with disabilities, especially those who are leaving school and preparing to work, lack role models and mentors to guide them. *The Work Site*, developed by the Social Security Administration's (SSA's) Office of Employment Support Programs is designed to be an important information source.

"Across America, employers are looking for new workers, and Americans with disabilities are looking for jobs," commented President Clinton. "To help bring the two together, the Social Security Administration is launching a new web site. Go to www.ssa.gov/work and you'll find information on everything from training programs for people with disabilities to tax incentives for employers who hire them. We all win when all Americans have a chance to work."

The web site is fully accessible to people with disabilities. This is significant since fewer than 5 percent of all Internet sites are accessible to people who are visually impaired or hearing impaired or have limited dexterity. *The Work Site* is built to serve the information needs of its five principal customers and provides the information in easy to understand terms.

"*The Work Site* puts important, but often hard-to-find information in one easy-to-access location," noted Kenneth S. Apfel, Commissioner of Social Security. "Social Security beneficiaries who want to work and those who want to help them will benefit from this new service."

-MORE-

The five principal customers are:

Social Security Disability Beneficiaries who will find basic information about the agency's return-to-work programs, including an explanation about Social Security work incentives such as the PASS program (Plan to Achieve Self Support) and information on State vocational rehabilitation agencies and programs and the availability of employment services from private organizations. In addition, the site provides links to other Federal web sites that contain useful information that could influence an individual's decision to work. Beneficiaries can link directly to Internet job search sites such as "America's Job Bank" (Department of Labor) and "USA Jobs" (Office of Personnel Management);

Employers who will be able to read about tax incentives for hiring people with disabilities, learn about employment provisions of the Americans with Disabilities Act, and get useful information about work-site accommodations. Employers will also have access to Project Able, the SSA resume bank for people with disabilities who are looking for jobs;

Advocates who will be able to take advantage of the site's information services that list state partnerships, research activities, obtain current information about SSA contracts and grants, and post information about events that would be of interest to the disability community;

Service Providers who will have access to information about participating in SSA's vocational rehabilitation programs and becoming business partners through the Ticket to Work and Self-Sufficiency Program; and

Youth with Disabilities who will find information tailored to them and their parents. A "Celebrity Gallery" section will feature profiles of youth and adult Social Security beneficiaries who want to share their accomplishments and messages of success.

"The Social Security Administration is committed to bridging the Digital Divide for our beneficiaries with disabilities," commented William Halter, Deputy Commissioner of Social Security. "We must all pool our information and resources to empower individuals with disabilities who want to contribute their talents to the workforce."

Go to www.ssa.gov/work to take a look at *The Work Site*.

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California Federal/State Programs Statistics

National SSI and SSDI DATA:ⁱ

Disabled SSA Beneficiaries:	9,980,565
Disabled SSI Recipients age 18-64:	6,334,570
	3,645,995

FACTS

CA Population Data ⁱⁱ	33,145,121
# of SSI Disabled ⁱⁱⁱ Recipients ^{iv} in CA	741,254
# of SSDI Beneficiaries in CA ^v	404,574
# of SSI Disabled Working in CA ^{vi}	41,864
AFDC/TANF Recipients in CA (December 1999) ^{vii}	1,735,103
% of people living in poverty in CA (1998) ^{viii}	16.0%
CA Unemployment rate ^{ix}	5.9%
Independent Living Centers in CA ^x	46

TOTALS

CA Work Incentives

of SSI Disabled Recipients in CA benefiting from specified work incentive provisions as of September 1999:

1. Plan for Achieving Self-Support (PASS) ^{xi}	193
2. Successful PASSes in CA ^{xii}	25
3. Number of PASS Applicants in CA ^{xiii}	193
4. Impairment Related Work Expenses (IRWE) ^{xiv}	747
5. Blind Work Incentives (BWE) ^{xv}	539
6. Section 1619(a) participants ^{xvi}	3,587
Average Monthly Earnings	\$1,003
7. Section 1619(b) participants ^{xvii}	5,431
Average Monthly Earnings	\$1,215

Medicare/Medicaid

of Medicare enrollees in CA receiving Hospital and/or Supplementary Medical Insurance:

# of Medicare Enrollees ^{xviii}	3,782,967
# of Aged Medicare Enrollees ^{xix}	3,348,219
# of Disabled Medicare Enrollees ^{xx}	434,748
# of Medicaid Enrollees ^{xxi}	4,938,832

- CA does provide assistance for special needs.^{xxii}
- CA does participate in the Interim Assistance Reimbursement Program (IAR). (The Social Security Administration may reimburse a State that has provided basic needs assistance to an individual during the period that either the person's application for SSI was pending or the his/her benefits were suspended or terminated. The individual's retroactive SSI payment is sent to the State as reimbursement if: 1) the State has an agreement with SSA to participate in the IAR program; 2) the individual has given SSA written authorization to have his/her retroactive payment sent to the State as reimbursement; and 3) the individual is found eligible for SSI payment or has had his/her benefits reinstated for the same period of suspense or termination.^{xxiii}

Personal Assistant Services/ Personal Care Services^{xodv}

- Supportive services (i.e. certain domestic and personal care services) are provided to eligible aged, blind, and disabled persons who cannot perform the services themselves and who cannot safely remain in their own home unless such services are provided.

**For information on Social Security Programs call our toll free number
1-800-772-1213 or access our website at <http://www.ssa.gov> or
<http://www.ssa.gov/work>**

ⁱ Old-Age, Survivors and Disability (OASDI) SSA Office of the Actuary Dec. 31, 1998, updated June 3, 1999

ⁱⁱ Population Estimate Program, U.S. Census Bureau

ⁱⁱⁱ SSA Quarterly Report on SSI Disabled Workers and Work Incentive Provisions June 1999

^{iv} Ibid. Includes 1619(b) participants

^v Old-Age, Survivors and Disability (OASDI) SSA Office of the Actuary Dec. 31, 1998, updated June 3, 1999

^{vi} SSA Quarterly Report on SSI Disabled Workers and Work Incentive Provisions June 1999

^{vii} US Dept of Health and Human Services Administration for Children and Families, Change in Welfare Caseloads Since the Enactment of New Welfare Law as of 12/2/99

^{viii} U. S. Census Bureau

^{ix} Bureau of Labor Statistics, Released 2/26/99

^{*} ILRU Directory of Centers, SILCS, and Related Organizations, Vol. 21, January 1999

^{xi} SSA Quarterly Report on SSI Disabled Workers and Work Incentive Provisions June 1999

^{xii} Individuals who have completed their PASS and reached their work goal to become financially self-supporting.

^{xiii} SSA Quarterly Report on SSI Disabled Workers and Work Incentive Provisions June 1999

^{xiv} SSA Quarterly Report on SSI Disabled Workers and Work Incentive Provisions June 1999

^{xv} Ibid.

^{xvi} Ibid. Section 1619(a)-this incentive allows SSI beneficiaries to receive SSI cash payments even when earned income (gross wages and/or net earnings from self-employment) exceeds the SGA level.

^{xvii} Ibid. Section 1619(b)-this incentive continues Medicaid coverage for most working SSI beneficiaries under age 65 when their earnings become too high to allow an SSI cash payment..

^{xviii} Department of Health and Human Services, Medicare Enrollment for All, Aged, and Disabled-as of July 1, 1998

^{xix} Ibid.

^{xx} Ibid.

^{xxi} Department of Health and Human Services, Medicaid Managed Care State Enrollment-December 31, 1998

^{xxii} State Assistance Programs for SSI Recipients, SSA, Office of Research, Evaluation and Statistics, July 1, 1999.

^{xxiii} Ibid.

^{xxiv} Ibid.

California Health Care Financing Administration Data

Medicare Estimated Benefit Payments for 1997¹ (in thousands):

All Areas	\$207,123,498
United States	\$206,064,000
California	\$22,088,410

Medicaid Medical Assistance Payments for 1997² (in thousands):

	Total Payments Computable for Federal Funding:	Net Expenditures Reported Federal Share ³ :
Total	\$160,280,082	\$90,767,821
California	\$17,212,452	\$8,647,331

Mean Medicaid Outlays per Recipient by State and Risk Class for 1996⁴:

	Age 65 and Over:	Blind and Disabled:
United States	\$3,144	\$5,835
California	\$2,264	\$4,915

Medicare Enrollment by State for 1997⁵:

All Areas ⁶	38,444,739
United States ⁷	37,633,245
California	3,738,081

¹ Benefit payments for all areas represent actual Department of Treasury (DOT) disbursements. Distribution of benefit payments by State is based on a methodology which considered actual payments to health maintenance organizations and estimated payments for other providers of Medicare services. Estimated payments were determined by applying the relative weight of each State's share of total fee-for-service provider payments for fiscal year 1997 to the DOT disbursements net of Managed Care payments. SOURCES: HCFA/OFM/OIS

² Source Form HCFA-64 – Line 11, Net Expenditures Reported. Medical assistance only. FY 1997 data are preliminary. Territories exceeding Federal CAP adjusted to capped level less actual administration expenditure. SOURCE: HCFA/CMSO

³ Excludes HCFA Adjustment

⁴ These data exclude institutionalized persons. SOURCE: HCFA/OIS

⁵ Data as of July. SOURCE: HCFA/OIS

⁶ Includes enrollees with unknown State of residence and Foreign.

⁷ Includes enrollees with unknown State of residence.

Medicare Enrollment as a Percent of Resident Population by State for 1997⁸:

	Resident Population in thousands:	Medicare Enrollees in thousands:	Enrollees as Percent of Population:
All Areas	NA	38,445 ⁹	
United States	267,636	37,633 ¹⁰	14.1
California	32,268	3,738	11.6

Medicare and Prepaid Enrollment Distribution by State for 1998¹¹:

	Medicare Enrollees in (000's)	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	Prepaid as a Percent of Medicare
Total	38,455	5,328,308	208,120	372,617	5,909,045	15
California	3,740	1,418,047	923	71,817	1,490,787	40

Medicaid Recipients by State for 1996¹²:

	Resident Population in thousands:	Medicaid Recipients in thousands:	Recipients as Percent of Population:
All Reporting Jurisdictions	NA	36,118	NA
United States	267,636	25,210	13.2
California	32,268	5,107	15.8

Medicare State Buy-Ins for Part A and Part B for July 1997¹³:

	Part A QMBs:	Part B Buy-Ins:	Part B QMBs:	Part B SLMBs:
Total	321,035	5,008,860	2,424,185	248,536
California	82,326	769,335	399,211	10,006

⁸ Resident population is a provisional estimate. The 1997 resident population data for Outlying Areas, Puerto Rico, and the Virgin Islands are not available. Data as of July. SOURCES: HCFA/OIS and Bureau of the Census.

⁹ Includes the United States, its Territories and Possessions, and residents of foreign countries.

¹⁰ Includes enrollees with unknown State of residence.

¹¹ Totals do not necessarily equal the sum of rounded components. Data as of January, 1998. Excludes beneficiaries enrolled in demonstrations. Enrollment by type of plan within State reflects the location of the plan, not necessarily the State of the residence of the beneficiary. SOURCES: HCFA/OMC/BDMS and U.S. Department of Commerce, Bureau of the Census.

¹² Resident population is a provisional estimate as of July 1, 1996. The 1996 resident population data for Puerto Rico and Virgin Islands are not available. SOURCES: HCFA/OIS and Bureau of the Census.

¹³ Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMB) are persons with limited resources whose incomes are at or below the national poverty level. The Medicare program covers the cost of the Medicare premiums, deductibles, and coinsurance that Medicare beneficiaries normally pay out of their own pockets. Total Part B Buy-Ins includes Part B QMBs and Part B SLMBs. SOURCE: HCFA/OIS

Medicare Persons Served by State for 1996¹⁴:

	Aged		Disabled	
	Persons Served in thousands:	Served per 1,000 Enrollees:	Persons Served in thousands:	Served per 1,000 Enrollees:
All Areas	27,263	816	3,476	749
United States	26,993	824	3,415	758
California	1,863	567	272	664

National Community Hospital Care by State for 1996¹⁵:

	Admissions in thousands:	Average Stay in Days:	Outpatient Visits in thousands:
United States	31,099	6.2	439,863
California	3,072	5.3	41,693

Medicare Skilled Nursing Facility Non Swing Bed Utilization by State for 1996¹⁶:

	Total Patient:	Total Discharges:	Total Covered Days:	Avg. Days Per Dis- charge:	Total Re- imbursement:	Avg. Re- imburse- ment Per Day:	Avg. Re- imbursement Per Discharge:
Total ¹⁷	1,325,993	1,423,224	44,707,366	31.4	\$9,349,119,381	\$209	\$6,569
California	119,081	114,401	3,316,749	23	\$1,060,266,068	\$320	\$7,343

Medicare Home Health Agency Utilization by State for 1996¹⁸:

	Total Reimbursement:	Total Patients:	Total Visits:	Avg. Reimbursement Per Patient:	Avg. Visits Per Patient:
Total ¹⁹	\$16,789,433,794	3,598,332	264,552,900	\$4,666	74
California	\$1,229,763,666	263,442	13,379,159	\$4,668	51

¹⁴ Persons served under fee-for-service. Rates are based on total July 1, 1996 enrollment including managed care. SOURCE: HCFA/OIS

¹⁵ SOURCE: American Hospital Association's 1998 Hospital Statistics.

¹⁶ Data are derived from bills for services performed in 1996 and recorded in HCFA central records as of June 1997. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data excludes no pay bills and has been screened to protect the privacy of beneficiaries. SOURCE: HCFA/OIS

¹⁷ Includes residence unknown.

¹⁸ Data are derived from bills for services performed in 1996 and recorded in HCFA central records as of June 1997. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. SOURCE: HCFA/OIS/HCIS

¹⁹ Includes residence unknown.

Medicare Hospice Utilization by State for 1996²⁰:

	Total Patients:	Total Reimbursement:	Total Covered Days:	Total Covered Hours:	Total Covered Pro- cedures:	Avg. Re- imburse- ment Per Patient:	Avg. Days Per Patient:
Total	349,071	\$1,987,922,832	18,798,529	1,218,405	191,204	\$5,695	54
California	35,390	\$212,953,484	1,827,796	79,094	14,753	\$6,017	52

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Medicare Inpatient Hospitals by State for 1997²¹:

	Short-Stay Hospitals:	Beds per 1,000 Enrollees:	Long-Stay Hospitals:	Beds Per 1,000 Enrollees:
All Areas	5,165	23.9	1,128	3.4
United States	5,108	24.2	1,124	3.4
California	425	22.8	83	1.9

Medicare Skilled Nursing Facilities and Certified Beds by State for 1997²²:

	Facilities:	Beds:
All Areas	14,860	684,977
United States	14,852	684,656
California	1,319	56,069

Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State for 1997²³:

	Nursing Facilities Title 19:	Institutions for Mentally Retarded:
United States	2,953	7,383
California	121	902

²⁰ Data are derived from bills for services performed in 1996 and recorded in HCFA central records as of June 1997. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. SOURCE: HCFA/OIS/HCIS

²¹ Facility data as of December 1997. Beds per 1,000 enrollees based on HI enrollment data as of December. SOURCES: HCFA/OSP/OIS

²² Data as of December. SOURCES: HCFA/OSP

²³ Data as of December. SOURCES: HCFA/OSP/OIS

For more information on:

REGION IX -- SAN FRANCISCO REGIONAL OFFICE

(American Samoa, Arizona, California, Guam, Hawaii, Nevada)

75 Hawthorne Street, 4th and 5th Floors

San Francisco, California 94105-3901

AREA CODE (415)

Office of the Regional Administrator, 4th Floor (Corporate ID - ROSANORA)

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Deputy Regional Administrator--Vacant 744-3501

Supervisory Special Assistant--Kenneth Krueger 744-3502

Executive Officer--Linda F. Bonde 744-3508

Administrative Officer--Manuela Blandino-Contreras 744-3506*

Pacific Area Representative--Robert G. Bath (808) 541-2732

ORA's Secretary--Deborah Akins 744-3501 Fax:744-3517 Verify:744-3502

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Manager, Customer Relations Branch--Henry Tyson 744-3602 Fax:744-3761

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Manager, Waiver Coordination & Systems Branch, Linda Minamoto 744-3557

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All above information is furnished by the Health Care Financing
Administration at <http://www.hcfa.gov/medicaid/rolist.htm>.

Social Security Factsheet



TICKET TO WORK AND WORK INCENTIVES IMPROVEMENT ACT OF 1999

The President signed the Ticket to Work and Work Incentives Improvement Act of 1999 on December 17. This new law:

- increases beneficiary choice in obtaining rehabilitation and vocational services;
- removes barriers that require people with disabilities to choose between health care coverage and work; and
- assures that more Americans with disabilities have the opportunity to participate in the workforce and lessen their dependence on public benefits.

The provisions of the law become effective at various times, generally beginning one year after enactment. They are described below.

Establishment of the Ticket to Work and Self-Sufficiency Program

The program will be phased in nationally over a three-year period beginning January 1, 2001, with the first Tickets issued early in 2001.

Social Security and Supplemental Security Income (SSI) disability beneficiaries will receive a "Ticket" they may use to obtain vocational rehabilitation (VR), employment or other support services from an approved provider of their choice.

The Ticket program is voluntary.

Expanded Availability of Health Care Services

The law includes several enhancements to Medicaid and Medicare that are effective October 1, 2000.

States will have the option to provide Medicaid coverage to more people ages 16-64 with disabilities who work.

States will have the option to permit working individuals with incomes above 250 percent of the federal poverty level to buy in to Medicaid.

The law creates a new Medicaid buy-in demonstration project to provide medical assistance to workers with impairments who are not yet too disabled to work.

The law also extends Medicare coverage for people with disabilities who return to work. It extends Part A premium-free coverage for 4 1/2 years beyond the current limit for Social Security disability beneficiaries who return to work.

Expedited Reinstatement of Benefits

Effective January 1, 2001, when a person's Social Security or Supplemental Security Income disability benefits have ended because of earnings from work, he or she would be able to request reinstatement of benefits.

Beneficiaries must be unable to work because of their medical condition. They must file the request for reinstatement with Social Security within 60 months from the month of their termination.

While Social Security is making a new determination, beneficiaries may

Social Security Factsheet



receive up to six months of provisional benefits, including Medicare and Medicaid, as appropriate.

If Social Security decides that the medical condition no longer prevents the individual from working, the provisional benefits paid would not be considered an overpayment.

Continuing Disability Reviews

Effective January 1, 2001, Social Security cannot initiate a continuing disability medical review while a Social Security or SSI disability beneficiary is using a ticket. Cash benefits may be subject to termination if earnings are substantial.

Effective January 1, 2002, work activity by a Social Security disability beneficiary who has received Social Security disability benefits for at least 24 months could not be used as a basis for conducting a disability review. However, the individual would be subject to regularly scheduled medical reviews. Again, cash benefits may be subject to termination if earnings are substantial.

Work Incentives Advisory Panel

The law establishes a Work Incentives Advisory Panel within Social Security composed of 12 members appointed by the President and Congress. The Panel is to advise the Commissioner and report to Congress on implementation of the Ticket program. At least one-half of the Panel members are required to be individuals with disabilities, or representatives of individuals of disabilities, with consideration given to current or former Social Security disability beneficiaries.

Work Incentives Outreach Program

The law directs Social Security to establish a community-based work incentives planning and assistance program for the purpose of disseminating accurate information related to work incentives. Social Security will establish a program of grants, cooperative agreements or contracts to provide benefits planning and assistance, including the availability of protection and advocacy services, and outreach.

The law also directs Social Security to establish a corps of work incentives specialists within Social Security.

Protection and Advocacy

The law authorizes Social Security to make payments to protection and advocacy systems established in each state to provide information, advice, advocacy and other services to disability beneficiaries.

Demonstration Projects and Studies

The law extends Social Security Disability Insurance demonstration authority for 5 years. Under the law, Social Security is required to conduct a demonstration project to test reducing Social Security Disability Insurance benefits by \$1 for each \$2 that a beneficiary earns over a certain amount or amounts.

The implementation dates and locations for this demonstration will be announced.

Social Security Administration
December 1999

TO: Our Colleagues in the Disability Community

FROM: Becky Ogle, Executive Director
Presidential Task Force on Employment of Adults with Disabilities

RE: DOL, SSA and HCFA Grant Announcements and Bidders' Conferences

DATE: June 1, 2000

I'm writing to inform you about several important grant announcements issued this week in the Federal Register. Each is intended to remove barriers to employment faced by people with disabilities. Together they are truly an unprecedented opportunity for individuals with disabilities, disability advocates, community organizations, the One-Stop centers, and state agencies to collaborate and coordinate the activities needed to make the promises of the Ticket to Work and Work Incentives Improvement Act and the Workforce Investment Act a reality.

GRANT ANNOUNCEMENTS

The grant announcements are as follows:

* Benefits Planning, Assistance, and Outreach Program - Social Security Administration: SSA will make awards to entities in every State and U.S. Territory to provide benefits planning and assistance services and to conduct outreach to all individuals receiving Social Security/SSI disability benefits (including transition-aged youth) to enable them to make informed choices about work. In addition, SSA will award a contract to provide technical assistance, and develop and provide training on SSA's disability programs and work incentives, to program benefit specialists. For an application kit, go to ssa.gov/oag/grants.

* Work Incentive Grants - Department of Labor: DOL will be awarding funds to consortia and partnerships of public and private non-profit entities working in coordination with a state or local One-Stop delivery system to augment existing programs and services and ensure programmatic access and streamlined, seamless service delivery for people with disabilities. For application information, go to www.doleta.gov or wdsc.org/disability/.

* Medicaid Infrastructure Grants - Health Care Financing Administration: HCFA is providing money to the States to develop and implement the core elements of the Ticket to Work and Work Incentives Improvement Act (including the Medicaid "buy-in") and modify State health care delivery systems to meet the needs of people with disabilities who want to secure and sustain competitive employment in integrated settings. For details, go to www.hcfa.gov/medicaid/twwiia/infrastr.htm.

* Demonstration to Maintain Independence and Employment - Health Care Financing Administration: This demonstration authorizes States to provide Medicaid benefits and services to workers who have physical or mental impairments that, without medical assistance, will result in disability. The grants will allow States to provide the necessary benefits and services required for working individuals with disabilities to manage the progression of their conditions and remain employed. For information, go to www.hcfa.gov/medicaid/twwiia/independ.htm.

PRE-APPLICATION TECHNICAL ASSISTANCE SEMINARS

The Task Force is sponsoring three pre-application seminars ("bidders' conferences") to provide interested applicants guidance and technical assistance in preparing their applications for the Department of Labor and the Social Security Administration grants:

Tuesday, June 6 - Kansas City, Missouri (1:00 p.m. - 5:00 p.m.)

Thursday, June 8 - Oakland, California (9:00 a.m. - 1:00 p.m.),

Thursday, June 15 - Washington, D.C. (9:00 a.m. - 1:00 p.m.)

As part of the bidders' conferences, HCFA will also give a brief presentation regarding the Infrastructure Grants and the Demonstration Grants. HCFA's pre-application seminar for State Medicaid agencies will be held in Baltimore, Maryland on June 20-21. Detailed information about the bidders' conferences is provided at all of the above agency web sites. You can also call Paul Bennett in our office if you have questions at 202/693-4927.

The Department of Labor, Social Security Administration, and Health Care Financing Administration of the Department of Health and Human Services have worked very hard to ensure a coordinated and strategic effort supporting the issuance of these grant announcements and the holding of the pre-application seminars. We hope you will join us in working to make sure these new resources are applied in meaningful, creative and collaborative ways that further eliminate the barriers to employment faced by individuals with disabilities.

Sincerely,

Rebecca L. Ogle
Executive Director

**The California Work Group on Work Incentives and Health Care
CWG**

May, 2000

**PRINCIPLES, GUIDELINES, STRATEGY and
RECOMMENDATIONS**

**To Implement New State and Federal Law
For Workers with Disabilities**

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**The California Work Group on Work Incentives and Health Care
CWG**

May, 2000

**PRINCIPLES, GUIDELINES, STRATEGY and
RECOMMENDATIONS**

**To Implement New State and Federal Law
For Workers with Disabilities**

Statement Objectives

Formed in March 2000, the **California Work Group on Work Incentives and Health Care** (the CWG) is an open, accessible statewide network of consumers, advocates and community-based organizations. Our participants have different disabilities and diverse ethnic and cultural backgrounds. The CWG is developing a consensus-based California agenda for implementation of new state and federal employment and health care law for workers with disabilities, which includes but is not limited to Social Security Disability Program beneficiaries.

The complexities of state and federal public programs on work and disability have become barriers to employment. Because of new state and federal law, the CWG strongly believes we now have the opportunity to remove those barriers.

This document contains principles, guidelines and recommendations designed as tools for use with the disability community and our work with policy makers and government agencies.

The CWG seeks to protect and enhance financial and health support needed when work is not an option. We will provide mechanisms for critical feedback and dialogue with consumers affected by the implementation of legislation under review.

PRINCIPLES AND GUIDELINES

1. **Do no harm.**

Public policy and program implementation and outcomes shall do no harm to people with disabilities and/or to other family members.

2. Health care and other interconnected public program reform must take place *simultaneously* to reduce rates of unemployment and underemployment for Californians with disabilities.

3. **Informed choice and empowerment.**

Informed choice and empowerment refers to a consumer's ability to understand and use programs successfully because the programs are designed to enable consumers to navigate them competently and without fear.

Program design must be accessible, synchronized with other public policy and programs, and understandable to agency staff, consumers of services and others. This is mandatory to ensure successful employment outcomes and to decrease administrative costs.

The concept of consumer empowerment, as applied to public programs, refers to programs which allow for self-determination, self-advocacy, and active participation in the decision making process at the individual and systems levels.

4. **Health care coverage – Recognize needs of consumers.**

Seamless, uninterrupted access to health care coverage from public and private sectors enhances the continued ability to work.

Temporary, part-time and self-employment profiles are common examples of uneven earned income levels for workers with disabilities. Some persons with disabilities are unable to work at all. The health care programs must be designed for these profiles. Those who consider them too risky will not use health care buy-in programs.

Design Examples To Support Seamless Coverage:

1. A “Presumptive Eligibility” mechanism within the Medi-Cal eligibility process to enable workers with disabilities to accept unexpected new employment opportunities and retain affordable Medi-Cal services.
2. Develop consumer options to encourage timely premium payments and maintenance of ongoing participation, such as an employer payroll deduction or automatic checking account debiting from a worker's bank account.
3. “Easy Back On” provisions that do no harm, for workers to return to other categorically needy Medi-Cal groups.

Flexibility

Premium payment schedule design must suit the work patterns of the eligible person. (Self-employed workers can receive lump sum and unscheduled income for work performed over several months.)

5. Establishment of partnerships.

California’s Work Incentives and Health Care Initiative must be developed, implemented, and evaluated by a partnership consisting of representatives from cross disability coalitions, employers, appropriate executive agencies and members of the legislature.

6. Outcomes and performance.

California’s Work Incentives and Health Care Initiative must document outcomes and performance by supporting data collection and research and evaluation activities.

BACKGROUND AND STRATEGY

Current California Law

California is one of a growing number of states providing better access to Medicaid (Medi-Cal in California) for workers with disabilities. Assemblywoman Carole Migden authored the successful AB 155, signed by Governor Gray Davis last fall, which establishes our current **250% Working Disabled Program**. The authority for this program comes from the federal Balanced Budget Act of 1997, Section 4733. The **250% Working Disabled Program** contains new and long sought after provisions for workers with disabilities who use Medi-Cal services.

California 250% Working Disabled Program

- **New Provisions:**
- The individual's disability income (for example, SSI, or SSDI) is disregarded for eligibility purposes.
- All resources in the form of employer or individual retirement arrangements authorized by the Internal Revenue Service are exempted for eligibility purposes.
- Current earnings at time of application, known as Substantial Gainful Activity (SGA), are not a consideration in determining whether disability exists. Employed adults with disabilities can be eligible for the **250% Working Disabled Program** as long as they meet Social Security's medical rules for disability.
- An eligible applicant does not have to be a present or former SSI/SSP recipient.

The Workforce Investment Act of 1998 – WIA

The Ticket to Work and Work Incentives Improvement Act of 1999 - TWWIIA

Since the passage of the federal Balanced Budget Act of 1997 and the historic AB 155, or **250% Working Disabled Program**, a seachange of new law has given rise to hope that the complex web of existing work incentive law and regulations can be transformed into a workable, interconnected system of employment incentives for adults with disabilities.

Since 1998, employment focused reform for working age adults with disabilities has now been enacted into Medicare, Medicaid, the Social Security Supplemental Security Income Program (SSI), the Social Security Disability Insurance Program (SSDI), and within the federal Departments of Labor and Education.

WIA (1998) is a redesign of major federal public employment programs for employers and workers with and without disabilities. Employment training and related services will be centered in accessible community One Stop Centers with program accessibility for workers with disabilities. The Act is being implemented this year utilizing a state wide policy making Workforce Investment Board (SWIB) in conjunction with locally autonomous Local Workforce Investment Boards (LWIBs).

TWWIIA (1999) increases opportunities for states to limit barriers to employment for persons with disabilities by improving access to health care coverage available under Medicare and Medicaid. TWWIIA also established the Ticket to Work and Self-sufficiency program that will allow Social Security disability beneficiaries (SSI and SSDI) to seek employment training and placement services needed to obtain and retain employment from a wider pool of providers. This Act begins a redesign of public long-term disability programs so that they reflect the new paradigm of disability that focuses on equality of opportunity, full participation, independent living, and economic self-sufficiency for persons with disabilities. The Act is designed to keep pace with medical and other technological advances and the changing dynamics of the new workplace. The Act's provisions are voluntary and grounded in the principles of informed choice and empowerment

TWWIIA and WIA are interconnected in several ways. As federally funded programs, they are required to serve employers and job seekers with disabilities. The WIA One Stop Centers, for services to employers and job seekers, may also choose to provide employment services for Social Security beneficiaries in the Ticket program found in TWWIIA.

The interconnections in TWWIIA and WIA may have the net result of a marked increase in the choice and quality of employment services for all Californians in ways that are now under development in the implementation and regulatory phases of the two Acts.

Recent California Developments

Assemblywoman Carole Migden has introduced a new bill this year, AB 1955, to implement certain provisions of the Ticket to Work and Work Incentive Improvement Act (TWWIIA) for workers with disabilities. As currently written, AB 1955 requires that California:

1. Apply for TWWIIA infrastructure grants for the design and support of health care and other new programs for workers with disabilities, and requires California to;
2. Seek participation in a demonstration project to provide Medi-Cal services to current workers with potentially severe disabilities.

Regarding the Workforce Investment Act (WIA), the California state wide and local Workforce Investment Boards (SWIB and LWIBs) have been meeting to implement key provisions of WIA by July 1, 2000.

We have the new Medi-Cal buy-in for workers with disabilities (the **250% Working Disabled Program**), and a new state TWWIIA based bill, AB 1955, pending in the California Assembly. We have two interconnected federal Acts focused on employment to implement in California.

Critical Decisions, Needed Partnerships

Cross disability state wide coalitions on employment have been emerging in recent years in close to twenty states. These coalitions are working with state and federal entities to remove public program barriers to employment for people with disabilities.

The community of people with disabilities and their advocates is the group most familiar with existing benefit programs and with program barriers to employment. The disability community has been instrumental in the design and passage of TWWIIA. Participants in the California Work Group on Work Incentives and Health Care are most willing to work with policy makers and agencies responsible

for implementation of work incentive programs, and we expect them to work with us. The continued participation and contributions of the disability community are essential to the successful implementation of work incentives and other employment supports in California.

CWG participants and others in the disability community are now meeting with county staff, Medi-Cal services staff in Sacramento, Health Care Finance Administration (HCFA) and Social Security staff, and state policy makers. More people with disabilities are being appointed to Local Workforce Investment Boards (LWIBS).

Based on our outlined principles and guidelines, CWG participants request progress on our objectives, as follows:

1. CWG participants and other consumers and groups should be able to work closely with county and California Department of Health Services staff implementing AB 155, the **250% Working Disabled Program**.
2. The California Department of Health Services should provide appropriate regulations, resources, training and community outreach to successfully implement AB 155, the **250% Working Disabled Program**.
3. **Policy makers should improve and enhance AB 1955, the California TWWIIA initiative in the Assembly, by amendment and inclusion of the following recommendations.** These recommendations will bring to California the needed provisions available in TWWIIA that we fought so hard for, together *with* the California legislature in 1999.

CWG participants affirm our intentions to foster public education, dialogue and cooperation on this agenda between government and diverse consumer, community and business stakeholders.

PUBLIC POLICY RECOMMENDATIONS
To improve and enhance AB 1955,
The California TWWIIA initiative in the Assembly

I. and II. Provide Health Care for Workers with Disabilities - Medi-Cal
(Relevant TWWIIA Section is in Italics.)

Include TWWIIA Medi-Cal Buy-In #1, The Earnings Buy-In and Buy-In #2, The Medical Improvement Buy-In

TWWIIA Sec. 201. Expanding State options under the medicaid program for workers with disabilities.

III. Health Care Demonstration Project: Provide Ongoing Medi-Cal Services for Certain Workers with Disabilities

CWG supports this provision in AB 1955, pending now in the California Assembly.

TWWIIA Sec. 204. Demonstration of coverage under the medicaid program of workers with potentially severe disabilities.

IV. Apply for TWWIIA Infrastructure Grants

CWG supports this provision in AB 1955, pending now in the California Assembly.

A grant to support Medi-Cal buy-in training for county welfare workers shall be given priority in the application.

TWWIIA Sec. 203. Grants to develop and establish State infrastructures to support working individuals with disabilities.

V. New Health Care Coverage Choices shall do no harm and shall support work attempts and financial independence. California use of Waivers and Demonstration Projects in Medi-Cal buy-in programs.

CWG strongly supports making provisions of Waiver Programs and Social Security Demonstration Projects available to all participants of TWWIIA Medi-Cal buy-ins #1 and #2.

TWWIIA Sec. 301. Extension of disability insurance program demonstration project authority.

TWWIIA Sec. 302. Demonstration projects providing for reductions in disability insurance benefits based on earnings.

VI. Community Programs for Workers with Disabilities

A California Work Incentives Planning and Assistance Program

Grants, cooperative agreements, or contracts to provide benefits planning and assistance (including information on the availability of protection and advocacy services) to individuals with disabilities and outreach to individuals with disabilities who are potentially eligible for work incentive programs.

TWWIIA Sec. 121. Work incentives outreach program.

TWWIIA Sec. 122. State grants for work incentives assistance to disabled beneficiaries.

VII. Maximize Choice in Employment Services - One Stop Centers

Recommendations for the California One Stop Centers and their utility for employers and workers with disabilities.

VIII. Provision for Research/Data Collection

The CWG suggests building an ongoing data collection and research component to track Medi-Cal services for workers with disabilities.

PUBLIC POLICY RECOMMENDATIONS

I. Provide Health Care for Workers with Disabilities

Medi-Cal

Include TWWIIA Medicaid Buy-In #1 – The Earnings Buy-In

The new federal law allows a state Medicaid buy-in option (Medi-Cal in CA) for workers with disabilities who earn over 250% of the federal poverty level. States may set their own income and resource limits and charge a premium for access to Medicaid services for workers with disabilities.

Participant eligibility and sliding scale premium payment amounts shall be determined using the earned income of the eligible worker with a disability. Other family income is exempt.

DEFINITION OF EMPLOYED PERSON: "is engaged in a work effort that meets substantial and reasonable threshold criteria for hours of work, wages, or other measures, as defined by the State and approved by the Secretary." of the US Department of Health and Human Services.

TWWIIA: Title II, Sec. 201, (a), "(2). "(B)

PREMIUMS DUE: For a person with earnings below 200% of poverty, Medi-Cal is premium free. Monthly premiums will be 7.5% of earnings above 200% of poverty.

PREMIUM SCHEDULE: Premiums shall be payable monthly, quarterly or annually at the option of the eligible person.

Other PREMIUMS: Extend current Medi-Cal law to allow a deduction from Medi-Cal buy-in premiums for consumer payments to other health care policies.

Above \$75,000.00 a year in adjusted gross income as defined in Section 62 of the Internal Revenue Code of 1986, affordable premiums will be granted to eligible high cost Medi-Cal buy-in participants, exempting them from paying the full 100% premium as described in TWWIIA.

II. Provide Health Care for Social Security Beneficiaries who “medically improve.”

Medi-Cal

Include TWWIIA Medicaid Buy-in #2 -- The Medical Improvement Buy-In

Medicaid buy-in option for workers with disabilities who lose eligibility for Social Security benefits due to medical improvement but continue to have severe medically-determinable disabilities.

Participant eligibility and sliding scale premium payment amounts shall be determined using the earned income of the eligible worker with a disability. Other family income is exempt.

DEFINITION OF EMPLOYED PERSON: "is engaged in a work effort that meets substantial and reasonable threshold criteria for hours of work, wages, or other measures, as defined by the State and approved by the Secretary." of the US Department of Health and Human Services.

TWWIIA: Title II, Sec. 201, (a), "(2). "(B)

PREMIUMS DUE: For a person with earnings below 200% of poverty, Medi-Cal is premium free. Monthly premiums will be 7.5% of earnings above 200% of poverty.

PREMIUM SCHEDULE: Premiums shall be payable monthly, quarterly or annually depending on the choice of the eligible person.

Other PREMIUMS: Extend current Medi-Cal law to allow a deduction from Medi-Cal buy-in premiums for consumer payments to other Health care policies.

Above \$75,000.00 a year in adjusted gross income as defined in Section 62 of the Internal Revenue Code of 1986, affordable premiums will be granted to eligible high cost Medi-Cal buy-in participants, exempting them from paying the full 100% premium as described in TWWIIA.

III. Health Care Demonstration Project: Provide Ongoing Medi-Cal Services for Certain Workers with Disabilities

A TWWIIA time-limited Medicaid buy-in demonstration program allowing states to extend Medicaid to certain workers who have a disability that, without ongoing health care, would become severe enough to qualify them for Social Security disability benefits. Federally funded at 250 million over six years.

CWG supports this provision which is in AB 1955 now, pending in the California Assembly.

IV. Apply for TWWIIA Infrastructure Grants

Grants to states to develop and establish infrastructures to support working individuals with disabilities, for those states that provide personal assistance services (PAS) in their Medicaid state plan to the extent necessary to enable individuals with disabilities to remain employed. Funds may be used to set up Medicaid buy-ins, demonstrations and programs for workers with disabilities. Federally funded at 150 million over five years.

CWG supports this provision which is in AB 1955 now, pending in the California Assembly.

A grant to support Medi-Cal buy-in training for county welfare workers shall be given priority in the application.

V. New Health Care Coverage Choices shall do no harm and shall support work attempts and financial independence.

TWWIIA reauthorizes the demonstration project authority for the Social Security Disability Insurance (SSDI) Program. The Act also requires Social Security to conduct specific demonstration projects which gradually reduce cash benefit amounts for working SSDI beneficiaries as earnings gradually increase for them, the so-called "2 for 1 Demonstration Project."

Most workers switch jobs and have periods of unemployment. The success and utility of health care programs for workers in TWWIIA is interconnected with redesign of the "cash cliff" of the SSDI program and with redesign of other cash

benefit and eligibility provisions. California Medi-Cal buy-in program design must integrate with these non-health care related provisions so that use of a program does no harm to participant or other family member.

AB 1955, as amended, should build on the excellent base provisions cited above in our current **250% Working Disabled Program**.

Proposed non health care provision to promote financial independence:

Allowance for \$20,000 ceiling in liquid assets, checking, savings accounts, etc. State waivers can also allow certain exemptions for Medi-Cal buy-in participants.

CWG strongly supports making provisions of Waiver Programs and Social Security Demonstration Projects available to all participants of TWWIA Medi-Cal buy-ins #1 and #2.

Proposed Examples of California Medi-Cal Buy-In Program Waiver Provisions

- “Easy Back On” provision(s) that do no harm for a worker to return to eligibility for other Medi-Cal programs for the categorically needy, SSI, or SSDI, with protections for financial gains made in assets and resources.
- Suspension of Social Security and Medi-Cal **Continuing Disability (Medical) Reviews**, commonly referred to as ‘CDRs,’ for Medi-Cal buy-in participants.

"2 for 1" Demonstration Project in California

The state of California will use its best efforts to effect a statewide "2 for 1" Social Security Administration Demonstration Project for California SSDI beneficiaries who work.

NOTE: The **California Work Incentives Planning and Assistance Program** shall provide workers with the needed information and procedures for these provisions.

VI. Community Programs for Workers with Disabilities

California Work Incentives Planning and Assistance Program

California shall establish a state funded **Work Incentives Planning and Assistance Program** for Medi-Cal buy-in participants, Social Security disability beneficiaries and others. The program will award grants, cooperative agreements, or contracts to provide benefits planning and assistance (including information on the availability of protection and advocacy services) to individuals with disabilities and outreach to individuals with disabilities who are potentially eligible for work incentive programs. The California program will supplement community based programs of the Social Security Work Incentives Planning and Assistance Program and coordinate information and activities with One Stop Center services.

VII. Maximize Choice in Employment Services - One Stop Centers

A. TWWIIA contains the Ticket program, a new payment mechanism for rehabilitation and employment services provided to Social Security disability beneficiaries. California One Stop Centers shall meet the criteria needed to participate in the Social Security Ticket program for rehabilitation and employment services.

B. The state of California shall direct the Governor and the State Workforce Investment Board to seek targeted Department of Labor funding now available to ensure that One Stop Centers provide physical and program access to employers and job seekers with disabilities.

C. The state of California shall mandate that physical and program access to One Stop Centers for employers and job seekers with disabilities takes place concurrently with implementation of all other Workforce Investment Act (WIA) provisions.

D. One Stop Center counselor staff shall have the prerequisite training and resources to advise SSI and SSDI beneficiaries on the implications of work for such individuals, to include referral expertise to appropriate work incentives planners.

E. The Governor shall be required to appoint persons with disabilities to the state wide WIA Board (SWIB), as well as to direct that local elected officials

appoint persons with disabilities (*who do not represent government agencies*) to local Workforce Investment Boards (LWIBs).

F. As a component of program access, the Governor shall require all appointees to State and local Workforce investment Boards to participate in disability sensitivity awareness training provided by qualified persons with disabilities (who could be actual SWIB or LWIB Board members.)

G. The State of California shall direct Workforce Investment Boards to schedule regular reviews of their One Stop Centers to determine if physical and program access is available to persons with disabilities.

VIII. Provision for Research/Data Collection

The Medicaid health care demonstration project in TWWIIA, Section 204, contains a component for research and data collection to assist in the assessment that will be used to continue the program beyond the statute's demonstration authority. Over the course of this long initiative, consumers and community groups were repeatedly confronted with government and policy maker objections which stated: "You don't have the data to support your policy."

The CWG suggests building an ongoing data collection and research component to track Medi-Cal services for workers with disabilities.

ADDENDA

COST, COST SAVINGS AND OFFSETS

With respect to state Medi-Cal programs, we are keenly aware of the complex cost and offset issues inherent in the design of these programs. A Medicaid buy-in design has been broken down by Tom Hamilton at the federal Health Care Finance Administration (HCFA) into three elements; Program Design, Program Cost and Offsets, and Program Administration. Design and Administration elements can increase and decrease cost.

Other state Medicaid initiative participants, staff at HCFA, community policy analysts and others who are deeply committed to the TWWIIA initiative are studying how to design affordable, yet attractive and usable Medicaid programs, for consumers of services who cannot work without them. Program savings and cost offsets which have been identified include tax revenues from workers with disabilities, program premiums paid, savings to SSI/SSP expenditures, and Medi-Cal services savings when the Medi-Cal buy-in eligible person is eligible for private health care and/or Medicare.

We know that cost is a critical policy making factor in designing and implementing new Medi-Cal law. We are in proactive dialogue with many of the California and national experts working cooperatively on these issues and designs.

THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996 (HIPAA) provides access to employer sponsored health insurance without a pre-existing condition waiting period for Medi-Cal recipients and Medicare beneficiaries if enrolled in those public programs for a period prior to the start of employment.

HIPAA and, in California law, AB 1672, assure immediate access to employer-sponsored health insurance for Medi-Cal recipients and Medicare beneficiaries. These laws allow prior and existing Medi-Cal and/or Medicare coverage to be "credited" and thereby reduce month for month a private health insurance pre-existing condition exclusionary period. Exclusion periods range from 6 months to 1 year. HIPAA allows this crediting coverage as long as the gap in between coverage does not exceed 63 days.

HIPAA and AB 1672 can be major employment supports. HIPAA provisions can also spread the costs of health care more equitably between public and private

providers, which is an important public policy goal sought by many stakeholders. However, the medical services that many use to enable them to enter the workforce are not available in the private market. Medi-Cal can become a secondary payer, and a “wrap-around” policy for an employee, when health care coverage is offered by the employer. Many Medi-Cal recipients do not have the luxury of missing their public health care coverage for a month. Further, many adults with disabilities are self-employed or would like to be self-employed. We again stress that buy-in programs will not be attractive to those who consider them too risky for their health care needs.

OTHER CURRENT STATE LEGISLATIVE INITIATIVES

New York Assembly Bill A.10159, introduced March 20, 2000, pending
TWWIIA based Medicaid buy-ins and other provisions

Summary at: http://www.csh.org/alerts/finfo_57.html

[from: www.csh.org]

Connecticut Work Incentives Bill Approved by Human Services
Committee and the Appropriations Committee

General Assembly Raised Bill No. 5778

February Session, 2000 LCO No. 2105

“An Act Providing Work Incentives For Persons With Disabilities

TWWIIA and WIA RESOURCES

One Stop Website for TWWIIA and WIA grant information:

<http://www.wdsc.org/disability/>

“Bobby Approved” Text Version Included

www.ssa.gov/work

Health Care Finance Administration (HCFA) TWWIIA Website:

<http://www.hcfa.gov/medicaid/twwiia/twwiiahp.htm>

Department of Labor Work Incentives Grants, May, 2000, go to:

http://www.wdsc.org/sga/sga/work_incentives_sga.html

www.calwia.gov

MAKING NEW FEDERAL EMPLOYMENT PROGRAMS WORK

February, 2000

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end DRAFT42 - 5/25/00

Endorsement to date for these Public Policy Recommendations
May 25, 2000

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Rev. 6/7/2000

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Clinton Presidential Records Digital Records Marker

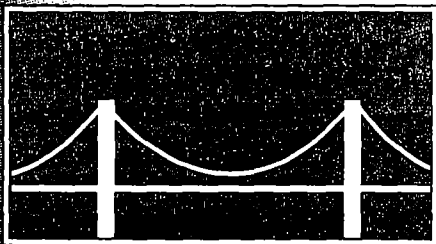
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[Disability Funders Network]

Disability Funders Network



Disability Funders Network

*A bridge between the disability
community and organized philanthropy*

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Alternate Formats For Printed Material

Electronic Documents

Perhaps the easiest method of making documents accessible to many blind or visually impaired people is through the use of E-text, i.e., electronic text in an IBM ASCII or properly formatted WordPerfect file on disk, via E-mail, an online telecommunications network or a "bulletin board" system. Blind or visually impaired people who have access to a PC can read the document using synthetic speech, electronic braille display or large print computer display. They also can produce large print or hard copy braille. The technology used for access would be attached to the end user's PC.

Documents for electronic transmission should be in IBM ASCII. Documents supplied on diskette should also be in IBM ASCII or in WordPerfect format. WordPerfect documents should be properly formatted before distribution or before conversion into ASCII. Use Courier 10cpi (10 pitch) formatted for an 80-character line. Decolumnize tabular material. Delete graphics, text boxes, etc. and explain in text, if necessary. Replace bullets with a "*" or a "-"; convert other extended ASCII characters into text or delete them. The tab key, F4 for indentation, and Shift F6 for centering should be used rather than using the space bar as on a typewriter. This is necessary because braille translation software (such as Duxbury for WordPerfect)

relies on proper use of WordPerfect commands to automate the formatting of a braille document.

If the document was transmitted electronically, the blind or visually impaired person would use his/her own modem and communications software to access the system. An online system should be text-based rather than graphically presented. Computer information networks such as Prodigy and America Online are graphically presented and may be inaccessible since screen access technology may not be available to all blind or visually impaired computer users.

Braille

For individuals who must have braille (many deaf-blind people, for instance) or for those who prefer braille access for complex material or who lack a PC, braille documents can be produced by various agencies that can be found in the telephone book. If you are unable to locate an agency through a telephone book, call the closest Independent Living Center or The American Foundation for the Blind information line (1-800-AFB-LINE) to obtain the name of an agency that provides braille services in your area.

Large Print

Large print documents can easily be produced using a scalable font (a font in which the size can be adjusted) from any good word processing program (such as WordPerfect) and a standard laser printer. Using the document enlargement option

on a photocopier will usually yield unsatisfactory results. To obtain the best results follow these guidelines:

- Using these instructions, one page of print (11pt.-12pt. type) will equal approximately three pages of large print, depending on the density of the text.
- Paper should not be larger than standard 8 1/2" x 11". Use 1" margins. Lines longer than 6+" will not track well for individuals who must use a magnifier.
- Good contrast is critical, but white paper produces too much glare. The best contrast with the least glare is achieved on light yellow, non-glossy paper, such as copy paper. To produce a more aesthetically pleasing document, you may use an off-white paper that will still give good contrast while producing less glare than white. Avoid dark colors and shades of red. Double-sided copying (if print does not bleed through) will produce a less bulky document.
- Remove formatting codes that can make reading more difficult. For example, centered or indented text can be difficult to track. All text should begin at the left margin. Use only left margin justification to maintain uniform spacing across lines. Right margin justification can produce uneven spacing between letters/words. Use 1 1/4 (1.25) line spacing; do not double space. Replace tabs with two spaces. Page numbering should be at the

top or bottom left. Avoid columns; but if they are absolutely necessary, use minimum space between columns. Use dot leaders for tabular material (ALT F6 twice in WordPerfect). Remove graphics, tables and charts, but include the corresponding descriptions, information or data in text.

- There is no standard typeface or point size. For more universal access, use 18pt. type; anything larger could make text too choppy to read comfortably. Use a good strong bolded typeface. Do not use italics, fine or fancy typefaces. Fonts similar to Helvetica/Swiss bold or Dutch/Times Roman bold are good. Do not use compressed typefaces; there should be normal "white space" between characters.
- Use upper and lowercase letters. People who are blind or have visual impairments are taught to read upper and lowercase text; all uppercase text is difficult to read even for a person without a visual impairment.

Recordings

Audio material can be produced commercially or by utilizing the assistance of volunteer organizations which record material on tape. By following a few simple guidelines for selecting readers and creating your recordings, you will be able to record most simple documents successfully¹. There is no legal definition of a qualified reader; however, The American Foundation for the Blind offers the fol-

lowing suggestions:

- The reader should be proficient in the language being recorded.
- The reader should be familiar with the subject.
- The reader should have good diction. Recording should be done in a conversational tone and at a conversational pace -- neither too slow nor too fast.

In addition, 1) the reader should familiarize him/herself with the material to minimize stumbling and hesitation; 2) the reader should not editorialize, 3) the reader should read page numbers; and, 4) the reader should spell difficult or unusual words and words of foreign origin. When recording a document, it should be read in full. Graphic and pictorial information available to sighted readers should be described. Tables and charts for which content is not already contained in the text should be converted into text and included in the recording.

¹When producing audio material, it is preferable to use a tape recorder with tone indexing capability so that a tone can be inserted to indicate new pages. If there is more than one document or chapter of a document, two tones can be inserted between documents or chapters.

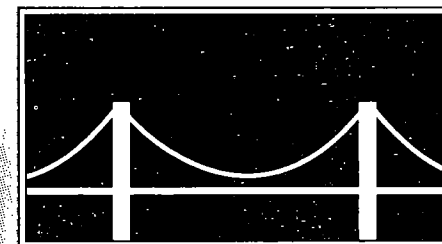
*Adapted from a document produced by
Scott Marshall and Barbara LeMoine at
The American Foundation for the Blind.*

This document is available in alternate formats.

Call 703-560-0099

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- Braille
- Large Print
- Recordings



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A Screening Tool for Disability-Inclusive Grantmaking

Disability consciousness starts with an acknowledgment that disability is a universal part of human experience and that having a disability is a valid way of life that can be both rich and complex. From this foundation, we can understand that society plays a critical role in defining disability and determining its consequences. We can recognize the growing minority-group identity of people with disabilities who, like members of other minority groups, assert that systemic social barriers--such as employment discrimination, social and economic devaluation and blocked access to the mainstream--are far more troubling than individual biological differences.

Is the program supportive of the participation of people with disabilities?

- Do recruitment, training and organizational materials depict people with disabilities as equal citizens and leaders? Or do the images reinforce stereotypes? For example, are people with disabilities portrayed as recipients of help while the helpers are people without disabilities?
- Is the language used respectful, humanizing and nondiscriminatory? (e.g. say 'person with

multiple sclerosis' not 'victim of multiple sclerosis'.

- Are people with disabilities invited to participate at all levels of the program including project conceptualization, decision-making and leadership? Are people with disabilities welcomed to speak on their own behalf and that of their community?
 - Does the program anticipate and provide reasonable accommodation, alternative communication formats (braille, large-print, sign language interpreters, etc.), environmental access, transportation access, programmatic access and economic access?
 - Do program organizers demonstrate a commitment to welcome people with a broad spectrum of disabilities--including learning, sensory, cognitive, emotional, physical and environmental/chemical?
-

What is the internal attitude of the organization toward people with disabilities?

- Are people with disabilities adequately represented in staff and board leadership positions? Are there mechanisms to recruit, train and apprentice people with disabilities for such positions? Are staff members with disabilities offered opportunities for development and advancement?

- Are staff and consultants with disabilities paid adequately for their work? Are their credentials and expertise acknowledged? Is their work praised in proportion to their contribution--no more, no less?
 - Whenever possible and appropriate, do nondisabled staff and board members defer to their colleagues who have disabilities when asked to represent or make decisions about the needs of people with disabilities?
 - Do both the allocation of resources and decisions about programs reflect the priorities and concerns of people with disabilities?
-

How is the organization informed by an awareness of the social, political and cultural aspects of disability?

- Do both program content and staff approaches reflect an understanding of the barriers faced by people with disabilities and their history of social and economic discrimination?
- Do programs, policies and staff approaches reflect an understanding of the disability experience that transcends the older "medical model" which emphasizes cure and "normalization"? Is there an acknowledgment of people with disabilities as members of a minority community with lifestyles and values that may diverge in interesting and instructive ways from the majority culture?

- Are programs responsive to the multicultural identity of much of the disability community? Is attention focused on the additional issues of gender, age, race, ethnic, class and sexual orientation of people with disabilities involved with the organization and its programs?
- Does the organization foster links between disability groups and organizations representing other minority communities?

Are the organization's programs set up to respond to critical social, political and economic issues affecting people with disabilities?

- Are staff and board familiar with disability rights issues, including those of particular disability sub-groups? Have relationships been cultivated between the organization and grassroots disability advocacy organizations?
- Does the organization keep abreast of current demographic, policy and other research-based information regarding the lives of people with disabilities?
- Do programs and policies work toward social change, in contrast to a primary focus on "fixing the individual"?
- Do the programs advance self-determination for people with disabilities by offering them tools and support to progress in current political, social and economic environments?

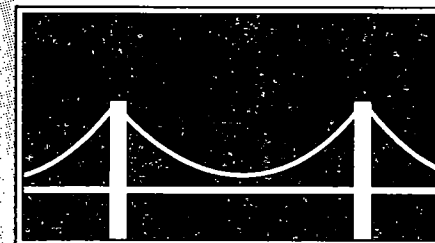
- Does the organization advocate for expanded choices and self-representation for people with disabilities?
- Does the organization use its resources and public profile to facilitate opportunities for people with disabilities to voice their concerns and educate the public about their issues?

*Adapted from **CLEAR SIGHTED, A Grantmaker's Guide to Using a Gender Lens**, by Chicago Women in Philanthropy (CWIP). The Disability Funders Network thanks CWIP for its active cooperation in encouraging us to make use of the insights and knowledge gained during the development of their material.*

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A Screening Tool for Disability-Inclusive Grantmaking

- Is the program supportive of full participation?
- What is the internal attitude of the organization toward people with disabilities?
- How is the organization informed by an awareness of all aspects of disability?
- Do programs respond to relevant social, political and economic issues?



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