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SB 119

Medicaid Buy-in Option

For

Workers with Disabilities

IL Medicaid Infrastructure Grant Report

Montanan's with Disabilities Accessing Employment

Montana Medicaid Infrastructure Grant 2007 Employment Focus Group Questionnaire Report

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Abstract

This project focuses on the employment experiences of people with disabilities in Montana when working or seeking to work, primarily as those experiences relate to factors such as having adequate healthcare insurance coverage, their knowledge of Social Security Work Incentive Programs, as well as what people with disabilities themselves perceive are the barriers to becoming gainfully and competitively employed as compared to other Montanans who don't have disabilities. Data collection for this study was conducted by Montana's four Independent Living Centers (Summit Independent Living Center, Living Independently for Today and Tomorrow, Montana Independent Living Project, and North Central Independent Living Services) under contract with the Montana Department of Public Health And Human Services (DPHHS) as part of the Montana Basic Medicaid Infrastructure Grant awarded to DPHHS in January of 2006. Qualitative and quantitative data was collected from 377 participants in 56 communities in 37 of Montana's 56 counties using methods such as one-on-one in person interviews, one-on-one over the phone interviews, and town-meeting style focus groups. Data was also collected from 73 service providers throughout the state who work directly with people with disabilities on their employment goals. A second employment study, also conducted simultaneously as part of the Montana Basic Medicaid Infrastructure Grant by the Rural Institute on Disabilities at the University of Montana, can and should be used to compare results with this study to gather a collective depiction of the experiences of people with disabilities in Montana when they are employed or attempting to become employed so that employment outcomes for people with disabilities may be improved.

Montanan's with Disabilities Accessing Employment

The Purpose and Problem

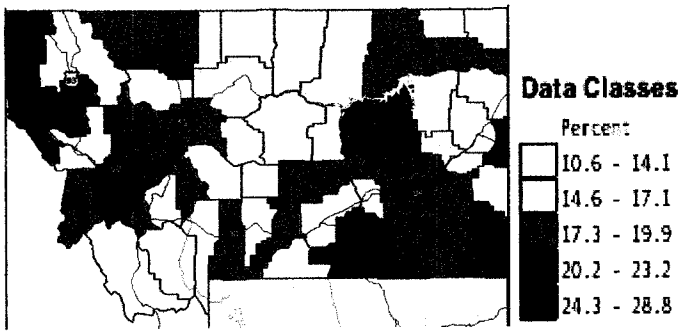
"Many Americans with significant disabilities want to work but are discouraged from doing so by barriers in the current system of benefits and supports. The Ticket to Work and Work Incentives Improvement Act of 1999 seeks to address many of these barriers. This Act expands Medicare and Medicaid coverage for certain categories of employed individuals with disabilities because people with disabilities have continually identified the loss of health care coverage as one of the major obstacles they face as they return to work. The Act also provides improvements in employment supports from other federal agencies. Most importantly, the Act is a commitment to people with disabilities that they can and should be productive members of the country's workforce (2007 Edition-Announcement – Medicaid Infrastructure Grant, Department of Health and Human Services (DHHS), The Centers for Medicare & Medicaid Services (CMS), Center for Medicaid and State Operations (CMSO), Page 6)."

The Ticket to Work and Work Incentives Improvement Act of 1999 "provides states the option to offer Medicaid buy-ins to employed people with disabilities through two optional eligibility groups. A core objective of this grant program is for states to implement and develop Medicaid buy-in programs offered under either the Ticket to Work or Work Incentives Improvement Act or under the Balanced Budget Act of 1997.

"The Medicaid Infrastructure Grants program was created to provide financial assistance to states to facilitate the competitive employment of people with disabilities through (a) Medicaid buy-in opportunities under the Medicaid state plan, (b) significant improvements to Medicaid services that support people with disabilities in their competitive employment efforts, and (c) providing comprehensive coordinated approaches across programs to removing barriers

to employment for individuals with a disability. The need for comprehensive employment systems is essential (2007 Edition-Announcement – Medicaid Infrastructure Grant, DHHS, CMS, CMSO, Page 6)."

According to the 2005 American Community Survey, the US Census Bureau estimates that 16.7% of Montana's overall population of 910,659 are people with disabilities, age five and over. The national average is 14.9% so that puts Montana's population of people with disabilities slightly above the national average percentage wise. Working aged adults with disabilities, aged 21 to 64, make up roughly 16.9% of that age groups population (2000 Census, U.S. Census Bureau) and, as seen in the graphic above, live in all regions of the state. The U.S. Census Bureau also reports that 55.4% of people with disabilities in this portion of Montana's population are employed compared to 79.1% of their peers without disabilities. However, while this figure is still significantly lower than the employment rate of people without disabilities, it could be somewhat misleading as it most likely includes people with disabilities who work in sheltered workshops making substandard wages as compared to the general population. Therefore, the reported 55.4% employment rate of Montanan's with disabilities should be viewed with skepticism when talking about the competitive employment rate of people with disabilities in comparison to the general population or when creating or changing programmatic infrastructure to help improve the options/opportunities people with disabilities have to find and maintain employment that is meaningful, gainful, and competitive. The collective employment rate of people with all types of



TM-P046. Percent of Persons 21 to 64 Years With a Disability: 2000 - US Census Bureau

disabilities across the state of Montana is likely quite a bit lower meaning a vast pool of Montana's potential workforce is being significantly underutilized.

People with disabilities, especially those with significant disabilities who require the use of Personal Assistant Services or those whose medical condition require high cost maintenance over the long term, face unique challenges when deciding to become employed as these often are people who have come rely on Social Security and Medicaid benefits in order to live from day to day. People with disabilities who receive Social Security benefits most likely receive one of two types of Social Security or possibly both. Those two types are Social Security Disability Income (SSDI) or Supplemental Security Income (SSI). With these two types of disability benefits come two totally different set of challenges depending on which a person receives when they try to become employed.

The federal government has started focusing on the issue of unemployment among people with disabilities by implementing what are known as Social Security Work Incentive Programs such as Plans for Achieving Self Support (PASS Plans), Income Related Work Expenses (IRWE's), trial work period months, and extended periods of eligibility. However, the unemployment rate among people with disabilities is still significantly higher than that of the general population and a majority of Work Incentive Programs only focus on getting people off of Social Security and do nothing to address how people with disabilities will be able to maintain or afford personal assistant services or other high cost medical needs, that private or employer provided health insurance policies do not cover, once they are working and no longer eligible for Medicaid or other long term care supports but still not earning enough to afford to independently pay for these life sustaining services. Due to this systemic barrier, the current system has created a dependency and an entitlement attitude where many people are fearful of attempting

employment for reasons of leaving behind the security of knowing Medicaid and other benefits programs are there to help them with costs that they otherwise could not afford.

To collect and document information related to the employment experiences, or lack thereof, of people with disabilities in the state of Montana, Summit Independent Living Center, Inc. in Missoula, Montana was contracted by the Montana Department of Public Health And Human Services through its Medicaid Basic Infrastructure Grant to perform the following tasks:

1. Conduct a statewide outreach campaign utilizing focus groups, presentations, discussion sessions, one-on-one interviews, and other methods.

2. Compile anecdotal information, reports from strategy sessions, and other information to document the need for Medicaid infrastructure improvements and changes.

3. Solicit input from people with disabilities regarding the barriers that prevent them from getting and keeping the type of jobs they need and desire and their specific needs for employment supports.

4. Identify opportunities to link independent living centers, vocational rehabilitation services, mental health programs, and other entities to collaborative efforts to improve employment services and supports.

5. Inform the Department and others of project activities for improved employment outcomes for people with disabilities.

Study Design

Methods

For this outreach campaign, Summit Independent Living Center was the main contractor with the Department of Public Health and Human Services and was primarily responsible for the planning and implementation of this project. In order to efficiently gather information statewide, and since Summit Independent Living Center serves only the seven westernmost counties in Montana, Montana's other four Independent Living Centers (Living Independently for Today and Tomorrow in Billings, Montana Independent Living Project in Helena, and North-Central

Independent Living Services in Great Falls) were subcontracted to coordinate and conduct the information collection efforts in their respective service areas.

This outreach campaign was initiated and designed to collect anecdotal information directly from Montanans with disabilities who are currently working or are interested in becoming employed as well as to collect information from various service providers who work closely with people with disabilities on their employment goals. At the beginning of this campaign we created two fundamental criteria on which to base consumer eligibility for participation. In order to be eligible to participate in this questionnaire participants must have been able to answer "yes" to at least one of the two following criteria.

- Identify as having a disability that impacts your ability to live independently or gain employment and have a desire or goal to work part time or full time, or
- Identify as having a disability that impacts your ability to live independently or gain employment and are already employed.

There were no criteria formulated to control service provider participation, only that they be ones who work one-on-one with people with disabilities on employment related issues.

Our goal was to collect and document people with disabilities' real life employment experiences and to find out first hand why people with disabilities are being employed at such a lower percentage compared to the general population -- whether it is because they feel that their disabilities prevent them from working, they feel under qualified or not educated enough to find work, they feel they are turned away by employers, they are unaware of existing employment related resources that help people with disabilities find and maintain employment, they lack adequate transportation to be able to get to and from work, or whether they are afraid of losing the monetary and/or healthcare benefits they depend on for survival.

To accomplish our goal and objectives two separate questionnaires were developed, a consumer questionnaire and a service provider questionnaire. The consumer questionnaire was 27 questions long and consisted of both multiple-choice and essay type questions. The service provider questionnaire was 12 questions long and consisted primarily of essay type questions.

To begin the information collection process, IL Centers across the state set out to meet with different service provider agencies. The plan was to first collect information from service providers and then utilize those service providers as resources to conduct consumer recruitment through their consumer lists. Overall, information was collected from 73 individual service providers working at various agencies statewide.

Our initial objective to administer consumer surveys was to conduct consumer focus groups in various locations across the state. After a couple of focus groups were held, it was determined that conducting focus groups consisting of multiple participants was not the most ideal way to collect this type of information due to the fact that this method did not guarantee full access for all and a great number of the participants were more focused on getting the questionnaire filled out so that they could receive their stipend rather than having an open dialogue with the focus group facilitator about their employment experiences. Therefore, a majority of the consumer information collection occurred by conducting one-on-one interviews with individuals throughout the state so that we could ensure full accessibility for all while collecting valuable qualitative information at the same time.

The following is a list of consumer and service provider focus groups that were held from January 1, 2007 through August 3, 2007:

- Billings on 1/30/07 –ASI Apartment Building
- Missoula on 2/21/07 – service provider focus group Voc Rehab – 2677 Palmer St.
- Missoula on 2/21/07 – service provider focus group MAR – 2821 S Russell St.
- Missoula on 2/27/07 – service provider focus group HCBS – 607 SW Higgins Ave.

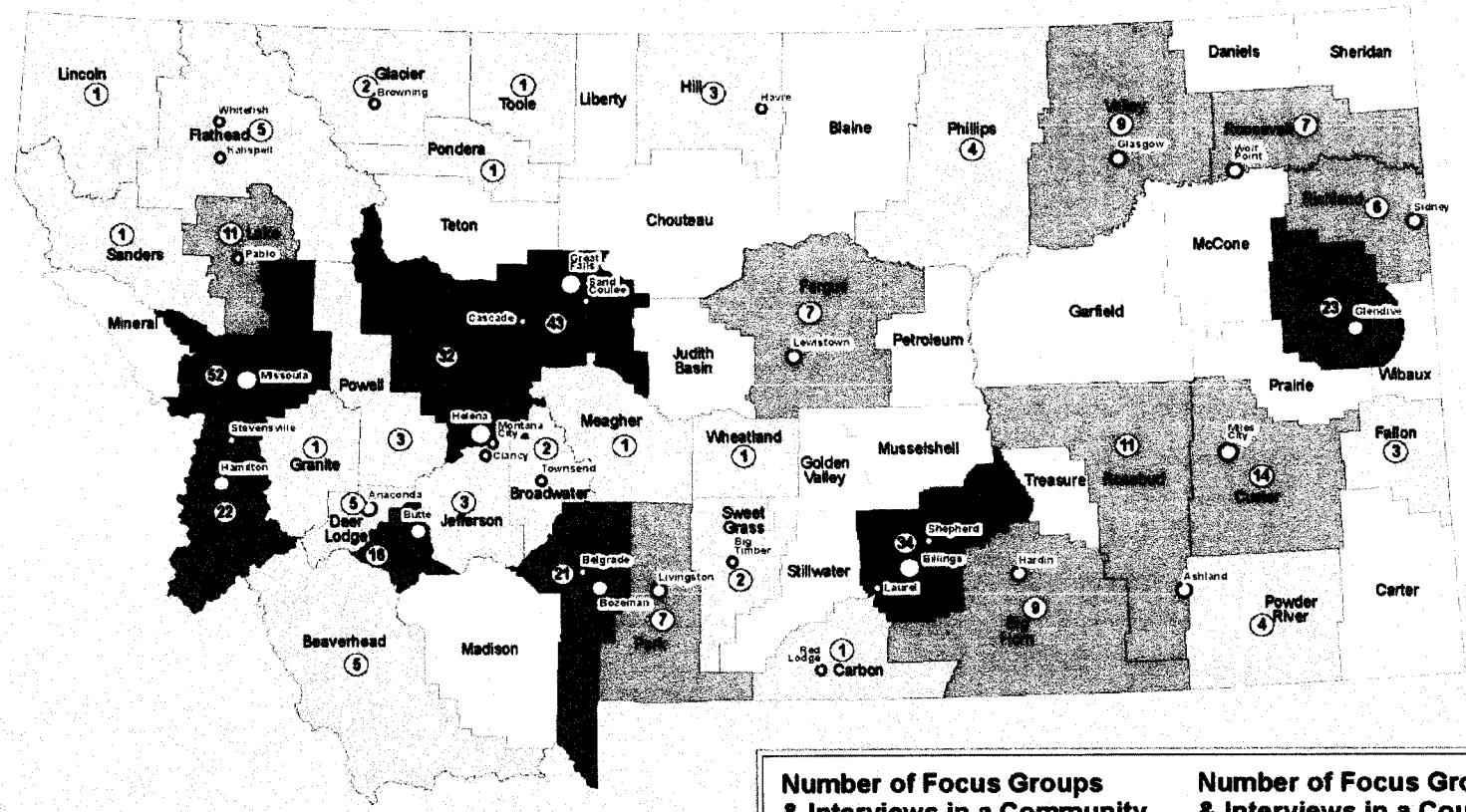
- Great Falls on 2/27/07 – 301 2nd Ave. N.
- Sidney on 3/7/07 – 211 N. Central Ave.
- Billings on 3/7/07 – 914 Wyoming Ave.
- Glendive on 3/14/07 – 218 W. Bell, Suite 202
- Glendive on 3/28/07 – 218 W. Bell, Suite 202
- Missoula on 4/4/07 – 700 SW Higgins
- Miles City on 4/18/07 – 2508 Wilson St.
- Lame Deer on 5/3/07 – Senior Center
- Glasgow on 5/4/07 – 74 4th St. N.
- Great Falls on 5/7/07 – 301 2nd Ave. N.
- Missoula on 5/10/07 – service provider focus group JOBS – 800 Kensington Ave Ste LL3
- Broadus on 5/16/07 – 119 N. Park
- Kalispell on 5/18/07 – 275 Corporate Dr., Suite 901
- Hamilton on 6/1/07 – 316 North 3rd
- Havre on 6/4/07 – 402 3rd St.
- Lewistown on 6/8/07 – 701 West Main
- Baker on 6/14/07 – 420 W. Montana Ave.
- Missoula on 7/31/07 – 565 Burton St.
- Missoula on 8/1/07 – 2821 S Russell St.
- Missoula on 8/2/07 – 700 SW Higgins
- Ronan on 8/3/07 – 111 Second Ave. SW

Each IL Center's goal was to collect data from 100 people with disabilities within their service areas for a grand statewide total of 400, as well as, to collect information from key service providers that provide employment services to people with disabilities. It should be noted that consumer participants also received $25 in the form of a stipend or gift card for their participation, though a few participants elected not to receive reimbursement. Service providers were not reimbursed for their participation.

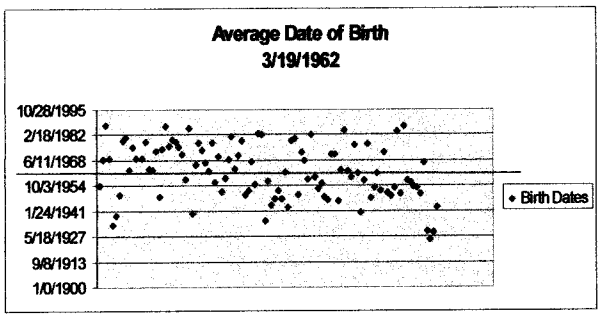
Consumer Questionnaire Results

Information was collected was collected from 377 participants living in 56 different communities in 37 of Montana's 56 counties. A breakdown of this data is visually represented on the CIL Focus Group map located on the next page.

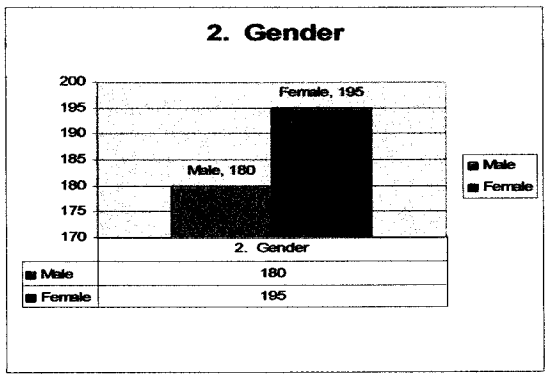
Montana Home Communities and Counties of CIL MIG Focus Groups & Interviews, 2007



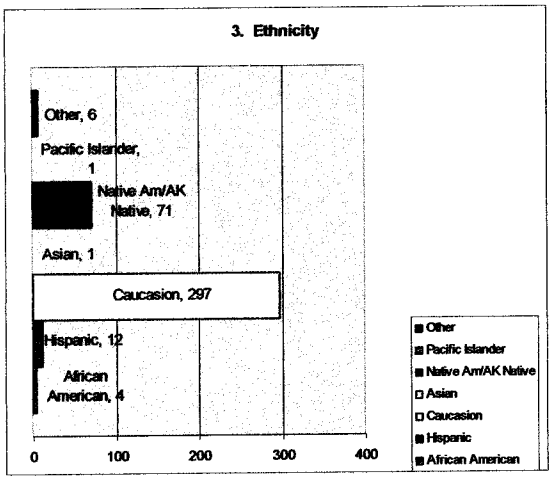
The participants of this study ranged in age from 19 years old to 81 years old. The average age of participants was 45 years old.



More females participated in the questionnaire than males. There were 195 female participants, 180 male participants, and two participants who did not specify their gender.



Most of the participants were of Caucasian ethnicity, 297, and the next highest ethnicity group was that of Native American/Alaskan Native, 71. Some participants marked down multiple ethnicities which is why the sum of the number of people in all categories of ethnicity is greater than the total number of participants who participated in the questionnaire. The total number of responses in each ethnicity category was as follows:

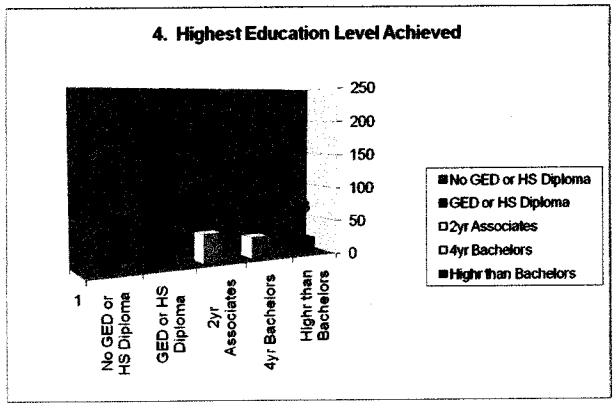


- African American – 4
- Hispanic – 12
- Caucasian – 297
- Asian – 1
- Native American/Alaskan Native – 71
- Other – 6

Responses of those who marked other were: German, Arab, Jewish, U.S.A, Korean, and mixed background. Overall, the participant sampling is ethnically representative of the State's population characteristics.

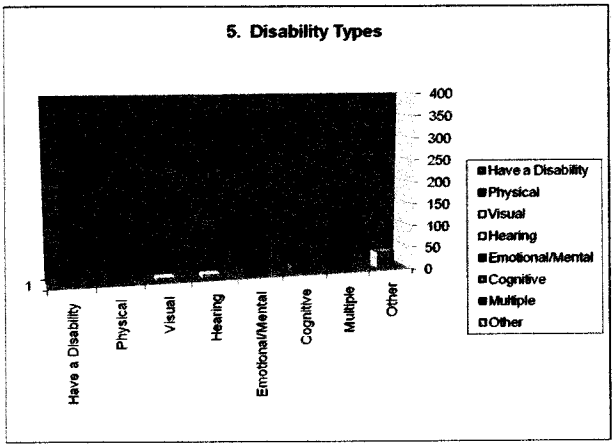
A clear majority of participants' highest level of educational achievement was the acquisition of a GED or high school diploma with 217 respondents. The next single highest category was having neither a GED or high school diploma with 56 respondents. Only 58 out of

377 participants, or roughly 15.4%, reported having achieved some type of advanced degree from a post-secondary educational facility. The following list is how people responded when asked what their highest level of educational achievement was:



- No GED or High School Diploma – 56
- Has a GED or High School Diploma – 217
- 2 year Associates Degree – 42
- 4 year Bachelor's Degree – 31
- Higher than a Bachelor's – 23

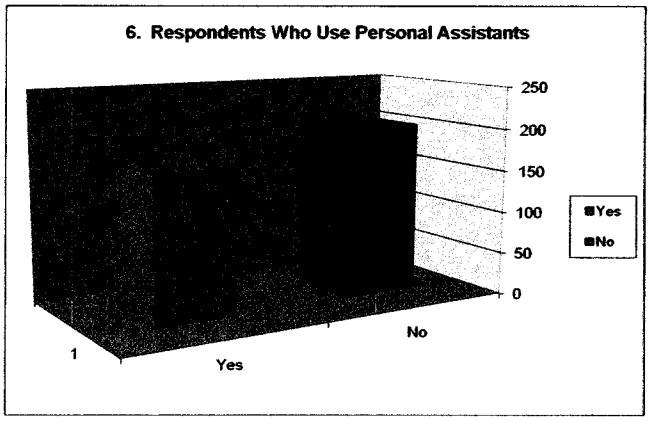
Of the 377 participants, 370 of them self identified as having a disability. Out of the 370 that self identified as having a disability, 362 participants put their type of disability into one of seven different categories (Note: if the participant chose more than one type of disability the response was automatically recorded in the "Multiple" category). A majority of the respondents reported having a physical disability followed closely by those who claim to have multiple disabilities (people with more than one disability). The following list is how people responded when asked what type of disability they had:



- Physical – 126
- Visual – 6
- Hearing – 8
- Emotional/Mental – 44
- Cognitive – 18
- Multiple – 123
- Other – 37

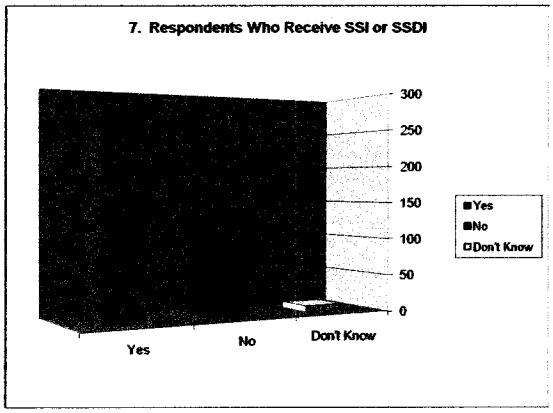
Out of our sampling, 169 people indicated that they used a personal assistant, an attendant, or a support person (paid or unpaid) to help with daily activities. 203 people reported

that they did not use any type of personal assistance or support person to help them with daily activities. Additional comments people had about this question were:



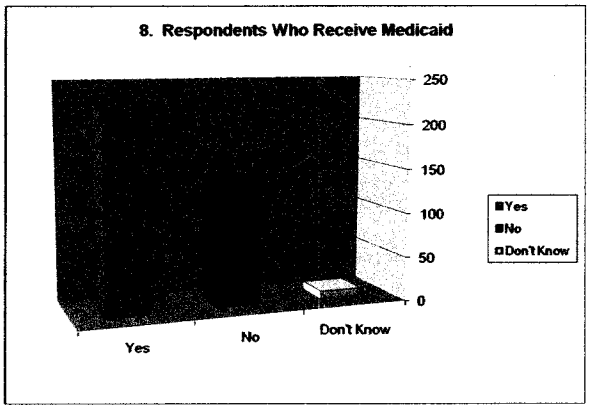
- Cost is prohibitive
- Mental health advocacy
- I want to do everything for myself until I really need help
- Reading
- Sometimes
- My mother is payee
- ORI supportive living payee

When the participants were asked whether or not they received Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) benefits, 271 said that they received one or the other, 95 said that they did not receive either, and eight participants did not know. Additional comments for this question were as follows:



- Applying
- SSI
- Not yet (2)
- Pending
- In appeals process
- Both
- Social Security
- Eligibility
- Currently get GA -- has been denied SSI at least three times

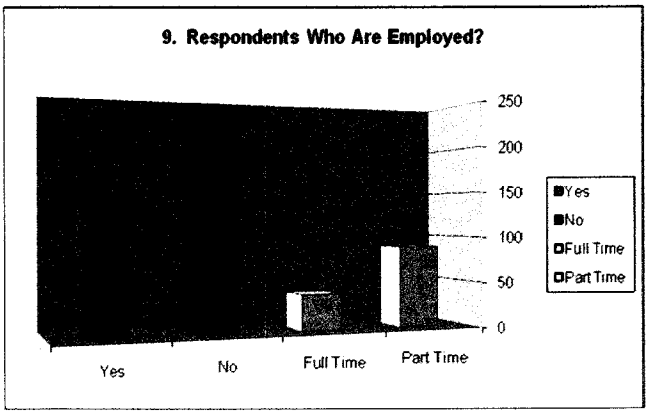
When the participants were asked whether or not they received Medicaid benefits, 224 responded that they did, 142 responded that they did not, and nine people did not know whether or not they



received Medicaid. Additional comments on this question were as follows:

- Spend down: they should not be trying to work out some Medicaid
- Occasional
- N/A I do not qualify
- Medicare (2)
- Spend down monthly
- Only during months with high-cost medical needs
- Sometimes
- Medicaid Waiver

Out of the 375 participants who responded to the question about whether or not they were employed, only 136 (36%) reported that they were. A majority, 239 people or approximately 64%, said that they were not currently employed. Of the people who said that they were currently employed, 89 of them reported that they there were employed only as part-time employees while only 39 reported having a full-time job. Additional comments for the first part of this question were as follows:



- Self-employed
- Sort of
- I work seasonally part-time
- Volunteers
- On leave

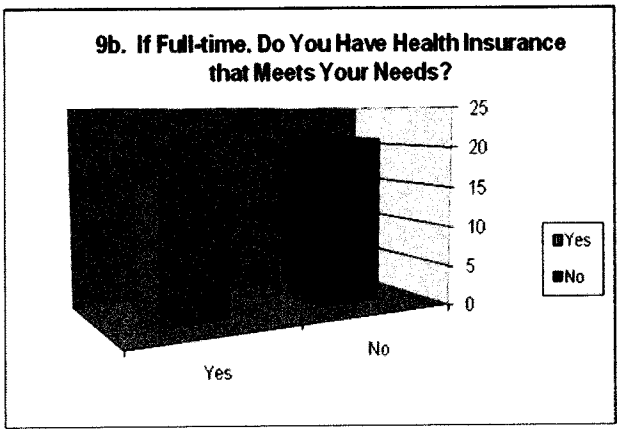
As follow up questions, we asked those who indicated that they were employed part-time what prevented them from working full-time and we asked those who indicated that they were employed full-time if they had adequate health care coverage that met all of their needs. Participants who indicated that they were employed on a part-time basis said that they were prevented from working full-time because of the following reasons:

- How long it takes me to get ready in the morning, clothes working or is really fatiguing
- N/A my doctor will not sign a release to work
- I would lose SSDI and have to pay so much for Medicaid to pay for personal care

- My disability, standing, remembering and moving arms
- Doctor's release to work and being on SSDI at the same time is a problem. I can not work full time because of my disabilities
- I run my own business part-time.
- If I work full-time, I lose my benefits.
- House work and anemia
- Self-employed
- I work part time because of health reasons and also I would lose a benefits. My rent would go up
- I can't work full time or I'll lose my benefits. I'm not physically or emotionally able
- Losing benefits and not having personal care attendants
- Income causes major problems-too much everything costs more/not eligible for SSI, Medicaid, etc. Rent goes up, SSI goes down if you make too much
- Losing SSI, Medicaid and it's too hard physically, mentally, and emotionally. I can't care for my kids with that.
- Because Social Security will take a lot more out more of my check which I need to help pay for my car insurance and other bills (expenses)
- If I get more money will be at risk
- Physical limitations, loss of medical insurance
- Lack of skills
- Medicaid rules and Social Security rules
- Job is called part-time on-call. Reason for not full-time as loss of SSDI income and benefits such as Medicare, etc.
- Loss of benefits, primarily Medicaid/Medicare
- Because I would lose my Medicaid.
- Need Medicaid so can't work full time
- Nobody wants to hire disabled people because of their job security.
- I can only find part time work.
- I would go over $900 a month
- Losing the benefits I do have! I think it is an all or nothing system!

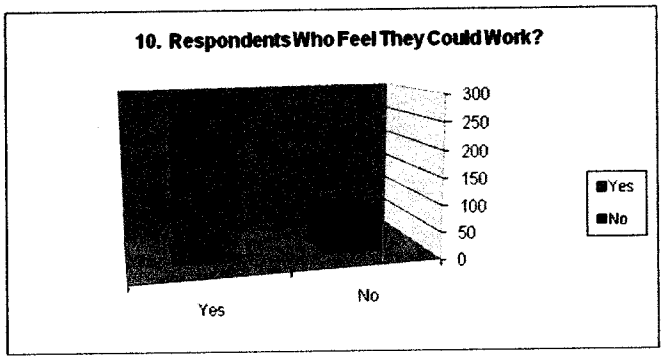
This is only an abbreviated list of all responses but a majority of the responses indicate that the people who said that they were employed on a part-time basis are afraid of working longer hours and, hence, making more money, because they fear that they will lose their Medicaid and/or Social Security benefits which they depend on for survival and as a source of income that they know is always going to be there.

Of the 39 participants who indicated that they were employed on a full-time basis, 17 of them reported that they did have health insurance that met their healthcare needs while 21 said they did not. Comments that people wrote down for this question were as follows:



- Not through my work because private insurance does not cover personal assistant services. The only reason I am currently receiving Medicaid is because I am doing a PASS plan but that will not last forever.
- Apart from Medicare, no (2)
- No!!!
- I have no insurance from my employer or the state, so I carry it on my own but it takes about 1/3rd of my salary
- Yes, Medicaid (2)
- No because it does not cover PCA services.
- Medicaid part and with Blue Cross Blue Shield It doesn't cover cognitive retraining.
- No, none offered.
- Yes, I am insured by my employer as well as my Medicaid and Medicare. Collectively, my health insurance covers my healthcare needs.
- I am on the cusp of receiving health benefits to my employer. I am paying out of pocket
- IHS (Indian Health Services)
- Easter Seals

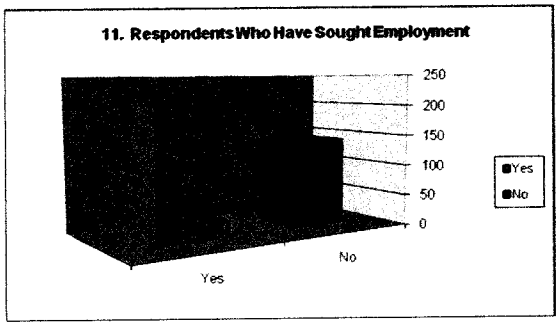
Although only 136 of the participants said that they are employed, a great majority, 298, said that they felt that they were capable of doing work. Only 69 of the participants felt that they were unable to work for a variety of reasons. Additional comments people submitted when asked if they felt they could work were:



- Limited
- Sometimes (3)
- I do work part time!
- Not yet
- Maybe part time (2)
- Some
- With support

- I could, but I have to have a job where I work alone and where it's not physical.
- She works more than she really wants to! She is someone's PCA!
- Or my own-home business (2)
- I could do something
- Maybe want to try (2)
- I'd have to relearn it
- He is undergoing more health concerns but did express interests!
- In time
- I'm not sure at this point my health is so undependable
- But I must watch my fatigue
- When able, I would like to get part-time work. Not at this time

A majority of participants also indicated that they had sought employment (219), however, the number of people who said they had sought employment was lower than the number of people who felt that they could work (298). Overall, 219 participants said that they had sought employment and 143 said that they had not sought employment. Additional comments people had about whether or not they had sought employment were:



- I tried, what's the point?
- About five years ago
- Nothing available
- Not since 1999
- Through sheltered workshop (S. W.)

The next question the participants were asked was what prevented them from seeking employment. There were a wide variety of responses but most of them were centered on the loss of benefits such as Medicaid, Social Security, housing, etc. Some of the more notable and most frequent responses were:

- 50% of my income over $85.00 gets subtracted from my SSI two months in the future – food stamps go down. Section 8 goes up even with their sliding scale deal. Big disincentive. I do have full medical coverage but I would also like to participate in the community. Buy things and participate in the economy.
- My condition, if I work my spend down just goes up so what's the use, the system has prevented me from working.

- Physical Disability, low-income-state will take income earned
- It is very difficult to get hired for any level of employment when you have a physical disability.
- May not be allowed by my current income sources
- Employers unwilling to accommodate. They try to put you in a position where you will be forever purposely
- My disability (multiple)
- Health reasons (multiple)
- Losing benefits, SSI, SSDI, Medicaid, housing, etc. (multiple)
- The only jobs that I'm qualified and I'm referred for are sheltered workshop!
- I enjoy working but I am afraid that if I was to work more I may lose benefits also when I have gone to interviews people felt that being in a wheelchair they feel I could do no help
- In the past, lack of transportation, being unqualified for visual aspects of general labor jobs
- Looking for the jobs I'm qualified to do & then getting that job or jobs
- Transportation problems and living situation
- It would cut my Medicare and Medicaid down. It would also cut my food stamps down/ Loss of benefits –primarily Medicaid/Medicare.
- I don't think there are any hobs that I could make enough money to cover my Medicaid
- My health and losing Medicaid and SSI
- Lack of skill
- Lack of appropriate jobs
- Looking for something I can do and not lose Medicaid
- Fear. Off work on disability too long. Losing financial stability and medical insurance for covering my on-going physical problems, (affordable). Job accommodations with my limitations.
- Just got laid off. Many interviews that noticed I was disabled, especially STATE JOBS.
- Before working, loss of health care coverage (Medicaid) for daily attendant expenses prevents me from actively seeking employment.
- Medicaid spend down would be even higher than it is – so it seems pointless to try and work

For participants who had sought employment, we asked them what had happened to them when they did approach employers. A majority of the people who responded to this question indicated that their experiences when approaching employers were less than positive, though some people did have good experiences when meeting with potential employers. Some of the more notable and most frequent responses were:

- I have had interviews and they usually say thank you but basically no thank you
- They are smart enough to find other areas to deny you employment by not openly saying it is because of your disability.
- Get the run around
- They always say we are looking and interviewing and we will call you and they never do (multiple)
- Some employers are very open, others are not. I have gone to apply for jobs described as EOE but faced a flight of stairs I couldn't climb to get to the interview/worksite
- We are not hiring or not enough usable practical experience, being shunned by employers
- Turned out for accommodation. Problematic rumors that I should not be doing anything, whether I get a job or not.
- Sometimes I have been hired sometimes not. I am persistent.
- Have been told that due to company policy, I am considered a safety risk and can not be employed
- My experiences hasn't been what I expected
- In the past I have approached employers. I was offered employment only through Easter Seals, Goodwill.
- I have only had sheltered workshop jobs.
- Qualifications- asked what my disabilities was before I was even offered the job
- They felt that because I was in a wheelchair it would be dangerous to the children in a day care
- They say I don't qualify for the job
- Have been told "you do not fit the image."
- They have been supportive and helpful.
- Not hiring at this time even though there's a hiring sign out.
- Some employers don't want to work with people who have a mental illness & so forth.
- DPHHS would not hire me because of MS
- They think you are weird or have completely lost your mind
- They stereotype
- They are completely turned off when they see me in a wheelchair even though I look good on paper
- They were nice about it.
- Although qualified and experienced State Jobs refused to hire as soon as I ask for accommodations.
- They had told me that I couldn't work because of my C.C.P.
- I have no application knowledge and no resume.
- They don't even make eye contact or consider you for employment.
- Many are unwilling to take a chance to see if I'm able to perform job duties.
- In about 50% of interviews I've done employers have been supportive.
- The state told me I can't work.

- Most employers have been direct and honest about disability concerns, which I encourage, and have simply asked how I will accomplish specific duties despite my disability. Some, as expected, displayed ignorance about disability issues but were supportive when given more information. Two particularly knowledgeable employers did ask if loss of benefits would be a disincentive to my employment
- When they find out I am on disability they don't want to hire me
- I have approached employers but once they hear I am on SSI because of medication costs, many do not hire
- I can't take my service animal with me. I keep getting turned away
- I was polite and I was able to work for them but I have not heard back from them after turning in my applications and after the interview
- Employers are receptive
- Usually get an interview, but never get hired

Out of the 377 respondents, 146, or about 39%, felt that they had been discriminated against at least once at some point during the job application process when they had sought employment. Many more respondents, 257 out of 377 of them, also feel that employers do refrain from hiring people with disabilities as compared to their peers without disabilities. Respondents had a variety of reasons why they thought employers refrained from hiring people with disabilities but the most notable and frequent reasons given were:

- Because they don't have much exposure with people with disabilities and they're afraid of the unknown
- They do not see the value in you over an able-bodied person.
- They feel it would cost them too much to make things accessible.
- Might feel like they are taking on responsibility they don't want
- Because they can just as easily hire someone they don't need to make accommodations for
- Unfortunately the old stereotypes of people with disabilities as people who need help and aren't capable of doing anything still exist and they are afraid accommodations will cost too much.
- They are close minded and have ideas towards persons with disabilities of any kind preconceived
- I think it has gotten much better but sometimes I feel they are afraid of what sort of accommodations may be required.
- There are employers out there who do not hire because of disabilities and yet some do. It goes both ways.
- Employers do not take into account how a disabled person functions on a day to day basis and are still able to work

- It depends on the individual employers feelings and concerns and whether or not the job description can be performed by a disabled person
- Why should they? There are young people wanting the same job
- Cost of accommodations- liability issues- ignorance
- Do not feel a disabled person can do the job. Insurance and liability
- I was told that because I was in a chair they felt I was not able to do the job
- They don't want to change things for my disability
- Because they want employees who are "a complete package."
- They protect themselves, and they protect the company they represent from future lawsuit.
- Because they (think that because we) have disabilities that we keep them from working as hard as others. (They don't want to hassles that come with disabilities)
- They don't want to talk about it directly because they are afraid that to do so that it would get them in trouble for discrimination
- They are not comfortable around what they don't understand
- Because one of the first questions asked is "do you have a disability?"
- They see the disability and not the person
- They don't believe they can do the job and/or they don't want to make accommodations
- Employers often think that people with disabilities are less capable of holding a job
- I think the employers have a misconception that if you're disabled that you are retarded and that is just not true!
- What I tell people about my disability, they find some excuse (unrelated) not to hire me.
- Their fear of someone getting hurt and also stigma and lack of education
- They don't think disabled people have any abilities
- The discriminatory employers I've seen would rather have someone who was unqualified perform the work of somebody who was competent
- They are not educated about disabilities and how to interact with people in a wheelchair or other disability
- If you are not normal then you should not be out in the public
- People are prejudiced even when they don't mean to be!
- Insurance, unreliable, unpleasant to be around -- that representation for the employer standards
- Because they think they can't work as hard as normal people
- In some cases appearances alone have stopped them but refrain from saying so.
- Lack of resources
- Fear of higher health costs, effects on their public image.
- Yes, because employers think we're limited to certain jobs or tasks.
- They are not accepting of people with any kind of disability especially people with mental disabilities.
- They felt that I could get hurt even more than now.
- Because I mentioned I have disabilities

- Because they're not equipped to handle it even though this is the 21st century… they don't understand how to accommodate.
- Some employers don't see employees with disabilities as capable of working, others see disability as a health weakness and therefore an insurance liability, some think accommodations will be unaffordable, and others fear legal action for not having provided accommodations or incorrectly addressing disability issues.
- Employers, like most people are afraid of the unknown, so people with disabilities scare the daylights out of them. They're afraid of being sued if a disabled person is injured in their business, so they'll hire someone with a "safe" disability such as an artificial leg, or, have one eye, or a member of a minority race hoping to avoid any label or charge that they discriminate.
- When they find out about disability they don't hire or "suggest I quit"
- Employers assume people with disabilities are unreliable and un-capable
- Appearances and they may think the person unable to do the job as well as a non-disabled person
- Employers just look at disabilities negatively and unfairly
- Because they don't understand that accommodations are fairly easy to make and disabilities can be understood if given info and guidance

We next asked participants what they thought employers needed to know about hiring people with disabilities and here are some of their responses:

- If it's a job we can do we should be treated like any other person, not one with the disability
- That most people with disabilities, if employed, are as reliable as able-bodied individuals
- We are not going to be a financial burden on the company.
- People with disabilities can be just as efficient and capable as those without disabilities in certain jobs.
- We can do just as good a job as nondisabled sometimes we are more reliable
- That we are people too and just because we have a disability doesn't mean we are from an alien world. Sometimes the most qualified person to do the job is a person with a disability, not always, but everyone should get an equal chance.
- They are people too with needs like every other employee. They are capable people and need to be treated as important as other employees.
- I think they need to go in with an open mind and not judge a person by their limitations-but by their performance as a whole.
- Not all disabled people should be grouped into one category. Every disabled person should assessed and evaluated individually on how he or she would be able to perform
- That it's ok to hire some people with disabilities
- People with disabilities can work, they may need accommodation but they can do the job

- That most jobs can be altered in some way that would not affect productivity negatively
- Compassion- In this hustle and bustle business world employers should be compassionate toward people and their disabilities
- They need to know how and what the disability is.
- They need to know everybody is not out to suit the people that hire them.
- That people with disabilities struggle with finances and groceries and keeping their families housed, clothed, and fed and the monthly checks are lower than low income itself.
- Disabled for me doesn't mean all I can do is lick envelopes. Disabled doesn't mean mentally retarded.
- To be understanding of employees situation with health
- Listen to them more and take more time out for them and even show them
- That effects to benefits, especially PCA (personal care services), is a biggest obstacle to employment.
- They need to be more open-minded. They don't think we are very productive
- They are people just that, who may require assistive techniques or (illegible), but can do the same job with as much dedication
- That the people they the employers are hiring have families just like everybody else homes, bills, car payments, and disabilities that they are facing every day.
- We will not legally entangle them.
- The truth -- they need to know they can work if given the chance they are not useless
- Just because a person needs some accommodations like a job coach doesn't mean they couldn't do the job.
- Not be so judgment to look beyond the disability
- That the physical disability does not "handicap" people
- I believe that most disabilities know their limitations and should be up front with the employers -- so they both can meet the goal -- how to do best for job performance
- Communication can rid the power of stigma
- That we are serious about being employed and deserve to be independent. We'd love to have a chance at having a quality life. Being busy.
- We don't want to just sit around we need money too, and need to be active.
- They need to understand that employees with disabilities need accommodation and patience having a job gives us self confidence and independence. Trust the person.
- It does take some thought and planning but is often rewarding personally and professionally. It isn't as hard as it may seem.
- Just because you have a disability doesn't mean you are not capable of being an outstanding employee. Just because a person doesn't look like they have a disability doesn't mean they don't.
- They should put themselves in our position and give us a chance before they judge us by our appearance.
- Patience don't yell at them and put them down and embarrass them for being unable to function normally
- Each individual has different disabilities so the employer needs to know the individuals disability.

- They need to understand and learn more about reasonable accommodations.
- Transportation, language barriers, loss of Medicaid
- Their limitations and how to work around them
- That's depending on the job, people with disabilities are capable of performing the work necessary to complete the job.
- That just because you may have a disability does not mean you are not able to do a job well.
- To look past the disability and treat people that may have a disability equal.
- They need to understand the ADA and how to access resource tools to help them adjust and accommodate employing people with disabilities.
- Employers need to know disability does not correlate poor health, research indicates that workers with disabilities achieve higher employer satisfaction than those without, and that reasonable accommodations in a workplace cost employers under $100 on average
- There are often easy yet creative ways to adapt work settings for people with disabilities
- To know that if we are applying then we are qualified – capable
- Know the Americans with Disabilities Act

This is just an abbreviated list of the responses given but by judging from a majority of the responses, people with disabilities do not expect employers to treat them differently or to give them special treatment just because they do have a disability. Rather, people with disabilities do understand that there are certain qualifications and experiences that different jobs require and, for the most part, only expect to be afforded an equal employment opportunity based on their qualifications, not their disabilities, when seeking out a job.

As has been stated previously, there are numerous barriers to employment for people with disabilities as is evident by only 39% of the respondents stating that they were currently employed and the U.S. Census Bureau's figures on the employment rate of people with disabilities. To get a sense of what the primary reason why people with disabilities in Montana are not becoming employed or at least are not being employed at higher rates, we asked participants what their biggest worries were if they were to accept a job offer today as well as what they perceived was their biggest barrier to employment.

When asked what their biggest worries were if they were to accept a job offer today some of their responses included:

- What benefits would be taken away or decreased due to a job. Financially would it benefit me to work.
- Get my SSI and possibly disability again if I needed it
- Losing my Medicare and not being able to get regular insurance.
- If I would lose housing and personal care services if SSDI stopped
- What it would do to my current income source and if the wage would be at least a living wage
- My physical limitations and emotional health, way too many feel I am way to "substandard"
- Retaliation to harm me because they know I am disabled or ill. Negative work environment when they know you are disabled.
- Benefits cut off
- Due to my disability not being able to perform without accommodations
- Acceptance by co-workers- transportation how would time off be handled?
- Losing disability benefits
- I'd be afraid of losing my benefits -- Medicaid and Medicare and working also affects my spend down which is $545.00 so working would be pointless
- My hours are limited because of my section 8. I'd worry about losing my Medicaid and I wouldn't be able to buy my medication
- Loss of benefits and personal care attendants
- The boss and how I would be treated
- Housing costs/medical costs/physical costs -- it would have to pay well or it wouldn't work out for most of us
- What to do with my kids and the headaches involved in juggling section 8, welfare, SSI-losing over giving
- Losing Medicare or Medicaid or my spend down would be so high it isn't worthwhile to work
- Losing Medicaid/Medicare for meds, worry a future illness that would prevent me from even limited hours.
- If I have a seizure, I'm afraid that I will be fired! I had the same situation happened, but it was before the ADA!
- Transportation
- That I would live up to the boss's expectations of my performance
- How increased income effects my access to personal care services
- Transportation. Fear of losing my SSI and/or Medicaid
- If you have a disability in the household the more money that will raise in the account or anyplace else then it will affect everything
- Losing my benefits being able to handle it, some weeks are better than others as far as energy is concerned
- Loss of my Medicaid because of earned income. Income wouldn't allow me to afford my own personal health care.

- Health insurance
- Losing my benefits, because I've got a family of five that depend on that income
- I would not be able to do a good job
- They would find out about my disability and would find a way to get rid of me
- I would worry about lost my SSI Medicaid.
- Loss of welfare benefits -- Medicaid -- food stamps -- accessible house
- That I would lose benefits or the health care I have and that it would affect low income housing availability and cost
- Will obtain enough to offset my SSDI and benefits, will they see me for what I can give to the business and not just my disabilities.
- I worry that I would not be getting health care anymore.
- I can't work full time SSI will drop off and I will lose Medicaid.
- Lack of accommodations
- Transportation and lack of pay
- I'd worry about losing Medicaid, garnishments, not being able to keep the job because of health problems.
- I will be degraded by co-workers and supervisors this has happened in the past and recently. My disability is pretty obvious and I try to hide it.
- I will lose my Social Security
- It would get my payment (SSI) screwed up and I worry about losing my medical coverage.
- I don't have a car.
- Finding a driver and making sure that I didn't lose my Medicaid unless I made enough to pay for pca's on my own. There are no public transportation options in rural Montana.
- Whether or not I would continue to have the same health care coverage I do now
- I would lose my VA medical coverage, hospitalization, prosthetic equipment, medication and the fact that they pay my personal caregiver directly and through a special program set up with the pension program for veterans. They have different levels of benefits for veterans with other income, but I wouldn't be able to earn enough to replace anything close to what I would lose. I have Medicare, but since the VA is my primary care provider, it will only pay if the VA turns something down.
- In some ways I worry about career advancements once I get the job. Presently I am looking I hope to be employed
- I wouldn't be able to afford Medicaid spend down if I were to need surgery or some other medical treatment that was high cost -- so working would seem pointless
- 2 things are equal. 1) losing my SSI and Medicaid based on wages. 2) the stress of the job and how it affects my performance and health
- That my physical stamina limitations would make me ineligible to maintain the job -- a very flexible schedule is needed. Also -- my spend down for Medicaid is so large that I can't afford to have Medicaid for more than two months per year. I have many other debts to repay
- Losing my Medicaid
- Accessible facilities
- Independence, needing assistance to get to work and assistance at work

- Attendant care not showing up and not being able to get to work

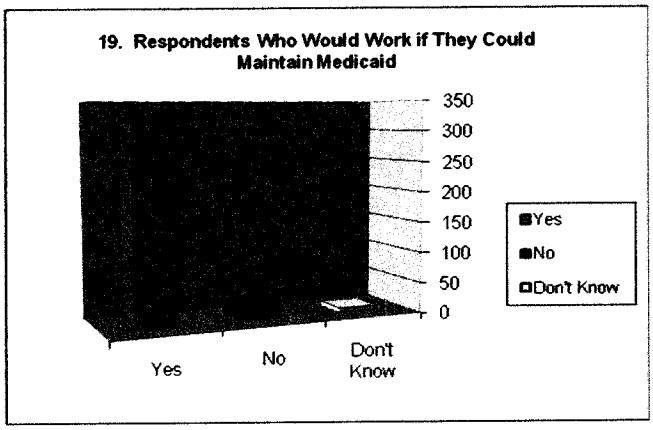
When asked what they perceived was their biggest barrier preventing them from going to work, some of their responses included:

- If I was not doing a PASS plan, the biggest barrier preventing me from working would be the loss of Medicaid because I do not make enough to pay for personal assistant services out-of-pocket and no private insurance policy that I can buy or employer would provide helps cover the cost of personal assistant services. Unfortunately, PASS plans only last so long and so once the PASS plan is over, if I do not qualify for SSI and Medicaid under the Social Security 1619B program, I will have no choice but to stop working so that I can continue to receive Medicaid to help me with paying for personal assistance services. If I do qualify for the 1619B program but the state does not honor it by making me pay an incurement down to the medically needy level of $525, it would not be worth my time to continue to be employed when I could do nothing and receive SSI which comes with free Medicaid. I would rather work and pay for my Medicaid on a sliding scale and bring home a living wage while being a tax payer as well.
- Getting ready (having aid available before + after work) transportation to + from work. Would need help on the job for personal care.
- Quality jobs that match my experience and education levels that are willing to hire people with disabilities.
- Having to find the perfect job with a high enough starting salary and benefits to pay all my extra expenses
- Effect on current income source, workplace accommodate my disabilities, make at least a working living wage and my durability
- People won't hire me!
- I work at my own business, but I'd like to see more help in benefits planning including Medicaid so my business grows beyond $15 per month
- Ongoing health problems associated with multiple disabilities
- There are two big barriers and they are can my heart handle it and could I be denied disability from trying to work
- Working affects all my benefits and my spend down
- My hours, losing my medication & Medicaid
- Loss of benefits and personal care services
- Transportation
- Minimum work experience and minimum college experience or school experience
- Transportation, cost of living going up. With insurance may be doable. Fear of the system. What would happen then? Other people's response-negative?
- My kids health and the risk of losing benefits if I can't get all the numbers right and into "the powers that be" on time
- Losing my Social Security
- Going to work, getting sick, having to quit and having to reapply for SSDI, Medicaid again

- Medicaid spend down
- My SSI going down
- My health – medication
- People won't work with me and my disability to give me a chance.
- I would lose my benefits, medical and personal care assistance
- Pain in my foot and leg related to injury from accident, and losing my Medicaid
- Loss of medical benefits, loss of Social Security
- Right now I'm restricted to how many hours I can work versus how many benefits I will lose. In the past I have turned down good jobs because of this
- Finding the right job that meets my needs and what I want to do!
- Benefits (medical on-going/financial stability) job-training transportation.
- Mental and emotional problems. Need more training. Support of some sort. Start out slow and build up to the speed they want. Don't throw me right in.
- Loss of Medicare/Medicaid.
- Probably that I couldn't do it right because I don't like to tell people that some things are hard for me. I also need health insurance.
- Training and accommodations
- Fear of losing my Medicaid and transportation.
- Availability of work and resources
- Not being able to handle the wok and losing Medicaid and income by making one cent more than we are allowed to.
- The Medicaid spend down just goes up dollar for dollar. I would need a lot of personal assistance on the job to be my hands and feet.
- Losing my meds, being paid for by Medicaid I could earn enough to pay for my check but not doctors visits etc.
- Health
- It would seem pointless if I had to spend it down for Medicaid to have surgery or go with a hospital -- it would be like working for free
- Having the skills of interviews. Taking the time to think of the answers of the interviews. (Internal interview)
- I am working but I don't make very much money because of my SSI and Medicaid
- I am working, but transportation is a problem
- Would I be willing to keep the job
- My health and losing the monetary security I have with Social Security and Medicare
- Transportation, my dog, loss of benefits
- Fear, afraid of mistakes
- Education

Since one of the main objectives in the Medicaid Infrastructure Grant is for states to implement and develop Medicaid buy-in programs and other infrastructural modifications to facilitate the competitive employment of people with disabilities, we asked participants if they could work and still maintain their Medicaid, would they still work. A vast majority, 317 of the

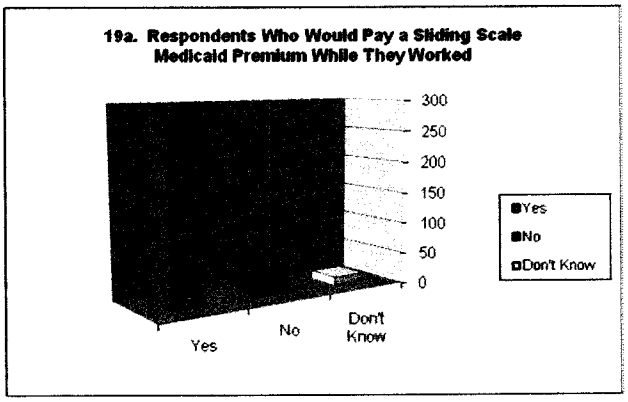
respondents, said that they would while only 21 said that they would not. Seven did not know.



Additional comments about this question were:

- I need some time and income to stabilize myself and then I don't mind paying my way as much as possible.
- Less than it cost now though. $545 is just not enough to live on.
- If I receive benefits in the first place
- I'm not on it yet
- I don't qualify
- I could only work part time
- Absolutely
- Don't get Medicaid
- When possible

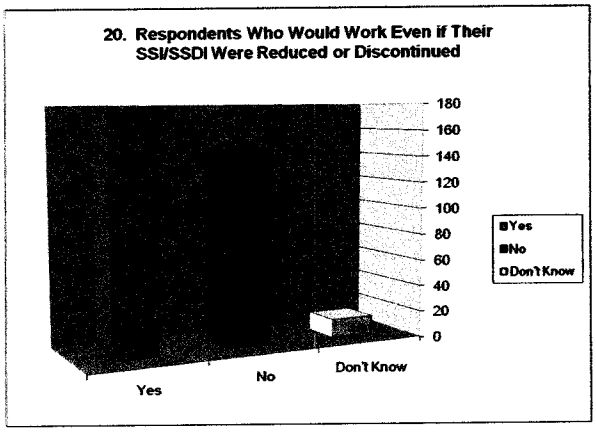
In a follow-up question about maintaining Medicaid while working, we asked if people would be willing to pay a small premium based on a sliding scale to maintain Medicaid while they worked. Again, a vast majority of respondents, 282 of them, said that they would and only 25 said they would not pay a sliding scale fee. Thirteen people said they did not know or were unsure. Participants were a little confused by this question as they were worried the sliding scale fee would be the same as the current spend down where one must spend down to a threshold rather than contribute a percentage of their monthly income. Additional comments about this question were:



- I'm paying for it right now and I don't feel like it's a small premium.
- Less than it cost now though. $545 is just not enough to live on.
- If the sliding scale did not cause hardship
- If I qualified
- As long as it doesn't exceed what I spend on pills
- Not at this time because I'm in debt, but when I am out of debt yes

- If it help pay for PCA services
- The amount would and should be based upon wages
- If I was earning enough
- Depends upon the sliding scale
- I do not understand why we pay for our disabilities and meds, doc appointments, etc.
- Don't have Medicaid
- Based on need
- Depends on how small the premium
- If that amount of money was not beyond my means
- Cannot exceed wages and pay so I can live!
- I have to be earning enough income, otherwise I won't work
- If income is high enough yes if not no

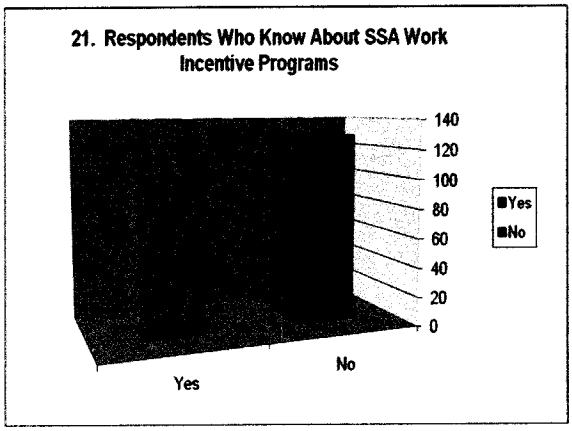
We then asked participants if they would still work if they knew that their SSI or SSDI benefits would be reduced or discontinued. With this question it became apparent that people with disabilities are afraid of returning to work because their Social Security benefits provide them with financial security and an understanding that as long as they continue to receive it that it is likely they will also continue receiving medical coverage through Medicaid or Medicare, whereas with working, that guaranteed income may not be there and they will likely make too much to qualify for Medicaid, unless, of course, they spend down their wages to the medically needy level of $595 per month. Another reason participants were hesitant to say they would give up their Social Security benefits is because often times it has taken them a number of years and several appeals just to get on Social Security that they now are afraid that if they were to return to work and something else happens where they can no longer work, that they will have to go through the same struggles all over again to have their benefits reinstated. Still, a majority of the participants, 177 of them, did say that they would still consider employment knowing their Social Security benefits would be reduced or discontinued. A much



closer number, 147, however, said that they would not consider employment knowing that their Social Security benefits would be reduced or discontinued while 14 did not know if they would. Also contributing to this narrow margin is the complexity of the Social Security benefit system participant's lack of understanding and fear of the system as well as how working impacts their benefits. Additional comments about this question were:

- Have already lost my SSI and cannot earn anymore or I'll lose my SSDI.
- I'd rather pay my own way
- I don't know
- I work already, I want to increase my income but I rely on SSI while my business grows
- I was told that if I got a job the SSI or SSDI would not be affected
- I can't live on $999 per month, not enough can't pay all my bills
- I would worry about how hard it would be to get back on disability if I needed to
- Long as I got Medicaid
- I have to get a great job offer with great pay!
- Bottom line: it's difficult enough for people with disabilities to work. Do not mess with our benefits at all.
- If I had to, but can't right now.
- If it paid enough
- Reduced yes discontinued no
- It depends
- If I had income and a job
- If incrementally
- It would make me more independent
- Too sick to consider
- If I could find a permanent job but programs in Browning are budget based
- Working on eligibility for SSI/SSDI
- Yes and No, If I don't get a job.
- If I could make a "living" wage.
- If it paid enough and if I could get medicine
- Because if I lost my job and did not have SSI I would be at wits end.
- Not as it stands now!
- If the SSDI were not totally discontinued if I was to earn a few hundred dollars a month
- Make sure medical was benefit
- Maybe

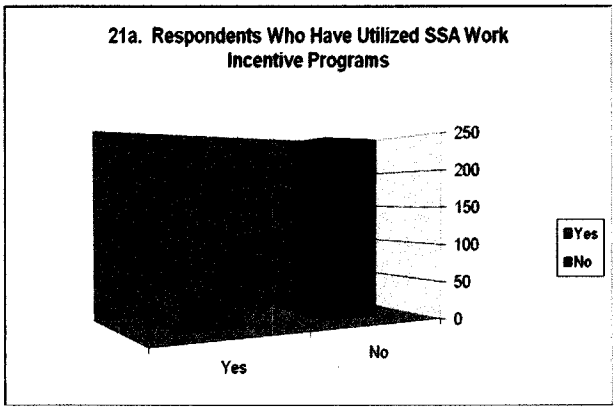
We also wanted to get a sense of how many people in Montana have heard about any of the Social Security Work Incentive programs. In our initial wave of data collection there was an



error in our questionnaire where there were no response options to the question of whether or not they knew about Social Security Work Incentives. Therefore, not all participants had the opportunity to respond to this question but we did get 233 responses. Of those 233 responses, a majority, 129, of respondents said that they had not heard about any of the Social Security Work Incentives. Additional comments for this question were:

- I tried but it was denied
- Not yet, but I plan to
- Ticket to work

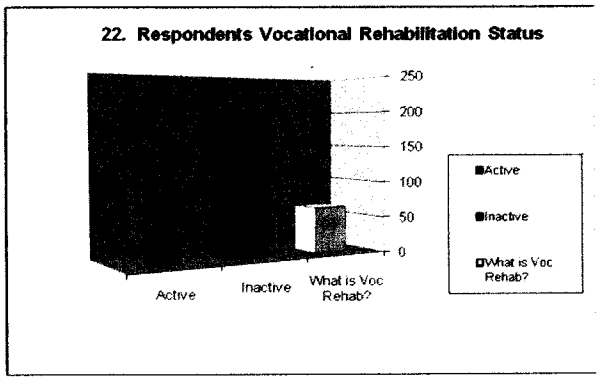
The follow-up question to whether or not people knew about Social Security's Work Incentive was whether or not they had utilized any of the work incentives. This question remained on the questionnaire from the beginning and all respondents had the opportunity to answer this question. Because there were no response choices for the initial question of this part in our initial phase of questionnaires, it is possible that people marked down that they had not used any of the work incentives in place of answering that they had not heard of any. However, there is no way to know this for sure. Of the participants who responded to the question of whether or not they had utilized any of the Social Security Work Incentives, an overwhelming majority, 242, indicated that they had not while only 49 said that they have utilized one or more Social Security Work Incentives. Additional comments for this



question were:

- Not needed it.
- Ticket to work
- Maybe
- I have never applied
- Using a PASS paid for education
- Ticket to Work (failed)
- Only today

One of the criteria for participants to be able to participate in this study was that they were either already working or that they were interested in becoming employed. To find out how actively people with disabilities are utilizing available employment resources and how actively people are pursuing employment, we asked participants whether or not they were currently working with Vocational Rehabilitation, not working with Vocational Rehabilitation, or if they knew what Vocational Rehabilitation was. All but one participant responded to this question and a majority, 201, indicated that they knew what Vocational Rehabilitation was but that they were currently not working with the agency on any vocational goals. The next highest group, 102, also said that they knew what Vocational Rehabilitation was and that they were also actively working with Vocational Rehabilitation on one or more vocational goals. A total of 64 people did not know what Vocational Rehabilitation was. Additional comments for this question were:



- VR helped me get a college degree.
- Marked "what is vocational rehabilitation" -- but I am still active
- Still learning about what exactly VR can do for me.
- I think?
- Unknown at this time
- Not open
- Helps you get work. Met with VR at graduation from high school they recommended Sheltered Workshop

- Use them in college

Next we asked participants if they had ever worked with an Employment Network Provider (i.e. job training and/or placement agency) such as Opportunity Resources, Inc., Job Connections, Inc., etc. 151 or 40% of the participants said that they were currently or had previously worked with an Employment Network Provider.

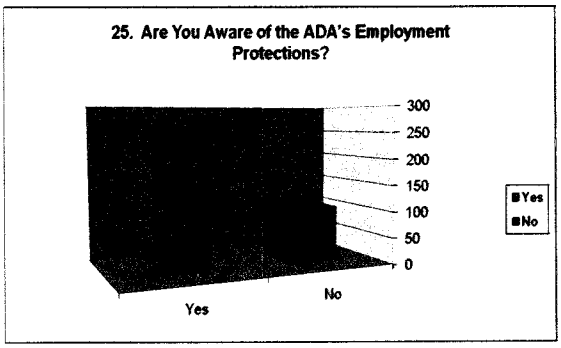
To find out how satisfied those who had worked with Vocational Rehabilitation and/or an Employment Network Provider, we ask participants if they felt that Vocational Rehabilitation or their Employment Network Provider has been an effective resource in your employment search. 152 participants felt that Vocational Rehabilitation and/or an Employment Network Provider had been an effective resource in their employment searches and 154 participants felt that Vocational Rehabilitation and/or an Employment Network Provider had not been an effective resource in their employment searches.

We then asked participants if they had any suggestions on how Vocational Rehabilitation and/or an Employment Network Providers can better meet their needs. Their responses were:

- I found my job without help from VR
- Not really they do not understand the barrier or PCA service. Government programs are confusing me greater simplicity
- They are doing a good job.
- The government needs to change
- Find out what you need, work with your employer to keep your job.
- All the first placement agency did was copy pages out of the Yellow Pages and suggest I send them resumes
- Return phone messages
- Vocational rehabilitation needs more money to help disabled workers
- Let us get jobs with benefits
- New Directions was successful, but my experience with VR didn't last. I had a hard time in my clerical training class.
- Hire staff who can help navigate the system. Need to hire a VR staff with more interpersonal skills.
- VR is doing the best that can!
- Be a lot faster as far as voc-rehab is concerned

- Find out what the clients wants and needs on their interests not what aptitude tests show
- More communication
- So I would be able to get insurance
- I wish the people would be more helpful
- Voc rehab counselors who have faith in your productiveness
- Keep track of jobs that have been successfully/completely adapted to by a disabled employee.
- Look for the kind of work I like and have the skills in past!
- Be more cooperative
- Help me find work that won't interfere with my disability
- Perhaps-better assistance with locating jobs-jobs that are available
- My VR counselor is good, but my experiences with ENPs has been worthless
- Quality Life Concepts not happy and Easter Seal I was happy
- They didn't match me with my total job interests or my personal talents and abilities. They had me take a job that really wasn't me. I took it anyways because I need to buy a car.
- My employment network providers need to move faster and quicker to meet my needs
- I feel that Voc Rehab should put me back on their active file and contact me and let me know what's happening
- I used vocational rehabilitation services to go to college
- Listen to interests on what people are wanting
- Educate employers about what disabled persons can and cannot do
- I do not qualify for vocational rehabilitation (the only "ticket to work program" in Montana)
- Being willing to help me find a way that I can work. Support my family.
- Find me a better qualifying job in the job I've settled for to pay my bills!
- More counselors to handle the waiting list for services for people with disabilities
- For them to do what I do and not just look for any job someone is willing to give me
- Did not help me at all!
- Further expansion of programs and longer hours
- Do the job they were hired for in a timely manner
- Lower personal caseloads to meet needs of clients
- More job coaches
- Help us find work and appropriate training. Sometimes we need to start with a job assignment or OJT
- If they are uncomfortable with person pass it on to another. Don't judge at face value
- They did not effectively search and I got discouraged.
- They have helped a little bit but they move too slowly.
- State incentives to possible employers.
- I have gotten good support but there's always a worry that you lose your benefits and unable to earn enough to support myself and if I have break down.

- They need more funding and counselors need to be held more highly accountable for their performance.
- I do not believe I was given a fair chance to show what I could do.
- Voc. Rehab refused to work with me unless I changed my major which would have meant starting college over.
- There are not enough lines to answer this question properly.
- Do 100% follow up on job placement after training.
- To help find jobs that the person likes and they can handle it. Also the hope of moving up the ladder without getting their head stepped on by other saying that your not worth it!!
- Vocational rehab said that I was not qualified for minimum wage job.
- Job service was not helpful blind and low vision is consistent. Counselors need knowledge of disabilities.
- VR was effective in helping prepare me to work, but neither helped my employment search. There's not enough room here to discuss this issue
- Need to better be able to match peoples abilities and job skills with work assessments
- Find more job opportunities that have transportation access
- Pay at least the minimum wage at ORI like everyone else
- Just because I had to go to the hospital they cut my services
- Pay you the same wages as out in the community
- Voc Rehab is hindered in providing ancillary assistance (transport, housing, food) -- better interagency assistance would have been helpful
- Neutral -- my support has come after employment. They were no help once I graduated from school.
- I do not think VR helped me because they have too many clients and are overloaded. I also think they limited me

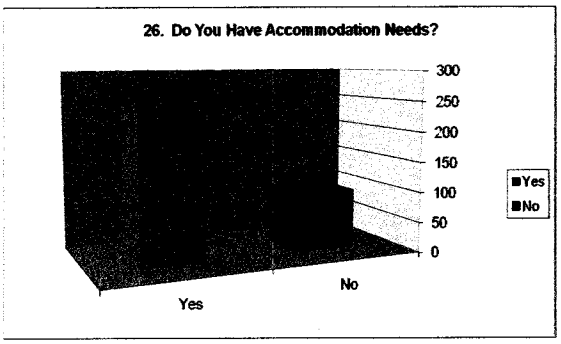


When asked if they were aware that the Americans with Disabilities Act and other laws require employers to provide reasonable accommodations to employees with disabilities, 261 participants said that yes they were aware of their protections under these laws and 105 said that they were not aware of their protections under these laws. Additional comments for this question were:

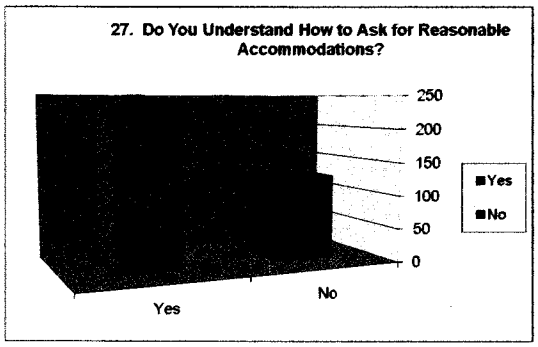
- Now I am
- Kind of
- But they don't observe them unless forced
- But they don't -- they just don't hire you.

- But most are unwilling and just avoid us instead.
- Generally

Participants were then asked if they had any accommodation needs in the workplace. 251 participants said that they do need or would need reasonable accommodations in the workplace and 98 said that they did not or would not need reasonable accommodations.



We also asked participants whether or not they knew how to ask employers for reasonable accommodations and if they felt comfortable doing so. A majority, 236, of the participants said that they did know how and would be comfortable asking for reasonable accommodations and 127 said that either they did not know how to ask for reasonable accommodations, were not comfortable asking for reasonable accommodations, or both.



Service Provider Questionnaire Results

We asked service providers what they saw were the barriers to employment for people with disabilities. These were their responses:

- Financial, transportation, caregivers, insecurity-as it's been a long time since he's had a job.
- Loss of benefits, accessibility, lack of support through vote rehab or other agencies, employers ignorance
- Losing Medicaid when SSDI requires using income. Clients eventually decide to do without services. Need supported employment-coaches: more funding for spend down.
- Losing of benefits, how to get a PASS Plan set up, transportation, takes so much time to get ready finding work that fits need some support but extended employment wait list is so long
- (Illegible) on SSI and if you have a spend down

- Transportation, lack of production/assembly type work, lack of appropriate supports for the long-term
- Fear of losing medical benefits, transportation issues, employer perceptions, fear of taking risks, lack of monetary resources, lack of community resources, very competitive work market
- In the Missoula region, the mental health center is not accepting new NHS pay clients, making it difficult for clients with mental health issues to receive affordable quality mental health services. Lack of transportation can always be an issue, especially for those not on a bus route or those who cannot ride the bus. The bus schedule limits the clients availability for work.
- Employer attitudes; Loss of insurance
- "1. This set of to work, i.e., loss of benefits, 2. Transportation; we need an expanded splash more flexible bus system."
- I think the chief barrier to employment is employers attitude about accommodations and the disabled.
- Spend down, transportation, accessibility, training-EE list, opportunities, biases, loss of Medicaid benefits
- Some do not have the skills necessary to function daily. They don't bathe, brush their teeth, or comb their hair. They have no transportation. Short-term memory loss and lack of motivation only pertains to our consumers. People have trouble dealing with the disabilities
- Not knowing the system (what else, what doesn't) so they don't lose their benefits
- Lack of basic job knowledge, interview skills, grooming issues, reluctance of employers to hire, transportation issues, poor education and continuing education, financial difficulties.
- "Access to health care that will reduce symptoms-improve work readiness (M.D., therapy), Misunderstanding about work incentive, transportation, especially weekends/evenings"
- Stereotypes regarding disabilities. Physical barriers-non-accessible worksites. Low wages
- Lack of flexibility in scheduling; #of hours worked per week expected to high; lack of flexibility when expected duties need to be changed due to mental health issues i.e., anxiety, paranoia.
- Low wages, loss of benefits, discrimination, labels
- "1. Accessibility, 2. Job carving, 3. Job supports"
- Working decreases SSI benefit and after time people lose Medicaid which is unaffordable
- Employers may think that he disabled employee is going to be less productive or unreliable
- Lack of jobs to suit those with special needs
- Employers unwilling to take a risk. Employer is uninformed about higher practices. Employers unaware of tax benefits available.
- Transportation is one of the biggest barriers

- I see (illegible) stigma of the disability as being the main barrier. Physical disabilities are seen as a worker's comp liability. Mental disabilities are viewed as crazy and unreliable
- Financial difficulties, transportation issues,*employer fear of ADA, transportation outside of city limits
- Lack of support/incentive to work just to use income to pay for Medicaid services which keep them stable. Lack of funding for extended and supported employment. Medical & meds
- Inability to concentrate and focus. Difficulty interacting interpersonally.
- 1) Risk of losing income security, 2) risk of losing necessary medical/mental health care, 3) increasing pressures on the workforce to produce at all costs -- 4) lack of hope for eventually earning a living wage (i.e. acceptable living standard) given the current economy
- The main barrier that I see with clients is that there is a fear of losing benefits. Often my clients will choose not to work because working will not be profitable after benefits change. Also, there are not enough supports in-place for clients to have accommodations made in the workplace.
- Inadequate mental health services or gaps and services
- Other people's attitudes, transportation is an issue
- Available jobs to which accommodations can be made
- Employers not understanding abilities; employer perception; individual with disabilities not always able to promote skills and abilities from job application and/or interview; lack of job coaches to adequately educate employers and health employee learn job. Transportation
- "Community acceptance -- sometimes family, disability laws -- insurance limitations, incentives to work, lack of technological resources"
- Concerned with losing Medicaid/Medicare; losing cash benefit
- Transportation and rural communities, training to facilitate benefits planning, access to Job Club or some form of job search training
- Many DD folks have been some overprotected and are not realistic about what they expect from employers and jobs. Lack of flexibility in terms of work schedule or rearrangement of duties in a position. Some disabilities are seen in a stereo typical manner by the non-disabled.
- Transportation, supportive work sites.
- Motivation, training, knowledge, ER comfort with working with a disabled person, getting lumped all together (one disabled person doesn't work out and one is often hesitant to hire individuals with disabilities), lack of physical/mental stamina to work normal hours. Not prepared to be treated normally - not ready to work hard.
- Lack of acknowledgement that they may be operating from within a negative thinking pattern/cycle. Lack of effective communication with others about specific accommodations. Lack of self-esteem which affects interviews and team player characteristics.
- Help with application isn't available. Not empowered to sign up alone.
- Worksite restrictions, limited hours available to work, transportation, spotty work history.

- Lack of affordable transportation.
- Signs are put up where people in wheelchairs can't see them and blind people don't get any information. Work places need to be accessible and have places where people can lie down on their breaks.
- Job availability, and having someone to assist them.
- Stigma and misunderstanding of the MI.
- Transportation is number one. Lack of confidence and fear of rejection is number two.
- Barrier free employment, transportation and supervision.
- Transportation mobility in general and access. Older buildings need updates. Stigma - stereotypes. Especially for those with mental illnesses.
- With doing OTJ training employers hesitate for permanent hire. Most facilities are not handicap accessible disabled persons lack work skills, lack of transportation follow up from disabled persons.
- Mental and physical
- Not being able to multi-task
- Multiple barriers. Need extra training to get skills.
- Benefits, transportation, Lack of job opportunities.
- Lack of transportation, lack of variety of types of jobs other than janitorial and foods.
- Loss of benefits, limited experience, limited training opportunities.
- Employers need to be aware and open to people with disabilities and the vast amount of talent they. Wide array of disabilities and shells/abilities-
- Transportation; financial restrictions while on Medicaid; lack of quality employment in the area.
- Funding for long term supports for people, transportation, stigma, access.
- Transportation for blind or low vision people.
- Lack of visible options for work – lose hope of options aren't evident or clear transportation.
- Not many jobs available in area for anyone and low wages.
- The lack of opportunities. Lack of skills to apply to work. No transportation to and from work. No vocational training or services.
- People are afraid to work because they are afraid of loosing their medical benefits.
- Transportation, employment assistance, accommodations for mentally ill, fear of losing benefits.
- Transportation, finding a job that they can do. Employers willing to hire someone with a disability.
- Schools don't start training in communities early enough, employers are not knowledgeable about the services.
- Devising etc, setting up appropriate accommodations. Staff education re: disability. Views R/T cost vs. gain for employer, child care issues, transportation issues.
- In small communities it is mostly available positions - there are very few or none.
- "uncomfortable asking for assistance
- --unsure of their abilities
- --beliefs they can't do anything
- --not knowledgeable about benefits of working"

- Lack of affordable transportation.

Next we asked the service providers if they saw or knew of any gaps in services for people with disabilities who want to return to work. Out of the 70 providers who responded to the this question, 65 of them said yes there were gaps in services and only 5 said that there was not. When asked what those gaps were, here were their responses:

- In areas of benefits and Medicaid spend down. Extended employment not available for many who needed.
- Job coaches-support for exercise/prevention of secondary disabilities. Expedite access to disabilities determination after onset of disabilities so not a gap in care then-very dangerous time
- "People with SSDI. So no benefits to go back.
- Waiting lists are long for services, extended employment
- more community support to provide jobs"
- Not being able to keep enough money-the Social Security system needs to have a person to help clients understand letters sent out-when your benefits are sent out
- Adequate supports after VR closes case, accessible transportation limited
- Limited community resources-housing, food, transportation, medication management, case management.
- An example: a client with a prosthetic leg to return to work over eight years ago, came off as SDI, and now, he is a service to his prosthetic that could cost $2000-$4000 a year. His work insurance only covers a small portion that he no longer receives Medicare which would cover this cost.
- The gap of getting trained and then being hit with what the real cost of earning income will be
- Transportation, we don't reach enough consumers who need a system technology. Assistive technology could should be covered by Medicaid.
- Could lose services if they lose Medicaid. Vocational rehabilitation-wait list, technology-equipment-services-accessibility-accommodations for self-care
- Transportation, help with resumes
- Basic skills for jobs such as money, computer, use of public transportation.
- Support services for those without insurance-need for case management
- Financial disincentives due to loss of health coverage (Medicaid).
- Transitioning with the above expectations (#2) and mind; also not expecting the person to start and stay with it without breaks in the time frame -- weeks, months
- Benefits seem to get pulled a lot quicker than reinstated so is it worth it to even try to work on the chance it may take time to actually get back into it-it may take time to find the right "fit" for a job.
- The process is slow! If on Social Security, benefits stop right away-but if person quits/loses job, benefits are delayed in restarting
- Sometimes the vocational rehabilitation process is slow

- Employer education-perhaps ongoing support for the working disabled
- Service providers unaware of full spectrum of resource providers. The disabled unaware of where to get services or embarrassed to ask.
- if they really want to work
- Mild to moderate levels slip through the cracks
- Transportation outside of city limits, mental health not working with other agencies, lack of concern for mental health patients in community
- Several of my client's desire to work and one in particular was becoming more able and desiring to work lots of hours-SADLY, thankfully, her hours at work were slashed to under 1/2 time, because this continued her eligibility for MHSP to obtain medications-there was a huge problem re:-applying for extra help for Medicare part D coverage which was 1 insurer
- Adequate support and length of time on waiting list. Also, the challenge of staying under the monthly $ amount that SS allows so that they don't lose disability.
- Services won't help without public policy changes to remove barriers
- A lack of accommodation in the workplace for people with disabilities
- If they have a mental illness practitioners are inadequate in treating them from a recovery, evidence-based model
- Supportive training
- Often no funding source to provide the necessary supports. Lack of systems coordination; limited services for (illegible); waiting list in both mental health and develop disability services. -- jobs not available in rural, remote areas.
- Losing critical support for Social Security when transitioning to work environment. Not all (illegible) jobs are successful for clients attempting gains full employment. Incremental loss of disability might be (illegible words) than all or none
- Not enough education about return to work options; seeing the process working for them and others
- Access to readily available benefits information that's clear causes many people to resist going to work.
- I think sometimes the group who is about to graduate from high school or who has recently graduated from high school is left without services from one to five years until they are excessively frustrated and discouraged.
- Transportation
- They are warned about earning too much. Getting their benefits taken away.
- Ongoing support to increase and empower self-esteem and shifting perspective from negative to positive and support in changing negative thought patterns.
- Employers willing to work with VR - Jobs.
- Confusion with social security benefits and how it might be affected by earnings.
- Lack of affordable transportation.
- No one has worked with me to get on the web; the class I was taking from LIFT was cancelled.
- Really get assistance.
- Availability of appropriate jobs.
- Brain injuries are so under estimated and misunderstood that accommodations at work sites are non-existent.

- Placements
- No assist through the SSI approval process.
- Gathering of documentation to complete application process, start process and then fail with follow up appt.
- Lack of transportation, minimal family support, lack of training for employment, substance dependence issues.
- It's harder now because most employers want individuals to be able to cross train - cash register, problem solve, answering phones.
- Need to know where to look for services more referrals written.
- Job development training i.e. OJT or work experience.
- There isn't enough money or staff.
- Often VR won't work with DB folks until they have DB $, School don't prepare kids for REAL work.
- Where do you get services? How do you let people know where to go? Outreach. Not enough job coaches.
- Knowledge of available services.
- Transportation, sheltered employment, (to determine competitive)
- Kids in high school don't know about the programs that can help. Need more transitional education.
- Knowing where to go for help to facilitate a change.
- Do not have knowledge of community resources who can assist individuals with finding employment.
- People who go to work often have changes in their food stamps and housing benefits. They don't know what the change will be so they cannot plan for it. This is very frustrating and unsettling for them.
- Access to supported employment services, transportation.
- Transportation, schedule that meet their daily routine- therapy sessions and Dr. appointments.
- After high school "work" they tend to have nothing.
- Many of the jobs available do not cover the costs of child care expenses, transportation costs, possible loss of section eight and higher rent, or provide adequate health insurance if one…qualifies for Medicaid or Medicare.
- Again, there is no market in small communities.
- Employers can't always make every accommodation that employees need (or feel they need)

To find out how knowledgeable service providers were about the potential option of a Medicaid Buy-in, we asked them if they were aware of what other states have done in terms of a Medicaid buy-in to help people with disabilities gain competitive employment and how such a program could benefit them. A majority of the service providers, 58 of them, said that either they did not know what other states have done or they have not heard of a Medicaid Buy-in,

whereas, only 9 responded that they did know what other states have done or they have heard of a Medicaid Buy-in. Additional comments for this question were:

- I know other states have enacted the Medicaid buy-in. My understanding is Medicaid could be available to people with disabilities who might not otherwise qualified. This would go a long way to helping the person have the supports needed to keep a job.
- I understand that many states provided by and it reduces the (illegible) of not having/fear of losing/difficulty paying for insurance
- Yes and would be good if this were a nationwide option
- No I am not aware. I would like to be informed.
- Not with Medicaid but I have experience in Oregon in waiting with children with special needs. We used special funds to develop individual and very creative services! Alaska did this too!
- Do not fully understand will need to research and self teach to be competent.
- Not that well- we would like to get more information on how the Medicaid by-in works; I have heard the term before but I haven't been introduced yet.
- I think Wisconsin has done this- why don't we get this info from other states?
- People can work without losing the very supports (medical supports) that enable them to work in the first place.
- Some what soggy on this. Have heard some in formation on being able to work and keep Medicaid.

To find out if service providers felt that the consumers they worked with are ready to work, we asked them if they felt that their consumers were ready to work or not and if not, why they felt they weren't. Overall, there were 37 yes responses and 24 no responses but many of the service providers checked both responses while some did not check either. The reasons given for consumers not being ready to work were:

- They have stated "I'm tired of living off the system, I want to do something."
- Some are, most are not due to severity of physical or cognitive disability; some lack motivation
- Many are preparing
- Some are: waiting for extended employment slots, need carved out work
- Some are. Some are not. Some do not have a good work history and do not understand what is required or have the work ethic to be successful. Some need help with problem solving and decision-making.
- Depends on the individual-some have not come to terms with the impact of their disability.-some not in stable living situation.
- Some consumers are ready (support services, training, attitude) while some consumers are not ready (some who are not ready may not be willing to participate in

services to support them or, once they start with vocational activities, decide that they cannot tolerate them or are not interested).

- Yes & no-some still need training and/or adjustment. Others can't get past the disincentives. Others are ready.
- Others may require services (e.g., physical/mental restrictions; adjustment counseling) to become ready
- Some yes some no I think people need more blindness skills.
- Lack job-training (most of them). Lacking in jobs willing to accommodate needs or adopt technology or equipment to perform particular jobs.
- Most are too mentally disabled to function on their own. That is why we pay their bills.
- Co-Occurring disorders. Mentally ill and drug and alcohol addiction
- Some of them are ready to work with minimal support but others are not. Many people have totally unrealistic ideas about work and what their responsibilities to the employer are.
- I work with consumers involved with voc rehab. Most are work ready
- Many do not believe they can hold a job
- some of them, some of the time
- "Age & abilities & desire -also concerns on how work affects SSI/SSDI benefits"
- Some are and Some are not. For those that are not theirs motivational problems coupled with symptoms of their mental illness
- Some are-some are not
- Many are lacking soft skills
- Some come and ready but some are a long way from it
- Some are, others are not due to mental health issues. This is a very large problem. Also physical problems of job applicants, workers comp failure to set up employee and support them
- I have a client who was just placed on the extended/supported employment list and waiting for disability status who wants to help support his household, but can't get a job -- others need financial support from a job -- but it's not beneficial re: Medicaid spend down -- emotionally -- these people are angry that can't work to sustain -are not allowed by our society to do so -- be a part of the working class.
- Because of so many stressors & medication changes
- One or two of 35
- some are -- but are leery of change in benefits -- brothers, most of my clients, are not ready to work due to mental health issues -- most are considered disabled by SSA
- Depends on whether they have received adequate evidence-based well rounded treatment from the various agencies involved
- Some have long-term problems with responsibilities
- Don't have necessary readiness skills. Not able to work enough hours to get benefits. Lack of transportation or flexibility with employer to meet individual needs.
- some very much so
- For the most part -- they have given thought to employment
- Not always. Sometimes they have limitations about work realities, or fear of benefit lost impacts readiness as well

- Some are and some are not. I feel that one of the biggest barriers is the fact that they have been overprotected and as a result are not realistic about what a work environment requires and are not willing to push themselves to the limits of their abilities.
- Many require some training/assistance and some kind to get up to speed.
- However, about 5-10% are not ready.
- Some come because they were told to and don't put in effort while others are willing and ready.
- Some of their needs include: literacy, ESL, transportation, education and special individualized accommodations.
- Some are, but the ones that can are working!
- Some are and some do work.
- Yes and no. some have had a lot of job experience, but right now are in a "rut". Others have no job skills and have barriers for employment due to mental illness or maybe a physical disability.
- No, many want to work but lack of education experience and opportunity to re train in different type of jobs. Job hinders employment.
- A lot of people (especially high school age and past secondary level) don't or haven't had much exposure to the world of work and career exploration in the formative years. A lack of how to combine resources on behalf of high school students is a beginning issue for us here.
- Some are- the younger consumers I find don't have a great work ethic.
- Lack of skills, training and job coaching.
- I think they are ready to try some jobs out so we can see his skill.
- Not much introduction to work possibilities.
- We need to get down to basics- how to dress- etc - life skills training. "Soft skills" through job service. Transportation needs.
- Limited consumers on HCBS are able to work outside of the home due to the Level of care needs.
- Transportation, Job readiness skills
- Differs by individual- some are still adapting or in denial about vision loss- some are ready, but having a hard time getting a job. Some don't want to work because they will loose their benefits. Some employers don't want or can't afford accommodations.
- Skills not in place- lack of confidence to be independently employed, some of course with the help of job coaching- everyday skills (life).
- Some are and some are not. It depends on if they have been able to advance to the point of working or not. Some have and due to the low amount of jobs in the area, they have problems getting jobs.
- My consumers want to work but some do not have the skills or training and others are fearful of losing their social security funding.
- Most people are not ready right away but with some training and counseling and guidance they are usually ready to work.
- But they need some job coaching at first.

- Some of my clients would be able to work; some part time, possible full time with accommodations or coverage for services (section 8 and insurance), etc that they may lose.
- For the most part, I think they would like to have something to do and feel like a part of a community.

Next we asked the service providers if they felt that the consumers they serve understand their own accommodation needs and whether or not they are able to advocate for them. 57 service providers said that their consumers did not understand their own accommodation needs while only 11 said that they felt their consumers did understand their own accommodation needs. The reasons given for why they felt consumers did not understand their own accommodation needs were:

- Unsure-probably folks do need a refresher course of what is the expectation for the employer and employee.
- some are, some aren't
- Some don't have insight into the skills they will need in the workplace-hard to accept help.
- The system is so complicated and everyone seems to have different rules. Fear that if they ask for accommodation will not get the job
- "Head injury-a barrier, Need breaks, Need work habit training"
- Some people with severe mental illness trouble with understanding their disability and how to advocate and knowing exactly what accommodation is needed. Some people who are newly injured need time to adjust and better understand what they need and how to ask for it.
- Inadequate information or training in this area.
- Some consumers who have lived with their disabilities for years seem to understand what their needs are and advocate for these. Depending on what the disabilities are, some consumers may always need someone to advocate for them.
- Most, no.
- A lack of exposure to information. I believe it is one of ERs primary responsibility is to inform folks of this information and encourage/facilitate self advocacy
- Most of the time, people are newly blind and do not know how to advocate
- They've already tried and haven't had the training to address their needs. They are afraid of losing their benefits.
- They are afraid to speak up because it might affect their existing benefits
- Most can advocate but many do not
- They have difficulty explaining their work limitations and needs without some limited coaching-advocacy

- Some understand their needs but are not confident enough to express them. Others believe employers will not listen.
- Lack of understanding of how an issue such as anxiety, paranoia, depression or hallucination impacts daily routines, relationships with peers and supervisors
- A lot of people don't really understand the problems their disability might cause when it comes to work so they don't stress the positives and focus on what they can do to the point they won't get hired
- Many lack inside to ability/disabilities and do need someone i.e. job coaches/case managers/(illegible), etc.) to assist them
- Some of our clients are able to advocate for themselves and know their limitations and strengths and others are not
- Not informed enough of their rights
- Some are, some are not
- Many are unaware accommodations exist and specifically what they need
- most often
- Many people deny their disability
- I see people taking jobs every year that they should not do. It is what they know and have not been retrained
- Lifetime of looking glass effect or inability to communicate effectively with those who did not "need" to understand. Lifetime of not being listened to effectively and needs not being met. Lack of awareness due to MI, sometimes/someone.
- Lack of interpersonal communication skills and they may not know their abilities/options
- Most clients I work with need advocacy and explaining the necessary needs and accommodations. Often they feel they are more capable than they are or they don't want to ask for help because they want to feel "normal."
- They need adequate support
- some don't even recognize issues they have and (eligible) others to help them be heard
- Most people do not know that an accommodation can be made
- Often Have To Have the Job Experience to Understand the Accommodation Need
- Not typically
- More often than not -- individuals are not aware of their rights in applying for jobs; knowing what kinds/levels of accommodations is available at how to access services
- I think they often know more than anyone one accommodations they need. They don't always have a grasp on how to access that accommodation in the marketplace.
- Again in some cases yes but in most cases no. I think in most cases an observer who knows the demands of the job and the typical limitations of a particular disability is the best person to look for a creative solution to an accommodation issue.
- Really depends on the level of the disability - but either way, people are much more hesitant to advocate for themselves.
- They need encouragement to look at their situation from a different perspective so as to see their accommodation requirements objectively.
- Know them but are embarrassed to ask.

- They may understand that they need accommodations but not always feel comfortable about speaking with employers because they don't want to inconvenience them or make them angry.
- Most people with disabilities do not view their needs as others do.
- People I know are unaware of resources, can't read information and info isn't in their language. Some also suffer with situational despair.
- It's just too complicated for a lot of my consumers.
- Some are but many aren't.
- Lack of assertiveness, wanting to be like everyone else and not wanting to expose themselves.
- They really don't want to say to much.
- I believe some know what accommodations they need, but they don't know how to ask for them.
- Many hesitate to advocate for their needs, and how to do it, who to ask is not asked.
- Because the "aware" ones are not always "united" or "joined" in a collective effort to be able to share information with other disable people.
- Each case/person is different.
- Not always this is way I time work experience hours help define these.
- Sometimes they are aware.
- If you are mentally/ developmentally disabled you usually have difficulty communicating and difficulty to advocate for yourself.
- Understand accommodation needs, but unsure how to/where to advocate for needs
- Lack of insight towards supports.
- Some people can advocate for themselves and some don't realize how many rights they have.
- Some do and some don't. Depends on the previous experiences they have encountered. More education is needed on this for people new to the disability job.
- Some people know they have the right to have a job, but are unaware of how to advocate for their want and desire for employment.
- They don't know what accommodations would help them. They don't know how to ask for those accommodations if they know what they need.
- Some, yes!
- They don't want to be considered "different" so they don't want to draw attention to themselves.
- They have just been accommodated for by others and they expect it every here and know no other way.
- This isn't something that is explained to them. Many fear repercussions and possible job loss if they ask for accommodations.
-
- People often believe they need accommodations without having tried a job task. People often
- most people with disabilities do not view their needs as others do

As a follow up question, we also asked if they felt that the consumers they served understand their employment rights under the ADA and other state and federal labor laws. Again, a majority, 51, of service providers said their consumers did not while only 9 said that they did.

Next we asked service providers if they felt that their consumers were in living situations that were supportive of them working and maintaining employment. 32 responded that they felt their consumers were in living situations that were supportive of them working and maintaining employment and 28 said that their consumers were not. Their reasons for answering no were:

- Usually-if not changes can be made to encourage work
- Transportation is a large problem-safety during public transportation-some clients are vulnerable-may need to be accompanied or have safer transportation-severely limits where can work and live if has to walk
- Some are others are not.
- Unsure
- Some are homeless and it is difficult to find work in that situation. Some living chaotic households that create more problems. Some have housing help where going to work will put that in jeopardy and make it not worth it.
- Can't, depends on the person. Some of my clients are homeless or with extremely limited financial resources.
- Due to the high cost of living in Missoula and lengthy waiting list for housing assistance, many consumers live wherever they can to but they may not be the most supportive environments
- Most yes-others may lose housing assistance
- Some fear loss of benefits including housing assistance should they return to work and they question their abilities to earn the same or greater of $ they receive on public assistance.
- Getting and PDN caregivers and at times of the day to get them ready for work can be a problem for some agencies.
- Some are homeless and less likely to be ready.
- Yes for the most part. I have had a lot of support from various providers and families who are willing to assist with various issues.
- Group homes are not conducive to the individual support and assistance for consumer needs. PCAs have no role in employment support, either.
- Because if they lose any benefits while attempting to get into the right job, they will fall behind in paying the basics (rent, food, energy, etc.) and they can lose it all.
- Many live alone
- It depends on how close to a bus stop they are
- Mostly all have a stable living situation
- Of those we know-many are undiagnosed and are struggling to stay ahead

- Many people are on the verge of losing their houses. They wait too long to get assistance.
- Most of them finished training and have no support. That are divorced because of injury and lack of wages. Most live with friends or family
- some yes. Some no: due to fear of losing stabilizing medical care. Due to Medicaid incurement or over the Costs for MHSP for medical/Rx costs.
- some of them are others do not have any supports
- Many live in means tested subsidized housing where to rent changes with every fluctuation of income so that work does not provide a real opportunity to "get ahead."
- Sometimes it is, but often clients struggle with transportation to and from work and lack the support they would need to maintain a regular work schedule.
- At times no. They either have homes or transportation
- Frequently family and other search providers do not encourage employment
- Not always may have family problems that affect work ethic and maybe preconceived attitude by family members about their work skills and/or abilities.
- Many are, some however foster disability for their own secondary (eligible)
- Overall, I would say yes
- Sometimes very supportive, sometimes not so much. Benefits and fear of losing them impact the support factor
- In most cases I think their support systems are supportive of them working but they may not encourage them enough to work through a tough and somewhat stressful adjustment period.
- One of my clients lives west of Billings. He is beyond bus routes so is limited in where and how many hours he can work.
- Generally they have outside supports.
- If they want.
- For most, but adequate housing is a problem.
- Families depend on benefits to pay family will. They lack confidence in their family morals. Feeling able to maintain employment so resist committing to work.
- Majority no. It seems to be a generation after generation issue. They learn from example.
- Yes, for most due to housing authorities, policy to give disabled/handicapped individuals housing preference.
- Largely due to the overall housing shortage that effects all families trying to get their independence and adequate living space for themselves. It is tough to plan anything when you don't know where your going to sleep that night.
- But their lives are very up and down with multi behaviors- they have a hard time maintaining employment.
- I think we see the full spectrum as with those with out disabilities.
- Family pressure isn't always supportive of seeing consumers get to work, all well groomed and just don't care.
- It varies.
- Rural folks in small town MT have fewer places to work and if not in walking distance how do you get to work. No job coaches out there.
- Understand accommodation needs, but unsure how to / where to advocate for needs.

- Living situations tend to be unstable with people suffering from Mental Illness.
- Transportation is a very big part of maintaining employment.
- Yes and no- transportation can be an issue- depending on others to get to and from, breaking old trends of leaning or others employment wise.
- Those clients with limited funding do not have the resources necessary for obtaining or maintaining employment.
- Sometimes they live with people who do not want them to work because they are afraid that they will loose their benefits.
- But it will raise there rent.
- Some live too far out away from any work source and have no reliable transportation. Most want the consumer to be able to work.
- Several of my consumers would need job coaches and that isn't always available. Many fear loss of services if they work.
- Families often support the "disabilities" and don't want person to become self sufficient and succeed

When asked if their consumers were prepared to maintain a work schedule, 36 service providers said yes and 22 said no. Their reasons for answering no were:

- Yes, but probably not 40 hours/week needing more time to be ready for work and then have time to take care of their needs.
- Usually ready for part-time and could gradually work up endurance and stamina
- Can be a learning process.-and accommodation process by employer
- Mostly part-time
- Depends on the person. Some are not as they do not know how they're disability impacts them-some with very little work experience.
- Sometimes the consumer feels they are ready to maintain a work schedule will find that they are unable to (for various reasons-required hours, sleep schedules, medication, interest).
- Most. Self capped because of stamina issues.
- Some requires supportive services to do so, e.g., supported employment.
- Some all are some aren't! Those that do not, do not understand absenteeism
- Some are-most aren't. Some need to gradually work into it full time work schedule. Some never will be able to work without job coach-sheltered employment.
- Most clients have no concept of time and keep their own schedules. If the job gets tough they have no qualms about not returning to work. But most are addicted to some substance or severely mentally ill.
- Some have few soft skills.
- Some are but many others expect the employer to accommodate their schedule. They have unrealistic expectations i.e. want the weekends and holidays off and often refuse to work certain shifts.
- With problem solving assistance regarding medication timing and transportation issue
- Of the people that want to work, mostly be able to maintain at least part-time work. Many will need to adjust to changes in routine and environment.

- The majority are not; two are.
- Lack of skills, desire and how to get/maintain employment
- Some yes-others know. Some are not interested in working and have no work "mindset"
- Many struggle with the schedule, remembering and showing up daily
- Some are, biggest problem is again medical health issues, or transportation
- Medical issues
- Some are some are not. Most of them cannot because they lack certain skills
- One or two of 35
- Most clients would like to work but may not be able to because of stress level, social anxiety, inability to stay consistent with a work schedule, and/or fear of loss of benefits.
- Some need time to readjust their brain chemistry and thought process.. Some have poor impulse control.
- We don't provide work services but, many consumers are not ready because of health, transportation, readiness skills, personal problems, etc.
- some -- others need to transition gradually
- We often starts slow at work. Many never achieve full time employment
- some are work ready others aren't
- Again I think some are ready to work full time but most probably need to begin working only a few hours a week and gradually increase their hours as their stamina and endurance increase
- It varies quite a bit, but many will sabotage their jobs without further assistance after placement.
- Those that aren't ready to work aren't so responsible.
- Some aren't because of transportation and physical limitations. If so doctor's appointments and other meetings make it difficult to keep standard schedule.
- Some are. Some need a job coach to help with employment issues.
- Some need a very flexible schedule, they need to earn enough money and benefits to make it worth while. Many need education.
- Depends on who probably 5 of 47 for me can.
- Some are but reintegration has to be gradual.
- A lot of work goes into schedules and understanding the employees need for reliability. Time is such a weird concept that many of my clients don't understand.
- With some assistance.
- Yes and no. (Again some have too many barriers to be employed, while others can maintain a work schedule).
- No, consumers lack motivation to go beyond their boundary of comfort and familiarity, they favor to start the process to work and verbalize desire to maintain a work schedule.
- Some of our clients aren't sure what they want to do yet in terms of planning to do full time wage, due to a limited understanding of what jobs are available and when they are available. These opportunities are contingent a lot on the worker's availability and supports one must have to enter the workforce.
- The younger consumers want more time off usually.

- More clients with assistance.
- But I must emphasize they are not really for 40hours week- but they are ready and willing to work.
- Sometimes - if there's a desire to work on a steady basis. Work ethic.
- Stamina. Soft skills may not be there (getting to work on time, clothes)
- Again, due to the level of care needs. (Nursing home level of care).
- May have not worked in a long time. Physical ability, transportation.
- Transportation is always a problem.
- Some are and some are not. We work with all kinds.
- Those who cannot maintain a work schedule often live in the valley and they have no transportation to get to and from work. Some cannot maintain a work schedule because their disability becomes severe and interferes with work.
- Don't work directly with consumers but those I work with can do so with support.
- It depends on the client- some are some are not. Would need a lot of support.
- There may be a few who need assistance and job coaches.
- Ongoing psych issues, pain issues, cognitive issues.
- "No -- have never a schedule so afraid often to try
- Yes -- folks need & want a routing...incorporating flexibility in schedule is key"
- Some are. Some need a job coach to help with employment issues.

Because working in one's choice field and earning a livable wage is important to be able to afford life's necessities we asked service providers if they felt that their consumers would be able to secure employment in a sales/profession of their choice and at a livable/competitive wage with adequate benefits compared to the general population. Their responses were:

- Yes, some folks
- Mostly no due to severity of disabilities
- Often need to change fields for new onset disability
- No (21)
- Hopefully in regard to the choice part provided it is realistic appropriate accommodations are available. I think a livable wage is difficult especially for entry level. If you have housing help, food stamps and other benefits, going to work affects them differently and can be a nightmare to sort out. If a person cannot work full time benefits are often not available.
- This is a very competitive job market and people with disabilities are sometimes passed over for the jobs with good pay and benefits. Especially when job seeking on their own with inadequate preparation
- Yes-given they can complete required training for the profession
- I do believe that with the proper supports people with disabilities can secure employment in their chosen fields, earning commensurate wages with others. However, whether or not the wages are "livable" is another matter.
- No, unfortunately!

- No, most don't have adequate education or training.
- Yes. If they have the skills and qualifications to do the job.
- Not very often
- No-it's hard enough for the non-disabled to find good jobs, unless they have Connie Bauer of voc rehab helping them.
- Not unless they are able to get training or assistance to remove previously stated barriers
- Yes (2)
- No -- our local general population does not make a living wage
- No -- most clients could only obtain work at minimum wage level, and could work a max of 20 hours per week because of their individual limitations
- After they have addressed their issues yes
- Not all
- song but a few -- often part-time, minimum wage and no benefits
- many entry jobs with no insurance, stability, longevity
- Depends on consumer choice. If they want to preserve benefits they would not achieve self-sufficiency.
- Not always. I've never use sub minimum wage for any client but I don't always think there are advancement opportunities that are equal.
- An awful lot depends on how confident they are, how well they present themselves and how knowledgeable they are about the labor market. The general population has the same issues but in most cases in order to succeed in competing against the non-disabled they must do better in some of these areas than their non-disabled competition.
- Currently I work with high school students with disabilities, so I don't feel I have enough experience to comment on this.
- Many times individuals with disabilities work at the lower end of the spectrum, regardless of skills - at least for a while, sometimes forever.
- I feel most are able to secure employment in a field of their choice at a livable wage but not competitively (compared to general population). Consumers typically get entry - level jobs.
- No. Due to local economy most of the people use serve are only going to qualify for minimum wage employment.
- Well!! I don't think most of the general population in Montana has adequate wages and benefits, let alone a specialized, needy segment of that population!!!
- Absolutely not. Even very educated consumers are underemployed and barely able to support themselves.
- Some are!
- No. The majority of our clients do not have the job skills needed to support their family. They are considered "the working poor".
- No due to the large percentage of unemployment on the reservation. Lack of jobs and choice of field/profession very limited.
- It's hard to serve employment here because there are a few factors that influence a person's opportunity to gain employment. Education will favor a person unless there

is a family connection to a particular job. I am one of the few that was able to get a job with a bachelors degree and then a master's degree.

- Yes usually minimum wage plus their benefits.
- No- need education and more skills.
- Not at this point- they haven't had an opportunity to build the skills up.
- No- few benefits, low pay, few jobs.
- No-non-disabled workers can't even get this so the disable are really having a hard time.
- NO, due to types of disability, their ability level may fluctuate (ms) from day to day or may not be able to work a consistent schedule.
- No- problem all around
- No, but in this area unless you are specialized, no one makes a livable/ competitive wage.
- No, because most of my clients do not have vocational skills and are uncertain of what they would be able to do. Without these necessary skills individuals are not able to compete for jobs with the general population.
- A small number do obtain employment of their choice at a livable wage with benefits.
- No- most would only make minimum wage and would not live on this and pay for their needs/ services needed to maintain their needs.
- No, most do not end up with more than part-time work and wages are not comparable to regular workers.
- Probably not - for the most part they have lived with limited resources which have not allowed them to gain experience nor education which does limit their potential.
- No -- in rural Montana very few employers fill this order
- no due to local economy most of the people we serve are only going to quality for minimum wage employment

In comparison to the previous question about consumers who are not currently employed, we asked service providers if they felt that out of their consumers who are employed, if their wages and benefits are sufficient enough to replace the income and supports they are or were receiving before becoming employed. Overall, 51 service providers said no and only 9 said yes. Other responses were:

- Not to replace Medicaid benefits
- No-need support services/transport
- Medicare is not a very good coverage program. If someone with a disability can access Medicaid while working, they very likely could pay for the services needed to keep them working
- Often not if they lose Medicaid
- This is a tough one to answer. It seems that I often see clients losing when they go to work and can't continue to keep health insurance.

- For some-yes. For others with significant disabilities and ongoing support needs-No.
- Yes! One has to earn a lot of money before one loses benefits!
- No. There aren't supports in place to make up for cost-of-living increases.
- No-they need Medicaid!
- Usually not
- No-many lose health insurance and rent assistance and are unable to meet a co-pay. Often they make less once becoming employed
- Yes & No-depends on individual situation
- No, most lose wages from a much better job
- No -- 1) almost no access to medical/mental health insurance coverage. 2) risk of being cut off disability income roles and not being able to get back on if work is not viable. 3) child care costs too much for entry-level workers
- no, most positions would not offer health benefits, which most SDMI adults need because of the physical health problems that accompany mental illness. Science also stand to lose disability income, food stamps, and other subsidies they may receive due to their disability/low-income status.
- In some cases, yes
- Often times they end up in entry-level jobs at or close to minimum wage to start
- Mostly no
- No again because many self limit their options based on fear of having to go through SSA application process again. We try to educate from time of application.
- Many clients fear getting sufficient wages to impact their benefits. They and sometimes their family members insist on fewer hours and keeping benefits intact. Many could are sufficient wages and benefits
- Yes in some cases but certainly not in all cases
- Currently I work with high school students with disabilities, so I don't feel I have enough experience to comment on this.
- No - benefits reduce when working and wages are too low.
- Very seldom.
- I think not.
- No, and this results in a resistance to pursue work and potentially lose benefits.
- No - they lose SSI.
- I don't believe so. The majority seem to get jobs that are just above minimum wage. They end up paying excessive childcare without assistance.
- Yes some successful in securing a job two off the reservation, wages were great and surpassed past income
- Consumers are in general discouraged to attempt employment when their main or regular scheduled income sources are perceived to be threatened they will drop the employment situation even though they may make more money on the job than they do on fixed incomes.
- No. There aren't supports in place to make up for cost-of-living increases.
- Absolutely not
- Our consumers do not currently work. Would not be able to receive this level of assistance Medicaid benefits.
- No- Some lose benefits mostly medical.

- The ones I have connection with make sure to keep to monthly gross below the max amount so not to lose SSD or SSI benefits.
- A small number of my consumers can replace the income and supports that they were receiving before becoming employed.
- Not to replace Medicaid benefits
- Not completely- with the ones I know they only work the hours so as to not lose their benefits.
- Maybe, just barely
- No. Someone on SSI, with Medicaid can not replace that benefit with employment in rural Montana

We wanted to get a service providers perspective on what changes or additional services or programs they thought would improve the employment outcomes for people with disabilities as well. These were their responses:

- Liaison, advocate initially to help folks sort through everything. Quite a lot of disabled folks are already dealing with so much. It's overwhelming to sort through more detailed confusion. Also-availability of consistent and accurate information
- "-change rules for spend down for Medicaid, -increase funding for support for those who need extended employment, -have universal health coverage for all Americans"
- "Expand extended employment-job coaches, Medical support, Housing, transport"
- I don't have enough knowledge, seems like a buy-in would be useful
- Keep more money-have a job coach-increase what is the level for a spend down
- Access to insurance to cover medical/psychological needs when not available through work. A bus system that covers more area where work is available and runs in the evening and on weekends. More access to long-term supports needed to keep a job.
- More funding for Montana book rehab and other agencies to assist with employment issues
- The Medicaid buy-in program would be great. Improvement in transportation and available low-cost housing.
- Medicaid Buy-In for Montana
- (1) more job skills training. We need to not stereotype in the fields that blind individuals are choosing. If a blind person wants to pursue an opportunity they should.
- Job coaching-training, education for employers, PCA services at work site (or to come to work site). Changes in Medicaid RE: spend down +
- Stop the Medicaid spend down.
- More time to upgrade skills, before and during employment (that doesn't affect their job hours)
- Skill acquisition training, grooming, interview skills, money skills, computer training, resolving transportation issues, social skills, communication
- Fund supported employment programs and expand them.
- Longer trial work., and extended eligibility universal healthcare.

- Supported work programs-liaisons between consumers and employers who are actively engaged in gaining and keeping the employment
- Time-let's see if they can maintain employment for a logical period of time before cutting back benefits
- Additional funding for assessing skills and providing supports to have job placements successful
- They need Medicaid!
- Question 4 seems promising
- Volunteer "type" jobs that could be paid positions?
- Do skills training, job mentoring. Basic social skills-introduced (illegible) school ag-after more than once. Planning and concept of time training
- Transportation
- More support after schooling, these people need to be able to live
- Incentive to work -- more disregarded income with respect to Medicaid incurement/spend down -- increased.
- More support and services is the biggest need
- "1) universal access to comprehensive health care so that it is not tied to income source. 2) increased access to support on the job (job coaching). 3) universal access to quality child care"
- More supported employment opportunities would be helpful so that people would be more successful at their work attempts. The connection between WMMHC, voc rehab and employers seems like a good system -- more of these systems would be beneficial to people with disabilities.
- Again, models of recovery put in place that are based on evidence from studies and practitioner education about recovery
- More programs that provides transportation from unemployed to full employment.
- Sheltered workshop
- Employer education, job coaches and supports; funded (illegible) to meet all needs; transportation; Medicaid buy-in option; accommodations -- changing public perception. Supportive services for mental health and addictive needs. Flexible work schedules and supports
- Transition to work with incentives for incremental progress
- More education on EPE; 1619(b)
- They wouldn't spend lengthy periods of time on the phone to talk with Social Security. They would be able to access information that is clear from various agencies.
- I think developmentally disabled youth need more hands-on concrete career exploration classes at a younger age in order to become job ready by early adulthood.
- I see transportation as the number one barrier for the people I serve. They are at the mercy of family schedules and limited public transportation.
- Something that won't penalize people for working. A system that allows some transition and helps provide until individuals can earn a livable wage AND provide for benefits.
- Mandatory education for general population - thru their workplace. Educate about natural supports and empathy.

- Higher minimum wage, employer incentives and more employer training.
- More community outreach to inform employers of the benefits of hiring someone with a disability - education of area business owners to help them get past their misconceptions and fears.
- Job coaches, supportive employment.
- Encourage them to get advanced college degrees (master and PHD's) or equivalent technical training. Frankly, (I think people with developmental issues: FAE/FAS, brain injury or retardation are probably screwed) Current society doesn't seem to have places for people who want to work hard but aren't too bright.
- Really not sure to be honest with you.
- Supported employment for the mentally ill.
- Always education, more diligence in matching duties and supervisor to employee.
- Education from ADA in the community and small areas.
- More job training, more information about jobs, more services willing to do one on one work.
- Have available transportation-public-give proper orientation to tribal program directors and tribal govt. about employing disabled persons who can be loyal and have positive work ethics. Schedule meetings for people with disabilities to be informed in office environment, their rights, wages and availability of job location.
- The tribe needs to acquire its infra-structure to give better assistance to the people with disability that would like to pursue this "venture".
- Not sure
- More training programs for emp. and how to hold employment.
- An idea would be subsidized transportation allowing agencies to spend money on transportation.
- Transportation, more affordable housing.
- Socialized Medicine!!
- More outreach to teach individuals about current available services in their communities. Ability to be employed At home via internet/computer. Job sharing if unable to attend work due to fluctuating limitations.
- Definition of ADA guidelines Long - term support funding, public education programs.
- Transportation in rural areas- some kind of low cost medical insurance.
- Educating the public on what is available is the key to this process.
- The first place to start would be with the High School to begin working on job development and job training to prepare these individuals for real work in the real world. Educate employers on the benefits of hiring a person with a disability.
- Changes would be to freeze their food stamp allotment for six months after they get a job so that it stays the same for those six months. Also freeze their rent payment for six months after getting their job so that their rent does not go up for the six months. Change Medicaid so that it continues or so that they can buy into it after they start working. Expand the bus system to include the valley and include Saturdays and Sundays.
- Education of Benefits-

- More training programs to keep them realize that they can do these jobs. Self esteem, job coaches to follow clients so they work.
- High school training programs in the communities, job training expansion, job coaching help with resumes and selling themselves. More funding for job training. Legislating to work and still receive Medicaid. Medicaid buy-in.
- Job coaches, supplement/assist with living costs. Having someone working part time with full time is better than them not working for fear of cost programs. Day car vouchers.
- Training - on the job. Education.
- Extend Medicaid after loss of SSI if reason is employment earnings
- job coaches supportive employment

Finally, we asked service providers if they were interested in collaborating with consumers and other agencies to seek solutions to employment barriers and to improve the employment outcomes for people with disabilities. For the purpose of saving space not all of the answers will be listed but all service providers except about 5 or 6 said that they were interested in participating in this type of collaboration in one way or another.

Recommendations

The Independent Living Center recommendations for a path toward improving employment outcomes for people with disabilities are as follows:

- Collectively use the information gathered by the Independent Living Centers, the Rural Institute, and the Tribes to get a holistic view of the employment experiences of Montanans with disabilities.
- The state should partner with all three of these entities in addition to the Medicaid Infrastructure Grant Coalition in a **meaningful** way to map out and implement policy changes, the primary of which should be the passage and implementation of a Medicaid Buy-in program, to improve employment outcomes and long term employment sustainability for people with disabilities. The disability community expects that a true

model of "nothing about us without us" will be central in the development and implementation of legislative and policy change initiatives.

- Strengthen IL networking with Vocational Rehabilitation and other employment network providers so that more people can be referred to available services and be able to understand and navigate work incentive programs.
- Promote the existing Work Incentive Planning and Assistance (WIPA) services through greater outreach via these agencies (Vocational Rehabilitation and other employment network providers) and the state to help people understand how their benefits will be impacted, learn how to manage those changes in their benefits, and how to manage their money accordingly if they go back to work.
- Build on the existing WIPA programs to expand the availability of benefits planners statewide in conjunction with the implementation of a Medicaid buy-in.
- Educate employers about their rights and responsibilities under the ADA as well as state and federal labor laws including disability awareness and information about reasonable accommodations, available tax incentives for barrier removal (Work Opportunity Tax Credit, which allows employers tax credits of up to $2,400 for hiring people with disabilities; the Small Business Tax Credit: IRS Code Section 44, Disabled Access Credit, which helps small businesses cover the cost of making their businesses accessible, up to a maximum benefit of $5,000; and, the Architectural/Transportation Tax Deduction: IRS Code Section 190, Barrier Removal, which allows businesses an annual deduction of up to $15,000 for expenses incurred to remove physical, structural, and transportation barriers for persons with disabilities at the workplace; (Pasted from <http://www.dol.gov/odep/media/press/tax.htm>)), etc.

- Provide training for people with disabilities about job readiness including resume building, job skills training, education, reasonable accommodation identification, interviewing skills, completing job applications, understanding the benefits system (see WIPA recommendation above), personal appearance/hygiene, etc. all of which could be provided through Independent Living and other existing employment services.

Montana Medicaid Buy-in (SB 119) Fact Sheet

Why is a Medicaid Buy-in needed?

Many **people with disabilities in Montana want to work** and pay taxes. They want to support themselves, and they want to contribute to their families and communities. However, these same people are at risk of losing Medicaid, their health insurance, if they work. This is due to the current income and resource limits for Medicaid in Montana.

Medicaid is essential because it is the only health insurance that covers personal assistance services, developmental disability services and supports, and mental health treatment and services and supports. Even if someone with a disability is able to work full time, and can find a full time job, there is no employer provided health insurance that provides coverage for these things.

Often, private insurance also does not cover complex rehabilitation equipment or certain expensive prescription drugs. Many employers don't provide insurance for part time workers. Many **private health insurance companies also will not cover people with disabilities** at all. And finally, there is no private insurance available for people who are self-employed.

While some people with disabilities may have Medicare, it has nearly the same limits in coverage as the private insurance limits described above, and is time-limited for those who work.

Who would Use a Medicaid Buy-in?

A Medicaid Buy-in in Montana would primarily serve **people who receive Social Security Disability Insurance (SSDI).** These are people who worked and then became disabled, or adults who are the disabled dependents of deceased, retired or disabled workers.

(Note: People who receive SSI [Supplemental Security Income] automatically receive Medicaid in Montana, and federal law provides protections for their Medicaid when they work and earn under a specific threshold ($ 28,212/year for 2009 in MT, or more if they have especially high medical expenses.)

What is the cost for Medicaid Buy-in?

The Health Resources Division is requesting $499,417 for the biennium, of which $188,647 is state general fund and $310,770 is federal funds for the Medicaid for Workers with Disabilities program (MWD). Currently, SSDI recipients who need to keep Medicaid simply don't work. With a Medicaid Buy-in, they could work and in turn, would **pay a premium** to get Medicaid, just like people with private insurance coverage. And, they would also **pay taxes, be less dependent on other benefit programs, and spend money in their communities**, thus aiding the economy.

Where does the idea for a Medicaid Buy-in come from?

There are two federal laws that authorize states to establish a Medicaid Buy-in for people with disabilities. The first is the federal Balanced Budget Act of 1997, and the second is the more recent Ticket to Work and Work Incentives Improvement Act of 1999. **40 states currently have a Medicaid Buy-in** to encourage people with disabilities to work, and to be more self-supporting, and to have an opportunity to work themselves out of poverty.

How Will a Medicaid Buy-in Help Montana?

- Lower unemployment rate; increased tax revenue; Medicaid costs offset by premiums.
- People will be less dependent on other public benefit programs such as food stamps, low-income energy assistance, housing assistance, etc., and more able to pay their own way.
- Working people will contribute their skills, abilities, and talents to their communities.
- People can increase their income without losing health benefits that cover services not covered by private insurance plans, and/or are too expensive to afford, even on a modest budget.
- Increased use of existing, but under-utilized, federal disability work incentive programs.
- More workers contributing will help lessen the current strain on the Social Security Trust Fund.
- More workers will mean an increased talent pool for employers to choose from.
- Increased successful outcomes for Vocational Rehabilitation and other Employment Provider programs as people will be able to stay in their jobs = more federal dollars for state programs and Montana small businesses
- Ties benefits to employment, thus encouraging personal responsibility and community participation.
- Increased resource limits will allow people to save and work themselves out of poverty, as well as provide for emergencies. People will be able to save for a home, transportation to work, more education for themselves /their children, to start a business, or, for a rainy day.