## WORKING ADULTS WITH DISABILITIES PROGRAM SHERLOCK PLAN PROGRESS REPORT November 8, 2013

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## SHERLOCK PLAN PROGRESS REPORT

August 27, 2014

Reporting requirements pertaining to 40-8.7-9 <u>Regulations and Commencement of</u> <u>Program</u>

Item1. Data reflects period beginning 2008

- <u>Total # of applications</u> 78 Currently Active – 29 Closed – 43 Denied-2 Pending-6
- <u>Total # of approved applications</u> –68 (Total of Active and Closed)
- The number of applicants currently eligible for other forms of medical coverage 25

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

<u>Prior/current participation on other public assistance programs (Medicare, SSDI, SSI, 1619b) –</u>
Medicare – 27

SSDI –29 SSI – 13 SSI/1619B – 8

 Prior/current participation in other public assistance programs (AFDC/FIP, SNAP, GPA, QSD, SPPR) – 26

**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> -27 (two participants unemployed as of 6/20/14)
- <u>Average wages</u> \$867.92/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> \$2,478.00 for 2014 first quarter
- <u>Number of participants with premiums</u> –15

**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 continues to work with its committee members to review issues related to implementation of the Sherlock Plan
- This quarter we have provided trainings to the Developmental Disabilities Council, Rhode Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, Developmental Disabilities Social Services Unit, Developmental Disabilities Council of Supported Employment and Mental Health Peer Specialists.
- Have promoted and understanding of the Sherlock Plan and has posted to EOHHS web site updated information and regulations on the Sherlock Plan for consumers, families and providers.
- A Sherlock Plan brochure has also been developed and is posted on the EOHHS web site.

**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