

Unlocking the Poverty Trap for Workers with Disabilities

The financial conundrum that many Georgians with significant disabilities who are able to work remain unemployed underemployed in order to not risk losing their necessary Personal Assistant Services. The individual loses out on rewarding opportunities personal and professional for advancement, while Georgia loses dollars that workers with disabilities could contribute when they work to their full potential. Modernizing the Georgia's Medicaid for Workers with Disabilities (GMWD) is a great start at meaningful policy that promotes work and sharing the cost of services is a common sense approach and 45 other states have enacted such a policy.

Modernization of the Georgia's Medicaid for Workers with Disabilities (GMWD) Buy-In Program

WHAT IS THE MEDICAID BUY-IN PROGRAM? The purpose of a Medicaid Buy-In program is to provide people with disabilities who are working the opportunity to earn a modest income and/or accumulate savings while maintaining needed health coverage. With this program, 45 states have created new Medicaid eligibility categories for working people with disabilities whose earnings and/or resources would otherwise make them ineligible for Medicaid. Put simply, workers with disabilities can earn more income without the risk of losing the basic Medicaid-funded services.

HISTORY - In the 2006 Legislative Session, advocates successfully secured approval for the Department of Community Health to study the cost of implementing a Medicaid Buy In for Georgia. They approved Option 1 (see Chart 2 below) allowing people with unearned income up to \$699 to buy into the program for a premium of no more than \$50 per month. The program was implemented in the spring of 2008 but only two people enrolled in the program.

WHY DID SO FEW PEOPLE ENROLL? Because the program was/is obsolete - DCH has not adjusted the unearned income limits since 2008. The current program is moot because in 2021 what is called the Federal Benefit Rate for SSI recipients is \$794 per month (depending on living situation). In Georgia people who are eligible for SSI are automatically eligible for Medicaid.

In a meeting with staff and board of the Statewide Independent Living Council in April 2013, Commissioner Reece agreed that a policy that incentivizes employment makes sense. But the issue is how to determine the potential number of new Medicaid recipients in each of the suggested unearned income tiers. How many people will go to work? What will the "take up rate" be in each of the suggested income tiers?

SUGGESTED Unearned Income Limits

Option 1 – \$815-\$1315 Option 2 - \$1316-\$1816

CURRENT Unearned Income Limits

Option 1 – Current Program \$600 – \$699 Option 2 – Proposed but not approved \$700 - \$799 Option 3 – Proposed but not approved \$800 - \$899

WHAT ARE THE ADVANTAGES AND DISADVANTAGES TO MODERNIZING THE GMWD BUY-IN PROGRAM? The main advantage is that our public policy should incentivize working and saving to the greatest extent possible. Secondly, there is considerable evidence that working decreases health care expenditures. A 10 year study of Working Healthy Kansas, the name of the Buy- In program in that state, revealed that participants' medical costs were 66% less than for non-working Medicaid beneficiaries. In some instances, workers who are full time may be included in an employer health plan which would further reduce Medicaid outlays. Thirdly, as people earn more, they purchase more goods and services thereby stimulating the economy and paying more taxes. Finally, there is dignity in work and in paying a reasonable insurance premium!