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**NCD Report: Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community**

The National Council on Disability (NCD) and the National Association of State Directors of Developmental Disabilities Services (NASDDS) released a joint report on home and community-based services (HCBS) for individuals with disabilities.

The report draws on recent guidance issued by the Centers for Medicare & Medicaid Services (CMS) on HCBS, the framework in the Americans with Disabilities Act (ADA) and the 1999 Olmstead decision on community integration. NCD notes that, despite clear legal mandates shifting services to home and community-based settings, providers and policymakers are struggling to transition individuals with disabilities from traditional congregate settings based on outdated methods of service delivery. In congregate settings, individuals with disabilities are often segregated from the general community and placed in large groups in the same housing,
employment or education programs.

HCBS funding through Medicaid is intended to provide a variety of residential, day, employment and therapeutic supports, to help people with significant disabilities, reside and engage optimally in typical communities. In the report, NCD conducted an extensive literature review on data related to post-Olmstead outcomes. The report found strong evidence in favor of smaller, dispersed and individualized service models provided in typical community settings. People with disabilities experience the most individual choices, satisfaction, housing stability, adaptive behaviors and community participation when living in smaller settings. The report found that, despite financial incentives to move away from institutional settings, states continue to provide services in settings that are not meaningfully integrated in the community. NCD recommended that service delivery systems should incentivize residential, day and employment services that are individualized and reflect typical community settings and similar scenarios experienced by individuals without disabilities. NCD further recommended that all stakeholders receive updated information on ideal types of services and individualized support models to make informed decisions promoting meaningful community integration.

http://www.ncd.gov/publications/2015/02242015
http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long.... html
http://www.ada.gov/2010_regs.htm
http://www.ada.gov/olmstead/olmstead_about.htm

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New Study on Employer Compliance with Mental Health Parity Laws

The Disability Management Employer Coalition (DMEC) has published a new report on mental health in the workplace, based on surveys of human resources and disability professionals of diverse employers from across the nation. Of the 314 employers who responded to the survey, 87 percent have more than 1,000 employees. DMEC found, for the first time since 2006, that stigma associated with mental health is increasing among employers. The report found that, despite greater reliance on employee assistance programs and personalized aspects of return-to-work processes, around 25 percent of respondents believe that stigma against those receiving mental health treatment or living with behavioral health issues is increasing.

The Mental Health Parity and Addiction Equity Act of 2008 does not require employers to offer behavioral health benefits, but does require large employers that offer both behavioral health and medical benefits to provide parity between them. The law is somewhat inconsistent in how it defines large employers. As a baseline, the Act allows all states to define large employers as 51 or more employees, but some states already use the Public Health Service Act’s dividing line of 101 or more employees. The Affordable Care Act (ACA) extended the Mental Health Parity and Addiction Equity Act’s reach by requiring that most employer-sponsored health plans include
mental health benefits. Unfortunately, DMEC found that only 12 percent of the employers offer behavioral health benefits. This includes mental health and substance abuse benefits, in a separate, carve-out plan as opposed to an integrated plan. This finding represents a five percent decrease in such separate plans since 2012, and eight percent decrease from 2010. DMEC found that most employers integrated behavioral health benefits into their overall health plans, but noted that mental health parity efforts may only be one possible cause of increased integration.

- Learn more about the DMEC findings on return-to-work.
- Learn more about the DMEC findings on behavioral health integration and parity.

http://www.dmec.org/LinkedFiles/Publications/WhitePapers/2015/2014Behavi...
http://www.shrm.org/hrdisciplines/benefits/articles/pages/mental-health-...
http://www.lifehealthpro.com/2015/03/09/employer-mental-health-care-more...

New Mathematica Policy Article on Long-Term Work Activity and Use of Employment Supports for Supplemental Security Income Recipients

Professional staff from the Mathematica Policy Research’s Center for Studying Disability Policy has published a new article in the Social Security Bulletin exploring long-term cumulative statistics on work and employment supports used by Supplemental Security Income (SSI) beneficiaries from 1996 to 2006. The study aimed to assess the effectiveness of SSI work incentives, such as the Ticket to Work program for people with disabilities, in removing people from the rolls by returning them to work. SSI work incentives seek to minimize reliance on benefits by providing and funding supports for seeking employment, while also allowing beneficiaries to continue receiving payments after unsuccessful attempts to join the workforce.

The researchers followed all working-age beneficiaries who began receiving SSI payments from 1996 to 2006 through the year 2007. The study tracked data on length of time between when SSI payments began and achievement of certain work outcomes, as well as the extent to which SSI beneficiaries were able to forego payments due to earned wages. The study tracked which beneficiaries achieved 1619(b) status, which allows beneficiaries to keep SSI eligibility and Medicaid coverage indefinitely, as earnings increase to a certain threshold.

The report found significant differences between point-in-time monthly statistics and the long-term cumulative statistics. The authors suggest that more favorable outcomes for some later recipients may be tied to higher interest in higher earnings. The report also notes that younger SSI recipients were more likely than older SSI recipients to forego payments due to one or more months of paid work. The authors found that only a small number of beneficiaries gave up payments while receiving employment services, and that the majority of those who achieved 1619(b) status had not enrolled in employment services.
Upcoming Webinars on Employment Services, Mental Health Accommodations and Workforce Innovation And Opportunity Act

The U.S. Department of Labor’s Office of Disability Employment Policy will host three upcoming webinars on new regulatory guidance on non-residential services and employment, mental health accommodations for higher education employees and the Workforce Innovation and Opportunity Act (WIOA) unified state planning process.

The first webinar, sponsored by LEAD Center, was held on March 25 featuring experts from CMS and others discussing the applicability of the final rule on home and community-based services to competitive, integrated employment. The webinar is archived and materials and a transcript are posted on the LEAD Center website.

The second webinar will be held on April 23 from 1:00 to 2:00pm EDT. It is sponsored by, and will feature, the National Employer Policy, Research and Technical Assistance Center for Employers on the Employment of People with Disabilities (Employer TA Center) and the Higher Education Recruitment Consortium. The webinar will discuss the legal framework and practical strategies for providing accommodations related to mental health disabilities in colleges and universities.

The third webinar will be held on April 29 from 3:00 to 4:30pm EDT, and will feature LEAD Center staff discussing WIOA and the Unified State Planning Process. This webinar is the second in a four-part series on WIOA and employment of people with disabilities.

http://www.leadcenter.org/webinars/redefining-home-community-based-servi...
http://askearn.org/m-events.cfm?show=day&CURRENTDATE=04%2023%202015
https://leadcenter.webex.com/leadcenter/onstage/g.php?MTID=e183a864ab516...

State Transition Plan Highlight: New Jersey Transition Plan Would Improve Day, Employment and Housing Services

New Jersey’s state transition plan, to bring programs and services for people with disabilities into compliance with the CMS Final Rule on Home and Community-Based Services (HCBS), includes major changes to day, employment and housing services. Each state was required to submit a five-year plan to CMS by March 17, 2015, indicating how it would comply with the new regulations. State transition plan proposals are available via www.HCBSAdvocacy.org.

The New Jersey transition plan specifically excludes certain congregate settings from HCBS funding, including disability-specific farmsteads, gated communities or campus-style housing arrangements, or housing settings where employment services are also provided. The plan requires that HCBS day services providers ensure that people with disabilities spend at least 75
percent of their day in community-based employment or recreation, as opposed to center-based activities.

In early March, Governor Chris Christie indicated that his administration may be considering changes to the plan. The transition plan has received considerable support from integration advocates, but raised concerns among some providers and families who support some types of segregated settings. In his comments, Governor Christie described some of the plan’s integration-focused changes as “too strict to be workable.”

**Minnesota Bill Aims to Expand Employment Services for People with Mental Illness**

The Minnesota legislature is considering a bill that would allow more individuals with psychiatric disabilities and behavioral health issues to access Individual Placement and Support (IPS) employment programs funded by the state Department of Employment and Economic Development. These programs combine mental health services with evidence-based job placement and training models to help people with psychiatric disabilities and behavioral health issues attain meaningful employment. For many workers with mental health conditions, access to mental health supports, including treatment, can be essential to getting and keeping employment. Unfortunately, individuals receiving services through mental health agencies often are not offered or encouraged to access IPS or other employment supports. Minnesota currently offers 15 IPS programs in 40 counties, but more than half of the state counties have no IPS programs. State Senator David Tomassoni’s bill would increase funding by $2.5 million through 2017 to increase availability of the IPS programs.

Read more about the Minnesota bill.
http://www.dartmouthips.org

**Pending Florida Legislation On Disability And Workplace Participation**

Florida lawmakers have introduced dozens of bills on employment and educational programs for people with disabilities. Legislative proposals include measures allowing people with disabilities to keep health insurance while working, encouraging state agencies to hire more employees with disabilities and expanding workforce training programs at state universities. One bill creates a sunset date that would eliminate all funding and operating authority for the Division of Vocational Rehabilitation, which provides services to help people with disabilities find and keep employment. The bill requires the state to create a new partnership program with local organizations in place of the publicly funded government agency. Some advocates fear that this
Texas Republicans Champion Higher Wages for Home Care Workers

Texas Governor Greg Abbott has proposed a new budget that will dedicate $105 million to raise the current $7.50 average hourly pay for personal attendants by five percent to around $7.87 per hour, on average. More than 150,000 Texas residents rely on the services of low-paid personal attendants to stay in their own homes and communities. Many personal attendants often leave low-paying jobs caring for clients in the community for more lucrative positions in institutional settings and nursing facilities that can pay as much as $15 per hour, leaving people with disabilities in Texas facing a severe labor shortage of personal attendants.

The governor’s proposal intends to cut long-term costs of institutional placements by incentivizing workers to provide the home health care necessary to keep people with intense support needs living in the community and maintaining employment. Disability advocates argue that the proposed wage increase is insufficient, and have been pushing the state to raise the minimum wage for personal attendants to $10 per hour.

Last year, the U.S. Department of Labor issued a new rule on wages and overtime for home health care workers, which has sparked nationwide discussion on labor practices for personal attendants. The Home Rule allows states to develop budgetary resources over the next year to implement the rule, which would allow home health care workers to receive minimum wage and overtime protections. The rule narrows a companionship exemption under the Fair Labor Standards Act that previously prevented many home health care workers from earning higher wages or overtime pay.

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