

New York **Makes Work Pay**

WORKING

Newsletter of the New York Makes Work Pay Initiative · Issue 1 · April 2009

Introducing New York Makes Work Pay



WELCOME to the inaugural issue of *Working*, a print and electronic newsletter produced by the New York Makes Work Pay Initiative. This Initiative is a Comprehensive Employment Services Medicaid Infrastructure Grant funded by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) to the New York State Office of Mental Health (OMH) and its management partners the Burton Blatt Institute (BBI) at Syracuse University and the Employment and Disability Institute (EDI) at Cornell University.

The New York Makes Work Pay Initiative is currently funded for calendar years 2009 and 2010 and will provide an array of services to individuals with disabilities, the agencies and advocates that serve them, and employers, helping to remove obstacles to work and pave the way to self-supporting employment. To learn more about this initiative, go to www.NYMakesWorkPay.org.

Inside this issue

Introducing NY Makes Work Pay	1
Welcome to 'Working'	2
The Importance of Medicaid	2
New York's Medicaid Buy-In	4
New York's Medicaid Buy-In Features	5
Section 1619(b): Best Kept Secret	8
The Medicaid Medically Needy	9
Filing a MBI-WPD Application	10
Toll-Free Work Incentives Hotline	11



**TOLL-FREE Work Incentives
Hotline available statewide!**

1-888-224-3272

Below are a few of the initiative's services and goals:

- Convening an annual Employment and Economic Development Summit with all relevant stakeholders to identify and creatively problem solve barriers to employment for New Yorkers with disabilities
- Developing and implementing a state-wide strategic plan to increase the number of New Yorkers with disabilities who go to work and maintain employment
- Building partnerships among employment stakeholders to align disability services, workforce and economic development efforts



- Enhancing the capacity of employers and employment providers to improve employment outcomes for people with disabilities through evidence-based practice and model communities of practice
- Developing a statewide Work Incentives Information Network (WIIN) and offering a range of in-person and distance learning training programs to increase the knowledge of work incentives that can enhance the ability of individuals with disabilities to achieve successful employment outcomes
- Establishing a toll-free work incentives hotline to answer a range of questions re-

lated to benefits and work from consumers and agency personnel

- Publishing several policy-to-practice briefs focused on work incentive-related issues as identified through frequently requested technical support
- Publishing the print and electronic newsletter *Working* three times per year
- Developing and implementing a comprehensive strategy to increase asset development for New Yorkers with disabilities and the use of work incentives
- Increasing access to healthcare for individuals with disabilities from racial and ethnic minorities
- Developing a comprehensive strategy to increase use of the MBI-WPD, SSI's Plan for Achieving Self Support, and the federal Earned Income Tax Credit

Welcome to 'Working'

Working is a publication of the New York Makes Work Pay Initiative—supporting the removal of barriers to employment and pathways to work for New Yorkers with disabilities.

This issue of *Working* is dedicated to providing readers a comprehensive view of the Medicaid Buy-In for Working People With Disabilities (MBI-WPD) with an introductory article on the importance of the Medicaid program and what it covers. This edition includes several supplemental articles that provide context for the program. The first covers the 1619(b) provision of the SSI program, which allows SSI beneficiaries whose earnings exceed the break-even point to keep their Medicaid while working. The second article explains the Medicaid spend down program for individuals with income that is higher than Medicaid's eligibility threshold. The final article will provide strategy tips for filing a MBI-WPD application.

The Importance of Medicaid

Medicaid, also known as Medical Assistance, is an incredibly comprehensive publicly-funded health insurance program. The federal, state and local governments share Medicaid costs. It is administered at the state level by the New York Department of Health. At the local level, the county Departments of Social Services (DSS) administer Medicaid, except in New York City where it is run by the Human Resources Administration (HRA).

Medicaid should be distinguished from Medicare, a federal insurance program most frequently associated with receipt of Social Security benefits. A SSDI beneficiary qualifies for Medicare after 24 months of eligibility. Medicare Part A, hospital insurance, is automatic and cost free. Part B is optional and subject to a monthly premium (i.e., \$96.40 for most beneficiaries in 2009). The Medicare Part D prescription drug plan is also optional and subject to premiums and significant out-of-pocket expenses in many cases. Medicaid can pay the Part B premiums for many individuals who receive both Medicaid and Medicare. Those who are dually eligible for Medicaid and Medicare are automatically eligible for the Full Part D Low-Income Subsidy Program, meaning that out-of-pocket expenses can be reduced to no more than minimal copayments on prescriptions. Since Medicare has very limited coverage of community-based care, it may not be as important as Medicaid to persons with disabilities.

Services Covered By Medicaid

New York's Medicaid program, considered by many as one of the best in the country, covers more than 40 categories of services. The more important Medicaid services for persons with disabilities tend to be the most expensive and often not covered by employ-



Join Our Email List!

To join the email list go to:
www.NYMakesWorkPay.org

Benefits of joining the list:

- Keep up-to-date on statewide developments
- Get the "Working" newsletter via email
- Find out about future Work Incentives Information Network (WIIN) trainings



Important Note!

The first PASS and Medicaid Buy-In webinars will be starting soon! Join the New York Makes Work Pay Email List to be informed of dates and times.

er-funded insurance plans. These include:

- Inpatient and outpatient hospital care
- Physician's services
- Mental health counseling
- Home health care, including personal care services and private duty nursing
- Physical therapy, occupational therapy, speech and language therapy
- Prescription drugs
- Durable medical equipment

In addition to the services available to all Medicaid beneficiaries in the state, New York provides additional services to special populations under Medicaid Waiver programs. For example, a waiver program for persons with developmental disabilities will fund certain vocational services, including job coaching. Thus, for many individuals with disabilities, Medicaid may be a necessity.

Basic Medicaid Eligibility Concepts

1

SSI and Welfare Recipients Qualify for Medicaid Automatically

In New York, recipients of SSI and welfare benefits, including Family Assistance and Safety Net benefits, automatically qualify for Medicaid.

2

Some Former SSI Recipients Continue to Qualify for Automatic Medicaid

In addition, four separate classes of former SSI recipients can retain automatic Medicaid. This includes individuals eligible under the 1619(b) provisions (see article entitled 1619(b): Best Kept Secret) and three other categories of recipients:

- Individuals who lose SSI when they become eligible for Social Security widows/widowers benefits retain Medicaid during the 24-month waiting period for Medicare.
- Under the Pickle Amendment, individuals become eligible for Medicaid at the future date when they would once again become eligible for SSI if the cost-of-living increases in Social Security benefits are ignored.
- Individuals who lose SSI when they become eligible for Social Security Disabled Adult (DAC) benefits (also known as Childhood Disability Benefits or CDB), or eligible for an increase in DAC benefits, retain eligibility for automatic Medicaid if they would be eligible for SSI by ignoring the DAC benefits or most recent DAC increase. (Note: In some cases, an individual who is already getting SSDI benefits on their own record will see the SSDI benefit increase due to becoming eligible for DAC benefits. If this increase results in a loss of SSI, the individual should be able to retain automatic Medicaid under this provision.)”

3

All Others Must Submit an Application

Persons who do not receive SSI or welfare benefits, including SSDI beneficiaries, must apply for Medicaid through

the local DSS or HRA. Persons with disabilities must satisfy both the categorical (i.e., disability) and financial eligibility requirements.

New York’s Medicaid Buy-In For Working People with Disabilities

This Program Allows Individuals with Disabilities to Work and Get or Keep Medicaid

Many persons with significant disabilities are unable to obtain employer-funded private health insurance that provides coverage comparable to Medicaid. The fear of losing Medicaid and/or Medicare is one of the greatest barriers keeping individuals with disabilities from maximizing their employment, earnings potential, and independence. For many Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries, the risk of losing health care through work activity can be a greater work disincentive than the risk of losing cash benefits through work activity.

Since 1987, when the section 1619(b) Medicaid provisions became permanent, SSI beneficiaries have been able to keep Medicaid when they lose cash benefits due to wages. No parallel provisions have existed for persons who do not receive SSI, including individuals who receive SSDI. Although SSDI beneficiaries who work are eligible for extended Medicare coverage for eight years or more following a nine-month trial work period, Medicare typically does not provide the scope of coverage available through Medicaid. Medicare, for example, has very restrictive and limited coverage for home health care benefits, a service covered by Medicaid.

Congress created the Medicaid Buy-In option in section 4733 of the Balanced Budget Act of 1997, and enhanced this option through the Ticket to Work and Work Incentives Improvement Act of 1999. By authoriz-

ing states to offer Buy-In programs, these landmark pieces of legislation created an opportunity for states to develop comprehensive work incentives that encourage people with disabilities to work or increase their levels of work, thereby reducing or eliminating their dependency on cash SSDI or SSI benefits.

In 2003, New York implemented the Medicaid Buy-In for Working People with Disabilities (MBI-WPD) adopted by the New York State legislature and signed by Governor Pataki on January 16, 2002. In 2009, individuals who meet the SSA disability standard and have net incomes at or below 250 percent of the federal poverty level and non-exempt resources in 2009 at or below \$13,800 can qualify for the MBI-WPD program. Because SSI-related earned income exclusions are used to determine net income in the Buy-In program, this means that an individual could be eligible for the program in 2009 with annual income as high as \$55,188. This issue of Working will describe the basics of New York's MBI-WPD program, as well as who it is designed to serve, and eligibility criteria examples illustrating the program's importance to individuals with disabilities will be provided. A follow-up article will use more examples to illustrate the rules of the program and how they are applied.

New York's Medicaid Buy-In Program Features

New York's MBI-WPD program is quite unique as it consists of two eligibility groups: the Basic Coverage Group and the Medical Improvement Group.

The Basic Coverage Group

To be eligible for the Basic Coverage Group, an individual must meet the Social Security Administration's (SSA) disability standard established for the SSI program, but have

too much income to qualify for SSI. In addition to the usual Medicaid rules, the specific requirements are:

- Disability: Certified disabled under SSI criteria
- No SGA test: In determining disability, there is no "substantial gainful activity" (SGA) test (i.e., earnings over \$980 per month in 2009 are irrelevant)
- Age: At least 16 but not yet 65 years old
- Work: Be engaged in paid work (includes part-time and full-time work)
- Income: Have a gross income that may be as high as \$55,188 for an individual and \$73,884 for a couple (as of January 1, 2009)
- Resources: Have non-exempt resources that do not exceed \$13,800

The Medical Improvement Group

To be eligible for the Medical Improvement Group, an individual must have been in receipt of coverage through the basic group, no longer disabled under the criteria established by the SSA, but continuing to have a severe medically-determined impairment. Keep in mind that loss of eligibility under the Basic Coverage Group must be the direct and specific result of loss of disability status because of medical improvement. Finally, an individual in the Medical Improvement Group must be employed at least 40 hours per month and earn at least the federally required minimum wage.

As of early 2009, there have not been many participants in the Medical Improvement Group.

Eligibility is Based on Monthly Income: The Case of Sharon

The easiest way to understand this is through an example.



Sharon receives SSDI benefits of \$1,037 per month – too much income to qualify for SSI. After the county Medicaid agency disregards \$20 of

her SSDI, this is still \$250 above the \$767 per month threshold for Medicaid eligibility. Sharon must pay a \$250 spend down each month to establish Medicaid coverage.

Sharon could start work at a job that pays \$865 gross per month. Under regular Medicaid spend down rules, \$65 of her wages and 50 percent of the remainder would be disregarded ($\$865 - \$65 = \$800 - \$400 = \$400$). The remaining \$400 would increase her spend down from \$250 to \$650 – a real disincentive to any thoughts Sharon may have about working.

Under these facts, Sharon should qualify for the MBI-WPD, as her monthly countable income of \$1,417 ($\$1,017 + \400) is less than the monthly eligibility threshold for 2009 (\$2,257). In fact, Sharon could earn considerably more per month and retain Medicaid under the Buy-In program, so long as her countable wages are less than \$2,257.

of Health has had a moratorium on collection of premiums. As of the writing of this article, NYS still does not have a system in place to collect premiums and there is currently no projection for when the system will be created or moratorium lifted.

The MBI-WPD Application Process

Individuals must apply for the MBI-WPD program at their local Department of Social Services (DSS), or the Human Resource Agency (HRA) in New York City, by completing the form all applicants for public assistance complete, Form 2921, "Application for Public Assistance/Medical Assistance/Food Stamps/Services." In addition, the local DSS or HRA must conduct a face-to-face interview to ensure that the applicant meets the basic program requirements.

In those cases in which the individual has not been previously certified disabled, the local DSS or HRA must assist the applicant in establishing proof of disability by having the individual sign the appropriate consent forms for release of medical information and by sending requests for medical information to all relevant medical providers. If the application for the MBI-WPD program is approved, the recipient will be entitled to up to three months of retroactive eligibility.

In all cases, the local DSS or HRA must provide information to the applicant about existing work incentives like the Plan for Achieving Self Support (PASS) and Impairment-Related Work Expense (IRWE) that can be used to reduce countable income.

Participants in the MBI-WPD will be given the option to choose managed care if their income is below 150 percent of the Federal Poverty Level. Individuals cannot be required to enroll in managed care even in counties with mandatory participation in managed care.

Work Stoppage and Grace Periods

A major question asked by individuals considering applying for the MBI-WPD program is what happens to a participant if he or she



What is MBI-WPD?

MBI-WPD stands for **Medicaid Buy-In for Working People with Disabilities**. This program allows individuals with disabilities to work and get or keep medicaid.

How the MBI-WPD Premium Works

For both the Basic Coverage and Medical Improvement Groups, no premium is owed if countable income is below 150 percent of the federal poverty level. If income is between 150 and 250 percent of the federal poverty level, the premium will be \$25 per month for an eligible individual and \$50 per month for an eligible couple. For 2009, a \$25 per month premium would ordinarily be owed if countable income (earned and unearned) is more than \$1,354 per month. Since the inception of the MBI-WPD program the NYS Department

stops working while participating in the program. Pursuant to the program's provisions, recipients may be granted a grace period if the individual is not working but remains eligible for the program. A grace period can be for up to six months in a 12-month period. Multiple grace periods may be granted as long as the sum of the grace periods does not exceed six months in a 12-month period. Two types of grace periods may be granted.

Change in Medical Condition. A grace period of up to six months will be allowed if, for medical reasons, the recipient is unable to continue working. Medical verification will be required.

Job Loss (through no fault of participant). A grace period of up to six months will be allowed if, through no fault of the recipient, a job loss occurs (layoff, etc.). The local DSS must verify that the recipient is reasonably expected to return to work as it is a temporary layoff, or that the recipient is actively seeking new employment.

The local DSS will be responsible for grace period determinations.

Miscellaneous Details, the Need for a MBI-WPD Program

For mixed households (i.e., households including individuals applying for the MBI-WPD and individuals not applying), only the applicant for the MBI-WPD program will be eligible for participation in the program. For mixed households, only the application of the individual seeking assistance from the program will be processed by the local DSS or HRA. Normal Medicaid eligibility for the rest of the household will be determined by the local DSS or HRA.

As already noted, the section 1619(b) program is only available to persons who have received SSI in the past. For persons with disabilities eligible for Medicaid only through the medically needy or spend down program, as their wages increase, their spend down obligation may increase to a level that makes continued work unrealistic. In fact, if

wages remain above the substantial gainful activity level (\$980 in 2009), Medicaid will no longer be available with a spend down because the individual would not meet the SSI definition of disability. By contrast, SGA-level work will not disqualify an individual from MBI-WPD eligibility.

The MBI-WPD program promises to address the health care needs of many New Yorkers who want to work despite severe disabilities. Combined with the continued availability of section 1619(b) Medicaid, there is now a means for ensuring continued Medicaid eligibility for nearly all individuals with disabilities who hope to work for significant wages. Readers of this newsletter can play a major role in helping to get out the word about this new work incentive.

Section 1619(b): Best Kept Secret

Continued Medicaid Following a Loss of SSI Cash Payments Due to Wages

The section 1619(b) program is a powerful work incentive. A permanent part of the SSI program since 1987, this provision allows individuals, in most cases, to retain Medicaid when they lose SSI due to increased wages.

If an SSI beneficiary works, the first \$65 of wages each month is not counted (or \$85 if there is no unearned income). The SSI check is then reduced by \$1 for every additional \$2 of gross monthly wages. For a person who lives alone, SSI eligibility will cease if they earn \$1,607 or more per month in 2009. This is because countable income, at this rate of pay, would be equal to the SSI living alone rate of \$761 per month.

Section 1619(b) allows automatic Medicaid to continue if a person loses SSI due to wages. If the person is still disabled and would be eligible for SSI if the wages were not counted, Medicaid should continue. In New York, the 2009 income limit is \$43,421

in wages per year. The income limit can be higher if medical expenses are high enough.



Two examples show how section 1619(b) could work. Cynthia suffered a back injury on the job. She resides with her two young children and receives \$642 in SSDI benefits and \$75 in SSI benefits. What if she goes to work part time and earns \$365 per month in gross wages? She will lose SSI benefits. This is because \$642 of her SSDI and \$150 of her wages will be counted against the living with others SSI rate of \$697. Under these facts, Cynthia should be able to continue Medicaid through 1619(b). This is because she lost her SSI due to wages.

What if Cynthia's earnings increase to \$1,085 per month? She would probably lose her SSDI if she has already exhausted her trial work period. If she loses her SSDI, the 1619(b) rules will allow her to once again qualify for SSI benefits of \$197 per month, based on SSI's formula for counting earned income ($\$1,085 - \$20 - \$65 = \$1000 \div 2 = \$500$; $\$697 - \$500 = \$197$ SSI payment). Until she loses her SSDI benefits, she will continue to be ineligible for SSI, but will be eligible for 1619(b) Medicaid.



William, an SSI beneficiary with a spinal cord injury, goes to work and earns \$46,000 per year. He loses SSI benefits and his annual wages are more than the 1619(b) income threshold of \$43,421. He can keep Medicaid under 1619(b) if his Medicaid costs are high enough. If we assume Medicaid would pay \$35,000 per year for medical expenses (most of this would be for home health care), that amount would be added to a "base amount" of \$19,284 and William's "individualized" 1619(b) threshold for 2009 would be \$54,284. Since his \$46,000 salary is below that figure, William remains eligible for Medicaid.

To remain 1619(b) eligible, the individual's resources must stay within SSI limits. This means an individual's non-exempt assets cannot exceed \$2,000. This would limit the person's ability to save for a house, for a car, for a child's education, or for retirement.

Unearned income must also be within SSI limits to retain 1619(b) eligibility. If either Cynthia or William, in the examples above, were to get married, they could cease to be eligible for 1619(b) Medicaid if the spouse's income is high enough. This is because the income of a spouse, which is deemed available to the other spouse, is considered the unearned income of that other spouse. For example, based on 2009 SSI rates, Cynthia or William would cease to be eligible for 1619(b) Medicaid if the spouse's gross earned income is \$2,199 per month or higher.

Section 1619(b) has a major limitation: it is only available to individuals who have received an SSI check in the past! This makes the MBI-WPD an important work incentive.

The Medicaid Medically Needy or Spend Down Program

.....

If a person is not eligible for SSI or welfare benefits (or eligible for continued Medicaid as a former SSI recipient under one of the special rules), he or she must apply separately for Medicaid. A single individual with a disability will be eligible, under 2009 rules, if countable income is no more than \$767 per month and resources no more than \$13,800. If income is more than \$767 the individual will qualify only with a spend down.

Income Disregards for Persons Who are Working

Medicaid's rules for disregarding income are nearly identical to SSI's rules. The first \$20 of unearned income is disregarded. The follow-

ing amounts are disregarded from earned income: the first \$65 (or \$85 if there is no unearned income); impairment-related work expenses; one half of remaining earned income; blind work expenses for persons who are legally blind; up to \$1,640 per calendar month, but not more than \$6,600 per year for a full-time student under age 22; and any income set aside in a Plan for Achieving Self-Support (PASS). [For a listing of all income disregards, see 18 N.Y.C.R.R. § 360-4.6(a).]



Consider June, who is deaf and receives \$837 in SSDI benefits. She earns too much to qualify for SSI. After a \$20 deduction, it is also \$50 more than the \$767 income limit

for Medicaid, meaning June will have a \$50 per month Medicaid spend down. June goes to work and earns \$465 gross per month. The Medicaid program will disregard the first \$65 which June earns and disregard an additional 50 percent, leaving her with \$200 in countable wages ($\$465 - \$65 = \$400 \div 2 = \200). Her countable income is now \$1,037 per month (\$837 unearned + \$200 earned), making her spend down \$250 per month. Thus, as her income went up by \$465, her spend down increased by \$200. If June, however, applied for the MBI-WPD program, given that SSA has already found her disabled, she would qualify for the program without a spend down.

June's countable income could be reduced further if she were to put all or part of this \$250 into an approved PASS (see immediately below).

Medicaid's Plan for Achieving Self-Support

The PASS is best known as an SSI work incentive. It allows a person to take income or resources that would be counted by SSI and exclude the money by using it to help the person achieve a vocational goal. SSI's PASS has, for example, been used to take



Law & Policy Governing MBI-WPD

New York Social Services Law § 366(1)(a)(12) & (13)

State Department of Health's Administrative Directives (ADMs): 03 OMM/ADM-4; 04 OMM/ADM-5. These policies are available at: <http://onlineresources.wnyc.net/pb/docs/03adm-4.pdf> and <http://onlineresources.wnyc.net/pb/docs/04adm-5.pdf>.

SSDI benefits or wages and use the money for items like tuition, computer equipment, or a vehicle. When the PASS is approved, the person qualifies for SSI without counting the excluded income.

A PASS can also be used to exclude income or resources that would be counted by Medicaid. 18 N.Y.C.R.R. § 360-4.6 (a) 2)(xxiii). For example, consider Mary, who has a spinal cord injury. She receives \$1,137 in SSDI benefits each month. After the first \$20 of her SSDI is excluded, Mary's monthly income is \$350 above the one-person Medicaid limit of \$767.



Mary proposes to set aside \$250 per month (\$3,000 per year) in a PASS to save toward the purchase of a modified van and a laptop computer to pursue a career in accounting. If approved by Medicaid, Mary's countable income is reduced from \$1,117 to \$867 and her spend down is reduced from

\$350 to \$100 per month. If Mary sets aside \$350 in an approved PASS her spend down will be eliminated. Mary can also reduce her countable resources below the \$13,800 limit by designating part of her savings toward PASS expenses.

A PASS can fund a wide range of items, including child care, equipment or supplies to start a business (including a business operated from the home), and modifications to vehicles or buildings to allow use by the person with a disability. So long as the cost is connected to the long-term vocational goal, it should be allowed under Medicaid's PASS.

Filing a MBI-WPD Application: Strategy Tips

Despite the New York State Department of Health's extensive statewide training efforts for Medicaid agency staff, some individuals still report facing challenges in applying for the MBI-WPD program. Sometimes when individuals go to apply for the MBI-WPD, they are confused about what they are really seeking. Since two other Medicaid-operated programs also carry the nickname "buy-in" (i.e., the Medicaid Spend Down Program and the Medicare Savings Program) individuals have reported that they have mistakenly applied for one of the other "buy-in" programs. To minimize confusion, we suggest carrying a copy of this newsletter and writing "MBI-WPD" at the top of the application.

Here are some strategy tips to ensure that a MBI-WPD application will be taken and treated appropriately:

- At the top of the application (i.e., the same application used for all Medicaid and public assistance programs), write in a bold script: **MEDICAID BUY-IN APPLICATION FOR WORKING PEOPLE WITH DISABILITIES**. Some advocates suggest using a highlighter to make this stand out even more.

- Give the Medicaid agency worker documentation that explains the MBI-WPD program. Take this publication or a copy of the New York State Department of Health's policy on the MBI-WPD, Administrative Directive (ADM) 03-04, or a copy of the MBI-WPD Toolkit issued by the New York State Department of Health in 2005, or all three.

To request copies of any of these documents or the MBI-WPD "At-a-Glance" sheet, call toll-free at 1-888-224-3272. Dial the toll-free line to share challenges you have faced or success stories.



**TOLL-FREE Work Incentives
Hotline available statewide!**

1-888-224-3272



Toll-Free New York State Work Incentives Hotline

The New York Makes Work Pay Toll-Free Hotline is Available Statewide

The New York Makes Work Pay Initiative believes that to close the employment gap for New Yorkers with disabilities, information is key. New Yorkers with disabilities and their supporters need access to timely, relevant and accurate information pertaining to how benefits are impacted by work. Further, we know that information is not enough and that subsequently those same New Yorkers

need to be connected with individuals and organizations who can assist them in creating and maneuvering a path to employment and increased economic well-being.

Through a contract with Cornell and Neighborhood Legal Services (NLS) of Buffalo, the New York Makes Work Pay Initiative offers a statewide, toll-free Work Incentives Hotline to answer calls on a wide range of issues related to benefits and work. The hotline is available during business hours on Monday through Friday, except on holidays, and every effort will be made to return calls the same day or within one business day.

Two of NLS's experienced benefits and work incentives practitioners, Krista McDonald and Marta Santiago, provide services to callers in both English and Spanish. Generally, any call related to SSI, SSDI, Medicaid and Medicare is appropriate for the hotline. Hotline staff also have more general expertise on a range of other issues, including: public and subsidized housing issues; eligibility for state vocational rehabilitation services through the Office of Vocational and Educational

Services for Individuals with Disabilities and the Commission for the Blind and Visually Handicapped; and public assistance issues. In some cases we may refer callers to others who can answer specific questions or offer advocacy services.

The Work Incentives Hotline is designed as a service to provide information and technical assistance to individuals with disabilities and provider agency personnel, including individuals who provide some form of benefits and work incentives planning services. In most cases, the service request will be handled in 30 minutes or less. Where appropriate, our staff will research the issue and get back to the caller. The hotline should not be viewed as a substitute for the comprehensive services available through benefits and work incentives practitioners and Community Work Incentives Coordinators available from agencies funded through the Social Security Administration or other sources. Our hotline staff will be able to provide referral information to an agency in your region of the state that can provide that service.

New York Makes Work Pay Partnering Organizations

New York Makes Work Pay is a Comprehensive Employment System Medicaid Infrastructure Grant (Contract No. #1QACMS030318) from the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services to the Office of Mental Health on behalf of New York State. It is a joint effort of the Burton Blatt Institute at Syracuse University and the Employment and Disability Institute at Cornell University with the collaborative support of the Employment Committee of the New York State Most Integrated Setting Coordinating Council to develop pathways and remove obstacles to employment for New Yorkers with disabilities.



Cornell University
ILR School
Employment and Disability Institute



WORKING

Working is the newsletter of the New York Makes Work Pay Initiative.

Editors:

James R. Sheldon, Jr. J.D.
Neighborhood Legal Services, Inc.

Edwin J. Lopez-Soto, J.D.
Employment and Disability Institute
Cornell University

Thomas P. Golden, M.S., C.R.C.
Employment and Disability Institute
Cornell University

Contact Us

Employment and Disability Institute
201 Dolgen Hall, Ithaca, NY 14853-3901

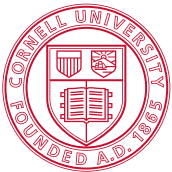
Voice: 607.255.7727

Fax: 607.255.2763

TTY: 607.255.2891

Web: www.NYMakesWorkPay.org

Email: NYMakesWorkPay@cornell.edu



Cornell University
ILR School
Employment and Disability Institute

New York Makes Work Pay
201 Dolgen Hall
Ithaca, NY 14853-3901