November 8, 2013

WORKING ADULTS WITH DISABILITIES PROGRAM

SHERLOCK PLAN PROGRESS REPORT

November 8, 2013

Reporting requirements pertaining to 40-8.7-9 Regulations and Commencement of Program

Item1.

- Total # of applications (since initial collection of data 2008) 64
 Active 20
 Closed 44
- <u>Total # of approved applications</u> 20 (Pending applications 3)
- The number of applicants currently eligible for other forms of medical coverage 17

Item 2. Demographics including: age, sex, employment supports provided; and primary disabling condition, as permissible under the health insurance portability act of 1996 (HIPPA) privacy and security rules:

• Data base to be developed upon expansion of the program. At this time, given the small numbers of participants, we are unable to provide this level of information.

Item 3. Prior and current participation in other public assistance programs including Medicare, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), including the 1619(b) provision:

Prior/current participation on other public assistance programs (Medicare, SSDI, SSI, 1619b) –

Medicare – 17 SSDI – 18 SSI – 13 SSI/1619B – 7

Prior/current participation in other public assistance programs (AFDC/FIP, SNAP, GPA, QSD, SPPR) – 16

Item 4. The number of beneficiaries employed and the average wages of those beneficiaries prior to and post Medicaid buy-in plan eligibility:

- <u>Current employment</u> 19
- Average wages \$766.40/month

No change between pre and post eligibility at this time, but we continue to monitor.

Item 5. The amounts of premiums collected:

- <u>Premiums collected</u> \$559.00/month
- Number of participants with premiums 9

Item 6. Medicaid claims data including pre-buy in, while on the buy-in and if disenrolled, after buy-in to perform an analysis of costs/per member, per month, of buy-in enrollees shall also be provided by the Medicaid agency to the Medicaid Infrastructure Grant recipient, as provided for in the data use agreement

• To be developed upon expansion of the program.

Item 7. Finding and recommendations with regard to "best practices" used by other state in the New England region and nationwide that should be considered to increase employment among Medicaid beneficiaries with disabilities and how to best support Medicaid beneficiaries with disabilities who are working

• Executive Office of Health and Human Services has established a committee to review all issues for implementing the Sherlock Plan. Best practices and employment outcomes will be part of this committee's future agenda as we work through initial implementation of the Sherlock Plan.

Item 8. Identification and strategies that the finance committees should consider regarding challenges or opportunities for workers with disabilities in Rhode as the Affordable Care Act is implemented; including but not limited to, ensuring that employment policies and supports are integrated into the state's design and implementation of the following long-term care Affordable Care Act provisions,: Section 10202-Balancing Incentive Payments Plan (BIPP); 1915 (i) State Plan Amendment; Section 2401- Community First Choice (CFC); Section 2703-Health Homes for Individuals with chronic conditions; Money Follows the Person;2014 Medicaid Expansion: and the dual eligible integrated care plan models.

In progress