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Status of the Medicaid
Infrastructure Grants
Program as of 12/31/07

Final Report

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### EXECUTIVE SUMMARY

he Medicaid Infrastructure Grant (MIG) program provides funding to states so they can develop the infrastructure necessary to promote competitive employment for people with disabilities. Since 2001, the Centers for Medicare & Medicaid Services (CMS) have administered the program, which Congress authorized as part of the Ticket to Work and Work Incentives Improvement Act of 1999. Grantee states use MIG funding to support a range of activities tailored to the needs of their target population, including developing and implementing a Medicaid Buy-In program; improving access to personal assistance services (PAS); developing supported employment programs; providing benefits counseling; educating employers; building employment networks; performing outreach to potential Buy-In participants, service providers and general public; and conducting research and evaluation to improve MIG-supported activities and programs.

This report builds on the content of last year's GPRA report and examines the performance of MIGs, with particular emphasis on the outputs and outcomes of MIG funding in calendar year 2007, the program's seventh year.

States' interest in the MIG program remains high. In 2007, 41 states had a MIG program, two states fewer than in 2006. Despite this decline, MIG funding increased by 21 percent between 2006 and 2007 to \$34.1 million, indicating sustained interest in the program and increased effort in the remaining grantee states. Other findings in this report show that MIG funding in 2007 continued to have an impact on programs and services that facilitate employment among individuals with disabilities. For example:

- MIG funding has encouraged states to develop and sustain Medicaid Buy-In programs for people whose earnings would otherwise make them ineligible for publicly financed health benefits. In 2007, 34 states with a MIG also had a Buy-In program, two more than in 2006. Total enrollment in the program during 2007 reached 105,552 individuals, 10 percent higher than in the previous year.
- Participation in the Medicaid Buy-In program has helped adults with disabilities work. In 2007, 70 percent of Buy-In participants reported positive earnings, about the same fraction as in the previous calendar year. Their inflationadjusted average earnings were \$8,582, slightly higher than in 2006. The sum of

annual earnings among all Buy-In participants in 2007 totaled more than \$630 million, a nine percent increase over 2006.

- States are eligible for MIG funding if they offer PAS statewide both within and outside the home to the extent necessary to enable an individual to be engaged in full-time competitive employment. In 2007, 29 of the 41 states with a MIG offered PAS at the level required for maximum funding, 9 more states than in 2006. This may reflect a change in eligibility criteria in 2007, which required that states offer PAS at the highest level to secure MIG funding.
- In addition to operating the Medicaid Buy-In program and improving access to PAS, states have also used MIG funds to completely or partially fund a wide range of related infrastructure activities. Among them, outreach; benefits counseling; training for consumers, employers, and service providers; and cross-program collaboration are most frequently supported.
- All of the above infrastructure changes, developed as a result of MIG funding, may have contributed to a higher overall employment rate for individuals with disabilities, or slowed declines in employment in a poor economy. However, if this is the case, such effects are not yet discernible in the national data.

Because MIGs fund a diverse range of infrastructure development, measuring performance systematically across states and over time is challenging. To address this challenge, the analysis in this report relies heavily on quantitative data that is accurate and reliable across states and time, such as data on the enrollment, earnings, and employment of participants in Medicaid Buy-In programs and federal statistics on the employment of people with disabilities. This year's report also adds qualitative data collected directly from states via a questionnaire and through quarterly grant progress reports. Despite the variety of data consulted in preparing this report, it is likely that we understate the effect of MIG performance, since many of the MIG-funded activities undertaken by grantees are part of a broader systemic change. The effects of MIG activities therefore are hard to disentangle from other effects, and may take years to become visible.

Nevertheless, CMS has been committed to collecting and using high-quality data in order to identify the program's effects, achieve the best outcomes for participants, and shape future policy. Its early effort to build the incredibly rich integrated dataset of Buy-In participants has been sustained over time and contributed greatly to monitoring program outcomes at the individual level. To better capture the extensive and varied infrastructure changes that states have made using MIG funds, the agency is now working collaboratively with states to collect program-level data by standardizing broader measures of MIG performance across states. These and other data will definitely improve the ability to more accurately measure MIG performance in the coming years.

### CHAPTER I

# OVERVIEW OF MIGS AND THE ASSESSMENT PROCESS

### A. POLICY CONTEXT

In the past several decades, federal legislation and changes in social norms and workplace accommodations have made it easier for adults with disabilities to work. Despite this progress, many of these adults still find working difficult, as evidenced by their declining rates of employment since the early 1990s (Weathers and Wittenburg 2009). A major obstacle to working is the limited availability of employer-based health insurance coverage and the unaffordability of private coverage. This situation is compounded by the possibility for many that increasing their earnings could make them ineligible for public programs such as Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), and Medicaid. Moreover, to secure and sustain employment, some adults with disabilities need personal assistance services, transportation, assistive technology, or other types of employment supports and may have a hard time accessing these resources.

Medicaid Infrastructure Grants (MIGs) and other programs created by the Ticket to Work and Work Incentives Improvement Act of 1999 (hereafter the Ticket Act) recognized these barriers and were designed to remove them, thereby enhancing employment options. In particular, the Ticket Act legislation expanded Medicaid coverage for certain categories of employed individuals with disabilities who otherwise might not have access to health care and related services. The MIG program was established as a competitive grant program in Section 203 of the Ticket Act, providing financial assistance to states to develop infrastructure and remove barriers that would:

...facilitate the competitive employment of people with disabilities through (1) Medicaid buy-in opportunities under the Medicaid State Plan, (2) significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts, and (3) providing comprehensive coordinated approaches across programs to removing barriers to employment for individuals with a disability (Centers for Medicare & Medicaid Services 2005).

<sup>&</sup>lt;sup>1</sup> The full text of the Ticket Act is available at http://frwebgate.access.gpo.gov/cgibin/getdoc.cgi?dbname=106\_cong\_public\_laws&docid=f:publ170.106.

Congress authorized the MIG program for 11 years beginning in 2001 and gave the Centers for Medicare & Medicaid Services (CMS) the responsibility for managing, monitoring, and reporting on the performance of programs implemented by individual states.<sup>2</sup> More than \$165 million of MIG funding was awarded between 2001 and 2007 to 49 states plus the District of Columbia and the U.S. Virgin Islands.<sup>3</sup> The form and content of funded MIG activities has varied widely across states during this time, though all MIG activities focus on developing the infrastructure necessary to support the employment of people with disabilities. The majority of states use MIG funds for activities such as:

- Developing and implementing a Medicaid Buy-In program
- Improving access to personal assistance services (PAS)
- Developing supported employment programs, such as job coaches, transportation services, assistive technology, and specialized job training
- Providing benefits counseling related to income and assets or housing options, educating employers on the benefits associated with hiring people with disabilities, and building employment networks
- Performing outreach to potential Buy-In participants, service providers, and the general public
- Conducting research and evaluation to improve these MIG-supported activities and programs

Indeed, each state has adopted programs, practices, and policies in response to its individual needs. The end result is a diverse set of outputs and outcomes stemming from creative and innovative state-level activities.

Throughout the course of the program, CMS has been committed to documenting the performance and identifying the impacts of the MIG program to determine which activities achieve the program's goals and which do not. Early efforts to develop quantitative measures of the Medicaid Buy-In program (which most states initially established with their MIG dollars) have yielded a comprehensive and reliable database on participants (Appendix A).<sup>4</sup> However, quantitative methods are limited in scope when trying to capture the impact of infrastructure changes, because such changes rely on myriad activities, such as information development and dissemination; coalition-building; fostering collaborations

I: Overview and Assessment

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<sup>&</sup>lt;sup>2</sup> MIG solicitations for the current and previous years are available at www.cms.hhs.gov/TWWIIA/.

<sup>&</sup>lt;sup>3</sup> Tennessee is the only state that has not received MIG funding.

<sup>&</sup>lt;sup>4</sup> CMS has contracted with Mathematica Policy Research to analyze the Medicaid Buy-In program data. This effort has already produced four full-length reports and eight issue briefs, highlighting some of the most salient features and effects of the Buy-In and related programs. These reports and issue briefs are available at www.mathematica-mpr.com/disability/medicaidbuy-in.asp and www.cms.hhs.gov/TWWIIA/.

between the public and private sector; and promoting benefits counseling. Thus, many of the activities sponsored using MIG funds cannot be quantified in a systematic way, so the performance measures presented in this report do not capture all of them. Ongoing work by CMS is attempting to more systematically document MIG activities across states and time.

#### B. PURPOSE AND PLAN OF THE REPORT

This report uses available data to describe the outputs and outcomes of MIG programs operating in 2007, focusing on the dimensions for which the study had accurate, reliable, and consistent data across time and across states. It builds on the content of the previous GPRA report on the status of MIGs in 2006 (Beauchamp et al. 2007), following MIGs' progress towards the same set of goals introduced in last year's report but using updated or newly available data. Therefore, this report provides the most up-to-date information available on MIG performance since the inception of the program.<sup>5</sup> Like last year's report, this report assesses the role that MIGs have played in the evolution of health coverage and employment supports for people with disabilities, as well as the impact that increased access to these programs and services has had on this population's employment. While the existing data are not adequate to assess all activities funded by MIGs, they are part of evolving information-gathering systems that, over the next few years, should provide policymakers with additional information on the effects of MIG performance.

The report is structured around the MIG program's stated goals of (1) protecting and enhancing health care, other benefits, and necessary employment supports; (2) maximizing employment for people with disabilities; and (3) expanding a state's labor force by encouraging people with disabilities to work. The history and growth of MIGs since 2001 are covered in Chapter II. In Chapter III we consider how states with MIGs are protecting and enhancing health care and employment supports by measuring the growth in the number of states with a Medicaid Buy-In program, enrollment in the Buy-In, and the expansion of PAS that help people with disabilities sustain competitive employment. In Chapter IV, we use multiple data sources to examine the extent to which increases in employment among people with disabilities in MIG states can be attributed to Buy-In enrollment and to MIG funding. To do this, we use individual-level data on earnings and Medicaid premiums among Buy-In participants, as well as national survey and administrative data on the employment of people with disabilities. The conclusion in Chapter V highlights the achievements that have resulted from MIG funding, discusses plans for future years of MIG funding, and offers recommendations for future work, including the ongoing development of standardized measures to better assess MIG performance. The appendices provide greater detail than can be included in the body of the report, including state-level data that correspond to the national statistics provided in the text.

<sup>&</sup>lt;sup>5</sup> When the same measures are presented in both years' GPRA reports, the statistics reported here supersede those in last year's report, as updates to state and federal data sources have been made since the publication of the last report.

### CHAPTER II

### MIG AWARDS, FUNDING, AND ACTIVITIES

### A. NUMBER OF MIG AWARDS AND FUNDING AMOUNTS

The MIG program seeks to support individuals with disabilities in securing and sustaining competitive employment. Since the inception of MIGs in 2001, CMS has sought MIG applications from states in every calendar year, and congressional appropriations to MIGs have grown annually, doubling between 2001 and 2007 from \$20 to \$41.8 million.<sup>6</sup> Over the years, the mission of the MIG program has remained consistent with its legislative intent, though strategic changes have been made to its grant solicitations during that time. For example, the requirements for securing a grant have become progressively more difficult to meet, including requiring states to expand the PAS provision in their Medicaid State Plan to be eligible for new funding.<sup>7</sup> This change, as well as others to the solicitation process and eligibility requirements since 2001, may have incentivized states to improve the systems and programs that facilitate work among people with disabilities, above and beyond the effects of activities funded by MIGs.

State interest in the MIG program was high from the start and has remained high (see Figure II.1 and Table B.2). From 2001 to 2007, every state except Tennessee received a MIG for at least one year, including the District of Columbia and the U.S. Virgin Islands. A total of 22 states have had a MIG in every year funding was available through 2007, and once a state is first awarded a MIG, most continue to apply for ongoing funding (Table B.3). In 2007, there were 41 MIGs nationwide (including six states with no-cost extensions from an earlier grant period). Only three states with MIG funding in 2006 (Kentucky, New York, and the U.S. Virgin Islands) did not have funding in 2007, while one state, Arizona, applied for and received new MIG funding in 2007. Thus, the total number of MIGs fell by two from 2006 to 2007, from 43 to 41.

<sup>&</sup>lt;sup>6</sup> Any unspent funds by law can be carried forward by CMS for use in subsequent years and these funds are considered separate from the annual appropriation (Ticket Act, 1999 and 2007 MIG grant solicitation).

<sup>&</sup>lt;sup>7</sup> The specific grant types and PAS requirements to obtain MIG funding are described in Table B.1.

In 2007, funding amounts to MIG states ranged from \$500,000 to \$5.8 million. The majority of states received award amounts of \$500,000, but six states received more than \$1 million. Despite the decline in the number of states with MIGs between 2006 and 2007, total MIG funding was 21 percent higher in 2007 than in 2006 (Figure II.1). This suggests that the average award amount per state increased during last year, which could be explained by increases in the number of participants in Buy-In programs, per-person Medicaid expenditures among Buy-In participants, and/or the comprehensiveness of other MIGsupported infrastructure-changing activities. It is likely a combination of these three factors that led to increased funding between 2006 and 2007.

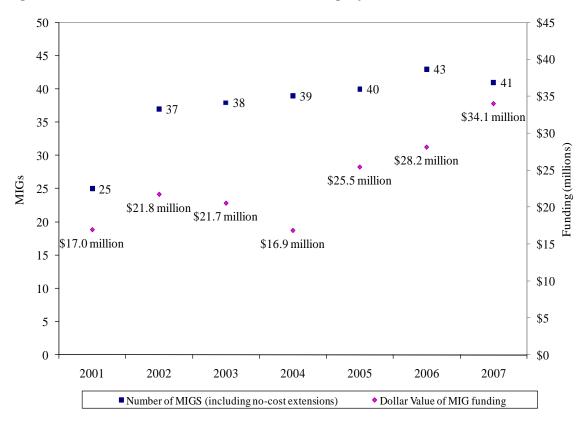


Figure II.1: Number of MIGs and Total MIG Funding, by Year, 2001-2007

Source: Beauchamp et al. (2007) and email and telephone communication with CMS staff.

### B. THE RANGE OF ACTIVITIES SUPPORTED BY MIG FUNDING

The scope of activities pursued by a state with MIG funding is in part based on the type of MIG a state is awarded. In 2007, there were two types of new awards: basic and comprehensive. Regardless of grant type, all MIG-financed efforts must be directed toward

<sup>&</sup>lt;sup>8</sup> The amount of MIG funding that states receive is tied to Medicaid expenditures among Buy-In participants in earlier years. States can request the higher of \$500,000 or 10% of Buy-In expenditures from the previous year.

increasing employment among people with disabilities, and funds may not be used for service delivery (apart from 10 percent of funds that may be allocated to support benefits counseling). Basic MIG awards were available to states that proposed using funds to build basic Medicaid employment supports for people with disabilities, such as implementing and developing a Medicaid Buy-In program, increasing the availability of PAS through the Medicaid state plan or waiver programs, and ensuring access to other health care supports that may enhance the employment objectives of people with disabilities. Comprehensive MIG awards were granted to states that had already developed a Medicaid Buy-In and effective Medicaid services, with the goal of further increasing employment among people with disabilities by forming linkages between Medicaid services and other non-Medicaid programs.

In 2007, CMS began to work in collaboration with states toward adopting a set of core measures to quantify the range of infrastructure activities supported by MIGs and the associated effect on outcomes where possible. This collaboration resulted in core groups of measures designed to comprehensively catalog MIG activities within key areas and reflect the diverse efforts of states with MIG funding. These areas are: (1) the Medicaid Buy-In; (2) PAS; (3) supported employment; (4) benefits counseling and work incentive programs; (5) employment training and education; (6) networking; (7) research and evaluation; and (8) consumer outreach. These categories were selected after a lengthy review process and are thought to best capture the core areas under which most MIG-funded activities occur.

In order to identify the core measures of MIG activities, a questionnaire was given to each MIG state and filled out by 38 MIG directors or their designees in early 2008. Within each of the core areas, states were asked to indicate whether they had ever used MIG funds to completely or partially fund a range of related infrastructure activities since the inception of their MIG program. The 10 activities reported by the most states on this questionnaire show the range of activities supported by MIG funds and demonstrate that grantee states are often involved in similar activities, with 30 states or more reported having worked in a particular area (Figure II.2). The most commonly reported activity was conducting outreach on the Medicaid Buy-In, reported by 35 of the 38 states that responded to the questionnaire. The next most commonly reported activities further show that outreach to consumers, service providers, and employers is an important component of MIG activities. For example,

<sup>&</sup>lt;sup>9</sup> Supported employment facilitates competitive work in integrated work settings for individuals with significant disabilities (psychiatric, mental retardation, learning disabilities, traumatic brain injury) for whom competitive employment has not traditionally occurred, and who, because of the nature of their disabilities, need ongoing support services to perform their job. Supported employment programs are run by independent vocational providers and community mental health or developmental disabilities service centers. They provide assistance such as job coaches, transportation, assistive technology, specialized job training, and individually tailored supervision.

<sup>&</sup>lt;sup>10</sup> At the time the questionnaire was administered, there were only six core areas, as opposed to the eight indicated above; activities in areas 2 and 3 and in areas 5 and 6 were combined into one area each. However, the activities within each area were the same as they are under the updated categorization.

<sup>&</sup>lt;sup>11</sup> Appendix C contains additional information about this questionnaire includes a detailed tally of state responses.

34 states reported that they had informed consumers about benefits counseling and the same number of states reported that they had provided service providers with information about work incentives. Conducting research and cross-agency/program collaboration are also highlighted in this top 10 list. Overall, the ten most commonly reported activities by MIGs span six of the eight core measures categories, indicating the breadth of activities undertaken by MIGs in key infrastructure development areas.

Conducting outreach on the Medicaid Buy-In Informing consumers about availability of benefits counseling Providing training to service providers on employment and work incentives Conducting research with consumers Providing training to staff and agencies on the Buy-In, including development of training materials for staff and agencies Building linkages/relationships with other agencies to sustain employment 30 networks or educational programs Collaborating benefits counseling with other work incentive programs 30 30 Developing policy around the Medicaid Buy-In Informing consumers about content and use of benefits counseling 30 Providing training to service providers on benefits counseling services **Number of States** 

Figure II.2: Top 10 Commonly Reported Activities Supported by MIG Funding, 2001-2007

Source: 2008 MIG Program-Level Outcome Questionnaire.

The questionnaire of MIG states provides a count of activities states' undertook between 2001 and 2007, but the information states submitted in 2007 through required quarterly grantee reports provides a more in-depth description of specific state efforts. Examples of the wide range of activities supported by MIG funding in 2007 include:

1. Nebraska used MIG funds to launch Youth Employment Solutions (Project YES!) to increase the competitive employment of youth-in-transition eligible for

<sup>&</sup>lt;sup>12</sup> Appendix A contains further information about these quarterly grantee reports. The reporting template that states use to provide this information to CMS can be found in last year's report (Beauchamp et al. 2007). A systematic review of information contained in the quarterly grantee reports submitted by MIGs in 2006 can be found in Xu and Roemer (September 2007).

Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Nebraska's Childhood Disability Benefits (CDB). To achieve this goal, community teams worked collaboratively with state agencies to develop resources providing information about how to continue receiving Medicaid benefits and personal assistance services once employed; they also worked to provide assistance for using employment support programs.

- 2. North Dakota used MIG funds to partner with the Aging Commission and the local Transportation Commission to identify gaps and opportunities in the current transportation system, fund a resource mapping project, and develop a transportation coalition to support continued efforts.
- 3. MIG funding in Alaska was used to enhance the state's self-employment initiative centers, which seek to expand microenterprises (businesses with less than five employees) and to develop technology information tools such as *Alaska Works*, a website of self-employment resources.
- 4. New Hampshire's MIG staff was commissioned by the Health & Disability Advocates, the parent organization of the National Consortium for Health Systems Development (NCHSD), to write a paper outlining how MIGs can help to integrate asset development strategies into existing programs and structures to improve the financial position of working individuals with disabilities.

These examples of MIG-funded activities might not have measurable impacts on employment outcomes among people with disabilities in the short term, but they could have set in motion a series of changes, such as increased awareness of employment supports for working-age adults with disabilities or increased willingness among employers to hire individuals with disabilities. Over time, such changes could lead to improved employment opportunities for people with disabilities. Thus, continual monitoring of activities funded by MIGs and improved measurement of the range of MIG-funded activities are critical to understanding the performance of the program over time.

### CHAPTER III

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

ne of the biggest challenges for low-income adults with disabilities who want to work is how to keep health benefits after obtaining employment, since many become ineligible for federal disability benefits once they begin working at substantial levels. The Medicaid Buy-In program, authorized as a state Medicaid option through the Balanced Budget Act of 1997 and in Section 201 of the Ticket Act, has been one of the most visible products of the MIG program. It provides a way for workers with disabilities to remain covered by health insurance, even if their earnings would otherwise make them ineligible for public health coverage. Even if their health benefits are maintained, many individuals with disabilities also need access to PAS inside and outside the home in order to maintain competitive employment; the MIG program has incentivized states to expand their PAS offerings through its eligibility requirements.

This chapter documents the impact of MIGs on (1) the growth in the Medicaid Buy-In program using data submitted by MIG states with Buy-In programs and (2) expansions of PAS in Medicaid State Plans and waivers using information from MIG eligibility requirements. MIG funding also has likely improved other critical supports, such as benefits counseling, transportation access, and housing services, as documented in the previous chapter, but the data required to measure these effects at the individual level in a systematic way are currently limited in scope.

### A. GROWTH IN MEDICAID BUY-IN PROGRAMS IN MIG STATES

Many states with a MIG used a large fraction of early funding to plan and implement Buy-In programs, while states that had Buy-In programs prior to the implementation of MIGs have used the funding to support and expand their existing programs.<sup>13</sup> Therefore, enrollment trends in the Buy-In program are a key measure of MIG performance.

In 2007, 34 states with a MIG also had a Buy-In program, two more than in 2006 and more than double the amount in 2001 (Figure III.1, Table B.4). Overall enrollment in the Buy-In program increased by 10 percent between the end of calendar years 2006 and 2007 and the number of total enrollees more than tripled between 2001 and 2007, from 28,738 to 105,552 (Figure III.1, Table B.5). Across all states, 28,185 individuals (27 percent of those ever enrolled in 2007) participated in the program for the first time in 2007 (Table B.6). By the end of 2007, more than 215,309 people had been enrolled in a Buy-In program at some time (including in the years before MIGs were established for states with Buy-In programs that predated MIG funding). More than 10,000 people have been enrolled at some point in each of the programs in Connecticut, Indiana, Iowa, Massachusetts, Minnesota, Missouri, Pennsylvania, and Wisconsin.

Buy-In programs in 2007 ranged in size from 14 enrollees in Virginia to 17,183 enrollees in Massachusetts (Table B.5). The five largest Buy-In programs (Massachusetts, Pennsylvania, Wisconsin, Iowa, and Minnesota) had an average enrollment of 12,682 people each. Changes in the size of the Buy-In program between 2006 and 2007 also varied substantially by state; states with newer programs, such as West Virginia, Rhode Island, Wyoming, Texas and South Dakota saw increases in enrollment of more than 50 percent, while other states with more mature programs, like Indiana, Illinois, and Vermont, had declines in enrollment of between 2 and 8 percent.

Because the Buy-In falls under each state's Medicaid plan, covered services are determined by what each state's Medicaid plan covers. States are given the flexibility to set the income and asset limits for Buy-In participation, which in turn affect the size of the target population covered by the program in each state. Along with these programmatic features, expectations about the enrollment levels and trends in Buy-In programs going forward depend on a number of factors. The size of a state's program has been found to be affected by the number of years the program has been in existence, the extent of outreach efforts, the willingness of employers in the state to hire individuals with disabilities, and local

<sup>&</sup>lt;sup>13</sup> Alaska, California, Iowa, Maine, Minnesota, Mississippi, Nebraska, New Mexico, Oregon, South Carolina, Utah, Vermont, and Wisconsin established Buy-In programs under the Balanced Budget Act of 1997, before the MIG program started in 2001. Some of these states, such as Minnesota, switched their legislative authorization to the Ticket Act once that legislation was passed. Massachusetts and Maryland established their Buy-In programs as Section 1115 demonstration waivers. Massachusetts continues to operate its Buy-In as a Section 1115 demonstration, but Maryland ended its program as of July 1, 2008.

<sup>&</sup>lt;sup>14</sup> This report addresses only Buy-In programs in states with MIG funding because these are the only states required to submit information to CMS on their Buy-In participants. However, several states had a Buy-In program in 2007 but did not have MIG funding, including Idaho, Mississippi, New York, and Texas. New York had MIG funding at the same time as they had a Buy-In program, but the other states did not. Texas secured MIG funding as of 2008; future reports will include information on its Buy-In program. Maryland, although had both MIG and Buy-In in 2007, did not submit a finder file, so it, may also have missing data for 2007 in this report.

economic conditions. These factors will likely affect the growth that can be expected in future years as well (Ireys et al. 2007; Gimm et al. 2008). 15

140.000 35 34 32 31 30 120,000 110,563 105,552 MIG States with a Buy-In Program 26 96,692 24 100,000 96,252 77,261 Enrollees 80,000 60,000 54.253 40,000 28,738 20,000 0 2001 2002 2003 2004 2005 2006 2007 Year Total Enrollment - Number of States

Figure III.1: Number of MIG States with Medicaid Buy-In Programs and Total Buy-In Enrollment, 2001-2007

Source: 2001-2007 Buy-In finder files, email and telephone communication with CMS staff.

Notes: These numbers reflect Buy-In programs and number of ever-enrolled participants during each calendar year. Cases that appear in two states during the same year are not duplicated in the national total, but do appear as a case within each state. For identical SSNs, the record with the earliest Buy-In start date was kept for the national total.

The decrease in enrollment between 2005 and 2006 is attributed to changes to Buy-In programs in two states. Beginning August 2005, Missouri ended its Buy-In program, disenrolling almost 21,000 people. New York's MIG funding ended in 2006 and the state did not report Buy-In enrollment numbers for that year (since finder file data is collected in the next calendar year).

<sup>&</sup>lt;sup>15</sup> Ultimately, the goal of the Medicaid Buy-In program is to transition participants into fuller employment arrangements, and therefore employer-sponsored health coverage. The extent to which this type of transition is occurring will also affect the size of the Buy-In program, and will be explored in future research.

### **B.** Personal Assistance Services

Sustaining employment can be a challenge when someone has difficulty completing activities of daily living inside the home (such as dressing, bathing, or preparing meals) or outside the home (such as traveling for business purposes, accessing a restroom, or meeting other personal care needs). Personal assistance services (PAS), as defined in the Ticket Act, consist of "a range of services, provided by 1 or more persons, designed to assist an individual with a disability to perform daily activities on and off the job that the individual would typically perform if the individual did not have a disability." By expanding access to PAS, states can increase the number of individuals with disabilities who can work.

Recognizing the importance of PAS for sustained employment, Section 203 of the Ticket Act indicates that a state applying for MIG funding must demonstrate that it makes PAS available under its Medicaid State Plan to the extent necessary to enable individuals with disabilities to remain employed. 16 Since 2001, the eligibility for MIG funding has been tied to a state's ability to meet the standard set forth in the Ticket Act. To secure the largest possible MIG award, a state needs to offer PAS statewide, both inside and outside of the home (including at the work place), to an extent that would allow an individual to be engaged in full-time competitive employment. States able to offer this level of PAS have been awarded MIG funding under "full," "basic," and "comprehensive" grants, depending on the year of application (Table B.3). Some states have not offered the level of PAS required to attain full eligibility and have been awarded less generous "reserved," "transitional," or "conditional" grants. Historically, states with MIG funding but with less than the full eligibility level of PAS have been required to demonstrate that they were improving access to PAS when applying for additional years of funding. <sup>17</sup> This requirement may have given states interested in MIG funding the incentive to expand PAS, and states with MIG funding have likely used funds to support such expansions.

Ideally, assessing the impact of MIG funding on the expansion of PAS would be done using quantitative sources such as Medicaid claims data; unfortunately the data to systematically examine these changes are of poor quality and largely unavailable. PAS are not coded consistently across states in Medicaid administrative claims data. Furthermore, states offer PAS through a variety of channels, including their Medicaid State Plan and home and community-based services (HCBS) waiver programs, making cross-state comparisons difficult. Liu et al. (2004) highlights some of the difficulties of performing analyses of PAS Medicaid expenditures across states. Given these difficulties, in the future it would be desirable to have consistent information across states on the number of PAS clients, the

<sup>&</sup>lt;sup>16</sup> Note that the definition of employment for the purposes of PAS is not necessarily the same as it is for the Medicaid Buy-In. In Section 203 of the Ticket Act, "employed" for the purposes of PAS is defined as earning at least the minimum wage, as defined in Section 6 of the Fair Labor Standards Act, and working at least 40 hours per month, or "being engaged in a work effort that meets substantial and reasonable threshold criteria for hours of work, wages, or other measures, as defined and approved by the Secretary." No such similar definition exists for employment in the Buy-In.

<sup>&</sup>lt;sup>17</sup> States with more developed PAS were eligible to secure more years of grant funding and could use this funding to support a broader range of activities. However, they also had to provide technical assistance to other states with less developed PAS.

volume of services they receive, and the amount of expenditures on PAS to more fully understand the evolution of these services and, by extension, MIG performance.

Without claims data, the link between MIG eligibility and PAS offerings means that the type of MIG funding category can be used to gauge PAS availability. Eleven states were fully eligible when they first applied for MIG funding; all of these states first received funding in 2001 and 2002 (Table B.7). PAS may have been expanded in these states since they first qualified for MIG funding, but we cannot ascertain these improvements using only MIG eligibility information. Twenty-three states moved from a lower to a higher category of MIG funds between the time they first secured a MIG and the 2007 funding cycle (Table B.8). This increase suggests that MIG funding is associated with the expansion of PAS coverage.

Beginning in 2007, only states that met the requirements of full eligibility were able to apply for new MIG funding. Many states seem to have expanded their PAS offerings in anticipation of this change (announced by CMS in advance). In 2001, only 10 of the 25 states (or 40 percent) with MIG funding were fully eligible, and in 2006, 47 percent of states (20 of 43 states) had achieved full eligibility. In 2007, 29 of the 41 states (70 percent) with MIG funding achieved full eligibility (Table B.2). Nine states moved to the fully eligible category for the first time in 2007, and an additional 8 states that applied for 2008 funding moved to a higher eligibility category (Alabama, Arkansas, California, Florida, Indiana, Iowa, Ohio, and Virginia). While it cannot be said that MIGs caused such expansions, there seems to be a strong association between the new eligibility rules and PAS expansions in MIG states.

<sup>&</sup>lt;sup>18</sup> States that had previously been awarded grants in the conditional category were allowed to continue their funding for the specified duration of the grant award, but when competing for new, non-continuation funding at the end of that grant award, would have to demonstrate their full eligibility status to secure a new MIG award

<sup>&</sup>lt;sup>19</sup> We identify improvements through 2008 because MIG applications for 2008 funding were completed in 2007, meaning that states would have already had to make improvements in PAS by the end of calendar year 2007. The number of states that were initially fully eligible, those that improved by 2007, and those that improved as of 2008 funding do not sum to the total number of states with grants in 2007, because some states have gained and lost funding over the course of the MIG program and may not have had funding in 2007.

### CHAPTER IV

# MIG PERFORMANCE: MAXIMIZING EMPLOYMENT AMONG PEOPLE WITH DISABILITIES

he Medicaid Buy-In and other infrastructure developed using MIG funds have helped to remove some of the barriers to work experienced by individuals with disabilities. Whether such changes have led to discernible increases in this population's labor force participation, however, remains unclear. The Buy-In program is the most visible MIG activity, but enrollees in that program made up only a very small portion of the roughly 24 million working-age adults with disabilities in the United States in 2007 (U.S. Census Bureau, American Community Survey), 2007. Thus, even if the Buy-In had important impacts on the employment of participants in the program, they might not be reflected in national statistics.

Despite those challenges, it is informative to look at the data that describe the employment activities of adults with disabilities, both in and outside of Buy-In programs. In this chapter, we present data on the employment and earnings of Buy-In participants, the premiums charged to those receiving Buy-In coverage, and publicly available national statistics on the employment of people with disabilities. While the effects of MIGs on overall employment are likely to be minimal, these data may suggest the extent to which MIGs are affecting the participation of people with disabilities in the labor force and changing earnings among those participating in the Buy-In program.

<sup>&</sup>lt;sup>20</sup> The definition of disability that applies to Buy-In enrollees is the one used by the Social Security Administration (SSA). SSA's definition is generally narrower than the definitions guiding survey data, making SSA-estimated rates of disability lower than the rates reported in surveys.

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

One way to assess whether the Buy-In program is effectively removing barriers to work is to examine how many participants have jobs and how much they are earning. Overall, 70 percent of Buy-In participants had positive earnings in 2007 (Table B.9), which is one percentage point lower than in 2006 but roughly consistent with reported Buy-In employment rates since 2002. Across all 33 MIG states with Buy-In data in 2007, the proportion of Buy-In participants who had positive earnings ranged from 39 to 100 percent, with earnings reported for at least 85 percent of participants in 24 states. The fact that most participants were working suggests that Buy-In programs are helping to encourage employment among people with disabilities, consistent with the legislative intent of the MIG program.

Among Buy-In participants who reported earnings in 2007, average annual inflation-adjusted earnings were \$8,582, slightly higher than the amount reported by employed participants in 2006 (Table B.10).<sup>22</sup> Average earnings among Buy-In participants were more than \$10,000 in 10 states, but were less than \$7,000 in the other six states. These relatively low earnings may reflect a variety of factors, including high rates of part-time employment, employment in low-skill work, and minimal work histories. They may also reflect participants' fear of earning more than the level of substantial gainful activity (SGA), used to determine eligibility for federal programs such as SSDI and SSI.<sup>23</sup> Only 24 percent of employed Buy-In participants earned at or above the SGA level in 2007, compared with 25 percent of participants in 2006 (not shown).

The distribution of earnings indicates that there was substantial variation across participants in 2007. Among Buy-In participants who had earnings in 2007, 19 percent reported less than \$2,000 in annual earnings; 27 percent reported earnings between \$2,000 and \$5,999; 26 percent earned between \$6,000 and \$9,999; and the remaining 27 percent earned \$10,000 or more (including five percent earning more than \$25,000 and very few earning more than \$50,000; not shown). The top 10 percent of earners in the Buy-In program earned substantially more than average; in both 2006 and 2007, they reported earning at least \$19,000 annually (not shown).

The sum of annual inflation-adjusted earnings for all Buy-In participants represents the total contribution of the participants in the Buy-In program to the general tax base. This has risen continuously, from nearly \$225 million in 2001, to \$580 million in 2006, and then to more than \$631 million in 2007 (Table B.11). This growth reflects not only a rise in the

<sup>&</sup>lt;sup>21</sup> Findings on earnings and employment reported in this section were determined on the basis of FICA-covered earnings. However, not all Buy-In states define employment and earnings in this way; some states include 'in-kind' income when determining whether the states' threshold for employment eligibility has been met, which might explain why some people without reported earnings are eligible for the Buy-In. It is also important to note that unearned income, such as disability cash benefits and food stamps, is not included in this analysis, although it could represent an important source of total income.

<sup>&</sup>lt;sup>22</sup> All earnings results have been adjusted for inflation to 2007 dollars unless otherwise indicated.

<sup>&</sup>lt;sup>23</sup> In 2007, SGA for a non-blind worker with a disability was \$900 per month, or \$10,800 annually.

number of Buy-In programs and enrollees over time but also a rise in earnings for some fraction of participants.<sup>24</sup>

### **B.** BUY-IN PREMIUM COLLECTION

The Medicaid Buy-In program authorizes states to offer Medicaid coverage to working adults with disabilities and to collect monthly premiums in exchange. Neither the Balanced Budget Act nor the Ticket Act requires states to charge premiums, but when premiums are charged, the Ticket Act has provisions governing premium amounts as a percent of income. As a result, most states determine premiums based on a sliding scale relative to an individual participant's income; as participants earn higher incomes the premium amount charged increases. Thus, the amount of premiums paid by Buy-In participants provides us with an alternative way to gauge participants' earnings.

Among states that charged premiums to any of their Buy-In participants, <sup>26,27</sup> four charged premiums to every participant, and an additional seven states charged premiums to more than 90 percent of participants. In five states, one state fewer than in 2006, less than 25 percent of participants were charged a premium. In states that charged premiums to at least some participants, about 44 percent of Buy-In participants were charged no premiums at all, about 36 percent were charged between \$1 and \$50 per month in premiums, and about 20 percent were charged more than \$50 per month (not shown). This distribution of the dollar amounts of premiums charged was similar in 2006.

Nationally, the share of Buy-in participants who were charged a premium stayed about the same between 2006 and 2007, as did the average amount of premiums charged. For individuals charged a positive premium, the average monthly premium was \$60.56 in 2007. There was wide variation across states: in the five states with the highest monthly premiums in 2007, the average amount charged (among those paying any premium) was \$155.11 per month, while in the five states with the lowest monthly premiums, the average amount charged was \$28.07. Overall, Buy-In participants were charged more than \$27 million in

<sup>&</sup>lt;sup>24</sup> For example, approximately 40 percent of Medicaid Buy-In participants who enrolled from 2000 through 2003 saw their earnings increase in the year after enrollment relative to the year before. The median increase in earnings was \$2,582 over the two-year period, which is substantial relative to the average pre-enrollment earnings of \$4,844 (Liu and Weathers 2007).

<sup>&</sup>lt;sup>25</sup> For example, states may charge 100 percent of the Buy-In premium to people earning more than 250 percent of the federal poverty level, and they must charge the full premium to individuals whose adjusted gross income is more than \$75,000 per year (Ireys et al. 2007). Many states choose not to charge premiums to participants who earn less than the federal poverty level.

<sup>&</sup>lt;sup>26</sup> Among the 34 states that had both a Buy-In and a MIG in 2007, six (Arkansas, New Mexico, South Carolina, South Dakota, Vermont, and Virginia) did not have a premium structure in place, two (New Jersey and Michigan) did not collect premiums from any participant during the year, and Maryland did not submit a finder file or a premium file. The remaining 25 states submitted records regarding the amount of premiums charged to Buy-In participants in 2007.

<sup>&</sup>lt;sup>27</sup> The amount charged reflects the amount of the invoices that were sent to participants, regardless of whether the invoices were paid; the amount charged does not equal the amount paid by participants. In the data submitted by states, amounts paid cannot be identified.

premiums in 2007, an increase of almost \$5 million over the premiums charged in 2006 (Table B.12, 2006 not shown). This increase does not necessarily suggest an increase in participants' earnings, however; it could also reflect the increase in number of participants in the Buy-In program, or changes in the premium schedule (for example, a state could charge a higher premium to individuals the same income category in one year compared with another).

### C. OVERALL EMPLOYMENT RATES OF PEOPLE WITH DISABILITIES

An ideal outcome of MIG activities would be an increased employment rate among working-age adults with disabilities, but the relevant literature suggests that MIGs should be considered successful if their activities merely slow or stop the decline in employment rates among this population. MIGs began at a time when employment among people with disabilities was declining (Acemoglu and Angrist 2001; Houtenville and Burkhauser 2004; Houtenville et al. 2005; Weathers and Wittenburg 2009), and estimates from the 2007 ACS suggest that this trend has continued.

To measure the employment rate among working-age adults with disabilities, we used ACS data from 2006 and 2007 (Tables B.13 and B.14). During these two years, the overall employment rate of individuals without a disability stayed about the same, at 75 percent. However, the employment rate of individuals with disabilities declined by one percentage point (from 37.2 to 36.2 percent). Between 2005 and 2006, the employment rate of people without a disability increased by 0.6 percentage points, while the rate of individuals with disabilities decreased by 0.4 percentage points. The increasing difference in the change in the employment rate among individuals without and with disabilities suggests that despite MIG and other work related programs, the overall employment situation of people with disabilities has continued to decline relative to people without disabilities.

While the overall employment rate of people with disabilities has been falling, it is possible that MIGs may have been associated with slowing the progression, as there may be a relationship between a state being fully eligible for a MIG and the employment rate of individuals with disabilities in that state. The average employment rate of people with disabilities in 2007 in states that were fully eligible for a MIG was slightly higher (40.4 percent in 2007) than in MIG states that were not fully eligible and in those states without a MIG at all (35.9 percent and 35.8 percent respectively in 2007). These employment rates represent declines since 2006, with the greatest declines in states that were not fully eligible or where there was no MIG at all—the rate for fully eligible MIG states was 41.4 percent in 2006, the rate for states not fully eligible was 38.2 percent, and the rate for states without MIGs was 37.3 percent. However, it is not possible to determine whether these differences by MIG eligibility status are due to MIG-funded activities or other systematic differences between states with and without a MIG.

## D. EMPLOYMENT RATES OF PEOPLE WITH DISABILITIES WHO RECEIVE FEDERAL DISABILITY BENEFITS

MIGs might be more likely to affect the employment of people who receive federal disability benefits than to make an observable impact on the overall rate of employment of people with disabilities. For this reason, states that receive a MIG must annually report the

percentage increase (and, by extension, the number) of adults who are working and covered by the SSDI (Title II) or SSI (Title XVI) program (Ticket Act 1999). In theory, the MIG-funded initiatives implemented by states should allow for greater workforce participation among working-age beneficiaries with disabilities, making them less dependent on SSDI and SSI.<sup>28</sup>

The number of SSDI beneficiaries entitled to benefits based on their own work history (as opposed to the work history of a spouse or parent) and whose benefits in 2007 were (1) withheld because they worked at or above the SGA level or (2) terminated because of a successful return to work was very small compared to the overall number of SSDI beneficiaries. Nor did this number change much between 2006 and 2007, holding steady at about one percent in each year (Tables B.15 and B.16).

The percentage of SSDI recipients whose benefits were withheld or terminated varied slightly by MIG eligibility type in 2007. In states fully eligible for a MIG, benefits were withheld or terminated for about 1.3 percent of SSDI beneficiaries, compared to 0.8 percent in states with a MIG but with less than full eligibility. This suggests that fully eligible states may have had more developed systems that facilitated returns to work for SSDI participants. In 2007, SSDI beneficiaries in states with a MIG returned to work at roughly the same rate as they did in states with no MIG at all, where benefits were withheld or terminated for 0.9 percent of SSDI beneficiaries.

A relatively small proportion of Buy-In participants and other MIG-affected individuals are SSI beneficiaries, suggesting that MIG-funded activities may have a small impact on the overall proportion of SSI beneficiaries who return to work. Nevertheless, SSI recipients were more likely to have been working in 2007 in states with MIG funding than in states without MIG funding (Table B.18). Nine percent of SSI recipients in states that had fully eligible MIG funding and 7.2 percent of recipients in states with MIGs with less than full eligibility worked in 2007, compared with only 5.5 percent of recipients in states without any MIG funding. These percentages were similar to those in 2006, suggesting that there may be something in MIG states that makes them systematically different from non-MIG states that encourages work among SSI recipients, although no causal relationship between MIG funding and work among this group can be inferred.

<sup>&</sup>lt;sup>28</sup> Although many MIG-funded activities may help those receiving SSI benefits, Title XVI rules typically preclude SSI recipients from participating in the Buy-In program because they are eligible for Medicaid under other provisions.

Through Section 1619(a)<sup>29</sup> and 1619(b),<sup>30</sup> SSI beneficiaries may keep their Medicaid benefits while they earn above the SGA level. Nationally, 30.5 percent of SSI recipients who worked in 2006 and 32 percent of those who worked in 2007 did keep their benefits under these rules (Tables B.17 and B.18). However, these percentages did not vary by a state's MIG eligibility status, suggesting that SSI recipients in states with MIG funding are as likely to have been working while earning above the SGA level as those in states without MIG funding.

### E. THE CHALLENGE OF OBSERVING MIG EFFECTS ON EMPLOYMENT RATES

For the reasons listed below, measuring the employment rate of adults with disabilities at a point in time does not fully capture a MIG's effect on employment.

- 1. States that apply for a MIG may also be experiencing broader, systemic changes that improve employment outcomes for people with disabilities. For example, changes in work incentives for SSDI or SSI may improve employment outcomes separately from MIG funding but would also affect workers with disabilities (Davis and Ireys 2006; Andrews and Weathers 2007). While the MIGs might be an important component of that effort, they would likely not be the only one that affects employment. In short, it will not be easy to disentangle the effects of MIGs from these other efforts.
- 2. Employment outcomes are indirectly affected by MIG funding, since MIG influences infrastructure development rather than providing direct services to people with disabilities. Further, MIG funding is relatively small compared to funding for other federal disability programs. While the infrastructure developed with MIG funding may be critical to the employment of certain groups of working-age adults with disabilities, the effects of the grants themselves on overall rates of employment might not be reflected in aggregate statistics.
- 3. MIGs put into place infrastructure that is designed to support people with disabilities for years to come, so the overall effects of MIGs may be gradual and cumulative. As additional years of Census data become available, the effects of MIGs might be better explored by assessing longer trends in labor force participation of adults with disabilities.

IV: MIG Performance: Maximizing Employment

<sup>&</sup>lt;sup>29</sup> 1619(a) allows people who receive SSI payments to continue receipt of this income even when gross wages or net earnings for self-employment are at the substantial gainful activity level. To qualify for section 1619(a), an individual must be eligible for SSI payments for at least one month before working at the SGA level, still be disabled, and meet all other eligibility rules including the income and resource test.

<sup>&</sup>lt;sup>30</sup> 1619(b) includes SSI beneficiaries who have earnings too high for an SSI cash payment but may be eligible for Medicaid if they meet several requirements. SSA uses a threshold amount to measure whether a person's earnings are high enough to replace his/her SSI and Medicaid benefits. This threshold is based on the amount of earnings which would cause SSI cash payments to stop in the person's state; and average Medicaid expenses in that state.

4. As mentioned previously, the variation in MIG type and duration makes it difficult to isolate potential effects and to compare MIG performance from state to state. States have received different types of MIGs for different periods of time since 2001. In addition, MIGs support a range of activities, some of which may have more lasting impacts on employment than others.

### CHAPTER V

# CONCLUSIONS AND RECOMMENDATIONS: MOVING TOWARD BETTER OUTCOME MEASURES

even years after implementation, MIGs have funded infrastructure change and services that are intended to promote the employment of people with disabilities. Every state but one has had a MIG at some point since 2001, and many have had MIG funding in every year since the program began. During 2007, 41 states had a MIG program, two states fewer than in 2006, although total MIG funding increased by 21 percent between 2006 and 2007 to \$34.1 million.

Two more MIG states had a Medicaid Buy-In program in 2007 than in 2006, bringing the total number of MIG states with a Buy-In to 34. Missouri, which suspended its Medicaid Buy-In program in 2005, reinstated a Buy-In program in 2007. The number of individuals enrolled in the Buy-In at some point during 2007 was 105,552, 10 percent higher than in the previous year. Positive earnings were reported by 70 percent of Buy-In participants in 2007, and inflation-adjusted average earnings among Buy-In participants who worked in 2007 were approximately \$8,500. Total earnings among all Buy-In participants in 2007 were more than \$630 million, a 9 percent increase over 2006. Of the 41 states with a MIG in 2007, 29 offered PAS at the highest level, 9 more states than in 2006. However, there is no way to directly connect MIG or Buy-In activities to the overall rate of employment among people with disabilities, and national statistics do not indicate improvements in these areas in 2007 compared to 2006.

In addition to operating the Medicaid Buy-In program and improving access to PAS, states have also used MIG funds to completely or partially fund a wide range of related infrastructure activities, among which the most frequently supported are outreach to consumers, employers and service providers; benefits counseling; and cross-program collaboration. These activities and programs may have already set in motion a series of changes, such as increased awareness of employment supports for working-age adults with disabilities and increased willingness of employers to hire persons with disabilities. Over time, those changes could improve employment opportunities for people with disabilities.

These infrastructure improvements are inherently difficult to measure, since comprehensive systems to improve the employment opportunities for people with disabilities are necessarily complex. But CMS has taken specific steps in the past year to start addressing the measurement challenges. In particular, CMS began to adopt a set of core measures that will be used to capture the impact of extensive and varied changes in infrastructure that states are making through MIG support. To document and quantify the varied MIG activities, a program-level outcome questionnaire was sent to all MIG grantees in early 2008. Responses to this questionnaire not only provided a cross-state baseline of MIG progress in the identified key activity areas (see Chapter II), but also gave states an opportunity to provide feedback on the general strategy of capturing MIG outcomes at the program level. Based on the positive reaction from states, CMS plans to further refine and implement program-level measurement of MIG outcomes in the coming years by strengthening the utility of the online quarterly progress reporting system, continuing annual updates through a more detailed state questionnaire, and providing guidance on defining and improving the outcome measures at both the system level and the individual level.

As described below, there are other efforts to collect high-quality data that help to monitor MIG performance and better reflect evolving MIG activities and grantee needs.

- Improving integration and access to data within CMS. Many of the state-based grant programs CMS is currently managing are interrelated, such as MIG, Demonstration to Maintain Independence, and Money Follows the Person Demonstration. To measure program outcomes and answer broad policy questions, a comprehensive data system is needed that can combine the federal administrative data and state-submitted grant management data, thereby linking data on program participation, employment, and use of health services. CMS has initiated a multi-year effort to develop such a system, which may in turn benefit the ongoing monitoring of MIG performance.
- Cross-agency data linkages. Data on Buy-In participants have been linked with SSA administrative data under a CMS-SSA data sharing agreement. This arrangement has made it easier to assess some important elements of program performance and outcomes. Through the interagency work group hosted by CMS, staff from both agencies meet regularly to exchange ideas about collecting a wider range of reliable data and accurate measures related to both MIG activities and the employment of people with disabilities. In the past year, CMS has also made significant progress in bringing the Department of Education's Rehabilitation Services Administration into the discussion about expanding the data-sharing agreement to include a third agency.
- Improving grantee research efforts. CMS will continue to work with its contractors, including the MIG-Research Assistance to States (MIG-RATS) Center, to facilitate multi-state research efforts through work groups, coordinated surveys and tools, and a website containing research products and tools from multiple states and external researchers (www.migrats.org). Further, CMS will enhance access to data not available through state sources by implementing a data request process for aggregate data and helping states

identify external data sources. This process will allow states to submit requests for data that is otherwise unavailable to them, to perform their own research and analysis on program performance.

• Continuing dissemination of findings through issue briefs and reports. CMS has contracted with Mathematica Policy Research, Inc. to analyze data on Buy-In and other MIG program performance. This work has so far produced eight issue briefs and four full-length reports. Future work in this area may include an in-depth analysis of Medicaid service use and expenditures among Buy-In participants, a study of people who have dis-enrolled from the program, and a profile of participants who consistently have the highest earnings.

In authorizing the MIG program, Congress gave CMS the responsibility for managing, monitoring, and reporting on the performance of programs implemented by individual states. Accordingly, CMS has been committed to identifying the program's effects in order to achieve the best outcomes for participants and to shape future policy. Two-thirds into the 11-year period of the MIG program as initially authorized, state grantees have made strides toward the goal of enhancing the employment options for people with disabilities. As the program continues, sustaining the infrastructure changes made possible by MIG funds will become one of the priority issues for both CMS and the states. To guide a discussion of these issues, CMS will continue to improve the current monitoring system, allowing the performance outcomes of the program to be consistently and accurately tracked. Such a system will also help CMS to develop a recommendation to Congress in 2010, describing the performance of MIGs and offering suggestions about whether the program should continue, in what form, and at what level.

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# APPENDIX A

# KEY DATA SOURCES CONSULTED IN PREPARING THIS REPORT

### A. MEDICAID BUY-IN FINDER FILES

States receiving MIG funding that also have a Buy-In are required to submit an annual Medicaid Buy-In finder file. This year's finder file includes individual-level identifier information (including social security number, date of birth, gender, race, Medicaid identification number, and state of residence) and the dates of Buy-In enrollment and disenrollment for individuals who enrolled in the program at any time since its inception through December 31, 2007. By August 2008, 34 states had provided Buy-In finder files: Alaska, Arkansas, Arizona, California, Connecticut, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming.<sup>31</sup> The finder files are used in this report to document program enrollment by state and nationally, as well as to link premium and employment data on Buy-In participants from other datasets.

#### B. MEDICAID BUY-IN PREMIUM FILES

Medicaid Buy-In premium files were designed to collect data on the premium amount charged to Buy-In participants. They contain individual-level identifier information and the monthly premium amount due for individuals who enrolled in the program at any point of time during 2007. Only states required to submit a finder file and that actually collected premiums from their Buy-In participants during 2007 are required to submit a premium file. This requirement means that of the 34 states that submitted finders files, 26 also submitted premium files. The eight states that submitted a finder file but did not need to provide a premium file are Arkansas, Michigan, New Jersey, New Mexico, South Carolina, South Dakota, Vermont and Virginia. These states did not charge a premium to their Buy-In

<sup>&</sup>lt;sup>31</sup> Texas did not have a Medicaid Buy-In program while receiving MIG funding prior to 2008 and therefore is excluded from this report. Maryland, on the other hand, had both MIG and Buy-In during 2007, but did not submit a finder file.

participants. This report uses premium data as a rough proxy for earnings; premium-collecting states often determine a beneficiary's premium on the basis of income. In this way, premium data represent one method of observing beneficiaries' income across states and over time.

## C. MIG STATE QUARTERLY PROGRESS REPORT

Every state receiving MIG funding is required to submit a quarterly progress report to CMS through an online system at http://www.dehpg.net. This progress report requests basic information about the grantee organization, the state's Medicaid Buy-In program, personal assistance services, major strategies it is working on, consumer involvement, research and evaluation efforts, and resource utilization, as well as self-reported outcome data. The content is filled in by state grantees. CMS monitors the completeness of reports submitted each quarter and uses them in briefing papers and books for department management and Congress. For this study, we consulted states' quarterly progress reports during 2007 to better understand specific MIG activities and efforts that are not captured by existing quantitative data, as mentioned above.

### D. MIG PROGRAM-LEVEL OUTCOME QUESTIONNAIRE

In 2007, CMS began to consider adopting a set of core measures that would be used to capture the impact of extensive and varied changes in infrastructure that states were making through MIG support. The first step necessary to complete this process was to document and quantify the varied state-level activities. A preliminary program-level questionnaire was administered among MIG grantees before and during the April 2008 MIG/DMIE Employment Summit conference to collect information on MIG initiatives in six areas central to CMS reporting needs: (1) Medicaid Buy-In; (2) Employment Supports (including Personal Assistance Services and Supported Employment); (3) Benefits Counseling/Work Incentive Programs; (4) Employment Training, Education, and Networking; (5) Research & Evaluation; and (6) Consumer Outreach.<sup>32</sup> In their responses, states identified the activities that have been supported, at least in part, by MIG funding since the first year they received it. These responses provide a baseline of MIG progress in making program-level (or systemlevel) changes to the infrastructure, and are presented in this report to supplement individual-level outcomes. CMS plans to continue this effort to more systematically capture MIG program outcomes by strengthening the utility of the online quarterly reporting system and requesting annual update on similar questionnaire from MIG states.

#### E. SSA'S MASTER EARNINGS FILE

The Master Earnings File (MEF) contains reliable annual earnings data (derived from W-2 reports) on nearly all workers in the United States for each calendar year from 1951

<sup>&</sup>lt;sup>32</sup> Subsequent work has established eight core outcome areas, by splitting activities in Employment Supports into (1) Personal Assistance Services and (2) Supported Employment and splitting activities in Employment Training, Education, and Networking into (1) Employment Training and Education and (2) Networking.

through 2007.<sup>33</sup> Because the MEF is based on tax information from the W-2, the file is accessible only under rules established by the Internal Revenue Service (IRS). Those rules give access only to SSA employees and only at SSA facilities. Although the CMS-SSA interagency data-use agreement does not give CMS access to these data, CMS can receive tabular data and derived variables approved by SSA. Earnings data are used to assess the extent to which Buy-In participants are employed and to assess the labor income of these individuals.

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

#### F. SSA'S TICKET RESEARCH FILE

The Ticket Research File (TRF) was designed to support an SSA-funded evaluation of the Ticket to Work program. It contains longitudinal data (January 1994 to December 2007) and one-time data on individuals age 18 to 64 who participated in the SSI or SSDI programs at any time from March 1996 through December 2007. These data, covered under the CMS-SSA interagency data use agreement, were pulled from various other SSA administrative data files and include such items as identifiers, disabling conditions, SSDI/SSI program participation status, and benefit payments. The TRF does not include all Buy-In participants, so information such as disabling conditions will not be available for all individuals in the Buy-In. For instance, if a participant was never an SSI or SSDI beneficiary, or if a participant was a beneficiary before March 1996 or after December 2007, he or she would not be included in the TRF. Nevertheless, previous research on Buy-In participants indicates that the majority are likely to have been SSI or SSDI beneficiaries at some time from 1996 through 2007 and therefore likely to be included in the TRF. Data from the TRF are not directly presented in this report, but have been used in other reports monitoring Buy-In achievements (see for example, Gimm et al. 2008).

<sup>&</sup>lt;sup>33</sup> We used the amount of wages subject to Medicare taxes (reported in Box 5 on the W-2 form) to represent annual earnings in our earnings analyses. Unlike wages subject to Social Security taxes, there is no maximum wage base for Medicare taxes. Medicare wages include any deferred compensation, 401k contributions, or other fringe benefits that are normally excluded from the regular income tax, and therefore should accurately represent an individual's total earnings. Data were pulled in September 2008; by which time, MEF was 99 percent completed for 2007; missing data were mostly from late filers who tend to have more complicated income returns, and are less likely to be Buy-In participants.

# G. MEDICAID STATISTICAL INFORMATION SYSTEM (MSIS) AND MEDICAID ANALYTIC EXTRACT (MAX) ELIGIBILITY AND CLAIMS FILES

MSIS is a federally mandated system in which states provide CMS with quarterly eligibility and claims data from their Medicaid Management Information Systems (MMIS). The eligibility file, which contains one record for each Medicaid recipient, consists of demographic and monthly enrollment data. The claims files have records for each health care encounter paid for by Medicaid and include information on service type, provider, dates, costs, and capitation payments. MAX is an annualized file of cleaned MSIS data that are consistent across states and years. MSIS and MAX can be used to track Medicaid enrollment and spending history of Buy-In participants. Data from MSIS or MAX are not directly presented in this report, but have been used in other reports monitoring Buy-In achievements (see for example, Liu and Ireys, 2006).

## H. MEDICARE ENROLLMENT DATA BASE (EDB) AND CLAIMS FILES

The Medicare EDB is maintained by CMS and contains eligibility and enrollment data on people who are now or have ever been enrolled in Medicare. It is used primarily to establish entitlement for Medicare beneficiaries and to support the claims payment process nationwide. The Medicare claims files contain information on types, dates, and costs of services used by Medicare beneficiaries; that information comes from several Medicare claims and utilization files, including the National Claims History Files (NCH), the Standard Analytic Files (SAF), and the National Medicare Utilization Database (NMUD). By integrating Medicare data with other data on Buy-In participants, it is possible to determine the Medicare eligibility of Buy-In participants and track Medicare spending for Medicare-eligible Buy-In participants. Medicare data are not directly presented in this report, but have been used in other reports monitoring Buy-In achievements (see for example, Liu and Ireys, 2006).

# APPENDIX B

# STATE-LEVEL ANALYSES OF MIG PERFORMANCE

Table B.1: MIG Eligibility Categories and Personal Assistance Services (PAS) Requirements, 2001-2007

Re	quirements, 20	01-2007	
Eligibility Category	Funding Years Available	Grant Type/ Names <sup>a</sup>	PAS Requirements Necessary to Secure Grant Type
Full	2001-2005	Full	State that offer PAS statewide within and
	2005- present	Basic Comprehensive	outside the home to the extent necessary to enable an individual to be engaged in full-time competitive employment. States
	2005- present	Complehensive	must offer PAS statewide through optional Medicaid personal care services benefit under the state Medicaid plan, a section 1115 or 1915(c) waiver and/or a 1915(b) waiver, or a combination of the above.
Conditional	2001-2006 <sup>b</sup>	Conditional	States that do not meet full eligibility criteria but have statewide PAS of limited scope capable of serving people with disabilities engaged in competitive employment of at least 40 hours per month. In addition, states that commit to the improvements necessary to reach this level of service by the last day of the first full year of funding may also apply under this category.
Transitional	2001-2002 <sup>b</sup>	Transitional	States that offer PAS sufficient to support individuals engaged in competitive employment of at least 40 hours per month, but either not in a statewide manner or not outside the home.
Reserved	2001-2003 <sup>b</sup>	Reserved	States that do not qualify for full or conditional eligibility (those that do not have and cannot commit to the development of a sufficient personal assistance service system) may still apply and have first- or second-year funds reserved for them, contingent upon later passage and implementation of coverage for PAS capable of serving people with disabilities in competitive employment of at least 40 hours per month.

Source: 2001-2007 MIG Solicitations; email and telephone communication with CMS staff.

Note: PAS requirements for particular grant types were taken from the MIG solicitation in the most recent year the grant was available. In other words, PAS requirements for reserved and transitional grants were taken from the 2003 MIG solicitation, conditional grants from the 2006 solicitation, and basic/comprehensive grants from the 2008 solicitation (issued in 2007).

<sup>&</sup>lt;sup>a</sup> Note that while the eligibility categories and requirements for each category have remained the same since 2001, the types/names of grants within each eligibility category have changed. In other words, fully eligible states have been offered full, basic, and comprehensive grants, but the grants have different names.

<sup>&</sup>lt;sup>b</sup> As shown in Tables B.1 and B.2, states had these types of grants beyond the years they were described in the solicitation because of continuation and no-cost extension grants.

Table B.2: Total Number of MIGs by Type and Year, 2001-2007

Type of MIG <sup>a</sup>	2001	2002	2003	2004	2005	2006	2007
New							
Reserved	2	0	0	0	0	0	0
Transitional	6	8	0	0	0	0	0
Conditional	7	5	5	0	11	7	0
Full	10	2	0	0	0	0	0
Basic	0	0	0	0	3	2	7
Comprehensive	0	0	0	1	10	3	3
Continuation <sup>b</sup>							
Reserved	0	2	2	2	2	1	0
Transitional	0	3	9	9	4	0	0
Conditional	0	7	11	17	8	15	12
Full	0	10	11	10	1	1	0
Basic	0	0	0	0	0	3	5
Comprehensive	0	0	0	0	1	11	14
Total	25	37	38	39	40	43	41

Source: Beauchamp et al. (2007) and email and telephone communication with CMS staff.

<sup>&</sup>lt;sup>a</sup> The type of MIG for which a state is eligible depends on the availability of PAS in the state; see Table B.3. The type of MIG a state receives determines the amount of available funding and the types of activities that can be supported (2001-2007 MIG Solicitations).

<sup>&</sup>lt;sup>b</sup> Continuation numbers include no-cost extensions.

Table B.3: MIG Awards by State, Year, and Type of Award, 2001-2007

Table B.3: MIG	Awards by 5	tate, Year, and I	ype of Award, 2	001-2007			
State	2001	2002	2003	2004	2005	2006	2007
Alabama	New Reserved \$625,000	Continuation Reserved \$500,000	Continuation Reserved \$500,000	Continuation Reserved \$500,000	No-cost extension Reserved	New Conditional \$500,000	Continuation Conditional \$500,000
Alaska	New Full \$625,000	Continuation Full \$500,000	Continuation Full \$500,000	No-cost extension Full	New Comprehensive \$550,000	Continuation Comprehensive \$500,000	Continuation Comprehensive \$500,000
Arizona							New Basic \$500,000
Arkansas					New Conditional \$550,000	Continuation Conditional \$494,950	No-cost extension Conditional
California		New Transitional \$500,000	Continuation Transitional \$500,000	Continuation Transitional \$500,000	New Comprehensive \$712,956	Continuation Comprehensive \$1,386,318	Continuation Comprehensive \$2,100,000
Colorado		New Transitional \$500,000					
Connecticut	New Conditional \$625,000	Continuation Conditional \$500,000	Continuation Conditional \$500,000	No-cost extension Conditional	New Conditional \$724,127	New Comprehensive \$1,511,013	Continuation Comprehensive \$5,120,550
Delaware		New Transitional \$500,000	Continuation Transitional \$500,000	No-cost extension Transitional			
District of Columbia	New Reserved \$500,000	Continuation Reserved \$500,000	Continuation Reserved \$500,000	Continuation Reserved \$500,000	Continuation Reserved \$400,860	No-cost extension Reserved	New Basic \$500,000
Florida						New Conditional \$500,000	Continuation Conditional \$500,000
Georgia	New Transitional \$625,000	Continuation Transitional \$500,000					

Table B.3 (continued)

Ctata	2001	2002	2003	2004	2005	2006	2007
State Hawaii	2301	2002	2300	2004	New Conditional \$500,000	Continuation Conditional \$500,000	New Basic \$500,000
Idaho	New Full \$625,000	Continuation Full \$500,000			,	, ,	,
Illinois	New Full \$625,000	Continuation Full \$500,000	Continuation Full \$500,000	Continuation Full \$500,000	New Conditional \$600,000	Continuation Conditional \$500,000	New Comprehensive \$500,000
Indiana			New Conditional \$500,000	Continuation Conditional \$500,000	Continuation Conditional \$700,000	Continuation Conditional \$500,000	No-cost extension Conditional
lowa	New Transitional \$1,046,750	New Conditional \$1,296,000	Continuation Conditional \$1,458,200	No-cost extension Conditional	New Conditional \$913,272	Continuation Conditional \$96,728	No-cost extension Conditional
Kansas	New Conditional \$529,117	Continuation Conditional \$500,000	Continuation Conditional \$500,000	Continuation Conditional \$500,000	Continuation Conditional \$600,000	Continuation Conditional \$500,000	New Comprehensive \$1,000,000
Kentucky					New Conditional \$500,000	No-cost extension Conditional	
Louisiana		New Transitional \$500,000	Continuation Transitional \$500,000	Continuation Transitional \$500,000	Continuation Transitional \$600,000	New Basic \$500,000	Continuation Basic \$500,000
Maine	New Conditional \$582,963	Continuation Conditional \$500,000	Continuation Conditional \$500,000	Continuation Conditional \$500,000	New Comprehensive \$600,000	Continuation Comprehensive \$650,000	Continuation Comprehensive \$650,000
Maryland			New Conditional \$500,000	Continuation Conditional \$500,000	Continuation Conditional \$25,440	Continuation Conditional \$350,000	New Basic \$500,000
Massachusetts	New Full \$1,231,807	Continuation Full \$990,891	Continuation Full \$1,044,778	New Comprehensive \$500,000	Continuation Comprehensive \$1,656,368	Continuation Comprehensive \$2,069,699	Continuation Comprehensive \$1,964,130
Michigan					New Conditional	Continuation Conditional	New Basic

Appendix B: State Level-Analyses

Table B.3 (continued)

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

Table B.3 (continued)

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

Table B.3 (continued)

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

Source: Beauchamp et al. (2007) and email and telephone communication with CMS staff.

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

Table B.4: Legislative Authority and Initial Implementation Dates of MIG States That Had a Buy-In Program Between 2001 and 2007

State	Year of Implementation	Initial Legislation That Started the Buy-In	Total Ever Enrolled Between Initial Implementation and December 31, 2007
Massachusetts	July 1997	Section 1115 Waiver	35,394
South Carolina	October 1998	Balanced Budget Act of 1997	207
Oregon	February 1999	Balanced Budget Act of 1997	1,918
Alaska	July 1999	Balanced Budget Act of 1997	973
Minnesota	July 1999	Balanced Budget Act of 1997 (prior to October 2000), Ticket Act Basic (as of October 2000)	17,750
Nebraska	July 1999	Balanced Budget Act of 1997	556
Maine	August 1999	Balanced Budget Act of 1997	3,768
Vermont	January 2000	Balanced Budget Act of 1997	2,224
New Jersey	February 2000	Ticket Act Basic	4,466
Iowa	March 2000	Balanced Budget Act of 1997	19,351
Wisconsin	March 2000	Balanced Budget Act of 1997	20,327
California	April 2000	Balanced Budget Act of 1997	7,739
Connecticut	October 2000	Ticket Act Basic and Medical Improvement	10,445
New Mexico	January 2001	Balanced Budget Act of 1997	3,200
Arkansas	February 2001	Ticket Act Basic	420
Utah	June 2001	Balanced Budget Act of 1997	2,969
Pennsylvania	January 2002	Ticket Act Basic and Medical Improvement	15,245
Washington	January 2002	Ticket Act Basic and Medical Improvement	2,025
Illinois	January 2002	Ticket Act Basic	1,852
New Hampshire	February 2002	Ticket Act Basic	4,142
Indiana	July 2002	Ticket Act Basic	18,897
Kansas	July 2002	Ticket Act Basic and Medical Improvement	2,096
Missouri (old)	July 2002	Ticket Act Basic	26,802
Wyoming	July 2002	Ticket Act Basic	98
Arizona	January 2003	Ticket Act Basic and Medical Improvement	1,854
New York	July 2003	Ticket Act Basic and Medical Improvement	4,782
Louisiana	January 2004	Ticket Act Basic	2,074
Michigan	January 2004	Ticket Act Basic	2,094
North Dakota	May 2004	Ticket Act Basic	676
West Virginia	May 2004	Ticket Act Basic and Medical Improvement	984
Nevada	July 2004	Ticket Act Basic	48
Rhode Island	January 2006	Balanced Budget Act of 1997	23
Maryland	April 2006	Section 1115 Waiver	85

State	Year of Implementation	Initial Legislation That Started the Buy-In	Total Ever Enrolled Between Initial Implementation and December 31, 2007
South Dakota	October 2006	Balanced Budget Act of 1997	63
Virginia	January 2007	Ticket Act Basic	14
Missouri (new)	August 2007	Ticket Act Basic and Medical Improvement	469

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

Note: Missouri discontinued its first Buy-In program in August 2005; numbers for "Missouri (old)" indicate total enrollment at the end of the first program, while "Missouri (new)" indicates enrollment at the end of 2007 for the new Buy-In program. New York did not have MIG funding in 2007; therefore, enrollment numbers for that state are the total ever enrolled by the end of 2006.

Table B.5: Total Number of People Ever Enrolled in Buy-In Programs, by MIG State by Year, 2001-2007

	Total Ever							
State	Enrolled <sup>a</sup>	2001	2002	2003	2004	2005	2006	2007
Alaska	973	179	252	307	349	358	360	366
Arizona	1,854			425	731	1,015	1,248	1,294
Arkansas	420	209	200	80	58	70	126	158
California	7,739	754	932	1,179	1,612	2,499	4,075	5,009
Connecticut	10,445	2,619	3,470	3,799	4,272	5,050	5,609	6,110
Illinois	1,852		379	698	889	1,036	996	930
Indiana	18,897		4,263	7,842	9,376	9,877	8,832	8,166
Iowa	19,351	4,104	5,893	7,534	9,403	11,206	12,593	13,168
Kansas	2,096		512	832	1,023	1,226	1,277	1,315
Louisiana	2,074				518	950	1,295	1,505
Maine	3,768	995	1,112	1,171	1,058	1,181	1,226	1,333
Maryland	85						85	
Massachusetts	35,394	7,661	9,763	11,016	11,972	13,463	14,954	17,183
Michigan	2,094				41	629	1,311	1,591
Minnesota	17,750	8,223	8,148	8,425	8,053	8,113	8,249	8,420
Missouri (new)	469							469
Missouri (old)	26,802		8,858	17,497	23,065	20,835		
Nebraska	556	173	151	148	180	141	143	186
Nevada	48				7	26	28	34
New Hampshire	4,142		1,121	1,544	1,993	2,188	2,156	2,201
New Jersey	4,466	329	737	1,193	1,695	2,230	2,806	3,462
New Mexico	3,200	194	599	799	782	1,273	1,980	2,005
New York	4,782			949	2,890	4,551		
North Dakota	676				275	397	474	553
Oregon	1,918	389	782	976	781	786	792	851
Pennsylvania	15,245		1,195	2,537	4,475	7,094	8,768	10,210
Rhode Island	23						12	23
South Carolina	207	105	105	83	70	71	47	51
South Dakota	63						4	63
Utah	2,969	321	554	586	663	788	1,109	1,197
Vermont	2,224	521	681	756	850	898	937	917
Virginia	14							14
Washington	2,025		155	285	549	949	1,247	1,467
West Virginia	984				86	273	549	842
Wisconsin	20,327	1,968	4,411	6,629	9,020	11,442	12,983	14,430
Wyoming	98		3	9	7	11	30	85
National Total	215,309	28,738	54,253	77,261	96,692	110,563	96,252	105,552

Source: Medicaid Buy-In finder files, 2001-2007.

Notes:

Cells with "--" denote years in which the state did not have a Buy-In program or did not submit a finder file. Missouri discontinued its first Buy-In program in August 2005 but started a new program in 2007; for presentation purposes, the two programs are shown in separate rows. Idaho, Mississippi, and New York had Buy-In programs but did not have MIGs in 2007, so they did not submit finder files for 2007. Cases that appear in two states during the same year are not duplicated in the national total but do appear as a case within each state. For identical SSNs, the record with the earliest Buy-In start date was kept for the national total.

<sup>&</sup>lt;sup>a</sup> The total ever enrolled across all years includes the number of participants in all years of the state's Buy-In program, even if the program started before the state received a MIG. For example, Massachusetts started its Buy-In program in 1997, so the total ever enrolled for that state includes individuals enrolled at any point since 1997; however, the annual enrollment information is only shown for 2001-2007.

Table B.6: Total Number of Newly Enrolled in Buy-In Programs, by MIG State by Year, 2001-2007

2007							
State	2001	2002	2003	2004	2005	2006	2007
Alaska	107	132	128	135	126	129	121
Arizona			425	351	400	368	310
Arkansas	209	24	14	15	20	72	54
California	516	403	473	691	1,278	2,130	1,978
Connecticut	1,657	1,387	1,161	1,115	1,489	1,348	1,290
Illinois		379	372	347	344	208	191
Indiana		4,263	3,997	3,385	2,878	2,405	1,969
Iowa	1,915	2,265	2,218	2,671	2,900	2,646	2,333
Kansas		512	357	336	364	256	271
Louisiana				518	483	499	574
Maine	506	444	458	387	417	422	428
Maryland						85	
Massachusetts	2,783	3,697	3,292	3,755	4,336	4,448	4,880
Michigan				41	588	777	688
Minnesota	2,368	1,690	1,747	1,375	1,344	1,129	1,197
Missouri (new)							469
Missouri (old)		8,858	8,733	7,355	1,853		
Nebraska	70	46	45	64	59	61	78
Nevada				7	19	6	16
New Hampshire		1,121	526	658	682	584	564
New Jersey	322	425	552	641	728	849	942
New Mexico	194	406	210	301	665	754	669
New York			949	1,946	1,887		
North Dakota				275	142	122	137
Oregon	327	393	373	162	199	177	225
Pennsylvania		1,195	1,486	2,343	3,325	3,068	3,828
Rhode Island						12	11
South Carolina	27	19	5	17	16	6	17
South Dakota						4	59
Utah	321	381	342	367	397	571	590
Vermont	276	295	261	284	263	242	242
Virginia							14
Washington		155	141	310	480	452	487
West Virginia				86	190	322	385
Wisconsin	1,081	2,693	2,730	3,209	3,439	3,048	3,129
Wyoming		3	6	2	6	24	57
National Total	12,673	31,164	30,968	33,104	31,263	27,180	28,159

Source: Medicaid Buy-In finder files, 2001-2007.

Notes: Cells with "--" denote years in which the state did not have a Buy-In program or did not submit a finder file. Missouri discontinued its first Buy-In program in August 2005 but started a new program in 2007; for presentation purposes, the two programs are shown in separate rows.

Idaho, Mississippi, and New York had Buy-In programs but did not have MIGs in 2007, so they did not submit finder files for 2007. Cases that appear in two states during the same year are not duplicated in the national total but do appear as a case within each state. For identical SSNs, the record with the earliest Buy-In start date was kept for the national total.

Table B.7: States That Qualified for Full Eligibility Upon First MIG Receipt

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

Source: 2001-2007 MIG Solicitations; email and telephone communication with CMS staff.

Table B.8: States That Moved to a Higher MIG Eligibility Category Between 2001 and 2007

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

Source: 2001-2007 MIG Solicitations; email and telephone communication with CMS staff.

<sup>&</sup>lt;sup>a</sup> Although Illinois was fully eligible upon receiving its first MIG in 2001, it had only conditional eligibility from 2005-2006. It re-established full eligibility in 2007.

Table B.9: Percent of Buy-In Enrollees with Positive Earnings, By State and Year, 2001-2007

State	2001	2002	2003	2004	2005	2006	2007
Alaska	58	53	58	55	57	58	55
Arizona			98	92	90	90	89
Arkansas	41	52	64	86	86	90	86
California	74	75	74	75	73	71	68
Connecticut	94	90	87	88	88	87	86
Illinois		99	98	97	97	97	95
Indiana		89	89	89	87	86	86
lowa	65	55	50	45	42	41	39
Kansas		96	95	94	94	92	94
Louisiana				94	91	87	88
Maine	91	93	92	93	93	92	92
Maryland						95	
Massachusetts	91	88	85	80	76	71	69
Michigan				100	93	88	87
Minnesota	85	86	86	91	93	92	92
Missouri (new)							96
Missouri (old)		43	40	39	35		
Nebraska	95	94	91	94	96	94	96
Nevada				86	85	71	82
New Hampshire		92	88	87	90	92	91
New Jersey	93	91	91	87	84	79	75
New Mexico	53	46	44	61	54	46	48
New York			83	83	82		
North Dakota				97	96	96	96
Oregon	92	90	86	89	89	90	89
Pennsylvania		73	75	74	73	72	71
Rhode Island						100	100
South Carolina	89	91	88	91	94	96	96
South Dakota						75	92
Utah	84	74	76	81	85	87	88
Vermont	92	88	88	89	86	88	93
Virginia							93
Washington		96	93	90	87	87	87
West Virginia				92	89	89	88
Wisconsin	83	71	62	56	51	48	46
Wyoming		a	67	57	45	80	67
National Average	84	74	70	67	67	71	70

Source: Medicaid Buy-In finder files and SSA's Master Earnings File, 2001-2007.

Note: Cells with "--" denote years in which the state did not have a Buy-In program or did not submit a finder file. Missouri discontinued its first Buy-In program in August 2005 but started a new program in 2007; for presentation purposes, the two programs are shown in separate rows. Idaho, Mississippi, and New York had Buy-In programs but did not have MIGs in 2007, so they did not submit finder files for 2007. Cases that appear in two states during the same year are not duplicated in the national total but do appear as a case within each state. For identical SSNs, the record with the earliest Buy-In start date was kept for the national total.

<sup>&</sup>lt;sup>a</sup> Earnings data is withheld due to the small size of the state's Buy-In program.

Table B.10: Average Earnings (in \$) Among Buy-In Enrollees with Positive Earnings, By State and Year, 2001-2007

State	2001	2002	2003	2004	2005	2006	2007
Alaska	12,187	11,788	12,409	13,055	12,446	11,611	11,914
Arizona			8,204	8,290	9,525	10,081	9,936
Arkansas	6,739	7,156	9,870	10,833	13,975	13,740	14,561
California	9,451	10,728	10,682	10,545	10,583	10,928	10,520
Connecticut	7,813	7,968	7,794	7,991	7,812	7,839	7,618
Illinois		7,604	7,459	7,655	7,622	7,473	7,552
Indiana		5,888	6,479	6,875	7,037	7,617	7,599
Iowa	4,941	4,805	4,746	4,790	4,884	4,950	4,881
Kansas		5,167	5,487	5,648	5,680	6,188	6,278
Louisiana				10,188	9,811	10,661	11,539
Maine	9,475	9,799	9,506	9,628	8,981	8,975	8,925
Maryland						8,421	
Massachusetts	15,292	14,710	14,257	14,011	13,348	12,856	12,780
Michigan			·	8,707	7,352	7,601	7,618
Minnesota	6,261	6,371	6,367	6,228	6,318	6,366	6,149
Missouri (new)		·	·	·	·		7,993
Missouri (old)		5,158	5,967	6,445	6,492		
Nebraska	8,278	9,653	9,267	8,812	8,606	8,494	9,135
Nevada				7,767	11,958	15,074	11,352
New Hampshire		6,103	6,179	6,566	6,953	7,213	7,479
New Jersey	7,727	8,014	8,606	9,025	8,869	8,896	9,060
New Mexico	9,382	8,847	9,677	9,839	9,271	9,320	9,291
New York			8,148	8,761	8,327		
North Dakota				5,057	5,662	5,690	5,366
Oregon	11,917	10,192	8,472	9,416	9,324	9,708	9,649
Pennsylvania		7,649	8,273	8,920	9,623	10,336	10,653
Rhode Island						10,985	12,981
South Carolina	14,917	13,690	14,578	15,737	16,792	18,682	17,158
South Dakota						26,616	8,614
Utah	8,430	7,669	7,314	7,331	8,038	8,111	7,529
Vermont	7,635	7,843	7,552	7,652	7,718	7,683	7,801
Virginia							5,433
Washington		6,957	8,360	8,042	8,409	9,018	9,288
West Virginia				11,818	11,707	11,626	12,108
Wisconsin	6,063	5,599	5,482	5,340	5,194	4,938	4,799
Wyoming		a	4,567	5,306	12,637	8,254	7,104
National Average	\$9,307	\$8,306	\$8,019	\$8,059	\$8,126	\$8,500	\$8,582

Source: Medicaid Buy-In finder files and SSA's Master Earnings File, 2001-2007.

Note:Cells with "--" denote years in which the state did not have a Buy-In program or did not submit a finder file. Missouri discontinued its first Buy-In program in August 2005 but started a new program in 2007; for presentation purposes, the two programs are shown in separate rows. Idaho, Mississippi, and New York had Buy-In programs but did not have MIGs in 2007, so they did not submit finder files for 2007. Cases that appear in two states during the same year are not duplicated in the national total but do appear as a case within each state. For identical SSNs, the record with the earliest Buy-In start date was kept for the national total.

<sup>&</sup>lt;sup>a</sup> Earnings data is withheld due to the small size of the state's Buy-In program.

Table B.11: Total Earnings (in thousands of dollars) Among Buy-In Enrollees With Positive Earnings, By State And Year, 2001-2007

State	2001	2002	2003	2004	2005	2006	2007
Alaska	1,255	1,568	2,196	2,507	2,527	2,438	2,395
Arizona			3,429	5,604	8,658	11,291	11,456
Arkansas	580	737	503	542	839	1,566	1,980
California	5,302	7,510	9,304	12,686	19,431	31,802	35,651
Connecticut	19,172	24,900	25,790	29,903	34,646	38,254	39,939
Illinois	·	2,852	5,087	6,568	7,637	7,211	6,669
Indiana		22,346	45,137	57,321	60,561	57,961	53,398
Iowa	13,158	15,439	17,820	20,186	23,073	25,566	25,106
Kansas	·	2,532	4,335	5,428	6,538	7,252	7,753
Louisiana		·	·	4,961	8,437	11,983	15,208
Maine	8,604	10,113	10,229	9,474	9,879	10,177	10,969
Maryland	·	, 	, 	, 	, 	682	
Massachusetts	106,769	126,606	133,329	133,543	136,444	136,972	152,168
Michigan	·	·	·	357	4,279	8,749	10,574
Minnesota	43,806	44,498	46,322	45,402	47,647	48,509	47,548
Missouri (new)	,	,	,	, 	, <u></u>	, <u></u>	3,605
Missouri (old)		19,427	41,902	57,943	47,879		·
Nebraska	1,358	1,371	1,251	1,489	1,170	1,147	1,635
Nevada	·	, 	, 	47	263	301	318
New Hampshire		6,261	8,354	11,444	13,705	14,290	15,004
New Jersey	2,364	5,402	9,303	13,348	16,611	19,785	23,657
New Mexico	957	2,451	3,425	4,723	6,425	8,528	8,938
New York		, 	6,453	21,000	31,150	, 	·
North Dakota			, 	1,350	2,151	2,577	2,839
Oregon	4,243	7,154	7,142	6,544	6,546	6,922	7,323
Pennsylvania	,	6,685	15,842	29,541	49,916	65,033	77,733
Rhode Island		, 	, 	, 	, 	132	299
South Carolina	1,387	1,314	1,064	1,007	1,125	841	841
South Dakota	·	, 	, 	, 	, 	80	500
Utah	2,276	3,160	3,269	3,944	5,353	7,836	7,958
Vermont	3,657	4,690	5,014	5,808	5,943	6,361	6,686
Virginia		, 	, - 	, <b></b>	, 		71
Washington		1,037	2,224	3,989	6,937	9,731	11,879
West Virginia			_,	934	2,856	5,685	9,021
Wisconsin	9,858	17,531	22,622	27,032	30,356	30,799	31,952
Wyoming	1,255	a	27	21	63	198	405
National Total	\$224,719	\$335,476	\$431,226	\$524,355	\$598,752	\$580,382	\$631,185

Source: Medicaid Buy-In finder files and SSA's Master Earnings File, 2001-2007.

Note: Cells with "--" denote years in which the state did not have a Buy-In program or did not submit a finder file. Missouri discontinued its first Buy-In program in August 2005 but started a new program in 2007; for presentation purposes, the two programs are shown in separate rows. Idaho, Mississippi, and New York had Buy-In programs but did not have MIGs in 2007, so they did not submit finder files for 2007. Cases that appear in two states during the same year are not duplicated in the national total but do appear as a case within each state. For identical SSNs, the record with the earliest Buy-In start date was kept for the

national total.

<sup>&</sup>lt;sup>a</sup> Earnings data is withheld due to the small size of the state's Buy-In program.

Table B.12: Percent of Participants Charged Buy-In Premiums for at Least One Month in 2007, by State

State	Percent Who Were Charged a Premium	Average Monthly Premium Charge Amounts (\$)	Total Amount of Premiums Charged in 2007, by State (\$)
Alaska	66.6	\$36.30	\$61,420
Arizona	94.5	35.47	84,598
California	100.0	55.70	2,187,198
Connecticut	15.1	31.96	214,209
Illinois	99.7	51.83	425,061
Indiana	40.5	165.64	4,343,755
Iowa	30.2	39.86	1,552,483
Kansas	76.3	65.61	644,049
Louisiana	11.5	66.18	93,650
Maine	8.7	9.64	6,640
Massachusetts	73.4	38.83	4,478,561
Minnesota	99.9	59.19	4,868,684
Missouri (new)	74.4	48.18	37,830
Nebraska	4.8	68.23	3,381
Nevada	100.0	40.38	10,135
New Hampshire	74.3	40.12	133,890
North Dakota	100.0	70.52	365,012
Oregon	69.8	166.07	935,487
Pennsylvania	94.3	45.48	3,387,962
Rhode Island	50.0	80.32	7,341
Utah	99.5	121.46	412,165
Washington	95.6	83.89	1,049,507
West Virginia	100.0	26.96	190,534
Wisconsin	10.3	148.53	1,798,196
Wyoming	96.1	49.09	25,575
Total	56.2	\$60.56	\$27,317,322

Source: 2007 Buy-In finder and premium files.

Note: Average monthly premiums charged include only those Buy-In participants who were charged more than \$0 per month.

Table B.13: Fraction of People with Disabilities Who Are Working, by State, 2006

	2006 Grant	Total Working Age	Percent of Working Age Population with a	Percent of Population with a Disability That Is	Percent of Working Age Population Without a	Percent of Population Without a Disability That Is
State	Туре	Population (Ages 16-64)	Disability	Employed	Disability	Employed
United States		193,568,216	12.33	37.16	87.67	75.06
Alabama	Cond.	2,951,988	17.47	30.77	82.53	73.00
Alaska	Comp.	452,444	14.05	45.41	85.95	73.46
Arizona		3,860,234	11.33	37.40	88.67	74.07
Arkansas	Cond.	1,777,162	18.67	34.48	81.33	75.04
California	Comp.	23,637,212	10.34	36.21	89.66	72.21
Colorado		3,175,932	10.50	45.12	89.50	77.54
Connecticut	Comp.	2,282,855	10.02	42.48	89.98	77.33
Delaware		548,272	12.56	37.16	87.44	76.39
DC	Res.	396,111	11.07	32.43	88.93	73.37
Florida	Cond.	11,280,359	12.41	38.35	87.59	75.20
Georgia		6,109,836	12.28	34.92	87.72	74.02
Hawaii	Cond.	801,975	9.63	41.38	90.37	76.09
Idaho		930,511	12.80	40.90	87.20	76.42
Illinois	Cond.	8,341,109	9.88	38.23	90.12	74.72
Indiana	Cond.	4,087,653	12.67	38.67	87.33	76.24
Iowa	Cond.	1,896,485	11.31	45.22	88.69	81.62
Kansas	Cond.	1,756,190	11.80	45.28	88.20	79.85
Kentucky	Cond.	2,736,210	19.16	29.14	80.84	74.84
Louisiana	Basic	2,732,075	16.05	33.07	83.95	71.48
Maine	Comp.	874,798	16.81	39.51	83.19	79.62
Maryland	Cond.	3,701,954	10.16	42.60	89.84	78.30
Massachusetts	Comp.	4,268,589	10.90	38.70	89.10	77.97
Michigan	Cond.	6,583,481	13.49	32.65	86.51	72.78
Minnesota	Comp.	3,404,922	10.05	47.13	89.95	80.92
Mississippi		1,833,556	19.00	30.02	81.00	71.03
Missouri	Cond.	3,744,132	14.19	37.10	85.81	77.57
Montana	Cond.	614,663	14.60	46.52	85.40	77.31
Nebraska	Basic	1,127,084	10.74	47.43	89.26	82.04
Nevada	Basic	1,630,778	10.39	39.97	89.61	75.97
New Hampshire	Cond.	887,758	11.48	44.19	88.52	80.65
New Jersey	Cond.	5,686,100	9.27	37.77	90.73	75.49
New Mexico	Comp.	1,239,177	13.97	39.78	86.03	72.40
New York	Full	12,662,582	10.94	32.88	89.06	72.78
North Carolina	Cond.	5,732,292	14.35	36.58	85.65	75.47
North Dakota	Comp.	407,708	10.12	52.23	89.88	81.33
Ohio	Cond.	7,409,099	13.44	37.39	86.56	76.35
Oklahoma		2,252,472	17.03	38.41	82.97	75.31
Oregon	Comp.	2,440,267	13.78	41.21	86.22	75.59

State	2006 Grant Type	Total Working Age Population (Ages 16-64)	Percent of Working Age Population with a Disability	Percent of Population with a Disability That Is Employed	Percent of Working Age Population Without a Disability	Percent of Population Without a Disability That Is Employed
Pennsylvania	Cond.	7,989,954	12.95	34.99	87.05	75.82
Rhode Island	Basic	705,218	12.95	35.99	87.05	78.04
South Carolina	Cond.	2,780,504	14.87	31.72	85.13	74.26
South Dakota	Basic	490,361	10.34	49.26	89.66	81.44
Tennessee		3,934,144	16.40	32.20	83.60	74.67
Texas		15,011,389	12.06	39.21	87.94	73.20
Utah	Comp.	1,596,399	10.57	50.66	89.43	76.77
Vermont	Comp	424,097	14.05	44.03	85.95	80.45
Virginia	Cond.	4,984,991	11.02	37.89	88.98	77.55
Washington	Comp.	4,237,999	13.58	40.16	86.42	75.47
West Virginia	Comp.	1,181,724	20.73	26.72	79.27	71.63
Wisconsin	Comp.	3,635,308	10.71	44.69	89.29	80.43
Wyoming	Cond.	340,103	13.03	46.88	86.97	81.58

Source: U.S. Census Bureau, "2006 American Community Survey," Table B18020; email and telephone communication with CMS staff.

Note: The U.S. Virgin Islands had a MIG in 2006, but no data is available.

Table B.14: Fraction of People with Disabilities Who Are Working, by State, 2007

			Danassitus	Danassitist		Danasitis
	0007	Total	Percent of Working Age	Percent of Population with a	Percent of Working Age	Percent of Population without a
	2007 Grant	Working Age Population	Population with a	Disability That Is	Population Without a	Disability That Is
State	Туре	(Ages 16-64)	Disability	Employed	Disability	Employed
United States		195,020,523	12.16	36.20	87.84	75.02
Alabama	Cond.	2,956,627	17.88	30.17	82.12	73.68
Alaska	Comp.	457,758	13.63	41.62	86.37	74.50
Arizona	Basic	3,958,827	11.46	36.00	88.54	73.32
Arkansas	Cond.	1,783,300	18.09	31.71	81.91	74.32
California	Comp.	23,813,857	10.22	35.55	89.78	72.13
Colorado	'	3,244,377	10.22	43.15	89.78	77.77
Connecticut	Comp.	2,280,955	9.89	41.91	90.11	77.75
Delaware	'	557,332	11.60	39.01	88.40	75.93
DC	Basic	404,199	11.34	32.79	88.66	73.73
Florida	Cond.	11,362,681	11.59	36.70	88.41	74.56
Georgia		6,197,084	12.07	33.31	87.93	73.96
Hawaii	Basic	804,033	9.89	42.91	90.11	75.09
Idaho		945,567	11.93	42.61	88.07	77.01
Illinois	Comp.	8,371,247	9.89	38.32	90.11	74.69
Indiana	Cond.	4,096,381	12.93	36.55	87.07	76.18
Iowa	Cond.	1,906,124	11.58	45.07	88.42	81.63
Kansas	Comp.	1,772,004	11.68	42.77	88.32	79.59
Kentucky		2,758,808	18.64	29.51	81.36	75.12
Louisiana	Basic	2,748,761	15.41	32.76	84.5	72.18
Maine	Comp.	873,828	16.50	36.69	83.50	79.38
Maryland	Basic	3,690,245	10.47	42.14	89.53	77.69
Massachusetts	Comp.	4,294,205	11.15	35.40	88.85	77.84
Michigan	Basic	6,567,092	13.60	31.66	86.40	72.29
Minnesota	Comp.	3,425,883	9.94	46.00	90.06	80.79
Mississippi		1,837,322	18.36	30.09	81.64	70.47
Missouri	Cond.	3,768,289	14.37	37.10	85.63	77.40
Montana	Cond.	624,378	13.29	41.92	86.71	76.91
Nebraska	Basic	1,126,891	10.97	46.06	89.03	82.11
Nevada	Basic	1,660,603	10.62	40.24	89.38	75.91
New Hampshire	Comp.	885,785	10.97	43.49	89.03	79.90
New Jersey	Comp.	5,668,686	8.95	36.71	91.05	75.27
New Mexico	Comp.	1,256,644	13.56	36.78	86.44	72.56
New York		12,711,571	11.03	33.07	88.97	73.11
North Carolina	Cond.	5,851,250	13.98	34.90	86.02	75.33
North Dakota	Comp.	413,440	9.54	51.49	90.46	81.19
Ohio	Cond.	7,405,751	13.43	35.03	86.57	76.09
Oklahoma		2,272,961	16.36	37.19	83.64	76.35
Oregon	Comp.	2,470,203	13.51	40.34	86.49	75.52
Pennsylvania	Cond.	7,981,536	13.02	35.28	86.98	76.23
Appendix B: State						

Appendix B: State Level-Analyses

State	2007 Grant Type	Total Working Age Population (Ages 16-64)	Percent of Working Age Population with a Disability	Percent of Population with a Disability That Is Employed	Percent of Working Age Population Without a Disability	Percent of Population without a Disability That Is Employed
Rhode Island	Basic	699,080	13.14	36.93	86.86	76.95
South Carolina	Cond.	2,824,448	14.32	29.49	85.68	74.24
South Dakota	Basic	500,360	11.22	47.78	88.78	81.81
Tennessee		4,002,220	15.88	32.13	84.12	75.37
Texas		15,230,520	11.50	38.01	88.50	73.54
Utah	Comp.	1,659,641	9.95	48.65	90.05	77.40
Vermont	Comp.	421,412	13.35	46.17	86.65	80.62
Virginia	Cond.	5,018,935	10.83	36.34	89.17	76.85
Washington	Comp.	4,280,519	13.44	40.02	86.56	75.84
West Virginia	Comp.	1,176,111	21.26	27.49	78.74	71.43
Wisconsin	Comp.	3,657,858	11.02	42.05	88.98	79.93
Wyoming	Basic	342,934	12.89	50.55	87.11	81.97

Source: U.S. Census Bureau, "2006 American Community Survey," Table B18020; email and telephone communication with CMS staff.

Table B.15: Number of SSDI (Title II) Beneficiaries Who Worked in 2006

	2006 Grant Type	SSDI Workers <sup>a</sup>	Workers with Benefits Withheld Because of Substantial Gainful Activity (SGA)	Workers with Benefits Terminated Because of Successful Return to Work
State	туре	33DI Wülkeis	Activity (SGA)	to vvoik
United States		6,806,918	33,613	36,242
Alabama	Cond.	178,303	394	418
Alaska	Comp.	10,253	87	66
Arizona		125,654	1,043	867
Arkansas	Cond.	109,104	351	316
California	Comp.	570,177	4,274	4,144
Colorado		75,874	389	491
Connecticut	Comp.	67,295	437	487
Delaware		21,702	130	147
DC	Res.	10,263	31	176
Florida	Cond.	407,193	1,445	2,143
Georgia		203,994	476	741
Hawaii	Cond.	19,211	168	141
Idaho		31,357	173	142
Illinois	Cond.	231,653	1,363	1,564
Indiana	Cond.	148,744	580	751
lowa	Cond.	61,805	310	342
Kansas	Cond.	55,525	302	324
Kentucky	Cond.	167,339	551	513
Louisiana	Basic	114,683	423	509
Maine	Comp.	48,000	320	284
Maryland	Cond.	94,535	432	783
Massachusetts	Comp.	158,861	1,352	1,333
Michigan	Cond.	250,412	898	1,364
Minnesota	Comp.	94,887	680	715
Mississippi		109,552	295	430
Missouri	Cond.	168,295	752	809
Montana	Cond.	21,604	104	136
Nebraska	Basic	33,921	201	214
Nevada	Basic	46,951	422	383
New Hampshire	Cond.	35,568	302	234
New Jersey	Cond.	158,607	1,088	976
New Mexico	Comp.	48,089	242	261
New York	Full	416,955	2,902	2,822
North Carolina	Cond.	260,960	781	1,000
North Dakota	Comp.	11,697	62	68
Ohio	Cond.	251,744	1,240	1,404
Oklahoma		97,024	327	402
Oregon	Comp.	78,853	410	389
Pennsylvania	Cond.	309,581	1,669	1,530
Rhode Island	Basic	29,738	246	183

State	2006 Grant Type	SSDI Workers <sup>a</sup>	Workers with Benefits Withheld Because of Substantial Gainful Activity (SGA)	Workers with Benefits Terminated Because of Successful Return to Work
South Carolina	Cond.	135,816	259	396
South Dakota	Basic	15,044	75	116
Tennessee		190,613	487	672
Texas		410,805	1,906	1,917
Utah	Comp.	32,280	214	158
Vermont	Comp	16,673	176	147
Virginia	Cond.	173,567	770	909
Washington	Comp.	130,099	944	843
West Virginia	Comp.	83,129	288	205
Wisconsin	Comp.	116,154	641	639
Wyoming	Cond.	9,937	72	78

Source: SSA, "Annual Statistical Report on the Social Security Disability Insurance Program, 2007," Table 56, Baltimore, MD: September 2008; email and telephone communication with CMS staff.

Note: The U.S. Virgin Islands had a MIG in 2006, but no data is available.

<sup>&</sup>lt;sup>a</sup> SSDI workers are those who can claim SSDI benefits using their own work history, as opposed to spouses or children, who qualify based on the work history of someone else.

Table B.16: Number of SSDI (Title II) Beneficiaries Who Worked in 2007

State	2007 Grant Type	SSDI Workers <sup>a</sup>	Workers with Benefits Withheld Because of Substantial Gainful Activity (SGA)	Workers with Benefits Terminated Because of Successful Return to Work
United States		7,098,723	37,701	33,381
Alabama	Cond.	186,067	462	537
Alaska	Comp.	10,617	97	81
Arizona	Basic	103,052	1,069	857
Arkansas	Cond.	115,806	420	316
California	Comp.	593,506	4,783	3,234
Colorado		80,207	423	419
Connecticut	Comp.	70,581	540	464
Delaware		22,855	148	162
DC	Basic	10,732	88	148
Florida	Cond.	418,502	1,645	2,075
Georgia		212,423	567	826
Hawaii	Basic	19,938	179	121
Idaho		32,874	217	155
Illinois	Comp.	240,699	1,448	1,530
Indiana	Cond.	155,906	643	641
lowa	Cond.	63,393	346	349
Kansas	Comp.	57,682	340	279
Kentucky		174,354	643	434
Louisiana	Basic	121,431	550	572
Maine	Comp.	50,503	350	253
Maryland	Basic	98,052	473	660
Massachusetts	Comp.	166,195	1,505	1,140
Michigan	Basic	260,391	1,027	1,389
Minnesota	Comp.	99,709	741	717
Mississippi		112,575	305	411
Missouri	Cond.	174,551	804	671
Montana	Cond.	22,717	101	108
Nebraska	Basic	34,934	237	164
Nevada	Basic	48,997	432	348
New Hampshire	Comp.	36,,452	380	267
New Jersey	Comp.	163,420	1,164	899
New Mexico	Comp.	50,693	264	226
New York		433,320	3,216	2,604
North Carolina	Cond.	270,877	817	888
North Dakota	Comp.	12,055	56	74
Ohio	Cond.	261,093	1,282	1,102
Oklahoma		103,748	416	332
Oregon	Comp.	82,627	466	324
Pennsylvania	Cond.	324,943	1,959	1,499
Rhode Island	Basic	30,863	257	188

State	2007 Grant Type	SSDI Workers <sup>a</sup>	Workers with Benefits Withheld Because of Substantial Gainful Activity (SGA)	Workers with Benefits Terminated Because of Successful Return to Work
South Carolina	Cond.	140,472	305	484
South Dakota	Basic	15,578	90	100
Tennessee		198,646	496	600
Texas		439,474	2,321	1,760
Utah	Comp.	34,732	268	220
Vermont	Comp.	17,730	188	110
Virginia	Cond.	179,233	818	908
Washington	Comp.	136,697	1,097	796
West Virginia	Comp.	86,797	357	177
Wisconsin	Comp.	121,774	673	554
Wyoming	Basic	10,308	85	66

Source: SSA, "Annual Statistical Report on the Social Security Disability Insurance Program, 2007," Table 56, Baltimore, MD: September 2008; email and telephone communication with CMS staff.

<sup>&</sup>lt;sup>a</sup> SSDI workers are those who can claim SSDI benefits using their own work history, as opposed to spouses or children, who qualify based on the work history of someone else.

Table B.17: Number of SSI (Title XVI) Beneficiaries Who Worked in 2006

	2006	All Blind and	Total Number of			
	Grant	Disabled	Recipients Who			
State	Туре	Recipients	Worked	1619(a)	1619(b)	Other <sup>a</sup>
United States		6,113,277	349,420	17,394	89,350	242,676
Alabama	Cond.	149,300	4,268	284	1,195	2,789
Alaska	Comp.	9,439	621	b	b	388
Arizona		87,205	4,263	281	1,424	2,558
Arkansas	Cond.	84,700	3,858	164	897	2,797
California	Comp.	876,326	46,849	4,067	9,945	32,837
Colorado		49,120	4,102	156	938	3,008
Connecticut	Comp.	47,747	3,941	132	1,171	2,638
Delaware		13,041	969	46	303	620
DC	Res.	20,021	795	63	282	450
Florida	Cond.	331,835	13,435	810	4,530	8,095
Georgia		180,879	7,213	322	1,839	5,052
Hawaii	Cond.	16,810	926	58	338	530
Idaho		21,841	2,007	91	613	1,303
Illinois	Cond.	234,207	14,242	702	3,603	9,937
Indiana	Cond.	96,891	5,911	225	1,589	4,097
Iowa	Cond.	41,920	6,985	159	1,592	5,234
Kansas	Cond.	37,313	4,282	140	1,037	3,105
Kentucky	Cond.	169,732	4,843	225	1,249	3,369
Louisiana	Basic	142,044	5,428	332	1,539	3,557
Maine	Comp.	30,857	2,193	91	677	1,425
Maryland	Cond.	82,612	6,277	286	1,658	4,333
Massachusetts	Comp.	132,997	9,812	544	3,295	5,973
Michigan	Cond.	211,639	13,664	504	3,159	10,001
Minnesota	Comp.	68,020	10,430	279	2,493	7,658
Mississippi	'	110,460	3,164	188	938	2,038
Missouri	Cond.	112,676	7,635	254	2,100	5,281
Montana	Cond.	14,577	1,904	60	456	1,388
Nebraska	Basic	21,214	3,133	94	639	2,400
Nevada	Basic	26,206	1,814	104	561	1,149
New		,	•			•
Hampshire	Cond.	14,003	1,313	35	402	876
New Jersey	Cond.	122,884	7,869	333	2,124	5,412
New Mexico	Comp.	47,370	2,316	127	645	1,544
New York	Full	513,648	31,382	1,598	7,568	22,216
North Carolina	Cond.	180,285	8,353	310	1,974	6,069
North Dakota	Comp.	7,438	1,396	35	357	1,004
Ohio	Cond.	242,316	17,170	576	3,546	13,048
Oklahoma		75,688	4,242	132	1,019	3,091
Oregon	Comp.	55,410	4,227	153	1,079	2,995
Pennsylvania	Cond.	301,386	16,180	728	4,361	11,091
Rhode Island	Basic	27,265	1,641	63	468	1,110

State	2006 Grant Type	All Blind and Disabled Recipients	Total Number of Recipients Who Worked	1619(a)	1619(b)	Other <sup>a</sup>
South Carolina	Cond.	94,643	4,859	153	992	3,714
South Dakota	Basic	11,626	2,114	44	508	1,562
Tennessee		147,892	5,352	223	1,360	3,769
Texas		419,516	15,027	737	4,131	10,159
Utah	Comp.	21,902	2,517	100	690	1,727
Vermont	Comp	12,753	1,255	60	418	777
Virginia	Cond.	120,819	7,198	331	2,018	4,849
Washington	Comp.	106,134	6,415	482	2,197	3,736
West Virginia	Comp.	74,621	2,254	150	654	1,450
Wisconsin	Comp.	87,723	10,488	308	2,284	7,896
Wyoming	Cond.	5,658	875	33	278	564

Source: SSA, "SSI Disabled Recipients Who Work, 2006," Tables 2 and 6, Baltimore, MD: April 2007; email and telephone communication with CMS staff.

Note: The U.S. Virgin Islands had a MIG in 2006, but no data is available.

<sup>&</sup>lt;sup>a</sup> These are individuals who were working but had amounts of earned income below the SGA level.

<sup>&</sup>lt;sup>b</sup> Data are not shown to avoid disclosure of information for particular individuals.

Table B.18: Number of SSI (Title XVI) Beneficiaries Who Worked in 2007

State		0007	All Discrete and	Tatal N			
State         Type         Recipients         Who Worked         1619(a)         1619(b)         Other a control of the part of the		2007 Grant	All Blind and Disabled	Total Number of Recipients			
Alabama         Cond.         151,240         4,347         257         1,296         2,794           Alaska         Comp.         9,611         678        b        b         423           Arizona         Basic         88,645         4,291         271         1,482         2,538           Arkansas         Cond.         882,92         4,062         161         1,019         2,882           California         Comp.         892,983         47,531         4,001         11,091         32,439           Colorado          50,791         4,196         171         1,057         2,968           Connecticut         Comp.         48,813         4,183         138         1,300         2,745           Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic	State				1619(a)	1619(b)	Other <sup>a</sup>
Alaska         Comp.         9,611         678         b         b         423           Arizona         Basic         88,645         4,291         271         1,482         2,538           Arkansas         Cond.         88,292         4,062         161         1,019         2,882           California         Comp.         892,983         47,531         4,001         11,091         32,439           Colorado          50,791         4,196         171         1,057         2,968           Connecticut         Comp.         48,813         4,183         138         1,300         2,745           Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         1,7287         963         54         363         546           Idaho          22,548 <td>United States</td> <td></td> <td>6,252,564</td> <td>357,344</td> <td>16,939</td> <td>97,551</td> <td>242,854</td>	United States		6,252,564	357,344	16,939	97,551	242,854
Arizona         Basic         88,645         4,291         271         1,482         2,538           Arkansas         Cond.         88,292         4,062         161         1,019         2,882           California         Comp.         892,983         47,531         4,001         11,091         32,439           Colorado          50,791         4,196         171         1,057         2,988           Connecticut         Comp.         48,813         4,183         138         1,300         2,745           Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,28	Alabama	Cond.	151,240	4,347	257	1,296	2,794
Arkansas         Cond.         88,292         4,062         161         1,019         2,882           California         Comp.         892,983         47,531         4,001         11,091         32,439           Colorado          50,791         4,196         171         1,057         2,968           Connecticut         Comp.         48,813         4,183         138         1,300         2,745           Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Ildiana         Cond.         100,	Alaska	Comp.	9,611	678	b	b	423
California         Comp.         892,983         47,531         4,001         11,091         32,439           Colorado          50,791         4,196         171         1,057         2,968           Connecticut         Comp.         48,813         4,183         138         1,300         2,745           Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Comp.         38,288<	Arizona	Basic	88,645	4,291	271	1,482	2,538
Colorado          50,791         4,196         171         1,057         2,968           Connecticut         Comp.         48,813         4,183         138         1,300         2,745           Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288	Arkansas	Cond.	88,292	4,062	161	1,019	2,882
Connecticut         Comp.         48,813         4,183         138         1,300         2,745           Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          225,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         33,288         4,443         142         1,084         3,217           Kentucky          173,052	California	Comp.	892,983	47,531	4,001	11,091	32,439
Delaware          13,461         1,049         52         323         674           DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         84,565	Colorado		50,791	4,196	171	1,057	2,968
DC         Basic         20,500         789         50         324         415           Florida         Cond.         336,383         13,128         747         4,720         7,661           Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810	Connecticut	Comp.	48,813	4,183	138	1,300	2,745
Florida	Delaware		13,461	1,049	52	323	674
Georgia          183,836         7,090         297         1,916         4,877           Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic	DC	Basic	20,500	789	50	324	415
Hawaii         Basic         17,287         963         54         363         546           Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810         2,278         80         729         1,469           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic	Florida	Cond.	336,383	13,128	747	4,720	7,661
Idaho          22,548         2,178         88         681         1,409           Illinois         Comp.         235,287         14,342         661         3,888         9,793           Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810         2,278         80         729         1,469           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minchigan         Basi	Georgia		183,836	7,090	297	1,916	4,877
Illinois	Hawaii	Basic	17,287	963	54	363	546
Indiana         Cond.         100,444         6,076         189         1,717         4,170           Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810         2,278         80         729         1,469           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississispi          110,477         3,195         163         971         2,061           Missouri         <	Idaho		22,548	2,178	88	681	1,409
Iowa         Cond.         42,938         7,065         157         1,685         5,223           Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810         2,278         80         729         1,469           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississispipi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana	Illinois	Comp.	235,287	14,342	661	3,888	9,793
Kansas         Comp.         38,288         4,443         142         1,084         3,217           Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810         2,278         80         729         1,469           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississippi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nevada <t< td=""><td>Indiana</td><td>Cond.</td><td>100,444</td><td>6,076</td><td>189</td><td>1,717</td><td>4,170</td></t<>	Indiana	Cond.	100,444	6,076	189	1,717	4,170
Kentucky          173,052         4,739         223         1,366         3,150           Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810         2,278         80         729         1,469           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississippi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nebraska         Basic         21,720         3,206         78         693         2,435           New Hampshire	Iowa	Cond.	42,938	7,065	157	1,685	5,223
Louisiana         Basic         147,908         5,928         331         1,860         3,737           Maine         Comp.         31,810         2,278         80         729         1,469           Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississippi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nebraska         Basic         21,720         3,206         78         693         2,435           Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire	Kansas	Comp.	38,288	4,443	142	1,084	3,217
MaineComp.31,8102,278807291,469MarylandBasic84,5656,4202681,8624,290MassachusettsComp.137,30010,3475493,6736,125MichiganBasic214,94913,5804733,3189,789MinnesotaComp.70,62210,6622552,5927,815Mississisppi110,4773,1951639712,061MissouriCond.115,1477,7002512,1005,349MontanaCond.15,0202,057554811,521NebraskaBasic21,7203,206786932,435NevadaBasic27,1101,913996541,160New HampshireComp.14,7041,33845437856New JerseyComp.124,7728,0343192,2575,458New MexicoComp.48,6912,3681167081,544New York521,96431,5141,5878,39021,537North CarolinaCond.184,4298,4233032,1705,950North DakotaComp.7,4911,38729383975OhioCond.246,62017,6835663,84013,277Oklahoma78,8344,4231641,1693,090OregonComp.57,2114,451156 <t< td=""><td>Kentucky</td><td></td><td>173,052</td><td>4,739</td><td>223</td><td>1,366</td><td>3,150</td></t<>	Kentucky		173,052	4,739	223	1,366	3,150
Maryland         Basic         84,565         6,420         268         1,862         4,290           Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississisppi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nebraska         Basic         21,720         3,206         78         693         2,435           Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire         Comp.         14,704         1,338         45         437         856           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York	Louisiana	Basic	147,908	5,928	331	1,860	3,737
Massachusetts         Comp.         137,300         10,347         549         3,673         6,125           Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississisppi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nebraska         Basic         21,720         3,206         78         693         2,435           Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire         Comp.         14,704         1,338         45         437         856           New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York	Maine	Comp.	31,810	2,278	80	729	1,469
Michigan         Basic         214,949         13,580         473         3,318         9,789           Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississippi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nebraska         Basic         21,720         3,206         78         693         2,435           Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire         Comp.         14,704         1,338         45         437         856           New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina	Maryland	Basic	84,565	6,420	268	1,862	4,290
Minnesota         Comp.         70,622         10,662         255         2,592         7,815           Mississippi          110,477         3,195         163         971         2,061           Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nebraska         Basic         21,720         3,206         78         693         2,435           Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire         Comp.         14,704         1,338         45         437         856           New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota	Massachusetts	Comp.	137,300	10,347	549	3,673	6,125
Mississippi110,4773,1951639712,061MissouriCond.115,1477,7002512,1005,349MontanaCond.15,0202,057554811,521NebraskaBasic21,7203,206786932,435NevadaBasic27,1101,913996541,160New HampshireComp.14,7041,33845437856New JerseyComp.124,7728,0343192,2575,458New MexicoComp.48,6912,3681167081,544New York521,96431,5141,5878,39021,537North CarolinaCond.184,4298,4233032,1705,950North DakotaComp.7,4911,38729383975OhioCond.246,62017,6835663,84013,277Oklahoma78,8344,4231641,1693,090OregonComp.57,2114,4511561,1923,103PennsylvaniaCond.310,64016,7737414,90511,127	Michigan	Basic	214,949	13,580	473	3,318	9,789
Missouri         Cond.         115,147         7,700         251         2,100         5,349           Montana         Cond.         15,020         2,057         55         481         1,521           Nebraska         Basic         21,720         3,206         78         693         2,435           Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire         Comp.         14,704         1,338         45         437         856           New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma         <	Minnesota	Comp.	70,622	10,662	255	2,592	7,815
MontanaCond.15,0202,057554811,521NebraskaBasic21,7203,206786932,435NevadaBasic27,1101,913996541,160New HampshireComp.14,7041,33845437856New JerseyComp.124,7728,0343192,2575,458New MexicoComp.48,6912,3681167081,544New York521,96431,5141,5878,39021,537North CarolinaCond.184,4298,4233032,1705,950North DakotaComp.7,4911,38729383975OhioCond.246,62017,6835663,84013,277Oklahoma78,8344,4231641,1693,090OregonComp.57,2114,4511561,1923,103PennsylvaniaCond.310,64016,7737414,90511,127	Mississippi		110,477	3,195	163	971	2,061
Nebraska         Basic         21,720         3,206         78         693         2,435           Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire         Comp.         14,704         1,338         45         437         856           New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania	Missouri	Cond.	115,147	7,700	251	2,100	5,349
Nevada         Basic         27,110         1,913         99         654         1,160           New Hampshire         Comp.         14,704         1,338         45         437         856           New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	Montana	Cond.	15,020	2,057	55	481	1,521
New Hampshire         Comp.         14,704         1,338         45         437         856           New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	Nebraska	Basic	21,720	3,206	78	693	2,435
New Jersey         Comp.         124,772         8,034         319         2,257         5,458           New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	Nevada	Basic	27,110	1,913	99	654	1,160
New Mexico         Comp.         48,691         2,368         116         708         1,544           New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	New Hampshire	Comp.	14,704	1,338	45	437	856
New York          521,964         31,514         1,587         8,390         21,537           North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	New Jersey	Comp.	124,772	8,034	319	2,257	5,458
North Carolina         Cond.         184,429         8,423         303         2,170         5,950           North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	New Mexico	Comp.	48,691	2,368	116	708	1,544
North Dakota         Comp.         7,491         1,387         29         383         975           Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	New York		521,964	31,514	1,587	8,390	21,537
Ohio         Cond.         246,620         17,683         566         3,840         13,277           Oklahoma          78,834         4,423         164         1,169         3,090           Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	North Carolina	Cond.	184,429	8,423	303	2,170	5,950
Oklahoma        78,834       4,423       164       1,169       3,090         Oregon       Comp.       57,211       4,451       156       1,192       3,103         Pennsylvania       Cond.       310,640       16,773       741       4,905       11,127	North Dakota	Comp.	7,491	1,387	29	383	975
Oregon         Comp.         57,211         4,451         156         1,192         3,103           Pennsylvania         Cond.         310,640         16,773         741         4,905         11,127	Ohio	Cond.	246,620	17,683	566	3,840	13,277
Pennsylvania Cond. 310,640 16,773 741 4,905 11,127	Oklahoma		78,834	4,423	164	1,169	3,090
·	Oregon	Comp.	57,211	4,451	156	1,192	3,103
Rhode Island Basic 27,770 1,883 67 524 1,292	Pennsylvania	Cond.	310,640	16,773	741	4,905	11,127
	Rhode Island	Basic	27,770	1,883	67	524	1,292

State	2007 Grant Type	All Blind and Disabled Recipients	Total Number of Recipients Who Worked	1619(a)	1619(b)	Other <sup>a</sup>
South Carolina	Cond.	95,307	4,736	153	1,017	3,566
South Dakota	Basic	11,887	2,134	59	496	1,579
Tennessee		149,358	5,379	202	1,455	3,722
Texas		441,410	16,238	751	4,811	10,676
Utah	Comp.	22,919	2,685	106	794	1,785
Vermont	Comp.	13,252	1,291	65	449	777
Virginia	Cond.	122,627	7,365	316	2,193	4,856
Washington	Comp.	108,884	6,823	463	2,532	3,828
West Virginia	Comp.	75,871	2,334	134	757	1,443
Wisconsin	Comp.	90,477	10,773	275	2,318	8,180
Wyoming	Basic	5,718	860	38	272	550

Source: SSA, "SSI Annual Statistical Report, 2007," Tables 40 and 44, Washington, DC: September 2008; email and telephone communication with CMS staff.

<sup>&</sup>lt;sup>a</sup> These are individuals who were working but had amounts of earned income below the SGA level

<sup>&</sup>lt;sup>b</sup> Data are not shown to avoid disclosure of information for particular individuals.

## APPENDIX C

## MIG PROGRAM-LEVEL OUTCOME QUESTIONNAIRE AND STATE RESPONSES

In 2007, CMS began to consider adopting a set of core measures to capture the impact of extensive and varied changes in infrastructure made by states using MIG funds. The first step in this process was to document and quantify the various state-level activities. The MIG Program-Level Outcome Questionnaire was designed to (1) document past and current MIG activities across states and (2) allow states to provide feedback about whether the current efforts to collect data from MIG states adequately capture the range of activities supported by MIGs.

The questionnaire was fielded in early 2008 and was completed by 38 of the 41 states that had MIG funding in 2007. In the questionnaire instructions, states were asked to indicate whether certain activities designed to increase employment among people with disabilities were supported, at least in part, by MIG funding. They were asked to consider the entire history of the state's MIG when responding. When requested, states provided any available supporting information for each checked item.

Based on results from the questionnaire, CMS confirmed the following six content areas that were most relevant to state MIG initiatives: (1) the Medicaid Buy-In (2) PAS and Supported Employment;<sup>34</sup> (3) Benefits Counseling and Work Incentive Programs; (4) Employment Training, Education, and Networking; (5) Research and Evaluation; and (6) Consumer Outreach.<sup>35</sup> Within each category, states indicated activities that were funded by

<sup>&</sup>lt;sup>34</sup> Supported employment facilitates competitive work in integrated work settings for individuals with significant disabilities (psychiatric, mental retardation, learning disabilities, traumatic brain injury) who have not traditionally had competitive employment and who need ongoing support services to perform their job. Supported employment programs are run by independent vocational providers, community mental health centers, and developmental disabilities service centers. These providers offer assistance such as job coaches, transportation, assistive technology, specialized job training, and individually tailored supervision.

<sup>&</sup>lt;sup>35</sup> Subsequent work has established eight core outcome areas, by splitting activities in Employment Supports into (1) Personal Assistance Services and (2) Supported Employment and splitting activities in Employment Training, Education, and Networking into (1) Employment Training and Education and (2) Networking.

the MIG program. The following table documents the number of MIG states that indicated activity in each area at some point.

Table C.1: State Responses to the 2008 MIG Program-Level Outcome Questionnaire

Activity to Improve the Infrastructure to Increase Employment Among People with Disabilities	Number of States Reporting Activity using MIG Funds						
Medicaid Buy-In							
Develop policy around the Medicaid Buy-In	30						
Initial program policy	22						
Expansion of eligibility (e.g., increased asset, income limits)	16						
Restriction of eligibility (e.g., decreased asset, income limits) Changes to premium requirements	6 11						
Waiver modifications	14						
State plan amendments	17						
Provide training to staff and agencies on the Buy-In, including development of training materials for staff and agencies	31						
Develop disability review process for the Buy-In	12						
Conduct analysis of implications of the Buy-In policy changes	26						
PAS							
Develop or modify policy to expand general PAS availability	16						
Develop or modify policy to expand workplace PAS availability	21						
Implement trial programs on PAS service delivery (e.g., pilot projects of limited scope to test PAS expansion options)	7						
Conduct policy analysis of PAS expansion implications (e.g., fiscal implications of expanding PAS availability under certain conditions)	17						
Supported Employment							
Conduct customized employment strategies (e.g., job carving)	11						
Develop programs or waivers targeting specific subgroups of people with disabilities	13						
Benefits Counseling and Work Incentives							
Provide work incentives benefits counseling services, including							
services to targeted groups such as youth in transition	25						
Provide training to service providers on benefits counseling services	30						
Develop online benefits counseling tools	15						
Develop/increase benefits counseling capacity (e.g., hire or train	00						
staff)	26						
Make administrative changes to benefits counseling or work incentive programs	17						
Build linkages/relationships with other agencies to sustain BC	29						
supports and programs	23						
Collaborate with other work incentive programs	30						
Employment Training and Education							
Provide training to service providers on employment and work incentives	34						
Provide training to consumers on basic job skills (includes training to targeted groups)	11						
Develop employment technical assistance networks	18						

Number of States Activity to Improve the Infrastructure to Increase Employment Among Reporting Activity using People with Disabilities MIG Funds Networking Build partnerships with employers/business organizations (e.g., 28 Business Leadership Networks [BLNs]) 19 Develop strategies/tools for hard-to-reach populations Establish/support peer networks for employed persons with 19 disabilities with other 30 Build linkages/relationships agencies sustain employment networks or educational programs **Research and Evaluation** 31 Conduct research with consumers 24 Develop data-sharing agreements to obtain needed data Conduct data source mapping and identify gaps 25 Build integrated database/data warehouse 14 Track project/program participants over time 25 Conduct resource assessments/mapping 22 Conduct research with service providers 25 23 Conduct research with employers Develop quality assurance measures (e.g., build tools or conduct 11 assessments regarding services) 26 Develop measurements strategies and evaluation plans Build linkages/relationships to sustain research and evaluation 18 capacity **Consumer Outreach** Conduct outreach on the Medicaid Buy-In 35 Conduct outreach on PAS service availability 23 Conduct outreach on supported employment services, such as job 21 coaching Conduct outreach/education waiver 16 on programs/state plan amendments and supported employment Inform consumers about availability of benefits counseling 34 30 Inform consumers about content and use of benefits counseling 26 Develop outreach tools for employers on employment of people with disabilities

Source: MIG Program-Level Outcome Questionnaire, March/April 2008.