ISSUE BRIEF

SECTION 1619 (A) AND 1619 (B) WORK INCENTIVE

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Issue Statement

On a national level, utilization of the 1619(a) and 1619(b) work incentive has steadily increased since its inception in 1987. In 2005, it was the work incentive that had the greatest rate of utilization, used by roughly 28.5% of disabled workers[1]. Rhode Island has only moderately maximized the potential of this incentive for employment. The barriers to maximizing the use of 1619(a) and (b) in RI appear to be two-fold:

1. ***Difficulties in administration of the program***. Challenges in interacting with the Social Security Administration, on both local and federal levels, and the coordination of effort between the Department of Human Services and the Social Security Administration in the administration of the 1619(b) work incentive further confound the utilization of 1619(a) and (b) in Rhode Island.
2. ***A lack of knowledge about the program***. Many potential beneficiaries – people with disabilities who could move toward greater independence by returning to work – remain unaware of the 1619 (a) and (b) option. Lack of uniform levels of awareness exists on the administrative side, too, among Social Security and Department of Human Services staff of this work incentive option.

In light of these barriers, improved outreach materials to consumers and training of healthcare and employment providers on the work incentive are important measures to increasing participation in 1619(a) and (b) in Rhode Island. Increased communication and collaboration between the Department of Human Services and the Social Security Administration on Section 1619(a) and (b) are additional key component to raising participation in this work incentive program in RI.

Background

Historically, persons with disabilities with low or no income have relied upon two Social Security programs for assistance in meeting day-to-day needs, namely Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). The Social Security Administration (SSA) administers both of these programs. To be eligible for SSDI or SSI, a certain level of disability must be met through extensive documentation. Additionally, as part of eligibility criteria, SSA includes clear resource and income limits for potential enrollees.

SSDI, Title II of the Social Security Act, provides monthly cash benefits to workers with severe disabilities. Benefits are based on work history. After a two-year waiting period, these individuals also become eligible for health benefits through Medicare Part A (hospital insurance) without paying a premium. They are also eligible for Medicare Part B, the supplemental medical insurance component of the program, but must pay a

[1] [1]http://www.ssa.gov/policy/docs/statcomps/ssi_workers/2005/sect02.pdf 4:18pm June 13, 2006, SSA Report: Blind and Disabled Recipients Who Work, 2005 data released May 2006, pg. 3

premium. During the two-year waiting period for Medicare, many people qualify for the state Medicaid program.

SSI, established in 1972 as Title XVI of the Social Security Act, is a cash assistance program for people with disabilities and/or over 65. The SSI program was originally designed as a means to ensure a national minimum level of income assistance for persons with disabilities and the elderly. Work history is not considered in SSI cases. Level of income is the criteria for eligibility. When someone qualifies for SSI, they also become eligible for medical assistance under Medicaid.

For both of these critical cash benefits programs, the cornerstone of eligibility has historically been a determination of disability based on the "substantial gainful activity" (SGA) standard. This standard is defined as the inability to engage in SGA due to a disability that lasts for twelve months or more. The SSA defines SGA currently in 2006 as earnings of $860 or greater per month for non-blind individuals with disabilities. The amount is $1,450 for those who are statutorily blind[2]. This restricted definition of disability creates difficulties for people with disabilities who are capable of working at rates above SGA, but also must continue to receive government benefits in order to be successful at work.

As a result, certain people with disabilities will often work for lower wages or fewer hours than they potentially could in order to stay under SGA limits and thus continue to meet the SSA eligibility requirements for SSI and SSDI. Due to the linkage between SSDI and SSI and Medicare and Medicaid, respectively, an individual with a disability who returns to work or increases his or her earnings runs the risk of losing cash assistance *and* essential medical coverage. Many people with disabilities refrain from working more or at a higher level because they want to meet the limited definition of disability set forth by the SSA and, thus, retain these vital public benefits.

SSI Work Incentive Program: Section 1619(a) and 1619(b)

There are programs created by the federal government that address the two-fold needs of people with disabilities capable of working above SGA levels to simultaneously 1.) achieve greater financial success and independence while also 2.) retaining their vital benefits as they transition to work and higher wages.

SSI and SSDI, the cash assistance programs for people with disabilities, known more commonly as being part of "welfare," are not intended to replace gainful employment in the long term. In order to facilitate people with disabilities achieving greater economic and social independence, the Social Security Administration has implemented several programs that aid in the transition from welfare to work.

These programs, known as work incentive programs, provide monetary and other supports as a person transitions from dependence on supplemental income, given by the government, to gainful employment. For example, rather than an abrupt end of public

[2] http://www.ssa.gov/OACT/COLA/SGA.html

assistance/welfare, there may be a more gradual reduction in the amount a person receives in her welfare check as she increases her level of employment and earnings.

One such work incentive, linked to the SSI cash assistance program, lies in a 1987 amendment to the Social Security Act. It is known, in relatively legalistic language, by where it appears in the amendment: **Section 1619(a) and 1619(b)**. Section 1619(a) is similar to the above example: a gradual reduction in SSI payments from the government as a recipient's employment/earnings increase. Section 1619(b) is a means for an individual to retain Medicaid (healthcare) benefits once he or she is earning enough to no longer be eligible for monetary assistance.

Section 1619 (a) and 1619 (b) are designed to assist only those receiving *SSI* payments in their return to work. A similar program is currently being piloted in four states (Connecticut, Wisconsin, Vermont, and Utah) for the *SSDI* cash assistance program[3].

- **Section 1619(a)** allows people with disabilities to retain part of their SSI public cash benefit payment even as they return to work and earn over the SGA limit ($860 per month). For every $2 the individual earns over SGA, $1 is subtracted from his or her SSI benefit payment until the SSI payment reaches zero.
- **Section 1619(b)** enables people with disabilities to stay on Medicaid even after their SSI payment reaches this zero mark.

1619(a) eligibility

In order to qualify for 1619(a), an individual must: a) continue to have a disabling impairment and meet all other non-disability requirements (e.g. residency, income and resources); b) have been eligible for and received a regular SSI payment based on disability for at least a month.

The Social Security Administration will automatically enroll an eligible SSI recipient in 1619(a), as the recipient returns to work, earns at a level that qualifies them for ongoing benefits, and reports these earnings to Social Security, as required on a monthly basis. When an individual is eligible for 1619(a), for every $2 they make, $1 is deducted from their SSI monthly payment. The maximum amount of monthly federal SSI payment in 2006 is $603 for an individual on a federal level[4]. In Rhode Island, the SSI payment amount, which includes a small state supplement, is $660 per month.[5] Including a small amount that is disregarded by the Social Security Administration in the calculation of total earned income, the maximum an individual could earn per month and be eligible for 1619(a) is $1,291[6].

People who qualify for 1619(a) receive a "notice of planned action," a letter from the Social Security Administration, indicating that their SSI check is going to change. This letter does not mention 1619(a) by name; it simply explains that the amount of their monthly check will change.

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[3] http://www.socialsecurity.gov/disabilityresearch/offsetpilot.htm
[4] http://www.ssa.gov/pubs/10003.html
[5] http://www.ssa.gov/policy/docs/factsheets/state_stats/ri.html
[6] ibid.

1619(b) eligibility

SSI beneficiaries are eligible to receive medical assistance under Medicaid. SSI is administered on the federal level, while Medicaid is administered on the state level. Individuals eligible for SSI either are a) automatically enrolled for Medicaid when they qualify for SSI through an electronic transmission between the Social Security Administration and the state Medicaid agency (the option utilized by Rhode Island) or, b) required to submit a separate application to the state Medicaid agency in order to receive Medicaid. These different options impact enrollment in and administration of 1619(b), which allows an SSI recipient to retain Medicaid benefits while earning more money. These specific impacts will be discussed later.

In order to qualify for 1619(b), also known as "protected Medicaid status," working individuals with disabilities who have been on SSI must: a) have a disabling condition b) need Medicaid in order to work; c) be unable to afford health care benefits comparable to those received if not employed; and d) meet all other requirements for SSI payments other than earnings, including the assets, unearned income and resource tests. When an individual's cash benefits reach zero under 1619(a), he or she becomes potentially eligible for 1619(b).

An individual may continue to work and receive Medicaid under 1619(b), so long as their gross annual earned income is below their state's threshold amount. State threshold amounts are determined by SSA and are used to measure whether individuals' earnings are high enough to replace their SSI and Medicaid benefits. The threshold is based on the amount of earnings that would cause SSI payments to stop in a person's home state and average Medicaid expenses in that state. For example, Rhode Island's State Threshold Amount in 2006 is $33,221[7]. When an individual's earnings reach this amount, they are no longer eligible for 1619(b). However, if their earnings are insufficient to replace SSI, Medicaid and other publicly funded attendant care, they can request an individualized evaluation from SSA that could deem them eligible for 1619(b), even though their income is over the state threshold amount.

Sherlock Plan

Individuals who are no longer eligible for 1619(b) due to their earnings may be eligible to participate in their state's Medicaid Buy-In program. The RI state Medicaid Buy-In is known as the Sherlock Plan and is designed to help people with disabilities earn a significant amount of income and retain their Medicaid benefits. The Sherlock Plan allows Rhode Islanders with disabilities to pay a premium for Medicaid health coverage. With the Sherlock Plan, an individual with a disability could earn up to $50,000 and still remain on Medicaid. The monthly premium one must pay is a combination of earned and unearned income received monthly.

For more information on the Sherlock Plan, please see the website www.rhodestoindependence.org.

[7] www.ssa.gov/disabilityresearch/wi/1619b.htm

How Section 1619 (a) and 1619 (b) works in Rhode Island

Administration of 1619 (a) and (b) in Rhode Island

Section 1619 (a) and (b) is intended to provide employed individuals with disabilities an integrated package of ongoing income and health services and supports through the vehicles of SSI and Medicaid, respectively. In Rhode Island, as across the country, the Social Security Administration, a federal entity, administers the SSI (supplemental income) program while Medicaid (health services) is a state administered program. The Social Security Administration field offices in the Ocean State have primary administrative responsibilities for Section 1619(a) and 1619(b), even though 1619(b) is a work incentive that keeps people on (state-administered) Medicaid.

All data necessary for the administration of Section 1619(a) and 1619(b) is stored in large computerized databases. As it is a program that affects only SSI payments, 1619(a) utilizes information exclusively from SSA databases. For this reason, the electronic administration of 1619(a) is relatively straightforward in Rhode Island and across the country. The person remains eligible in the computerized system; the system indicates that no input action is necessary on the part of the SSA field office staff. Recipients receive a letter, a notice of planned action, describing how their benefits will change based on reported wages. This letter does not mention 1619(a) by name.

Section 1619(b) presents more of an electronic administrative challenge, as the Department of Human Services (DHS) in Rhode Island oversees the administration of Medicaid, while the federally based SSA oversees the administration of SSI. Data must be shared between these respective agencies for a beneficiary to successfully be enrolled in 1619(b) and stay on Medicaid.

As mentioned previously, in Rhode Island, SSI recipients are automatically eligible for Medicaid[8]. A coordinated, electronically-based system exists for enrolling SSI recipients in Medicaid and thus, for electronically sharing data from DHS with state SSA field offices. This electronic transfer of data is known as the SDX transmission. States like RI where SSI and Medicaid go hand in hand are known as **Section 1634 states**, in reference to the section of the Social Security Act that permits states to exercise such an option.

In RI and other Section 1634 states, an individual gets on Section 1619(b) through the Social Security Administration, but continues their Medicaid eligibility through the state agency, the Department of Human Services. If an SSI recipient is on no other public assistance programs with the Department of Human Services (DHS), they could, theoretically, never have to interact with anyone at DHS: because of the electronic linking of SSI and Medicaid through the SDX transmission, 1619(b) recipients get on and stay on Medicaid without making a separate application to the state or local agency that administers Medicaid. If their situation remains the same except for increased income,

[8] Section 1619(b) Operational Challenges and Selected State Remedies, Work Incentives Development Report Series, Center for Workers with Disabilities, Report No. 02-1, October 2002, pg. 10

they continue to be noted as eligible through the SSA and they remain on Medicaid in 1619(b). It is unclear whether an individual has to submit a separate request to SSA to remain on 1619(b): field office workers, client advocates, and the Area Work Incentives Coordinator (AWIC) for the Northeast SSA region all provided conflicting accounts of the process[9].

The chart below summarizes the administration of Section 1619 (a) and (b) in Rhode Island:

Administration of 1619 (a) and (b) in Rhode Island	
Section 1619 (a)	**Section 1619(b)**
➢ If eligible, SSI recipients automatically enrolled by the SSA.	➢ *1634 option*: a state enters into an agreement with SSA under which SSA determines eligibility for Medicaid. ➢ Eligible SSI recipients do not have to make a separate application for Medicaid to DHS. They may or may not have to submit a written request to SSA to stay on 1619(b).

As discussed earlier, there are additional administrative options that states have in enrolling SSI beneficiaries in Medicaid, and thus, in 1619(b). They can either a) determine Medicaid eligibility by requiring a separate application to Medicaid that draws solely upon SSI criteria (e.g., you have to meet the SSI eligibility criteria set forth by the Social Security Administration in order to qualify for state Medicaid), or b) determine Medicaid eligibility by requiring a separate application for Medicaid that draws upon separate eligibility criteria set forth by the state Medicaid agency. States opting for the latter strategy are known as 209(b) states. States in the New England region are either, like Rhode Island, 1634 states (more or less automatic enrollment in Medicaid/1619(b), no application to Medicaid agency) or 209(b) states (separate application required to Medicaid agency with state-specified eligibility criteria to enroll Medicaid/continue on 1619(b)).

Current utilization of Section 1619 in Rhode Island

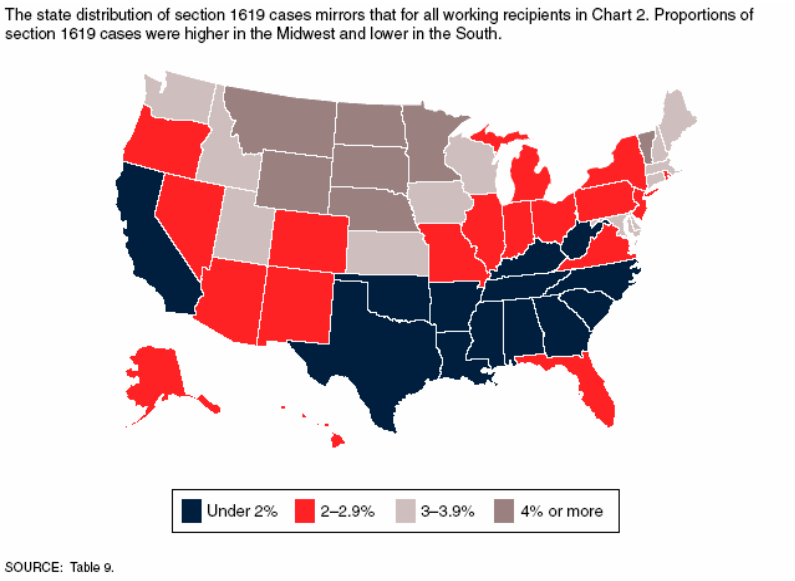
According to data from December 2005, there were 25,688 SSI recipients in RI, 18,549 of which were between the ages of 18 and 64[10]. Of these, 1,683 individuals received SSI and worked. In RI, only 77 were on 1619(a) and 402 on 1619(b)[11].

As the map and chart below[12] illustrate, RI ranked behind all other New England states in 2005 in percent of working people with disabilities who utilize the 1619 work incentive. In fact, Rhode Island ranks slightly below average nation-wide in the percent of working people with disabilities utilizing the 1619 incentive, sitting at number 29 among all 52

[9] personal interviews/calls SSA field office workers, coordinator, Providence Center advocates 7/26/06-8/20/06
[10] http://www.ssa.gov/policy/docs/statcomps/supplement/2005/7b.pdf, SSA Annual Statistical Supplement, 2005, pg. 7.7
[11] from http://www.ssa.gov/policy/docs/statcomps/ssi_workers/2005/sect02.pdf 4:18pm June 13, 2006, SSA Report: Blind and Disabled Recipients Who Work, 2005 data released May 2006, pg. 18
[12] http://www.ssa.gov/policy/docs/statcomps/ssi_workers/2005/sect03.pdf, 4:49 pm June 13, 2006, SSA Report: pg.23

states and territories in the US. Only 2.14% of working people with disabilities utilize Section 161[13]

Figure 1: 1619 participation nationally



	Disabled SSI Recipients age 18-64	Number utilizing 1619	% utilizing 1619	State Rank
States utilizing Option 1634:				
Maine	23,886	718	3.01	18
Massachusetts	108,545	3,444	3.17	16
Rhode Island	19,273	465	2.14	29
Vermont	9,379	431	4.60	6
States utilizing Option 209(b):				
Connecticut	34,097	1,166	3.42	14
New Hampshire	10,399	402	3.87	13

Barriers to utilization of Section 1619 in Rhode Island

Administration

Several states have discovered significant problems with the administration of the Section 1619(b) work incentive provision. These problems arise primarily from the bifurcated administrative responsibilities of the work incentive and are more predominant in 209(b) states (states where separate applications for Medicaid are required).

However, although automation can have its advantages, reliance on electronic transmittal of data from the Social Security Administration to the Department of Human Services in Rhode Island is not exempt from several challenges. As the table below illustrates, Rhode Island ranked below *both* of the 209(b) states in New England in rate of utilization of 1619(b) in 2005.

[13] http://www.ssa.gov/policy/docs/statcomps/ssi_workers/2005/sect03.pdf, 4:53 pm June 13, 2006, SSA Report: pg. 28

Table 1	Working Disabled SSI Recipients	Section 1619(a) recipients	% of Working SSI Recipients on 1619(a)	Section 1619(b) recipients	% of Working SSI Recipients on 1619(b)
States utilizing Option 1634:					
Maine	1,426	98	6.87	636	44.60
Massachusetts	5,947	601	10.11	2,957	49.70
Rhode Island	1,204	77	6.40	402	33.39
Vermont	714	64	8.96	379	53.08
States utilizing Option 209(b):					
Connecticut	2,639	135	5.12	1,051	39.83
New Hampshire	871	45	5.17	367	42.14

Rhode Island's low rank can be attributed to several factors in the administration of 1619(b):

1. ***Electronic transmittal of information results in less actual person-to-person communication between staff at SSA and staff at DHS. This information is also complex and often incomplete.*** DHS receives electronic information from SSA for a variety of different Medicaid eligibility categories. Literally hundreds of codes come through the SDX transmission to DHS: 1619(b) is but *one* of these codes. At times, the information transmitted is incorrect or incomplete. Previously, the Adult Health division of DHS would have regular contact with every one of the five Rhode Island SSA field offices. According to DHS staff, this contact has been greatly reduced compared to previous years. On the Social Security end, up until approximately five years ago, there were SSA field representatives who would go to agencies and explain the programs, including 1619(b). According to SSA staff, due to budgetary cuts, these field representative positions have been eliminated. As a result, the reams of information received by DHS from SSA rarely have a human component: no one to ask questions of or clarify the system and/or a beneficiary's status. The infrequent interpersonal contact between DHS and SSA can make the "automatic" transition into 1619(b) through the 1634 option a rockier road. The divided nature of the administration of the work incentive results in confusion among the agencies and beneficiaries alike.

2. ***State Medicaid eligibility workers often are unaware of or do not fully understand the Section 1619 work incentives.*** State Medicaid workers interface with many people and a significant number of different programs and eligibility standards every day. As a 1634 state, 1619(b) beneficiaries in Rhode Island, if they are not on other public assistance programs, will have no direct contact with anyone at DHS: their primary eligibility determinations and enrollment go through SSA. DHS workers thus often lack an adequate knowledge of this work incentive, as they do not interact with it directly or have to communicate with SSA staff to certify eligibility for 1619(b) (Medicaid continuation). Huge caseloads and complex information as well as a lack of direct dealings with 1619(b) beneficiaries and SSA staff result in Medicaid workers at DHS who are not always well equipped, or even looked to, in offering assistance with 1619(b).

3. ***Backlog within DHS in notifying 1619(b) beneficiaries.*** Currently, there is a backlog in the actual removal of 1619(b) recipients from the Medicaid program who have become ineligible. According to one of the plan administrators within the Department of Human Services, it is common for 1619(b) beneficiaries to receive a letter from the Social Security Administration saying that they are no longer eligible for the program, but their actual Medicaid coverage doesn't end for months if not longer, due to a backlog within DHS. When a case is actually going to be closed by the Department of Human Services, after Social Security has sent out their closure letter, there is required due process: the beneficiary receives a letter from the Department of Human Services saying that they have been found ineligible, but receive another DHS application with the closure letter. Unfortunately, there are not many such letters and applications going out to 1619(b) participants at present from DHS, due to the backlog.

4. ***SSA Field Office staffs, on both a local and at the national levels, do not demonstrate consistent knowledge about the work incentive.*** There is a decided lack of knowledge among those answering calls and providing services to beneficiaries within the SSA local offices in Rhode Island and among those who answer the toll free national number for the SSA. In order to determine the degree of knowledge surrounding 1619(b) among Social Security field staff in the state and at the national call centers, a small phone-based survey was conducted of the five local Social Security offices in Rhode Island and Social Security's national toll-free number. The caller posed as an advocate for a potential beneficiary, seeking information about the enrollment process in 1619(b). Calls were placed at the five agencies and the national number, spaced one month apart, resulting in a total of 10 calls that actually connected to an SSA staff member. A summary of the results from this informal phone survey:

    - Half of the calls placed met with a busy signal upon initial dialing. One-third of calls had to be placed more than twice, several hours apart before actually getting through.
    - The first call to the national number resulted in the caller being informed that a program for working adults with disabilities that enabled them to retain healthcare did not exist, that such a program only existed for retirees. The second resulted in the question, from the customer service representative: "*1619(b)? What's that?"*
    - In five of the calls placed to the field offices in Rhode Island, the customer service representative informed the caller that the beneficiary would have to apply separately for Medicaid through the state agency, the Department of Human Services, because Social Security did not administer Medicaid benefits. During one of these five phone calls where misinformation was received, the caller was placed on hold for several minutes while the customer service representative searched unsuccessfully for information on 1619(b), claiming *"we used to have something on that somewhere in the back."*
    - The remaining five calls reached customer service representatives who were able to provide clear, accurate information on the work incentive.

Only 50% of the phone calls placed to the SSA seeking information on 1619(b) resulted in accurate information being transmitted. Based on this limited survey, callers will only receive sound information on 1619(b) less than half of the time that they call.

Beyond the administrative difficulties with 1619(b) work incentive, outreach and communication to beneficiaries is lacking in Rhode Island, resulting in a final factor contributing to Rhode Island's below average ranking for utilization of 1619(b):

Beneficiaries simply don't know about Section 1619 (a) and (b). The majority of SSI recipients and their families long have been trained to carefully monitor earned income levels in order to preserve the link to cash benefits and access to life-sustaining Medicaid services and supports. Without significant outreach and training to make stakeholders aware of and comfortable with the Section 1619(a) and (b) provision, it is unlikely that many would risk increasing their earnings above the $860 (Standard Gainful Activity) level. Particularly with 1619(b), for which a beneficiary must file a request for enrollment in RI, a pronounced lack of awareness remains. Many beneficiaries continue to believe that once they lose all their SSI benefits through increase in earned income, they also automatically lose Medicaid[14]. Outreach on 1619(b) in Rhode Island is woefully inadequate. The state Medicaid agency, the Department of Human Services, currently does no outreach on 1619(b). The Social Security Administration has informational brochures on 1619(b) available upon request and on a sporadic basis at their local offices. The Benefits Planning Assistance and Outreach program, based at the Office of Rehabilitation Services (ORS), emphasizes 1619(b) as part of its individual counseling efforts, but has done very little to promote it through outreach, aside from an article or two written in newsletters for the state independent living centers.

Best Practices: Solution from other states in the Northeast region

In certain New England states, Benefits Planning Assistance and Outreach (BPAO) staff members have developed state specific flyers and brochures, and articles in newsletters, in an attempt to increase awareness about the Section 1619(a) and (b) work incentive to consumers. These materials have been mailed to SSI recipients and made available at SSA local offices, Office of Rehabilitation Services, and private employment support service providers as well as state grassroots disability advocacy groups

As evidenced by the low rates of participation in 1619(a) and (b) in RI and the inadequacy of the recent and current outreach efforts, additional steps to promote this program and address barriers to awareness and communication need to be taken. Addressing difficulties in administration is one key area to target. Additionally, increasing the knowledge and know-how of eligibility workers through training and the

[14] Section 1619(b) Operational Challenges and Selected State Remedies, Work Incentives Development Report Series, Center for Workers with Disabilities, Report No. 02-1, October 2002, pg. 10

development of an educational tool could boost the use of 1619(a) and 1619(b) in Rhode Island.

One possible avenue to increase awareness on 1619(b) is the development of an eligibility workers' desk reference guide on work incentives. Connecticut Vocational Rehabilitation developed such a desk reference, helping eligibility workers at the Connecticut state Medicaid agency, known as the Department of Social Services, and other locations navigate the complexities of work incentives[15]. This desk reference clearly catalogues and explains all the major work incentives. It serves as a comprehensive guide for health and employment providers. It has been distributed widely, available as a resource to many health and employment providers assisting people with disabilities in Connecticut.

Avenues for increasing 1619(a) and 1619(b) participation in Rhode Island

Borrowing, in part, from the best practices of other neighboring states, Rhodes to Independence is currently at work on several fronts to increase participation in 1619(a) and (b) in Rhode Island. They include an informational outreach brochure, training on public benefits for healthcare and employment providers, and a Social Security Summit.

Brochure

Similar to materials created by the BPAO's in other states, a brochure combining explanations of on Section 1619(a) and 1619(b) and the Sherlock Plan is in progress currently in RI, under the direction of the Rhodes to Independence. This brochure will clearly explain the relationship between 1619(a), 1619(b), and the Sherlock Plan, conceptualizing these complementary work incentives as a continuum of benefits, each becoming utilized as needed as a person continues to earn more money. The brochure will be made available widely, to the different state and federal agencies and community organizations.

Training on public benefits/Formation of a Benefits Information Network

A targeted training, combined with the development of a brochure and/or desk reference like the Connecticut model, for DHS workers, SSA field staff, and others who are direct service providers to people with disabilities in Rhode Island would produce greater knowledge on the front-lines of the Section 1619(a) and (b) work incentive. The training would include community-based providers, such as Goodwill, and reduce the compartmentalization of Section 1619 between DHS and SSA, making its use and value clearer to all direct service providers.

Additionally, the training of DHS workers, SSA field office staff, and community providers could easily be grafted into a program already proposed by Rhodes to Independence in Rhode Island: the development of a Benefits Information Network, or BIN.

[15] Section 1619(b) Operational Challenges and Selected State Remedies, Work Incentives Development Report Series, Center for Workers with Disabilities, Report No. 02-1, October 2002, pg. 10

The proposed BIN program would train community providers on a variety of work incentives, creating a triage system wherein these providers offer basic benefits counseling along with the other services that they provide. Such a network of trained community providers would be a strong complement to the specialized counseling available through the Office of Rehabilitation Counseling. To increase awareness of Section 1619(a) and (b) in RI, a special emphasis could be placed on Section 1619(a) and 1619(b) within the proposed BIN training and training materials.

Moreover, through a coordinated, collaborative process facilitated by the Rhodes to Independence, the BIN training and training materials could be adapted for DHS workers and SSA field staff to further their understanding and awareness of 1619(a) and 1619(b), exclusively, or among other work incentives.

Social Security Summit

To provide a forum for discussion regarding seamless administration of work incentives programs, Rhodes to Independence is currently organizing a meeting of Department of Human Services and Social Security leadership and/or their representatives to take place in March of 2007. The purpose is to discuss barriers and solutions to the administration of 1619(a) and (b) and the Sherlock Plan in the state.

Summary

Section 1619 (a) and (b) can be a useful tool in facilitating the transition to work for people with disabilities receiving SSI payments from the Social Security Administration. Section 1619(a) eases the transition by gradually reducing money received from the SSA and 1619(b) allows continuation of Medicaid coverage even though an individual is no longer eligible for any SSI payments due to a continued increase in earnings.

However, Section 1619(a) and (b) is an underutilized tool in Rhode Island, with participation below national averages. The primary barriers to increased participation in 1619(a) and (b) include challenges in the administration of the program and limited outreach to consumers.

Increasing awareness of and communication about the 1619 incentive in a coordinated, standardized way among key staff of state and federal agencies as well as improving general outreach to beneficiaries have the potential to increase its use in RI, helping more people with disabilities transition to work.