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Employment Disincentives for People with Physical Disabilities: Experiences, Recommendations, and Possible Solutions

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Introduction

This white paper responds to a request by the Fehribach Center, an internship program for college students with physical disabilities, to address barriers to employment. It provides an overview of federal and state benefits, associated healthcare programs, benefits resource and asset limits, work incentive programs, and laws and policies that act as disincentives at the state and federal levels. Furthermore, we present firsthand accounts from former Fehribach interns who have navigated these issues, providing valuable resources and actionable steps for the Fehribach Center to consider.

Overview of federal and state benefits for people with disabilities

To understand concerns regarding benefits, it is essential to grasp the complex system of federal benefits. This section outlines the key federal benefits: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), along with their associated healthcare programs, Medicare and Medicaid. We focus on these benefits and their work incentives, highlighting employment incentives and disincentives for SSDI beneficiaries and SSI recipients. Additionally, we explore asset-building programs that protect income and resources from limits imposed by some state and federal benefits. While other federal assistance programs like the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Housing and Urban Development (HUD) exist, they are beyond the scope of this paper.

Federal Benefits: SSDI and SSI

There are two types of federal benefits: SSDI and SSI. These programs come with their own set of work incentives, guidelines, and healthcare benefits (Social Security Administration [SSA], 2023). We list the basic differences between the two programs in the table below. Please see SSA's Red Book for more detailed information about these programs.

Table 1 – Differences between Social Security Disability Insurance and Supplemental Security Income

Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)
• Disability insurance program with no resource limits	• Needs-based with resource limits
• Must be 18 years old or older	• Can be received as a child or adult
• Can receive on parent's record or their own work record	• Amount based on living arrangement (SSA, 2024d) and income
• Amount based on work history (no maximum benefit)	• Maximum is $967 in 2025
• Medicare health insurance	• Medicaid health insurance

Social Security Disability Insurance (SSDI) – Title II

SSA (2023) describes SSDI as a benefit for people who are blind or have a disability. It is like an insurance policy that individuals pay into when either employed or self-employed through the Federal Insurance Contributions Act (FICA). The higher an individual's lifetime earnings and the longer their work history, the greater their SSDI benefits will be, as these benefits are determined by their own work record. Individuals may also qualify for SSDI based on the earnings record of another person, such as a retired or deceased parent (Disabled Child Benefit) or, in some cases, a deceased spouse (Disabled Widower Benefit). To receive SSDI a beneficiary must be 18 years old or older. SSDI comes with Medicare as the health insurance program, and in most cases, there is a two-year waiting period before Medicare will begin. We will discuss Medicare in a separate section below.

Supplemental Security Income (SSI) – Title XVI

According to SSA (2023), SSI is a cash payment for people who are disabled, blind, or aged 65 or older who have few resources and low income. SSI is means tested – Social Security determines what income and resources people have available to see whether they are eligible and if so, how much their payment will be. Social Security funds SSI through general tax revenues and sets a maximum federal benefit rate (FBR) each year for SSI payments. The 2025 FBR is $967.00 (SSA, n.d.-a). Some states supplement the FBR, but Indiana does not have a supplement payment for SSI beneficiaries unless they are in a residential care facility (SSA, 2011). An SSI recipient could be a child or adult, and SSI automatically comes with Medicaid health insurance in Indiana (SSA, 2024a). Currently, SSI recipients can't have countable resources worth more than $2,000 for an individual or $3,000 for an eligible couple (SSA, 2024c). Review the sections on Medicaid and Asset Building below for further information.

Concurrent Beneficiaries

Some individuals qualify for both SSDI and SSI, and they are called concurrent beneficiaries (SSA, 2023). Concurrent beneficiaries have access to all the work incentives for both programs and must follow the resource limit rules for SSI.

Work Incentives for SSDI and SSI

Both SSDI and SSI have their own set of work incentives although there is some overlap (SSA, 2023). The table below lists the most common work incentives for each program.

Table 2 – Major Work Incentives for SSDI and SSI

Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)
• Trial Work Period	• Countable Income and Exclusions
• Extended Period of Eligibility	• Student Earned Income Exclusion
• Impairment Related Work Expense	• Impairment Related Work Expense
• Subsidy and Special Conditions	• Blind Work Expense
• Expedited Reinstatement of Benefits	• 1619(b)
	• Expedited Reinstatement of Benefits

SSDI Work Incentives

Substantial Gainful Activity

You must first understand the concept of Substantial Gainful Activity (SGA) before you can understand the mechanism of SSDI work incentives. SGA is an earning guideline SSA uses to determine if someone meets the definition of disability and to assess continued eligibility for Social Security Disability Insurance (SSDI) benefits after returning to work (SSA, 2023). If a beneficiary consistently earns at or above SGA (outside the Trial Work Period), they will no longer receive cash benefits. Beyond the Trial Work Period, each work incentive we list below has the potential to bring the beneficiary's countable income below SGA, thereby enabling them to keep their SSDI benefit. In 2025, the SGA level is set at $1,620 for disabled individuals or $2,700 for individuals listed as statutory blind by SSA (SSA, n.d.-a).

Trial Work Period

The Trial Work Period (TWP) is the first in a series of safety nets that allow beneficiaries to test their ability to work (SSA, 2023). They can earn an unlimited amount of money during this time and SSA will neither decrease nor eliminate their SSDI benefit. Beneficiaries are allowed nine months of trial work. These can be used all in a row (e.g., January through September) or now and then, over a period of 60 rollover months.

In 2025, beneficiaries must earn at least $1,160 in a month for Social Security to consider it a trial work month (SSA, n.d.-a). If they earn less than that, it will not count as one of the nine months in their Trial Work Period.

Extended Period of Eligibility

After the Trial Work Period ends, the beneficiary begins their Extended Period of Eligibility (EPE), which lasts for 36 consecutive (all in a row) months, regardless of if they are working or not (SSA, 2023). During this time, Social Security will check if the beneficiary's countable earnings are at or above the SGA level. If a beneficiary consistently earns at or above SGA, they may no longer receive cash benefits unless they have eligible work incentives in place, which we describe below.

If a beneficiary earns SGA during their Extended Period of Eligibility, SSA will still count them as an SSDI beneficiary, and their cash benefits will be suspended not terminated (SSA, 2023). This means that every month their earnings are below SGA, they are entitled to an SSDI check, even if the previous month they earned above SGA and didn't receive a check.

Impairment Related Work Expense

If a beneficiary pays for expenses related to a medical impairment (disability), they can submit receipts for those expenses to Social Security to help reduce their countable income below SGA (SSA, 2023). The expenses must be:

- related to their impairment,
- related to work,
- reasonable,

- paid out-of-pocket (not reimbursed by insurance or another source), and
- paid within the month in which they work.

If approved, the SSA will deduct the cost of these work-related expenses from the beneficiary's gross earnings (SSA, 2023). This calculation reduces the amount considered by SSA when determining if the beneficiary's earnings exceed SGA, which is referred to as 'countable income'. An Impairment-Related Work Expense (IRWE) could include medication, doctor visit copays, specialized transportation, attendant care services, service animals, medical devices, residential modifications, assistive technology, or other items and services.

Subsidy and Special Conditions

A Subsidy or Special Condition can also lower the amount of earnings that Social Security considers when it decides whether a beneficiary has been achieving SGA (SSA, 2023). If a beneficiary receives any support on the job, Social Security can determine the dollar value of the support and subtract the value from their gross earnings.

Examples of support include accommodations paid for by the beneficiary, the employer, or agencies like Vocational Rehabilitation. Support can also include an on-site job coach, modified job duties, extra time to complete job duties, and lower productivity compared to coworkers (SSA, 2023).

Expedited Reinstatement of Benefits

If a beneficiary can't earn SGA due to their disability within 60 months of their benefits being terminated, they may apply for an Expedited Reinstatement of Benefits (EXR) (SSA, 2023). This is a short application. While Social Security determines eligibility for long-term benefits, beneficiaries will receive six months of temporary cash assistance. Additionally, they may also be eligible for Medicare coverage during this period.

SSI Work Incentives

Countable Income and Exclusions

The concept of countable income is key to understanding how SSA applies work incentives for SSI beneficiaries. When an SSI recipient earns income, SSA adjusts their SSI benefits through certain exclusions (SSA, 2023). SSA does not count the first $65 of the beneficiary's wages to determine their adjusted monthly amount of SSI. This is called the Earned Income Exclusion. SSA also applies a $20 General Income Exclusion. After these two exclusions, SSA only counts *half* of their remaining monthly earnings when calculating their countable income and adjusting their SSI payment.

Student Earned Income Exclusion (SEIE)

A blind or disabled student under age 22 who is regularly attending school, college, university, or a course of vocational or technical training, can apply for this work incentive (SSA, 2023). In 2025, SSA may exclude up to $2,350 of their earnings each month, up to a maximum of $9,460 (SSA, n.d.-a).

Impairment Related Work Expense (IRWE)

An IRWE is a deduction that SSA applies to gross earnings to calculate the adjusted SSI payment (SSA, 2023). According to SSA, five criteria for IRWEs are that they must:

- be related to an impairment,
- help the individual work,
- be paid by the individual and not reimbursed by another source,
- be paid within a month in which the individual works,
- be reasonable.

Blind Work Expense

If a beneficiary receives SSI payments as a statutory blind individual, Social Security will not count income towards reasonable and unreimbursed expenses to maintain employment (SSA, 2023). In many cases, these deductions can significantly reduce 'countable earnings,' allowing beneficiaries to continue receiving benefits even as their overall income increases. BWEs include but are not limited to federal, state, and local taxes deducted from wages each pay period, professional association fees, union dues, and other goods or services they pay for themselves that are necessary to remain employed, including any item that they would claim as an IRWE. Per SSA, the calculation for BWEs is different than IRWEs, resulting in a higher SSI payment.

Provision 1619 (b)

This provision allows an SSI beneficiary to keep their Medicaid coverage even after they earn enough for their SSI check to adjust to $0 (SSA, 2024b). This federal provision safeguards their SSI eligibility. If their countable earnings fall below the SSI break-even point or they lose their job, they can quickly resume receiving SSI cash benefits to meet their financial needs.

When they return to work their Medicaid coverage can continue, even if their earnings (alone or in combination with other income) become too high for an SSI benefit payment, if they meet the following Social Security 1619(b) work incentive criteria (SSA, 2024b):

- They are still disabled.
- They still meet all other eligibility rules, including resource tests ($2,000 for individuals).
- They need Medicaid to work.
- They have insufficient gross earned income to replace SSI, Medicaid, and any publicly funded attendant care.
- Their income is below the state threshold amount (In Indiana the 2025 1619(b) threshold is $43,358.)

Expedited Reinstatement of Benefits

This work incentive allows SSA to reopen a Social Security case record that has been terminated because of work (SSA, 2023). The EXR request must be made within 60 months of termination. Beneficiaries may receive up to 6 months of provisional payments and have Medicaid while Social Security decides if reinstatement is possible.

Healthcare Benefits

Medicare

After 24 months of receiving SSDI benefits, beneficiaries become eligible for Medicare (SSA, n.d.-c). Medicare has different parts. Part A (hospitalization) is free to all those on SSDI. Part B (doctor visits, outpatient, medical services) has a premium. The premium is typically deducted from the beneficiary's SSDI check unless they have Medicaid or a Medicare Savings Program (MSP). Part D (prescriptions) may have a premium.

Work Incentive: Extended Period of Medicare Coverage

Those who work their way off SSDI due to earnings can keep their Medicare coverage for at least 93 more months (SSA, n.d.-c). This is called Extended Medicare Coverage, ensuring continued health insurance for beneficiaries returning to work.

Medicaid

Medicaid, also known as Medical Assistance, is a cooperative federal-state program authorized by Title 19 of the Social Security Act (SSA, 2015). As mentioned earlier in the paper, if a person is eligible for SSI, they are automatically eligible for Medicaid; there is no longer a separate determination process in Indiana. This also means that Indiana Medicaid's resource limit is the same as SSI's: $2,000 and $3,000. If a person is receiving SSI and under the resource limit, they are eligible for Medicaid.

Work Incentive: 1619(b)

Please review information in the above section on SSI regarding 1619(b), which is a work incentive for both SSI and Medicaid.

Work Incentive: MEDWorks

This program is available in Indiana for people ages 16-64 years old who are disabled and working (IN Family and Social Services Administration [IN FSSA], 2024b). This Medicaid category is specifically designed for working people with disabilities, encouraging continued employment while providing supplementary health coverage that complements their Medicare or employer insurance. While there is an income limit of 350% of the federal poverty level, FSSA determines their countable income by waiving over half of the beneficiary's income using a countable income formula. Spouse income is not included in the beneficiary's countable income for MEDWorks eligibility purposes. MEDWorks offers several advantages to beneficiaries, including:

- Savings for Self-Sufficiency account they may save up to $20,000 for goods or services that can help them become more independent (IN FSSA, 2024b).
- Unlimited savings in specific retirement plans (IN FSSA, 2024a).
- Very reasonable sliding fee scale premium that adjusts downward if their earnings decrease. Refer to the income bracket tables on the MEDWorks Fact Sheet (IN FSSA, 2024b) for details.

- If they lose employment through no fault of their own, they may continue their MEDWorks coverage for up to 12 months while they continue to seek another job through a state-approved employment assistance program. (IN FSSA, 2024a).
- If they receive employer health insurance with a premium, this cost is deducted from any MEDWorks premium they would owe each month, according to IN Code § 12-15-41-8 (2023).
- State assistance for Medicare premiums when eligible for both Medicaid and Medicare (IN FSSA, 2024a).
- Protection of Medicaid Waiver eligibility when applicable (IN FSSA, 2024a).

To be eligible for MEDWorks, an individual must be working, disabled, and making no more than 350% of the poverty level (IN FSSA, 2024b). FSSA provides a very specific definition of "disabled" for the purposes of eligibility for MEDWorks:

> A disability determination must be made by the Indiana Medicaid Medical Review Team (MMRT) and/or the Social Security Administration (SSA). Determinations made by the SSA supersede MMRT determinations. Individuals who work themselves off Social Security Disability benefits may qualify for MEDWorks – Improved if the MMRT determines their disability is still significant enough to qualify. (p. 4)

FSSA employs a specific method to calculate countable income for MEDWorks participants to determine whether they meet the income guideline of being under 350% of the poverty level (IN FSSA, 2024b). FSSA looks at both unearned and earned income and then applies a formula. For example, SSDI is in the category of unearned income. FSSA disregards the first $20 of this unearned income. FSSA then calculates countable earned income by subtracting $65 from gross wages, subtracting any IRWE amounts, and then dividing the remainder in half. For example, if someone had $1,020 in unearned income and $5000 in gross wages, their total countable income would be $1000 + 2,467.50 = $3,467.50. In 2025, the FPL is $1,304 per month for a single person x 3.5 = $4,564 (Office of the Assistant Secretary for Planning and Evaluation, n.d.). In this case, the person's countable income is less than 350% of the FPL due to FSSA's countable income formula for unearned and earned income.

Medicaid Waiver

Indiana's Medicaid Waiver Program is called the Home and Community-Based Services (HCBS) for Adults and Children (Medicaid, n.d.-a). The waiver program "waives" the necessity of admission into an institution for Medicaid to pay for needed home and community-based services. Waivers fund therapeutic and other needed supports and services. Per Medicaid (n.d.-b), Indiana has several different waivers, including:

- Community Integration and Habilitation Waiver (for individuals with a developmental disability)
- Family Supports Waiver (for individuals with a developmental disability)
- Health and Wellness Waiver (for individuals aged 59 and younger with medical conditions)
- PathWays for Aging Waiver (for individuals aged 60 and over with medical conditions)
- Traumatic Brain Injury Waiver (for individuals with a traumatic brain injury)

All the waivers require that the individual meet a specific level of care needs (Medicaid, n.d.-b). For example, the Health and Wellness Waiver supports individuals aged 59 and younger with medical conditions requiring assistance with activities of daily living who meet a measure of care needs called the Nursing Facility Level of Care (IN Bureau of Disability Services, n.d.). The beneficiary also must have Medicaid services to qualify for a Medicaid Waiver.

Work Incentives: Special Income Limit and Miller Trust

Medicaid Waivers have a Special Income Limit (SIL) which is set at three times the Supplemental Security Income rate (IN FSSA, n.d.-a). In 2025, that is $967 (SSA, n.d.-a) x 3 = $2,901. If the beneficiary's income is below the SIL, they will continue to qualify for their Medicaid Waiver Services.

If their income goes over the SIL amount, they have the option of setting up a Miller Trust. This is a special kind of trust referred to as a qualified income trust. The Miller Trust shields excess *income* so that they will continue to qualify for Medicaid Waiver services (IN FSSA, n.d.-b). We recommend consulting an attorney for assistance in setting up the trust.

Asset Building

ABLE Accounts

In 2014 Congress passed the Achieving a Better Life Experience (ABLE) Act, which allows states to set up new, tax-advantaged saving programs for some individuals with disabilities (ABLE National Resource Center [NRC], n.d.-b). The person's disability onset must have occurred before age 26 to be eligible. ABLE accounts help people with disabilities and their families save and pay for disability-related expenses. Family and friends can also donate money to a beneficiary's account. An individual may only have one ABLE account.

An ABLE account shields savings from resource limits imposed by Medicaid or SSI (ABLE NRC, n.d.-b). Normally, a beneficiary would need to limit their assets to $2,000 for an individual or $3,000 for a couple, but with an ABLE account, they can save up to the yearly limit of $19,000 (in 2025) or a total of $100,000.

Beneficiaries can use the money in an ABLE account for a variety of expenses (ABLE NRC, n.d.-b). Some examples are transportation, new technology, rent or other housing, college tuition or a training program, personal services, and other expenses that can improve health, independence, and/or quality of life. Indiana's program is called INvestABLE.

Individual Development Accounts

An Individual Development Account (IDA) is a special savings account matched by federal and state dollars (Indiana Housing & Community Development Authority [IHCDA], n.d.). IDAs can help low-income individuals and families save money for education or training, purchase or rehab a home, buy a vehicle, or start a small business. Individuals with earned income and a household income below 200% of the federal poverty level may be eligible for an IDA account. Funds set aside in IDA accounts usually do not count against the monthly earning limits on Social Security programs. For information on Indiana IDAs, see IHCDA.

Special Needs Trusts

We have previously mentioned one type of trust, called the Miller Trust, which is also known as a qualified income trust (IN FSSA, n.d.-b) and shields excess *income* for beneficiaries who receive the Medicaid Waiver.

Special Needs Trusts shield *resources* from the resource limits imposed by SSI and Medicaid (ARC Master Trust, 2020). Special Needs Trusts can help protect assets from resource limits imposed by Supplemental Security Income (SSI) and Medicaid. The Arc Master Trust (2020) provides valuable information on various trust options available to people with disabilities, including pooled trusts.

Benefits Information and Counseling

Because the SSA wanted to assist SSI recipients and SSDI beneficiaries return to work, they developed the Ticket to Work Program with The Ticket to Work and Work Incentives Improvement Act of 1999 (SSA, n.d.-b). In a provision of this act, Community Work Incentive Coordinators (CWICs) provide in-depth individualized benefits and work incentives counseling for SSDI and SSI beneficiaries through the Work Incentives Planning and Assistance (WIPA) projects to assist them in understanding and using work incentives to return to work.

In Indiana, The Benefits Information Network (BIN) began in 2006 and is a partnership between Indiana University's Indiana Institute on Disability and Community (IIDC), the Social Security Administration, and Indiana Vocational Rehabilitation, who provides the funding purpose (Indiana Institute on Disability and Community [IIDC], 2024). IIDC staff are trained as Community Partner Work Incentive Counselors (CPWICs) through Virginia Commonwealth University who contracts with Social Security to provide this training for both CPWICs and CWICs. The purpose of the IN BIN Project is to provide benefits education and short-term benefits counseling to VR participants to assist them in making informed decisions about employment and benefits. Once they obtain employment, they are then referred to WIPA for long-term benefits counseling. It is important to note the individualized nature of benefits counseling that is necessary to understand the unique interplay of work, benefits, and work incentives for beneficiaries.

Stories from the Field

We spoke with five working adults with disabilities who either currently have federal benefits or had them in the past. Two identified as blind, two identified as wheelchair users requiring attendant care to remain independent, and one identified as a wheelchair user requiring a significant number of medical devices and medical appointments. These adults shared their challenges with Medicaid, MEDWorks, Vocational Rehabilitation services, benefits counseling, overpayments, and perceived income limits. Furthermore, these discussions revealed inadequate or non-existent knowledge of both work incentives and asset-building programs.

Medicaid

Difficulty Getting Adequate Care Approval

Two of the individuals we spoke with, both wheelchair users, discussed difficulty accessing the skilled nursing care they need to work. One individual, who receives only three hours of daily skilled nursing care from Medicaid, urgently needs more frequent catheterization to mitigate the risk of stroke or heart attack. This individual recounted a disheartening experience: "I had a Medicaid judge deny my appeal and told me if I was going to have a heart attack or stroke to call 911."

Another individual shared that their Medicaid physician denied their request for increased support hours. Despite experiencing tendonitis in their only usable arm and requiring Botox injections to alleviate pain and improve mobility, the physician deemed them "not disabled enough" to warrant additional assistance. This individual currently receives approximately four hours of daily support, limited to assistance with rising, one bathroom break during lunch, and no further support until 8:00 PM.

Sudden Loss of Medicaid Coverage due to Office Error

Three individuals described experiencing significant challenges with the Indiana Medicaid office, including inconsistent information, communication errors, and bureaucratic obstacles.

One individual discussed receiving inconsistent information from the Medicaid office and facing multiple obstacles, including being erroneously accused of "failure to cooperate." This individual had to set up two trusts and was kicked off Medicaid for about three weeks. They described the confusion of being told conflicting information by different Medicaid representatives, filling out numerous forms, and many trips to the Medicaid office. They further emphasized the emotional and logistical strain caused by the unexpected termination of their benefits, which they only learned about from their Home Health Aide.

Another individual we spoke with discussed the shock of receiving sudden notices at work, such as "We're suspending your benefits," without explanation. These unpredictable interruptions, which have occurred repeatedly over the years, create immense stress as they rely on Medicaid assistance for essential daily activities such as eating and bathing. This individual emphasized the importance of meticulous record-keeping to document submitted paperwork, noting that Medicaid often loses documents, leading to unjust benefit suspensions.

A third described their fear of talking to someone at the Medicaid office, anticipating potential negative consequences such as being informed of owing money or facing other unfavorable outcomes. They likened it to a "social services agency lottery," where the outcome depends on who they speak to and what is said.

MEDWorks – the Medicaid Buy-In Program

Two individuals enrolled in MEDWorks described apparent misunderstandings of program eligibility criteria. This led them to self-impose an earnings ceiling to maintain their coverage, which provides the vital attendant care services they need.

For example, one individual stated specifically, “The government looks at it, if you’re not on Social Security, you’re not disabled, and so you don’t need Medicaid.” That individual believes that if they were to go off SSDI benefits, they would no longer qualify for MEDWorks, not realizing that there is a provision within the FSSA guidelines for staying on MEDWorks after working off SSDI benefits (IN FSSA, 2024b). Since they are reliant on services provided only through Medicaid and the Medicaid waiver, they are reluctant to go off SSDI and risk losing Medicaid to the point of turning down raises and not working a full 40-hour work week.

Another individual stated they make around $31,000 and are in the “upper limit of what I can take.” They do not have any unearned income and are single. Their countable income for the purposes of eligibility for MEDWorks would be approximately $31,000 / 12 months = $2,583.33 per month - $65 earned income disregard = $2,518.33 / 2 = $1,259.16 – vastly under the 350% poverty level of $4,392.50! These situations illustrate the imperative nature of individualized benefits counseling and the vast implications of misunderstanding very specific guidelines that could help individuals realize more economic power and independence in their lives.

Vocational Rehabilitation (VR)

Individuals we spoke with stated various challenges with the state Vocational Rehabilitation (VR) system. Only one person reported receiving referral for benefits counseling through VR.

One individual described VR starting the process of a modified van, but then deciding they were “unemployable.” VR didn’t pay for the van and closed the case. This person now works full time and uses a 2004 van which they bought used and already modified.

Another individual we spoke with specifically stated that no discussions or planning took place with VR regarding post-college goals and aspirations.

A third stated,

> When I received my master’s degree, VR offered to pay for vehicle modifications and home modifications, but not help getting a job. It was clear my VR counselor didn't really know the next steps. We talked about my case ending. She said she could be around if I wanted help, but “once you get a job, I don't know what to tell you.”

This person found a job on their own and had to navigate the benefits system without benefits counseling.

Yet a fourth individual we spoke with stated, “To this day I am slightly bitter…I graduated with a degree I never wanted. Because I felt stuck. Felt put in a box. Literally, I was told what majors I could do.”

Benefits Information and Counseling

Most individuals we spoke with reported no or little individualized benefits information and counseling. Without knowledge of this key resource, they instead worked directly through the Social Security Office or looked up information on the internet. Only two reported benefits counseling through the Indiana state WIPA, on the recommendation of their internship director after they had made key decisions about work

and benefits. Only one of the individuals we spoke with recalled being referred for benefits counseling by their Indiana VR counselor even though BIN is a service that VR funds entirely for this purpose (IIDC, 2024).

Despite the TTW program's connection with benefits counseling through WIPA, one individual we spoke with described calls from TTW once a month to check in without any mention of individualized benefits counseling. This individual stated, "I don't know anything they've done for me and didn't ask me about my benefits."

Pay / Raise Concerns

As we described in the section on MEDWorks, two individuals we spoke with described a fear of exceeding income thresholds. Despite MEDWorks provisions allowing individuals to work above the SGA level and utilize a countable income formula to reduce actual wages for eligibility purposes (IN FSSA, 2024b), they intentionally declined raises and even initial salary offers to avoid potential disruptions to their Medicaid coverage and critical attendant care services due to misunderstanding or misinformation about how income is calculated for the purpose of this program – a stark example of the necessity of individualized benefits counseling,

Overpayments for Beneficiaries on SSDI

One individual we spoke with described an overpayment due to a typo on a form. "My boss made a typo on the subsidy form, and I got a letter re a $36,000 overpayment." Fortunately, Social Security and an Indiana Works benefits counselor remedied the situation. Another explained that during their transition from an intern to full-time work, they were told they made too much money. Despite notifying SSA about their job in June 2022, benefits were not cut off until November. The individual sent in paperwork in the fall of 2023, including an appeal and an overpayment waiver. The appeal decision came in April 2024, but they are still waiting on the waiver. They believe they do not owe the claimed $15,344 and are waiting for the waiver paperwork.

Overpayments for SSI Recipients

One individual we spoke with described overpayments while on SSI, leading to shortened checks and constant letters. They felt bombarded by large-print mailings and faced a two-month paperwork delay. Check amounts varied unpredictably between $200 and $700. While they occasionally received letters containing threatening language regarding potential benefit termination, their benefits were ultimately not discontinued.

Another individual described experiencing overpayments while working part-time during college. During the second semester of their freshman year, they started working 10-15 hours a week which coincided with the onset of significant challenges with SSA. "That's when the headaches started occurring." Though turning in paystubs regularly, this individual experienced system lags and overpayments. "Any change in hours would flag overpayments, and I would have to deal with that."

This same individual also described a stressful experience with a ten-year-old overpayment. "It was probably 2013…when I get a call from my mom about a letter from Social Security claiming an

overpayment from 2001." Too large to pay in a lump sum, they set up a payment plan. "I haven't thought about SSI in years, and I get a letter about an overpayment."

Work Incentives Awareness

None of the individuals we spoke with had heard of the Student Earned Income Exclusion (SEIE). Some were not sure if it was around when they went to school. One participant, who began receiving SSI at the age of 22 or 23, highlighted the potential limitations of the age-22 cutoff for individuals with disabilities who may require extended education timelines.

Of the two blind participants, one had heard of Blind Work Expenses (BWEs) but thought it would have been a hassle to track the receipts as a blind person – they went to school prior to a lot of technology available today and would have needed someone to help them read, sort, and send in the receipts.

Only one of the individuals we spoke with had heard of Impairment Related Work Expenses, and only one person reported knowledge and use of employer subsidy.

Asset Building and Shielding of Resources Knowledge

Two of the five individuals we spoke with had heard of ABLE accounts either through Indiana Works or the Fehribach Center. None of the individuals we spoke with reported having an ABLE account. One wondered why SSA can't adjust some rules rather than have this workaround.

Several individuals we spoke with reported knowledge of Miller Trusts, and one individual we spoke with has a Miller Trust to shield excess income to maintain their Medicaid waiver, as well as a Special Needs Trust to shield retirement resources that would have made them ineligible for Medicaid. This person reported cashing in their pre-disability retirement account and transferring their funds into a Special Needs Trust to be able to receive Medicaid.

Several individuals we spoke with described past and current situations relevant to shielding resources with a Special Needs Trusts but not knowing this option existed. For example, one described their first meeting with Social Security after just graduating from high school, having a party, and receiving a lot of cash gifts. "I was told I could not have that money. A mutual fund in my name - couldn't have it. Very disappointing. Like I was being penalized for getting gifts from my family." Notably, this individual was not advised on potential strategies to safeguard their assets, such as utilizing a Special Needs Trusts.

Another stated that they had heard of trusts but didn't understand them and how they might be helpful for future planning:

> I think that when you bring up the trust, some of those fears are around if something happened to my parents. I have siblings. I'm the oldest. I don't know if they are thinking about the long term. They haven't had to deal with it. I live with my parents. What happens to me financially if something happens to them? I'm not prepared to live on my own. They have life insurance, but I don't know how I would handle that. How do I move forward from here? How can I be more responsible with my money?

Another individual we spoke with stated that it was a relief to hear about asset-building programs: "…safety nets I didn't know existed…"

Conclusion

Our discussions with five working adults with disabilities revealed significant challenges with federal and state benefits and services. Key issues included difficulties in obtaining adequate skilled nursing care, sudden loss of Medicaid coverage due to office errors, and misunderstandings about the MEDWorks eligibility criteria. Individuals we spoke with also reported inadequate benefits counseling, leading to misconceptions about income limits and work incentives. Overpayments for SSDI beneficiaries and SSI recipients were common, often due to administrative errors or system lags. Additionally, individuals we spoke with lacked awareness about asset-building programs and work incentives, highlighting the need for better education and early individualized benefits counseling to help individuals make informed choices about employment to achieve maximum economic independence. The inadequacy of vocational rehabilitation services in the areas of employment planning and benefits counseling further compounded these issues, leaving individuals without the necessary support to make confident and knowledgeable decisions about their economic futures.

Indiana State Laws and Policies that are Disincentives to Working

Introduction

There are a few laws and policies that can be disincentives for individuals with disabilities to work and strive to be as self-sufficient as possible, earning more money and working more hours in their chosen profession. Below, we will share some of those concerns that we uncovered.

Asset Planning Disincentives

The disincentives for asset planning can be minimal, but they may come at a higher risk for the loved ones left behind after the beneficiary passes away. Funds in a first party, Special Needs Trusts (Trust II), that is funded by the individual beneficiary's own money, parent, grandparent, or guardian can be seized to recoup money for the Medicaid services paid for on the waiver; this is called Medicaid Payback (Arc Indiana, 2021). Once all bills and accounts have been paid on that beneficiary's behalf, both the Special Needs Trusts and ABLE account are at risk for potential seizure of the assets. Any remaining money could be seized by the state to recoup Medicaid costs incurred on behalf of the individual, rather than going to loved ones. This would be for any expenses after the trust account was started and not lifetime expenses. If this trust is also not fully funded to the $30,000 required, then the remainder of the funds will also remain with the administrator of the trust (Arc Master Trust, 2020).

ABLE Account Disincentives

There are a few disincentives for ABLE accounts in Indiana and across the nation. The first is that individuals who want to utilize the ABLE account, must have their onset of disability by the age of 26 years old (ABLE NRC, n.d.-a). Now, this has been reviewed and in late 2024, has been approved for individuals having a disability diagnosis by the age of 46. This new revision will not be in effect until

January 2026. Another disincentive is that the max annual amount that can be put into the ABLE account is $19,000 per year, in 2025 (ABLE NRC, n.d.-b). Although this number has gone up in the past several years by $1,000 each year, the amount is limited in how much a participant can put into the account. ABLE accounts have one final disincentive as mentioned above. When the individual with the account passes, the account may be seized by the government to help pay for the services that were provided on a Medicaid waiver or institutional setting, up to the amount of those services paid by the state (ABLE NRC, n.d.-a). The amount of any Medicaid payback is calculated based on amounts paid by Medicaid after the creation of the ABLE account and excludes amounts paid by the beneficiary as premiums to a Medicaid Buy-In program. Some states have passed state laws that would prohibit this Medicaid payback provision. Indiana does not have any laws prohibiting the Medicaid payback provision (ABLE NRC, n.d.-c).

MEDWorks/Medicaid Buy-In (MBI) Disincentives

According to Indiana Family and Social Services (2024a), Medicaid recipients who earn over the Medicaid income threshold should automatically be enrolled in the service with a code change, but this does not happen as it should. Individuals must apply for MEDWorks themselves. The local Medicaid Office, in Indiana called the Division of Family Resources (DFR), does not initiate the code change to MADW (i.e., Medicaid for individuals with disabilities who are working) in the electronic system. Beneficiaries or their advocates must go to the local office and ask for this change. Some workers in the local DFR offices are not aware of the program name of MEDWorks, or Medicaid for Individuals with Disabilities who are Working. Many beneficiaries are unaware of the program and think there is no other option but for them to lose their Medicaid health care or potential Medicaid waiver once they earn over the resource limit. More awareness is crucial to disseminate the benefits of MEDWorks, emphasizing its role in safeguarding both Medicaid waivers and essential healthcare services for beneficiaries. Another disincentive of the MEDWorks program is that there is a charge or premium for the MEDWorks services, based on the beneficiary's income. Some are accustomed to a free healthcare service they received for years and now fear that the premium cost will be high, and they do not wish to pay. The scale is set based on income level and is more affordable with full Medicaid benefits, than most employer plans, and often covers more for the beneficiary, but the cost scares beneficiaries from enrolling.

Losing Medicaid and Long-Term Support Services Disincentives

Many beneficiaries want to work but fear that losing their Medicaid means that they will lose their Long-Term Support Services (LTSS) and/or the Medicaid waiver. LTSS and Medicaid waiver services can provide home care, personal care, nursing care, medical supplies, and much more that could cause a beneficiary major setbacks and independence if not received (Murray et al., 2023). This presents a significant disincentive for individuals to pursue work and independence, as it forces them to choose between their livelihood and the critical healthcare and personal care services necessary for a healthy and fulfilling life.

Indiana's Supplemental SSI Payment Disincentive

Indiana, along with other states, offers a supplemental payment for SSI earners that are in a residential setting that may qualify for two different categories, Room and Board Assistance (RBA) or in a

Medicaid-Certified Facility (SSA, 2022). If the beneficiary is living in one of these two categories, the state of IN will seize the SSI payment and any wages that the individual earns to help pay for the residential costs. Beginning January 1, 2004, the maximum RBA amount to cover provider expenses decreased to $39.35 per day. The RBA allowance for personal needs increased from $50.00 per month to $52.00 effective July 2002. The $52 supplement is given to the beneficiary each month for personal needs. This could be a disincentive for the individual who has earned their wages and does not understand that their SSI check and wages help pay for their living expenses, and sometimes food and other services, that are provided by the agency and is a much lower amount than they were anticipating from their hours of work.

Misinformation Disincentive

Years of pervasive myths and misinformation have created significant disincentives for beneficiaries to pursue work. Many of these myths stem from generations of misinformation perpetuated by sources beneficiaries trust, such as educators, family, or community members. This is a huge setback, hindering beneficiaries' ability to make informed decisions about their future and pursue their career goals. To address this, the white paper and benefits counseling are crucial. These resources provide accurate and up-to-date information on federal, state, and local laws about work and its potential impact on benefits.

Conclusion

A range of policies and laws are in place to support individuals with disabilities as they pursue competitive integrated employment. These include work incentives and other programs designed to assist with active participation in the workforce. Some policies or laws may present potential challenges and require further investigation before entering into a program or agreement. The beneficiary must research and decide what is best for them or their loved ones. It is also wise to seek out assistance from professionals with expertise in relevant policies and programs, who can provide accurate information, guidance, and support. This ensures that beneficiaries can make informed decisions based on facts and avoid relying on myths and misinformation.

Medicaid Buy-In Programs – Different State Employment Outcomes

Introduction

Medicaid Buy-In (MBI) programs are offered in states, including Indiana and as shared before, can be a great asset for beneficiaries to continue to reach for employment goals of promotions, working more hours, and being as self-sufficient as they wish to be (Kaiser Family Foundation, 2022). There are many advantages to this program, but each state is allowed to set rules and parameters around this program, which vary from state to state. Here, we look at some similarities and differences, how the program helps beneficiaries and could be more consistent to assist every beneficiary in every state.

History

There is a long list of healthcare and support programs throughout history in our great nation. Let’s look at more recent history and how this affects current programs. One thing to review is the Long-Term

Support Services (LTSS) and how they are affected, as well as general healthcare for the workers. Before the passage of the 2010 Affordable Care Act (ACA), individuals with disabilities were unlikely to be able to purchase private health insurance because a disability would be considered a preexisting condition (Centers for Medicare & Medicaid Services [CMS], 2024a). Although the ACA prohibited preexisting condition exclusions and provided unprecedented access to private health insurance, most private plans still do not cover LTSS that individuals with disabilities often rely on to participate in the workforce. Medicare also does not cover these critical services, such as specialized durable medical equipment, transportation, and personal assistance services (PAS).

The loss of these services, or healthcare, is a vital concern and has a huge impact on individuals with disabilities who want to work, be a part of the workforce, and continue to be an active part of that workforce. In 1999, Congress passed the Ticket to Work Act, "For individuals with disabilities, the fear of losing health care and related services is one of the greatest barriers keeping the individuals from maximizing their employment, earning potential, and independence" (SEC. 2. [42 U.S.C. 1320b-19 note], Findings and Purposes section, a(5)).

Congress then took these barriers to employment and created three eligibility groups for workers with disabilities by utilizing the Balanced Budget Act (BBA) of 1997 and the Ticket to Work Act (1999). States can opt to cover any of these three groups and can receive federal matching funds for their expenditures, just as they do for the services they provide to other Medicaid-eligible individuals. States can also require enrollees in these groups to pay or "buy in" to Medicaid by paying certain premiums or cost sharing. An individual may not qualify for the MBI at first due to resource limits and other concerns, but the MBI has three qualification categories that allow someone to be found eligible. For some workers, this is the reason they can work, have earned wages, and still have Medicaid coverage or Medicaid waiver coverage, based on the MBI program.

MBI for Workers with Disabilities Eligibility Groups

According to Harootunian et al. (2022), MBI for Workers with Disabilities eligibility groups include:

- **Work Incentives**
- **Ticket to Work Basic**
- **Ticket to Work Medical Improvements**

These groups allow individuals with disabilities to work and retain Medicaid coverage or access additional services not covered by other insurance. States have flexibility under the BBA (1997) and Ticket to Work Act (1999) to offer Medicaid to higher-income workers with disabilities who meet the Social Security definition of disability, aside from earned income.

Work Incentives Group

Section 4733 of the BBA (1997) allows states to offer Medicaid to workers with disabilities with family incomes below 250% of the Federal Poverty Level (FPL). Enrollees must meet the SSI definition of disability, aside from earned income, and states can use Section 1902(r)(2) to set income and resource standards (CMS, 2024b).

Ticket to Work Basic Group

Created by Section 201 of the Ticket to Work Act (1999), this group allows states to expand Medicaid to individuals with incomes at or above 250% of the FPL. States can set their own income and resource standards, and eligible individuals must be ages 16 to 64 and meet the SSI definition of disability, aside from earned income limits (CMS, n.d.-a; CMS, 2000; Social Security Act, § 1902(a)(10)(A)(ii)(XV)).

Ticket to Work Medical Improvements Group

Also created by Section 201 of the Ticket to Work Act (1999), this optional group is for individuals who were previously eligible for the Ticket to Work Basic group but lost eligibility due to medical improvement. States can set their own income and resource standards, and eligible workers must meet specific employment requirements (CMS, n.d.-b).

MBI State Programs

Indiana has a program called MedWorks for their Medicaid Buy-In program. States distinguish the MBI for Workers with Disabilities eligibility pathways from other Medicaid eligibility pathways by creating state-specific program names (Kaiser Family Foundation, 2022). Examples include Working Healthy in Kansas, Work Ability in New Jersey, Apple Health for Workers with Disabilities in Washington, Health Benefits for Workers with Disabilities in Illinois, Health First Colorado, CommonHealth in Massachusetts, and Freedom to Work in Michigan. State-specific program names also reflect the significant variation in program structure across states. In developing and managing MBI for Workers with Disabilities programs, states make several policy decisions regarding participants' earnings, savings, work status, and optional premiums. We looked at different policies states can choose from with respect to setting income and asset limits for individuals and couples and when monthly premium rates are charged. Higher scoring states are those with policies that maximize enrollment and affordability to allow more working people with disabilities to get and keep their Medicaid benefits. Three states stand out for making Medicaid Buy-In available in the most expansive ways (Arkansas, District of Columbia, and Colorado) and six others are near the top (Illinois, Massachusetts, Minnesota, New Jersey, New York, and Washington). Alabama, South Carolina, and Tennessee do not have a Medicaid Buy-In for this population (AARP, 2023).

MBI Impact

MBI for Workers with Disabilities empowers individuals to pursue competitive integrated employment, enabling them to continue to work, advance in their careers and improve their economic status. In December of 2022, the Bipartisan Policy Center produced a report with great statistics on MBI and the impacts of the program. In 2021, just 4% of the civilian labor force was composed of adults with disabilities, even though individuals with disabilities make up 12% of the adult civilian noninstitutional population in the United States. In contrast, adults with no disability constitute 96% of the civilian labor force, yet 88% of the entire adult population (U.S. Bureau of Labor Statistics, 2022). This supports the reported fear of losing Medicaid eligibility by earning too much and keeps many individuals with disabilities from seeking work.

Only 1 in 5 adults with disabilities was employed or looking for employment in 2021 (referred to as "labor force participation"), versus more than two-thirds of adults with no disability (U.S. Bureau of Labor Statistics, 2022). Individuals with disabilities are twice as likely to be unemployed, compared with people with no disabilities; in fact, 10% of individuals with disabilities ages 16 years and over were unemployed in 2021, versus 5% of individuals with no disability. As a result, the median income for an individual with a disability was $28,438 in 2021, compared with $40,948 for an individual with no disabilities (U.S. Census Bureau, 2022).

However, MBI for Workers with Disabilities programs can help to close this historic employment gap (Kehn, 2013). For example, one year after enrollment, participants in Washington's Healthcare for Workers with Disabilities (HWD) program were four times more likely to be employed, compared with nonparticipants with disabilities, and worked 193 more hours on average (Shah et al., 2009). Similarly, individuals with disabilities enrolled in Utah's Medicaid Work Incentive (MWI) program reported earned income during 75% of all calendar quarters over a three-year period, compared with 15% for a comparison group (Chambless et al., 2010).

Working individuals with disabilities increased their hours and wages of work, after enrolling in the MBI program, and started savings accounts for the first time. An analysis of nationwide Social Security Administration earnings data showed that an average of 40% of participants increased their wages upon enrollment in MBI for Workers with Disabilities programs (Gavin et al., 2011). Total earnings among all participants in 35 active state Medicaid Infrastructure Grants (MIG) programs in 2011 were about $1.15 billion (Kehn, 2013). In Washington, Healthcare for Workers with Disabilities (HWD) participants with prior Medicaid coverage earned $2,000 more per year than nonparticipants, while HWD participants without prior Medicaid coverage earned more than $5,000 more per year than nonparticipants (Shah et al., 2009). In Utah's Medicaid Work Incentive (MWI) program, participants with earned income made 62% more compared with other Medicaid enrollees with disabilities and reported earned income (Chambless et al., 2010). Enrollees in MBI for Workers with Disabilities eligibility groups across the country have also reported having a greater opportunity to accrue savings for home purchases, retirement, and other needs as a result of being able to earn more income (Gavin et al., 2011).

States' revenues also increase due to taxes and premiums paid from the working MBI beneficiaries. Washington estimated that 7% of HWD participants' increased earnings contributed to the state general fund tax revenue, for a total of almost $400,000 in one year alone (Shah, Mancuso, et al., 2009). Between 2003 and 2006, participants in Kansas' Working Healthy program increased the amount of state income taxes from an average of $74 to $123 annually (Hal et al., 2013).

Not only are the MBI programs good for workers, but it is also good for states, and their Medicaid programs. Analyses from Washington and Utah demonstrate that participants in MBI for Workers with Disabilities programs had fewer and less costly health care expenditures and decreased dependence on food stamps and other social services compared with other Medicaid recipients (Chambless et al., 2010; Shah et al., 2009;). Utah found that MWI recipients had 57% lower Medicaid expenditures compared with individuals with disabilities not enrolled in the program (Chambless et al., 2010). Adjusting for inflation, Medicaid expenditures per month for individuals in Kansas' program declined 41% from 2007 to 2011, with the greatest decrease being in outpatient costs such as doctor's visits, case management, and

attendant and related services (Hal et al., 2013). A University of Kansas study also found that Kansas' Working Healthy program participants had a better quality of life in addition to reduced Medicaid expenditures.

Finally, employers also benefit from hiring workers with disabilities. Numerous studies show that benefits include increased profits and cost-effectiveness, employee retention and loyalty, productivity, and customer loyalty (Lindsay, Cagliostro, et al., 2018).

Conclusion

As you can see, MBI programs help support working individuals with disabilities, the state with revenues, Medicaid policies, and the dream of the individuals to be an active part of the competitive integrated employment workforce. There is older, but strong research that shows how vital Medicaid Buy-In programs are across states in the nation, no matter what they call them, they support individuals with disabilities to work and to keep their much-needed healthcare. Further research using the most recent data is crucial to advance employment initiatives for individuals with disabilities in Indiana and across the nation. This research will inform best practices and foster greater consistency in service delivery and outcomes among states.

Recommended Action Items and Resources

We recommend that the Fehribach Center and its leadership continue their work with interns and being advocates for those interns in their local, state, and federal communities. The Center has a strong team that has great influence and rapport with not only the interns, but also individuals who seek their expertise in work and learning opportunities for those individuals with disabilities and their loved ones. The Fehribach Center can't be or know everything. With that being said, we make the following recommendations for services, which will allow them to share with their interns and those seeking information the additional supports and resources. We also encourage the Fehribach Center to advocate for and empower their interns to help secure employment, healthcare, and other long term support services.

When an intern has specific questions related to local, state, or federal benefits and employment, we recommend that the Center refer individuals to Vocational Rehabilitation (VR) to assist with exploring work options, securing work, work supports and accommodations, as well as benefits counseling through the Indiana Benefits Information Network (BIN) Project. If the individual does not need VR services to find or maintain employment and receive all accommodations they need, or they are successfully closed, then we recommend a referral to the Indiana Work Incentives Planning and Assistance (WIPA) Project for central north or central south location, depending on where the individual lives. Alternatively, individuals can contact the Ticket to Work hotline to be directed to their local office. If they do not live in Indiana, each state has their own WIPA Project, and that is where they should go for benefits counseling with a professional that will work with their local benefits offices and the Social Security Administration. The WIPA Projects will also assist with basic questions on asset-building and with Medicaid Waivers and the state policies. In Indiana, the interns who have a Medicaid waiver should also have a state case manager, who will assist with Medicaid waiver questions and budgets to assist with services.

When an intern has questions about Asset Building, the Fehribach Center can refer them to several valuable resources. The INvestABLE organization's Executive Director, Amy Corbin, can be of great resource and help. Amy supports trainees and their loved ones by referring them to valuable resources about ABLE accounts. She is a strong advocate for individuals with disabilities, guiding them through the ABLE program, including its capabilities, functionality, and savings components. As the Executive Director, she works diligently to educate individuals on the requirements, legal protections, and benefits of ABLE accounts. Amy is a valuable resource who frequently conducts local presentations to educate the community. We highly recommend incorporating an annual presentation for new trainees to ensure they have a thorough understanding of ABLE accounts.

When interns approach with questions on trusts, we recommend the Arc of Indiana, Sarah Geis as the main contact. Sarah is a strong resource on Special Needs Trusts, Qualified Income Trusts (Miller Trust), and the different types of trusts that individuals could use based on their needs. Trusts are a great way for a working individual with disabilities and their loved ones to protect not only their own income, but gifts, inheritances, and other assets, and shelter their Medicaid Waivers. Trusts are legal agreements that require careful consideration. We strongly encourage interns and their families to consult with legal professionals and seek guidance from organizations like the Arc of Indiana to explore the various trust options available and understand how they can benefit individuals, particularly those with disabilities who are working.

There are a plethora of resources on the resources page of this white paper. No one can be so efficient and well versed in all programs and keep up with the changing landscape of laws and regulations for these programs. Each that we have discussed have a resource for the Fehribach Center and their leadership to review, become familiar with, and utilize for their work with interns and advocacy in the community. The Social Security Administration, Vocational Rehabilitation, IN BIN Project, WIPA Projects, Medicaid, Medicare, Medicaid Waiver, SNAP, HUD, and many more change daily, weekly, monthly or annually with changes that are both beneficial to those receiving benefits and sometimes can be detrimental on the opposite side. Utilizing these resources and building rapport with these agencies or developing partnerships with them is one of the greatest recommendations that we can make. It is not one person or entity responsible for this knowledge, but a group of these people, these agencies that help individuals with disabilities to understand, comprehend, and utilize these services or benefits. The best part, most of these people and agencies, have passion and dedication in helping those individuals with disabilities and those providing other services to them, to help get them to the right place or right person to assist them. The Fehribach Center is one of those places, with many of those people, who can recommend, refer, and get those individuals with disabilities the information they need.

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