

Work for the Disabled: Federal and Local Initiatives
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American culture places a high value on work. There is status that goes with a career, and as such they become identities. The answer to the question “what do you do?” is answered with an occupation; there is an understanding that work is the norm for adults, and a lack there of is most often received negatively by society. Disabled adults are especially encouraged to participate in the workforce through government programs besides the aforementioned social pressure to conform to the American norm. And often they desire to work. Judith Cook, in her update on the President’s Commission of Employment and Income Supports, states “[n]umerous research studies indicate that individuals with disabling mental disorders want to work, consider themselves able to work, and express the need for job training, services, and supports.”¹

The goal of this paper is to examine federal policies towards disabled citizens and specifically the incentives provided to push disabled Americans towards work. This examination will include several case studies and a focus on the agencies in Rockbridge County that provide rehabilitative services to disabled workers in order to better understand the federal policies and the implications of those policies. It will conclude with several suggestions to better serve disabled workers while making the most efficient use of federal and local resources.

Case Studies

June² is fifty years old and this year she will move into her own apartment for the first time in her life. She has learning disabilities that have slowed down her ability to proceed at a rate similar to her peers. She receives Social Security Income (SSI) and

¹ (Cook 2006)

² Names have been changed.

Medicaid health insurance from the government because of her disability. Living with her family, they have often taken advantage of her benefits and thus she is excited to move into her own apartment. To support herself, she works part time at Rockbridge Area Occupational Center (RAOC). Jane thrives there; she is a team leader, in charge of managing the work of others and of counting finished products. Because of her disability, she cannot count high, but she'll count to twenty-five twenty times to measure out 500 products. Jane is a fast worker, and would enjoy working more than part-time. The American government, however, limits the amount she can earn before losing her benefits. June can only earn \$700 per month, which she often accomplishes in two weeks. She thus takes mandatory vacation time at the end of most months. It is not because of the cash benefit she receives from SSI that June limits her work hours; she could be making more than that if she worked more hours. She worries about losing her health insurance and thus is confined to the government's regulation and limitation of her working.

Artie is 56 years old and has been working for almost six years for a local company. He is intellectually disabled and certifiably mentally retarded. He works several hours two days a week. While he is not working he spends his time at a day center for adults or at the group home where he lives. He receives job coaching from Supported Employment. His job coach is with him on the job at all times. The tasks he performs on the job are janitorial in nature; he sweeps floors and waters plants. When asked if enjoys work, Artie replied, "I like work". He also believes that he does a good job at the tasks set before him. Receiving a paycheck is one more benefit of being on the job. It is harder to get an understanding from Artie of the relationship between his work

hours and the benefits he receives from his Social Security Income because he is not responsible or capable for managing that aspect of his life.

June is ready to support herself despite her disability, but it is impossible to assume that Artie can ever truly be self-sufficient. Thus their motivation for working is entirely different. The fact that both continue to pursue their jobs to the fullest of their ability, whether or not it will grant them self-sufficiency, implies that work provides more than simply the means to survive.

Work is Good, Work is American

Reciprocity is to seek fairness for its own sake. The importance of reciprocity introduced by Gutmann and Thompson is especially important in democratic politics because “citizens must cooperate to make their lives go well, individually or collectively.”³ Disabled individuals living in America are citizens, and as such deserve the same cooperative effort that other citizens take for granted. Because they compete at an extreme disadvantage the rest of society is responsible for compensating them, as we see acted out in SSI and Medicaid provisions. A “[life that] goes well,” depending on the individual, may also call for employment.

David Mechanic of the Institute for Health, Health Care Policy, and Aging Research at Rutgers University, states, “[w]ork in American society is a source of meaning and respect, and exclusion from work and productive activity undermines self-worth and reinforces devaluation and social stigma.”⁴ In order to be a part of American society, individuals need a legitimate answer to the question of what they do. For many

³ (Gutmann and Thompson 1996)

⁴ (Mechanic 1998)

Americans work fills that void. Disabled citizens deserve the opportunity for the same respect and esteem that comes from work.

Jason DeParle describes Jason Turner’s radical approach to welfare. I apply his two convictions about welfare mothers, transitioning to work with the Temporary Assistance to Needy Families (TANF) program in 1996, to disabled workers. First, “[they] were much more capable of working than experts had guessed”, and second, “work- even tedious, low-wage work- had the power to save the soul.”⁵ We have seen in the success of clients of RAOC and SE that disabled workers can be productive employees, much more than society expects given their disability status. As for the power to save the soul, Turner expands on his statement: “Work is one’s own gift to others...Work fulfills a basic human need.”⁶ That is so often the case in everyday interactions. Giving to others can grant esteem, as does productivity.

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National Policies and Programs

The Social Security Administration

The Social Security Administration, first established in 1935⁷ as part of FDR’s New Deal, provides several forms of support to people with disabilities. The two most important entitlements for disabled persons are Title II and Title XVI. Title II grants Medicaid Insurance to disabled citizens. In 2003, there were 51,971,000 citizens receiving Medicaid coverage. Of those, 7,699,000 were permanently disabled. The total of the payments made in coverage for disabled citizens was \$102,014 million.⁸ Title XVI establishes cash benefits to support disabled citizens, known as Social Security Income

⁵ (DeParle 2004)

⁶ (DeParle 2004)

⁷ (Social Security Online)

⁸ (Social Security Administration 2007a)

(SSI). SSI draws from general tax revenues.⁹ In December 2005, there were 4,329,415 disabled adults receiving SSI in the United States. As of the same date, the average monthly SSI spending to disabled adults was \$2,890,546,000, most of which was federal payments.¹⁰ Both of these programs, Medicaid and SSI, are dependent on the condition that the disabled citizen is not reaching a level of substantial gainful activity (SGA), the cutoff income level at which the government determines the individual is capable of supporting himself.

Government incentives to work vary based on which branch of the Social Security Administration is providing the benefits. There are several benefits that apply to both Title II and Title XVI disabled recipients of SSI: The Ticket to Work program allows disability beneficiaries to obtain services from programs such as SE and RAOC, approved employment networks, or state vocational rehabilitations agencies. The ticket is simply a voucher for support in obtaining a job that the government reimburses. There is no cost to beneficiaries for this ticket. As there is no penalty for choosing not to claim this benefit, disabled SSI and Medicaid recipients are able to decide for themselves if they would like to pursue a job.¹¹ The Ticket to Work program was written into law in December of 2001, and was applied to all 50 states by September 2004. In Virginia, 244,116 tickets have been issued as of January 2008. Of those tickets, 6,807 have been applied to State Vocational Rehabilitation Agencies, which are agencies pre-authorized to provide services under the Ticket to Work program, and 179 have been applied at Employment Networks, which are “organizational entit[ies] (State or local, public or private) that enter[] into a contract with SSA with the intention of coordinating and

⁹ (Social Security Administration 2008a)

¹⁰ (Social Security Administration 2007a)

¹¹ (Social Security Administration 2007c)

delivering employment services, [vocational rehabilitation] services, and/or other support services under the Ticket to Work Program.”¹² As they have not been redeemed, it can be assumed that the other recipients of tickets have opted out of claiming this benefit. Apart from the Ticket to Work program, work incentives applied to both Medicaid and SSI recipients include the following: Disabled workers are provided reimbursement for impairment related work expenses, such as transportation. The SSA also chooses to discount unsuccessful work attempts in the measure of an individual’s SGA. There is also a continuation of SSI payments to disabled workers in rehabilitative programs that are given the assessment that completion of their specific program will increase the likelihood of permanent removal from the SSI rolls. Finally, for disabled workers who prove unable to support themselves through work, there is an expedited process for reinstatement to the SSA rolls without reapplication.¹³

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Title II of the SSA established and continues to regulate the Federal Disability Insurance Trust Fund, which is Medicaid.¹⁴ With Medicaid there are several additional incentives for disabled recipients to work. The Trial Work Period is a nine-month period in which a beneficiary may work while maintaining their status as disabled. After the Trial Work Period, beneficiaries can work for 36 more months and continue to receive benefits for months in which they have not reached the SGA level for earnings. For 2008, the SGA level for the blind is \$1,570 per month and \$940 per month for the non-blind.¹⁵ For some workers who lose their Medicare¹⁶ coverage they are provided with the opportunity to purchase continued coverage. Disabled individuals do not have to

¹² (Social Security Administration 2008d)

¹³ (Social Security Administration 2007c)

¹⁴ (Social Security Administration 2008b)

¹⁵ (Social Security Administration 2007b)

¹⁶ Medicare is typically for individuals over age 65, but is also available to select disabled individuals. (U.S. Department of Health and Human Resources 2008)

undergo increased medical reviews simply because they begin or return to work. There is also no waiting period should the worker once again need SSI benefits and Medicare.¹⁷ These programs give incentives to work initially, assuming that work will become the main support system for disabled workers.

Title XVI of the SSA establishes the cash benefits known as SSI to disabled citizens unable to support themselves.¹⁸ Because this program provides cash benefits, work incentives prove a financial benefit for the Social Security Administration; the more money disabled workers make, the less Title XVI funds distributed. If a beneficiary has a plan for achieving self-support (PASS), that individual can set money aside into savings, which is uncounted towards the SGA. Thus the beneficiary can continue to receive SSI until he reaches the point of self-support. Section 1619(a) of the Social Security Act allows for select disabled and working recipients to continue receiving cash benefits. Section 1619(b) allows for continued Medicaid while working; disabled workers who rely on their Medicaid to be able to work and do not make enough money to afford medical coverage are eligible for continued coverage.¹⁹ This provision varies by state. Virginia complies with Section 1619(b) given that the recipient's income is less than the threshold, which is \$21,319 for 2008.²⁰

Americans with Disabilities Act

Another government venture to help disabled Americans, The Americans with Disabilities Act of 1990, purposed to “to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities” as

¹⁷ (Social Security Administration 2007c)

¹⁸ (Social Security Administration 2008c)

¹⁹ (Social Security Administration 2007c)

²⁰ (Department of Medical Assistance Services 2008)

well as the set standards ensuring that discrimination would be eliminated. Prospective disabled employees must be qualified, and the process of accommodating the workplace to meet their needs must cause no “undue hardship” to the employer.²¹ Cook mentions that each of the qualifications of the act has proven devastating to its follow through for individuals with disabilities other than physical; none of the discrimination cases in which the employee had a psychiatric disability favored the employee (76 percent of the decisions favored the employer, 24 percent were unresolved).²² Taking the first steps to acknowledge discrimination with the ADA was essential, but obviously discrimination is still a problem for disabled workers today.

State Implementation: Virginia

The Virginia Department of Rehabilitative Services (DRS) is the local branch of the Social Security Administration, in charge of implementing the federal legislation at the state level. The DRS’ mission statement is as follows:

In partnership with people with disabilities and their families, the Virginia Department of Rehabilitative Services collaborates with the public and private sectors to provide and advocate for the highest quality services that empower individuals with disabilities to maximize their employment, independence and full inclusion into society.²³

Don Whittington is the DRS agent in charge of Rockbridge County. He determines which agency disabled clients are placed with. On that subject he said, “A lot of it has to do with client choice. Folks are made aware of what services and what programs would best meet their needs and at least to start with, they get a choice.”²⁴ In Rockbridge County there are two agencies that provide support for disabled workers.

²¹ (U.S. Department of Labor)

²² (Cook 2006)

²³ (Department of Rehabilitative Services 2008)

²⁴ (Whittington 2008)

Rockbridge County

Rockbridge County offers two work-models for intelligence-disabled adults. In isolated workshops, the disabled perform tasks in a safe environment. These tasks tend to be repetitive, such as trimming and packaging. The other model for disabled workers is to place them in positions of competitive employment in the integrated workplace, while providing them with extra job training and support.²⁵

Supported Employment

The Rockbridge Area Community Services Board provides a variety of services from case management and prevention services to the Supported Employment program (SE), which is directed by Adam Sass. The mission of SE is “Integration through Employment” for disabled clients. In working towards that mission, Supported Employment provides two forms of employment support, individual placement and an enclave program, for positions of competitive employment. Competitive employment simply refers to the labor market common to non-disabled workers. Clients of the individual placement program demonstrate job readiness skills and the ability to work independently once a job is secured, the workplace prepared, and the client trained. The definition of a client requiring the services of the enclave program is someone who requires continuous supervision. In general these are clients with intellectual disabilities. All of the current enclave program clients carry a Mental Retardation diagnosis. These clients are accompanied at all times by an employment consultant within their competitive employment placements.

There are several different services offered within both the independent placement and enclave programs: an initial assessment of the situation normally entails 15 hours of

²⁵ (Simmons and Flexer 1992)

work to establish the client's situation and job prospects. "Job development" is the process of finding a job for the client, which varies between 20 and 40 hours of staff effort. "Job coaching" is the process of training clients for a position. This task varies in length based on the client, anywhere from 10 hours to indefinite coaching for enclave program clients. Finally, SE conducts follow-along visits to the job site of independently placed clients to check on the progress they are making, both with the tasks their job requires of them and also with their social interactions with co-workers. Follow-along visits typically occur one to two times per month. Each of these services are specifically billable to the DRS. Besides job coaching, administrative work relating the progress of clients to the DRS composes the majority of SE staff's job.

SE is responsible for achieving specific outcomes for each service and for reporting progress to the DRS. The outcome measures focus on efficiency and satisfaction and in 2007 SE exceeded many of their goals. The following are examples of specific outcome measures: Their goal was to have 90% of their clients actively employed. It employed 94%. The program met its goal of six new employers. The hourly wage achieved was \$7.04, 54 cents higher than the stated goal. SE achieved 81% employer satisfaction and 100% family satisfaction for its clients. The goal for each of those was 95%. Finally, it had 91% success in placing clients in a desirable job position.²⁶ In each category but one SE went above and beyond its stated standard in achieving its goals with clients. That is general practice at SE; approximately 40% of the services provided are not reimbursed by the DRS.

SE sees needs beyond those the DRS funds, and has luxury to be able to support clients beyond the funding of the DRS because of the unique nature of the Rockbridge

²⁶ (Rockbridge Area Community Services Board 2008)

Area Community Services Board. The Board serves multiple functions and thus is able to collect fees and payments in multiple areas, such as clinical psychology, and then redistribute the funds as needed. In the overall RACSB budget, independent fees constitute 53% of the revenue while state and federal money combined provides 28%. Thus there is relative freedom in the Supported Employment's ventures to serve their clients in a manner above the standard funded by the government.

Supported Employment provides services for approximately forty people per year, twenty-five of whom continue the services from year to year. There are approximately twenty new clients served each year. The annual budget is \$275,000. Of that, 75% goes into staff salaries. The clients make their own money working in the competitive workforce. Clients in the individual placement program make an average of \$762.67 per month while clients in the enclave program average \$441.67 per month. The DRS funds 76% (\$209,000) of the SE budget. After initial assessment fees, that translates into \$375 per month for the individual placement program clients and \$800 per month for enclave program clients.

As mentioned above, the stated goal of SE is integration into society through employment. SE succeeds at different level with each of their programs. The individual placements are largely successful because after the job coaching is complete, SE clients are regular employees at their job sites. The majority of the follow-along visits deal with social interactions, implying that the clients are involved in the culture of the workplace and thus integrated to at least a certain extent.²⁷ Certain cases of clients in the enclave programs are not as successful at integration. I have come into contact with an enclave group on a regular basis with their job coach. Because of my previous relationship with

²⁷ (Sass 2008)

the clients, I converse with them. To the average customer, however, they go unnoticed. Both the structure of the enclave- with the job coach ever present- and the MR status of the clients are barriers to interaction with non-disabled coworkers. The success of the programs in integrating is thus correlated to the type of disability of the client. Those placed in individual placements are more often physically disabled or mentally ill, while those in the enclave program are each diagnosed as Mentally Retarded and tend to be intellectually disabled rather than physically disabled. They thus require extra attention and attendance in their careers.

Part of the struggle for SE is finding employers willing to hire their clients. There are currently very few incentives for employers to hire disabled workers. The ADA legislation forbids discrimination based merely on disability and requires workplaces to adjust. Thus there are legal disincentives, to avoid lawsuits, but no positive incentives. Sass commented that even the ADA has not proven to effect much change. He cited the Florida Supreme Court as recently ruling that having a job coach present is an undue hardship for employers, which completely undermines the ability of SE to function. And when clients lack the necessary qualification to perform a job without assistance, as is the case with the clients of the enclave program, there is currently no incentive to hire the disabled worker and thus little likelihood they will receive a job.

For many years a local company has taken on SE clients to work. A manager affirmed that there are no incentives for the company to hire these workers. They come in for several hours each week to clean, receive paychecks like other associates and, in his words, are treated “equal to all other people.” Whether the managers hire the disabled

workers for personal gratification or for other reasons, the reality is that they work very few hours each week.

Rockbridge Area Occupational Center

RAOC is an example of an on-site workshop. Rather than the “sheltered workshop” Mechanic describes, Ruth Parsons, executive director of RAOC, uses the terms “center-based employment” and “self-sustained employment”.²⁸ RAOC’s mission is to “create a working environment where people with disabilities can effectively and safely be engaged in productive endeavors,” and its vision for disabled workers is to “[provide] them with economic, social and cultural fulfillment.”²⁹ It is not integration into the community that provides fulfillment for disabled workers, but the intrinsic value of working itself. Parsons described the situation she commonly faces: her employees have faced discrimination and humiliation in the work place. Thus RAOC serves as a safe haven for disabled workers, and helps them to build up their esteem.

When a worker first comes to RAOC they undergo a ten to twenty day situation assessment in which a plan of action is established. In this process, the client’s wishes are given consideration. Approximately 10-15% of RAOC employees stay for a short term, just enough time to get back on their feet and gain self-confidence. The number of hours employees work depends on the restrictions SSI and Medicaid programs place on income, as in June’s case, as well as the amount of physical work available through contracts. The specific task of preparing the workforce to accommodate the disabled worker is unnecessary because of the center-based employment philosophy. A large portion of RAOC’s funding comes directly from their business partners who commission

²⁸ (Mechanic 1998)

²⁹ (Parsons 2008)

the center to work for them; in 2006 67% of the budget came from Contract Revenues.³⁰ Funding also comes from the local municipalities, DRS service fees, government and private grants, and fundraising efforts. Approximately 30% of the revenue is used for administrative costs such as maintaining the facility and staff wages.

The funding that RAOC receives from DRS comes in two forms: the first is the fee for the initial situational assessment (the same process at SE). The funds for situational assessment vary based on the length of the assessment; for a ten day assessment RAOC receives \$469 per person and for a twenty-day assessment they receive \$938.20. Second is a general fund each month that covers expenses for each employee. There are thirty-one employees at ROAC who receive DRS funding. Each month the DRS sends RAOC a check for approximately \$8,500. This comes out to \$274 per client each month. The average paycheck at RAOC is \$380 per month, which is an extremely rough average because there is such variation in hours worked among employees.³¹

Employees at RAOC complete a variety of tasks. Outside contractors hire the center to perform services: Packaging, Kit Assembly, Material Salvage, Wire Harness Assembly, Labeling, Product Trimming, Sorting, Bulk Mailing, Inspection, and Collating. These tasks do not require extensive job training or education but are necessary and meaningful tasks that disabled employees can excel at. Part of the difficulty in administering RAOC is in finding companies to commission jobs. At times the number of hours employees can work is limited not only by SSI requirements but also by the availability of work.

³⁰ (Rockbridge Area Occupational Center 2007)

³¹ (King 2008)

Samara Francisco, a W&L sophomore, spent a semester volunteering at RAOC.

She writes:

While the tasks that they perform would appear mundane to most advantaged people, the disabled employees of RAOC sincerely appreciate the opportunity to provide such services for the community. They understand that the jobs they perform, like assembling boxes of batteries, trimming excess off of a strip of rubber, or stuffing envelopes, encompass a small part of a greater purpose. Perhaps the most indicative method of assessing their satisfaction is the survey that they filled out. On it, 39 employees replied that they are satisfied with where they work. They were also asked if they could have any job what would it be, to which several listed various jobs that they had performed at the center. While their wages probably help to secure this satisfaction, I feel confident in saying that that aspect contributes to their satisfaction no more than for any other person.³²

RAOC is providing the opportunity for disabled workers to perform tasks they find meaningful and to build esteem through their work.

Cost Analysis Washington and Lee University

As SE and RAOC serve the same population, the easiest way to compare their efficiency is to examine the cost to the DRS for each dollar earned by clients of the specific programs. I choose to analyze the cost to the DRS rather than additional costs covered through fundraising, grants, or other means because the money from the DRS represents tax money that American citizens are involuntarily paying to support disabled workers, rather than the excess money provided by charitable donations or externally funded endeavors. In the Supported Employment Individual Placement Program, the cost is \$.49. For the Enclave Program with SE, the cost is \$1.81. At RAOC the cost to the DRS is \$.73 per dollar earned. It is especially striking that for the Enclave Program, the

³² (Francisco 2007)

government is spending more than the disabled worker makes to help them earn each dollar.

In order to truly compare these programs, we need to look at which population is served. RAOC serves both physically and intellectually disabled adults. The Individual Placement Program at SE serves mostly physically disabled adults while the Enclave Program serves mostly intellectually disabled. For physically disabled workers, we see that the Individual Placement program is the most financially efficient. At RAOC it costs \$.24 more per dollar to help a client earn money. For intellectually disabled workers, RAOC is much more efficient in serving their clients, a savings of \$1.08 per dollar earned. In terms of efficiency with government money, RAOC should serve only intellectually disabled clients and SE only physically disabled clients.

While efficiency with government funds is obviously a concern when focusing on employment for disabled workers, there is also value in the opportunity for clients to choose which form of support and rehabilitative services they receive. As Whittington mentioned, clients are given choice in which program they will go to for job support. Each client's experience has been different, and they have different aspirations for work. It could be too stressful for a disabled employee to return to the competitive workforce after facing discrimination, despite the fact that it is more cost effective. Or a developmentally disabled employee may get more esteem through the stimulation of working in an environment with a job coach focused on helping him succeed in ordinary society rather than in the more sheltered center-based employment. If clients were to be arbitrarily placed by the DRS then surely the best formula would be cost efficiency, but

because of the level of choice afforded the clients, there is certainly an esteem benefit in granting clients individual agency.

Finally, the friendly competition between SE and RAOC inspires each agency to provide the best possible service to their clients. The same demographic is served through entirely different philosophies: integration through work at SE and safe engagement in work at RAOC. Each agency works to fulfill their mission and prove to their clients that they can provide them a positive work experience. The clients are better served because the agencies aspire to demonstrate that its philosophy of work functions best for the disabled population in Rockbridge County.

Policy and Agency Recommendations

Preparing the Workplace

As part of the ADA, tax credits and benefits became available to employers who physically made their workplaces accessible to the disabled.³³ This policy, however, has become essentially meaningless; it is rarely considered on behalf of disabled workers. A more recent policy move, President George W. Bush's New Freedom Initiative, includes tax breaks for employers who obtain the technology required to allow disabled workers to have remote access to their work.³⁴ These tax incentives are brilliant when dealing with employers of physically disabled workers. This history of providing tax incentives to employers who adjust the workplace to benefit the disabled could also be applied to workers who are mentally or developmentally disabled. Employers should be able to claim as tax deductible any training that informs them of the best way to allocate tasks and to handle the variety of situations that can arise with developmentally and mentally

³³ (Americans With Disabilities Act 2007)

³⁴ (The White House)

disabled workers. This provides disabled workers with opportunities, whether it is to work in a center-based facility or to integrate more fully into the non-disabled society.

These same workers often cannot compete at the same productivity levels as their non-disabled counterparts. The federal government could subsidize a small portion of their wages, such as 10 percent to provide employers with a financial incentive to hire mentally and developmentally disabled workers. This trade-off is not too extreme in regarding the federal budget: when the disabled workers are not employed, the government is funding their livelihood through SSI checks, thus the increased incentive to provide jobs to disabled SSI recipients will actually decrease the payments made for each individual. As we saw with our cost analysis of Rockbridge County, the Federal government will pay less for each dollar the worker earns. The subsidy would have to go through the employer to be included in the paycheck and not received separately by the disabled worker. This is in order to distinguish between the SSI cash benefit received while not working and the incentive to employers to hire mentally and developmentally disabled workers with subsidized paychecks.

Education

Another factor in the underemployment of mentally and developmentally disabled workers is their level of education. This requires getting back to the early educational system. Bush's New Freedom Initiative increases funding for the Individuals with Disabilities Education Act (IDEA) as well as promoting a focus on reading at a young age.³⁵ Reading is a valuable tool for the workplace. If the public school systems can provide better opportunities for disabled students to learn basic skills, those skills will in turn prove essential to improving the occupational outlook for their future as permanently

³⁵ (The White House)

disabled adults. If skills can be taught in the classroom, and disabled students trained in hireable skills, there is less need for vocational support upon entering the workforce. Also, if the education system can accomplish ensuring each disabled student learns certain basic skills, less government funding will be allocated to job training, decreasing the role agencies, such as the DRS in Virginia, have in employing the disabled. In the long term, the focus on education combined with the practice of employing disabled workers with subsidies could develop into a pattern; increasing numbers of employers will hire disabled workers and thus disabled workers will have a larger job market to provide them employment opportunities.

SSI and Medicaid

Americans value work to some extent because it is the means of self-subsistence. Thus disabled workers miss out on part of the American work experience if they continue to rely entirely on government benefits. It is also inefficient for taxes to be the sole support for disabled individuals who could be earning money for themselves, although perhaps at a level lower than the average American. As mentioned above, the threshold income for disabled workers to lose their Medicaid benefits is \$21,319. By this point cash payments would be non-existent. As it should be, paychecks have replaced SSI checks. If the worker is single and just under the threshold he continues to receive Medicaid benefits and fall are above the federal poverty line of \$10,400.³⁶ If the are meeting the threshold they are at least 200% of the federal poverty line and may be able to manage payments for health insurance. If, however, they are supporting a family on simply their threshold income, they are below the poverty line (\$21,200 for a family of

³⁶ (U.S. Department of Health and Human Services 2008)

four).³⁷ The line is itself is already a questionable measure of real poverty, erring on the side of underestimating poverty.³⁸ The threshold as well seems an arbitrary number. Are workers making \$22,000 able to afford full medical insurance, especially if they support others as well? Most likely the answer is no. A better solution than a specific cut-off from Medicaid is a gradual route to self-sufficiency.

The model for gradual self-sufficiency does not require a case-by-case analysis that would prove costly and efficient. Rather, Medicaid would continue to be provided free of charge to disabled workers making less than the threshold. Once they earn above the threshold, disabled workers would be responsible for paying 10% of their insurance costs. For example, if a worker earns \$1000 above the threshold each year, he will pay \$100 each year towards offsetting his Medicaid costs. David Ellwood introduced a similar plan in 1988. He claims that the United States does not need a universal health plan, but rather that insurance should be reported with taxes. To ensure universal coverage, anyone without private or work related insurance would be required to buy into a governmental insurance plan. He suggests a payment of 10% of income towards insurance benefits.³⁹

With this pattern, disabled workers contribute to Medicaid insurance to the degree they are able. If a disabled worker is making enough to afford a different insurance plan, it is his choice to leave Medicaid. The very nature of disabilities means these individuals require more medical attention than the average citizen. In some situations, without insurance covering medicine, work is not an option. Untreated mental illnesses and other treatable medical situations can serve as barriers to the workplace unless insurance covers

³⁷ (U.S. Department of Health and Human Services 2008)

³⁸ (1995)

³⁹ (Ellwood 1988)

the bill. The biggest complaint from the agencies in Rockbridge County supporting disabled workers is the client's fear of losing insurance coverage. Some variation of the program detailed above could ease those fears, and allow disabled workers to work and earn at their full potential, whatever that may be. Workers can contribute to their health coverage costs rather than lose everything at the level of the SSA's income threshold, which requires reenrollment onto the SSI and Medicaid rolls. Becoming entirely dependent on the government once again undermines the philosophy of work. The above plan, in which a percentile of earnings goes towards the cost of Medicaid, reinforces the incentive to work because there is no limit to the potential earnings of the worker and there is no increased danger of medical conditions for the already fragile condition of disabled workers.

Conclusion

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In looking at the poverty of disabled American citizens, the focus is on their lack of certain resources and capabilities. Disabled persons, whether they suffer from a physical or intellectual disability, are not provided many of the opportunities their healthy peers take for granted. Therefore it is the duty of Americans, through government provisions, to provide support to disabled citizens to allow them to work and participate in society to the greatest extent possible. Rehabilitative agencies can provide the necessary services, but until the full consequences of the governmental work incentive plan are realized and corrected, the federal disability support system undermines itself. There are intrinsic benefits of working for disabled citizens, above and beyond the participatory benefit of inclusion in society. There are plenty of disabled individuals ready and willing to work, and the system will have to undergo several fundamental

changes in providing continual health insurance coverage, facilitating relations between employers and disabled workers, and the education and training process before these citizens can realize the full extent of their work ambitions.

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