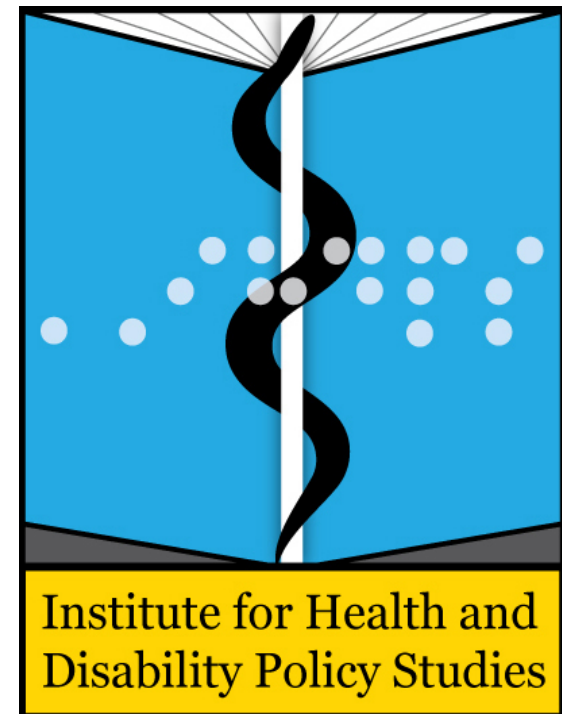


Asset building: One way the ACA can improve health and employment outcomes for people with disabilities

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Disclosures

- ◆ We have no relationships to disclose

Background

- ◆ Evaluator of the Kansas Medicaid Buy-In, *Working Healthy*, since its inception in 2002
- ◆ Monitored changes in enrollees' health, earnings, quality of life, and health expenditures over time
- ◆ Added survey questions about assets in 2012

KS Medicaid Buy-In, *Working Healthy*

- ◆ A work incentive program implemented July 1, 2002
- ◆ One of 45 state Medicaid Buy-Ins nationally
- ◆ Eligibility in Kansas:
 - 16-64 years of age
 - Income up to 300% of federal poverty level with disregards
 - Assets less than \$15,000
 - Meet the SSA disability standard
 - Have verified earned income from competitive employment
 - Be a Kansas resident

Data Sources

- ◆ Longitudinal surveys of Buy-In enrollees to monitor employment, quality of life and health status over time
 - Demographics, including self-reported disability
 - Quality of Life (WHO-QOL)
 - Health status (SF-12)
 - Earnings and job type
 - Employment history and experiences
- ◆ Administrative data
 - Medicaid & Medicare claims
 - Income and taxes paid

KS Buy-In Demographics, 2012

- ◆ 1,260 enrollees as of December 2012
- ◆ Average age is 47.4 years*
- ◆ 49% male and 51% female*
- ◆ 90.9% white; 5.6% black; 1.1% Native American; 0.9% Asian; 1.5% unknown*
- ◆ 3.6% Hispanic*
- ◆ 83.5% single; 14.3% married; 2.2% unknown⁺
- ◆ 11.1% have children under age 19⁺
- ◆ 54.0% have at least some college⁺
- ◆ Average hourly wage is \$8.98 and average hours worked per week is 16.9⁺; average annual income is \$6,802

Data Sources: *Kansas Medicaid Management Information System (MMIS) and ⁺*Working Healthy Satisfaction Surveys*

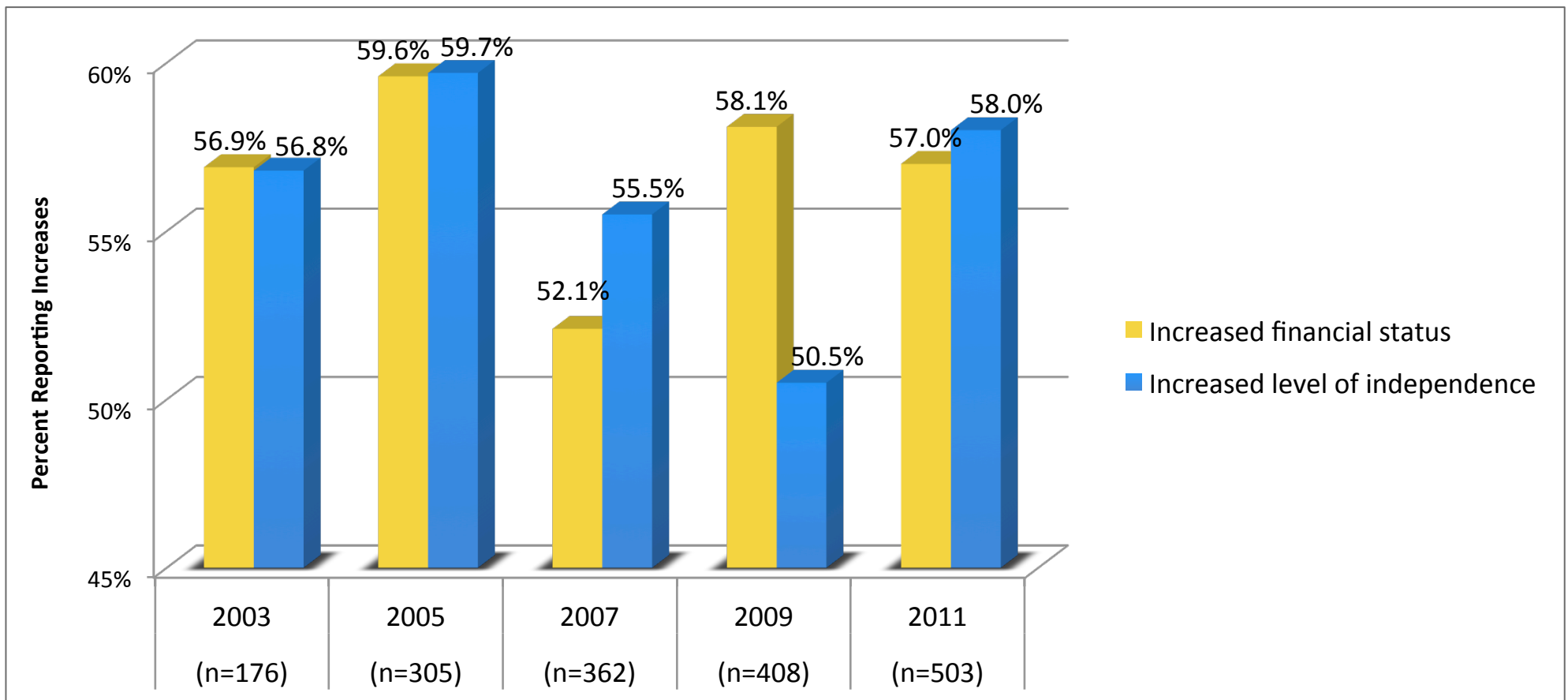
KS Buy-In Self-Reported Disability

◆ Mental illness	34.1%
◆ Physical disability & TBI	22.4%
◆ Chronic illness	18.7%
◆ Intellectual	13.7%
◆ Sensory	3.2%
◆ Undisclosed	7.9%

Data Source: 2012 Kansas Working Healthy Satisfaction Survey

Participant Experiences

Consistently, more than half of people enrolled in the KS Buy-In report increased financial status and level of independence since enrolling



Data Source: 2003-2011 Working Healthy Satisfaction Surveys

Buy-In Participants say...

- ◆ “I’m so grateful to the state of Kansas for this program – which helps me work when I’d be unable to without it.”
- ◆ “I finally feel I am contributing to the economy.”
- ◆ “My part-time job gives me meaning and purpose. I don’t worry about paying for meds.”
- ◆ “My self-esteem has improved. I’m more confident about myself and can take pride in working.”
- ◆ “My stress is low...All of my illnesses are stabilized, I work, I stay socially involved and maintain my independence.”

In 2012, added questions about assets

Over the years, enrollees had shared stories about how having savings allowed them to cope:

- ◆ Emergency car repairs
- ◆ Offset low earning months for seasonal workers
- ◆ Feeling of security – from those who had been homeless

We wanted to explore the relationship between having assets >\$2,000 (the standard Medicaid limit) and health and quality of life.

Findings: Health Status and QOL

Measure	Participants w/ Assets≤\$2k (%)	Participants w/ Assets>\$2k (%)	p-value*
PCS score⁺			<.001
≤50	82.7	55.4	
>50	17.3	44.6	
MCS score⁺			<.01
≤50	70.7	53.8	
>50	29.3	46.2	
Quality of Life			.001
Very poor	1.1	0	
Poor	13.7	4.5	
Neither poor nor good	27.4	13.6	
Good	46.0	56.1	
Very good	11.8	25.8	

N = 441; *Using chi-square; ⁺SF-12 Physical Component Summary (PCS), Mental Component Summary (MCS); SF-12 Standard scale scores 1-100, national mean= 50 (SD=10)

Who has higher assets?

Characteristic	have assets ≤ \$2k (%)	have assets > \$2k (%)	p-value*
Gender			<.001
Male	77.0	23.0	
Female	90.7	9.3	
Age			<.01
<30	69.0	31.0	
30 to 45	81.0	19.0	
>45	88.2	11.8	
Disability Type			.001
Mental Illness	84.4	15.6	
Physical	93.1	6.9	
Chronic Illness	89.2	10.8	
Intellectual	69.0	31.0	
Sensory	85.7	14.3	

*Using chi-square; N = 441

In a nutshell:

- ◆ Those with assets > \$2K had significantly better PCS, MCS and QOL scores
- ◆ Age is significantly, and negatively, correlated with assets>\$2K (younger participants are more likely to have assets>\$2K)
- ◆ Males are significantly more likely to have higher assets than females (23% v. 9%)
- ◆ People with intellectual disabilities are most likely to have higher assets (31%); people with physical disabilities are least likely (7%)
- ◆ Education, race/ethnicity, monthly earnings, and length of enrollment in the Buy-In were *not* significantly associated with different levels of assets
- ◆ IMPORTANT IMPLICATIONS FOR ACA'S MEDICAID EXPANSION, WHICH DOES NOT CONSIDER ASSETS IN DETERMINING ELIGIBILITY

Potential impact

- ◆ Currently, 4 MBI programs limit assets to \$2000 or less, 29 limit at another level, and 4 impose no limits; however, Medicaid Buy-Ins are an optional eligibility group and may not continue post-ACA. In Kansas 93.4% of MBI enrollees earned less than 138% of FPL; nationally, average annual earnings are also below this threshold (\$9,135 in 2011).
- ◆ Moreover, Medicaid expansion coverage might be particularly beneficial for people with disabilities who cannot yet meet Medicaid eligibility, perhaps due to the nature of their disability, assets, or participation in limited employment
- ◆ Especially for younger individuals who are already accumulating assets, coverage under the expansion could provide diversion from dependence on federal disability benefits, if the coverage is sufficiently comprehensive
- ◆ Our study indicates that for low income individuals with disabilities, assets above the usual Medicaid limit are associated with significantly better health status and quality of life

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