



National Disability Policy:

A Progress Report



National Council on Disability

October 26, 2017

National Council on Disability (NCD)
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Washington, DC 20004

National Disability Policy: A Progress Report

National Council on Disability, October 26, 2017
Celebrating 30 years as an independent federal agency

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National Council on Disability

An independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.

Letter of Transmittal

October 26, 2017

President Donald J. Trump
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Mr. President:

The National Council on Disability (NCD) is pleased to present the 2017 edition of *National Disability Policy: A Progress Report*. Each year, NCD submits a statutorily mandated report to the White House and Congress to offer recommendations on new and emerging issues affecting the lives of people with disabilities. NCD identified one central topic as the theme for the 2017 *Progress Report*—poverty. The Council focused on poverty because it is the common thread that continues to compound many of the core concerns for people with disabilities. The report focuses on seven factors that are crucial for enhancing the economic independence of people with disabilities in our society: education, employment, financial assistance and incentives, health care, long-term services and supports, transportation, and housing.

NCD submits this report at a time when an increasing number of plans and initiatives to combat poverty have been announced. Poverty among people with disabilities has reached epidemic proportions. As a result, existing programs and policies must be revised to address the circumstances that keep Americans with disabilities from achieving economic self-sufficiency. This report addresses why people with disabilities are often destined to live in poverty and experience high unemployment despite existing federal regulations and public policies that are geared toward improving the lives of people with disabilities.

Issues reflected in the 2017 *Progress Report* have implications for our society as a whole. With continuous advances in technology, health care, and education and ever-changing attitudes toward people with disabilities in society, there has never been a better time for Americans with disabilities to achieve economic independence. This report highlights the opportunities to improve existing policy as well as the need for forethought to ensure that any proposed policy changes in the fight against poverty do not inadvertently cause harm to people with disabilities but rather further our common goal of achieving economic self-sufficiency for all.

NCD appreciates the efforts of policymakers who continue to promote policies and practices that affect the economic self-sufficiency and independence of all people with disabilities. We invite

Congress and the White House to continue this momentum by carefully considering the concerns and recommendations reflected here.

Respectfully,

A handwritten signature in black ink, appearing to read "Clyde E. Terry". The signature is written in a cursive, flowing style.

Clyde E. Terry
Chairperson

(The same letter of transmittal was sent to the President Pro Tempore of the U.S. Senate and the Speaker of the U.S. House of Representatives.)

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Executive Summary

The National Council on Disability (NCD) recognizes that all Americans have the right to pursue lives with equal opportunity, full community participation, independent living, and economic self-sufficiency. However, people with disabilities live in poverty at more than twice the rate of people without disabilities. It is imperative that we examine the interconnected nature of poverty and the barriers that people with disabilities face in order to determine how existing programmatic structures can be improved to better meet the needs of people with disabilities. NCD has committed the 2017 *Progress Report* to poverty. The report examines public policies, programs, and practices across the areas of education, employment, financial assistance and incentives, health care, long-term services and supports, transportation, and housing, as access to each of these areas is necessary in order for people with disabilities to achieve independent living and inclusion in all aspects of society.

The 2017 *Progress Report* offers insight into how existing public policies and programs are designed to provide economic support for people with disabilities, but often create barriers that impede upward mobility. The report begins with a review of how existing public policies, programs, and practices can assist people with disabilities in achieving economic

self-sufficiency. Next, the report identifies and describes the common barriers that perpetuate the cycle of poverty for people with disabilities. The report then looks at a number of promising practices that lift people with disabilities out of poverty. It discusses how these practices address barriers that people with disabilities experience with the goal of improving the lives of people with disabilities. Finally, the report offers recommendations that help ensure people with disabilities are able to achieve economic self-sufficiency.

A summary of recommendations to promote economic self-sufficiency and lift people with disabilities out of poverty follows:

Collaboration and Data Collection

- Congress should appropriate funds for the creation of a coordinated review of all federal disability programs to enhance the efficiency and ability of existing structures to break down silos between federal agencies in order to improve the economic picture for people with disabilities.
- The Office of Management and Budget (OMB) should direct all cabinet-level federal agencies to submit their Agency Reform Plans pertaining to their disability programs to NCD for review.

- All federal agencies should be directed to include measures of cross-agency collaboration within their Government Performance and Results Act (GPRA) performance measurement standards. OMB should report on measures of cross-agency collaboration in its annual reports on agency performance.
 - All federal agencies, including but not limited to the U.S. Departments of Education, Labor, Health and Human Services, and Housing and Urban Development, should improve data collection related to people with disabilities in order to enhance knowledge of how people with disabilities are assisted by existing programs. Data collection should include information about people with disabilities who use federally funded programs to determine where programs can be modified and improved to promote employment and economic self-sufficiency.
 - Congress should continue investments in the U.S. Census Bureau’s development of the Supplemental Poverty Measure and annual reports to ensure an adequate assessment of how the cost of necessary expenses that people with disabilities face (like medical or long-term services and support expenses) affects their opportunities and ability to achieve economic self-sufficiency.
- inclusion of all students with disabilities. Reauthorization should reinforce the assertions under IDEA to provide a free and appropriate education to students with disabilities, including language to ensure that students with disabilities from diverse ethnic backgrounds and students who exhibit challenging behaviors are not disproportionately placed outside of the least restrictive environment.
- The U.S. Department of Education (ED) should issue guidelines to local education agencies and state education agencies on the inclusion of universal design for learning (UDL) principles and recommend giving teachers flexibility to implement UDL with state and district curricula and lesson plans to promote broader integration of students with disabilities in the classroom.
 - ED and state education agencies should issue guidelines to local school districts to give all students with disabilities an opportunity to obtain a standard high school diploma. The guidelines should reinforce that the use of alternative high school diplomas or certificates of completion should be considered a last resort for students with disabilities.
 - ED Institute on Education Sciences should fund national research that explores the educational and employment outcomes of alternative high school diplomas for students with individualized education programs (IEPs) and Section 504 plans as well as the demographic characteristics of students receiving these alternative diplomas.
 - ED should continue funding for model programs like the Transition and

Education

- Congress should reauthorize the Individuals with Disabilities Education Act (IDEA) in a manner that facilitates the meaningful

Postsecondary Programs for Students with Intellectual Disabilities (TPSID) program, which can help reduce poverty among people with intellectual disabilities.

- Congress should amend the Higher Education Act to modify existing higher education financial assistance program guidelines so that they are adequately accessible and students with disabilities are not penalized when a qualifying disability limits their ability to maintain a full course load or work-study requirements as determined by campus disability services programs. This should include but not be limited to Pell grants, federal work-study programs, and student loan repayment.
- The Internal Revenue Service (IRS) should provide guidance that waives the tax debt on student loan forgiveness for students with disabilities so that they do not incur a tax debt from a forgiven loan.

Employment

- The U.S. Department of Labor (DOL), the U.S. Access Board, the U.S. Department of Justice (DOJ), and the Equal Employment Opportunity Commission (EEOC) should dictate that all policies and regulations related to Sections 503 and 511 of the Rehabilitation Act of 1973 be prioritized for nationwide enforcement. This includes an annual report to Congress on activities and the impact on employment for people with disabilities.
- Congress should amend the Small Business Act to expand the Small Business Administration's 8(a) Business Development

Program to include people with disabilities as a presumed socially disadvantaged group to be in line with the findings in the Americans with Disabilities Act (ADA), which states that people with disabilities are disadvantaged socially, economically, vocationally, and educationally.

- The U.S. DOL and Education should issue guidelines to develop partnerships across state vocational rehabilitation agencies, local education agencies, institutes of higher education, and employers that promote paid internships for college graduates and students with disabilities in postsecondary education as a gateway to full-time employment.
- All federal agencies should be the model in hiring, retention, and integration of people with disabilities in the workplace. In accordance with the U.S. Office of Personnel Management (OPM), all federal agencies should increase coordination between their Selective Placement Program Coordinators (SPPCs). This will bridge the gap between managers and employees with disabilities and enhance understanding of reasonable accommodations and their effect on productivity and retention of people with disabilities. To attain this goal, mandatory training for human resources staff, managers, and supervisors should be required.
- States should mandate Employment First initiatives to reflect stronger legislative and policy support of competitive integrated employment to increase opportunities for economic independence for youth and adults with disabilities.

Financial Assistance and Incentives

- Congress should expand opportunities for people with disabilities who need to pay for personal care services to benefit from tax deductions when medical expenses are less than 10 percent of adjusted gross income or deductions cannot be itemized.
- Congress should approve three amendments to the Achieving a Better Life Experience (ABLE) Act:
 - The ABLE Financial Planning Act, which would allow 529 educational savings accounts to be transitioned to qualifying people with disabilities without incurring penalties or taxes.
 - The ABLE Age Adjustment Act, which would increase the qualifying age threshold for eligibility for an ABLE account from 26 to 46.
 - The ABLE to Work Act, which would allow employed people with disabilities to contribute funds to an ABLE account in an amount above the \$14,000 per year cap. Additional contributions would not exceed the equivalent of the determined federal poverty level for that year (the maximum allowable amount was \$26,060 in 2017).
- All states should implement ABLE programs and actively inform people with disabilities and their caregivers of this legislation in order to provide people with disabilities the opportunity to build individual savings and invest their money in ways that will enhance their economic self-sufficiency.
- The IRS should issue final regulations to Section 529A of the Internal Revenue

Code on how states or state agencies can establish a qualified ABLE program.

- Congress should pass legislation that decouples eligibility for health care benefits from eligibility for cash benefits like Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) to prevent people with disabilities from being forced to choose between getting a job or having access to health care.
- Congress should amend the Earned Income Tax Credit (EITC) to lower the age of eligibility from 25 to 18 years old and increase the benefit for childless adults to provide greater incentive to work and advance self-sufficiency.

Health Care

- Congress should maintain protections that prohibit insurance companies from denying coverage because of preexisting conditions to ensure affordable health insurance coverage for people with disabilities.
- Congress should ensure that Medicaid reforms, including but not limited to block grants or per capita caps, will be robust enough to: a) prevent dramatic cutbacks in services and prevent lower reimbursement rates for providers and limits on Medicaid eligibility; and b) safeguard access to home and community-based services waivers, which are essential to promoting independent living, employment, and economic self-sufficiency for people with disabilities. Any increases to state flexibility through block grants or per capita caps should include meaningful accountability to the Centers for Medicare

and Medicaid Services (CMS) to ensure a minimum level of coverage, services, and consistency are provided across state Medicaid programs.

- Congress should maintain Medicaid expansion for individuals whose conditions did not meet the severity requirements for disability-based Medicaid prior to passage of the Patient Protection and Affordable Care Act (ACA) and those falling within the two-year waiting period before qualifying for disability-based Medicare.
- Congress should remove the 18 to 64 age limits for buy-in options in Medicaid to promote work among people with disabilities after age 65 without requiring them to spend down to be eligible for Medicaid or exclude their buy-in assets from being counted for eligibility purposes.

Housing

- The U.S. Department of Housing and Urban Development (HUD) should require that all federally assisted housing units follow universal design principles and ensure that accessible housing units are in line with the percentage of people with disabilities requesting federal housing assistance. This goal can be achieved by increasing the percentage of required new housing units that are accessible for people with mobility disabilities and accessible for people with sensory disabilities from the current rate of 5 percent and 2 percent, respectively.
- Local communities should enact ordinances requiring developers to include a percentage of accessible homes of

varying price in any new development, similar to Montgomery County, Maryland's *Moderately Priced Housing* law, which requires 12.5 to 15 percent of the total number of units in a new development to be moderately priced. HUD should provide guidance to local communities to promote greater investment in housing developments incorporating universal design, to ensure greater availability of accessible housing units, and to promote opportunities for aging in place.

Transportation

- DOJ should issue regulations that require privately funded transit agencies to provide accessible transportation options for people with disabilities in all communities. This includes but is not limited to taxicabs and transportation arranged through smartphone applications.
- Local municipalities should require taxicab authorities to provide mandatory training for taxicab operators about the proper ramp deployment and securement policies and procedures so that people with mobility disabilities can safely and effectively use privately funded transit options.
- Local communities should provide guidance that clarifies and bolsters the ADA nondiscrimination standards in order to address issues faced by people with disabilities who require assistance to use transportation services because of their disability. This includes but is not limited to refusal to accommodate service animals, claims of broken lifts and ramps, and late pickup or no shows.

- The U.S. Department of Transportation's (DOT) Federal Transit Administration should work with local communities so that the DOT ADA regulations are followed to guarantee that all public transit stations and bus stops are accessible. This includes but is not limited to ensuring the detectability of bus stops through tactile signage or unique bus stop pole designs for people who are blind or have visual impairments, and installation and maintenance of shelters and level concrete pads for people with mobility disabilities.
- Congress should place greater emphasis on funding transportation programs in rural areas to address minimal or nonexistent public and privately funded accessible transportation options for people with disabilities.
- Neighboring paratransit agencies should coordinate with each other to eliminate the arbitrary line between paratransit jurisdictions, which would provide people with disabilities with increased job opportunities in major business hubs.

Acronym Glossary

ABLE	Achieving a Better Life Experience Act
ACA	Affordable Care Act
ADA	Americans with Disabilities Act
AJC	American Job Centers
BPAO	Benefit Planning, Assistance, and Outreach
CDR	continuing disability reviews
CWIC	Community Work Incentives Coordinators
DOJ	U.S. Department of Justice
DOT	U.S. Department of Transportation
ED	U.S. Department of Education
EEOC	Equal Employment Opportunity Commission
EITC	Earned Income Tax Credit
EN	employment network
FPL	federal poverty level
GAO	Government Accountability Office
GPRA	Government Performance and Results Act
HCBS	home and community-based services
HUD	U.S. Department of Housing and Urban Development
IDEA	Individuals with Disabilities Education Act
IEP	individualized education programs
IEEI	Initiative for Empowerment and Economic Independence
IRS	Internal Revenue Service
IRWE	impairment-related work expense
MPH	moderately priced housing
NCD	National Council on Disability
NCI	National Core Indicators
ODIC	Office of Disability Integration and Coordination
OMB	Office of Management and Budget
OPM	U.S. Office of Personnel Management
PASS	plans for achieving self-support
PHA	public housing authority
RSA	Rehabilitation Services Administration
SGA	substantial gainful activity
SPPC	Selective Placement Program Coordinator
SSA	Social Security Administration

SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
TANF	Temporary Aid to Needy Families
TPSID	Transition and Postsecondary Programs for Students with Intellectual Disabilities
TTW	Ticket to Work
UDL	universal design for learning
USDA	U.S. Department of Agriculture
VR	vocational rehabilitation
WIOA	Workforce Innovation and Opportunity Act



People with disabilities make up approximately 12 percent of the U.S. working-age population; however, they account for more than half of those living in long-term poverty.

Introduction

Background

Disability and poverty are inextricably tied together. Poverty causes disability by exacerbating physical and mental health issues, while people with disabilities achieve lower rates of education, employment, and financial independence, resulting in a scarcity of resources. In fact, people with disabilities live in poverty at more than twice the rate of people without disabilities (29 percent compared to 12 percent).¹ While people with disabilities continue to seek

economic self-sufficiency, independent living, and integration into all aspects of society, public policies need to better meet the challenges faced by people with disabilities to break the link with poverty.

People with disabilities make up approximately 12 percent of the U.S. working-age population;² however, they account for more than half of those living in long-term poverty.³ In addition to exacerbating poor physical or mental health, poverty can lead to disabling chronic health conditions including childhood asthma, heart disease, and obesity in situations characterized by limited basic supports and long-term exposure

to environmental stressors.⁴ At the same time, some current public policies and attitudes about disability lead to poverty among people with disabilities. The impact of these public policies and attitudes is illustrated by data showing that 17.5 percent of people with disabilities participate in the workforce compared to 65 percent of people without disabilities, directly resulting in higher rates of poverty for this population.⁵

Public policies like the ADA, the IDEA, and the Rehabilitation Act of 1973 (as amended) set standards for protecting civil rights for people

People with disabilities make up approximately 12 percent of the U.S. working-age population; however, they account for more than half of those living in long-term poverty.

with disabilities so that they may enjoy the benefit of full access and inclusion throughout society. However, people with disabilities often encounter significant obstacles in their quest

toward these goals including physical access barriers, lack of available programs, complex relationships between programs and eligibility requirements, and inaccurate perceptions of their capabilities.

The complex relationship between poverty and disability can lead to obstacles that affect people with disabilities throughout their lives. For example, students with disabilities often graduate from high school at rates nearly

20 percentage points lower than students without disabilities.⁶ Postsecondary education is important for employment, with estimates indicating that 56 percent of workers need at least some college education for their jobs.⁷ Yet only 55 percent of students with disabilities enroll in postsecondary education, compared with 62 percent of students without disabilities, while students with disabilities graduate from postsecondary schools at a rate of 38 percent compared to a 41 percent graduation rate for the general population.⁸ Disparities are compounded for people with disabilities who are from diverse backgrounds. For example, only 50.6 percent of African Americans with disabilities enroll in postsecondary education within six years of high school graduation.⁹ Even after obtaining a postsecondary education, people with disabilities earn 38 percent less than their peers without disabilities.¹⁰

Established public programs seek to address the challenges of poverty and disability. More than 65 percent of the 17.9 million working-age adults with disabilities participate in at least one safety net or income support program such as SSI, SSDI, Medicaid, Medicare, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF), and many participate in multiple programs.¹¹ They may also get job search support from the vocational rehabilitation system, the DOL's Office of Workforce Investment, or their state's developmental disabilities or mental health systems. However, these programs are not well integrated with each other and may work at cross

purposes. Although some programs support work goals, other programs penalize people with disabilities who attempt to find work by basing access to housing, food, and medical care on maintaining a very low income.

Similarly, some existing policies may interact with needed public services in ways that perpetuate a cycle of poverty among people with disabilities. The lack of health insurance coverage, long-term supports and services, and reliable transportation can hinder participation in the labor force, thus disconnecting people with disabilities from the primary strategy (i.e., employment) that is most effective in combating poverty.¹² Policies intended to economically support people with

More than 65 percent of the 17.9 million working-age adults with disabilities participate in at least one safety net or income support program...

disabilities must consider both the opportunities and barriers to public assistance so that effective and improved programs can be put into place to create a better path to economic

self-sufficiency. This is imperative if people with disabilities are to achieve independent living and inclusion in all aspects of society.

To fully understand how to modify existing programs and create new ones that can address the disability-poverty link, it is helpful to understand the history of poverty measures and how these measures affect supports for people with disabilities. The official measure of poverty in the United States was developed in the 1960s. It estimates poverty rates by looking at an individual's or a family's cash income from wages, salaries, or Social Security benefits or interest. The amount of cash income that people have is then used to calculate the poverty line. Specifically, the poverty line is based on the

minimum level of cash resources people would need to meet their basic needs. In the official poverty measure, basic needs are measured by a formula that calculates three times the cost of a minimum diet in 1963, adjusted for current prices.¹³ In 2016, the poverty line for a family of four was \$24,300.¹⁴ This definition of poverty is used most often to determine eligibility for participation in public programs.

However, Cinda's story highlights how the basic needs for people with disabilities go beyond what is covered in the official U.S. definition of poverty. In addition, the official U.S. definition of poverty does not account for geographic differences in the cost of food,



Cinda's Story

What kind of supports do people with disabilities need to achieve economic self-sufficiency? Consider this example:

Cinda, 55, has been quadriplegic since birth. She lives in Alexandria, Virginia. She currently works part-time with a contracting firm to conduct training and makes \$36,000 per year. Cinda uses a power wheelchair to get around and has a personal care assistant to help with her daily living needs. Her power wheelchair costs \$30,000 and needs to be replaced every four to five years. Additionally, ongoing needed repairs to her power wheelchair cost \$1,900 per year. She is currently uninsured, so she pays for all her wheelchair repairs out of pocket. She does not qualify for Medicaid because her income is too high. She also pays \$500 per month for a family member to serve as her personal care attendant. Cinda completed three years of college, but she was unable to finish college because she frequently missed classes because of her personal care attendants showing up late or not showing up at all. She received \$700 per month in SSI from age 14 to 32, but her SSI payments stopped as soon as she began earning a living wage. Additional costs for Cinda include \$60 to \$80 per month for public transportation and \$1,560 per month in rent, which she only can afford with help from her church. She does not live in an accessible apartment because it would cost an extra \$500 per month. Cinda has never had a savings account because her day-to-day costs related to her disability regularly exceed her income.

housing, or utilities or the value of public benefits. As a result, an interagency technical working group that includes the U.S. Census Bureau and the Bureau of Labor Statistics developed a supplemental poverty measure.¹⁵ The working group defined poverty as the lack of economic resources for the consumption of basic needs. This supplemental poverty measure considers the value of cash income from all sources plus the value of nutritional assistance, subsidized housing, and home energy assistance. The supplemental poverty measure subtracts expenses like income taxes, Social Security payroll taxes, child care and other work-related expenses, child support payments to another household, and contributions toward the out-of-pocket costs for medical care and health insurance premiums.

Unfortunately, neither poverty definition addresses the additional costs associated with having a disability as described in Cinda's story, such as medical care, accessible transportation, home modifications, and personal assistants. One recent study estimated that 40 percent of people with disabilities experience material hardship because of the extra costs of living with a disability.¹⁶ Such material hardship means that many people with disabilities cannot meet daily living expenses, do not experience sustained food security, are unable to get needed medical care, or live in housing that is below acceptable housing quality standards.¹⁷

NCD recommends that Congress continue investment in the U.S. Census Bureau's

development of the supplemental poverty measure and annual report to ensure an adequate assessment of how the cost of necessary expenses that people with disabilities face (like medical or long-term services and support expenses) affects their opportunities and ability to achieve economic self-sufficiency. People with disabilities tend to have higher unmet basic needs than people without disabilities. Basic needs include adequate education, health care, long-term services and supports, technology, housing, and transportation. People with disabilities may

need medications, home health care, personal care attendants, and assistive technologies. A new definition of poverty could help highlight the financial challenges facing people with disabilities and influence changes in policy. Changes to the definition of poverty in existing policies could give people with disabilities a better chance

of having enough resources to achieve economic self-sufficiency.

For people with disabilities, poverty affects all areas of life from access to education, employment, health care, and long-term services and supports to housing and transportation. To provide people with disabilities with every opportunity to achieve economic self-sufficiency and independence requires an understanding of the interconnected nature of poverty and the barriers that people with disabilities experience across these areas. There is an urgent need to look at which policies and practices work and which do not and how existing programmatic

[T]he basic needs for people with disabilities go beyond what is covered in the official U.S. definition of poverty. A new definition of poverty could help highlight the financial challenges facing people with disabilities and influence changes in policy.

structures can be improved to better meet the needs of people with disabilities.

The 2017 NCD *Progress Report*

NCD affirms the need to reorient public policies and programs in order to dismantle the poverty trap associated with disability and public program participation. This need is reflected throughout this report, which focuses on how existing public policies and programs are designed to help people with disabilities achieve economic self-sufficiency but often create barriers that impede upward mobility for this population.

The 2017 *Progress Report* benefited from the input of people with disabilities who have experience with the policies and programs that provide economic support. NCD solicited these perspectives through focus groups with people with a variety of disabilities. Select responses from focus group participants appear throughout the report to illustrate the effects of poverty and disability. A synthesis of the focus group discussions appears in Appendix A.

The 2017 *Progress Report* updates the Administration and Congress on policy issues related to people with disabilities and those related to poverty. NCD expects the 2017 *Progress Report* also to be relevant to people

with disabilities and advocates who have direct experience with both the challenges of poverty and opportunities for economic self-sufficiency. Uses for the report include:

- Providing insight and guidance to federal policymakers on reauthorizing existing legislation and initiating and supporting new legislation.
- Giving federal policymakers a deeper understanding of the challenges people with disabilities face while also clarifying and reversing stereotypes and misinformation about people with disabilities.
- Providing ideas and opportunities to federal policymakers, employers, and people with disabilities to initiate new policies or amend existing policies to increase the number of people with disabilities in the workplace, leading to economic self-sufficiency for this population.

Appendix B includes an overview of select policies and programs and the way they apply to poverty and disability throughout the 2017 *Progress Report*. Appendix C contains select NCD resources that address the topics discussed in this report.

Chapter 1: How Public Policies, Programs, and Practices Help People with Disabilities Achieve Economic Self-Sufficiency

This chapter illustrates the importance of public policies, programs, and practices in helping people with disabilities achieve economic self-sufficiency across education, employment, health care, financial assistance and incentives, housing, and transportation. Addressing all of the aspects that drive poverty and disability extends beyond the reach of this report; instead, the topics covered here are intended to help illustrate how existing public policies, programs, and practices can assist people with disabilities. NCD’s website contains a comprehensive list of topic areas that readers can reference for more information about economic self-sufficiency and poverty among people with disabilities. Appendix B contains an overview of select legislation and how it relates to economic self-sufficiency.

Education

People with disabilities can work if the proper supports and accommodations are in place. In today’s world, an effective education is also essential for preparing people with disabilities for jobs. Sixty years ago, 73 percent of jobs in the United States were classified as “unskilled,” requiring no more than a high school diploma. By 2002, the number of jobs that were defined as “skilled” jobs or

professions reached 70 percent.¹⁸ In other words, the statistics have reversed. Access to quality education is more important than ever. People with disabilities often need accommodations and services to access the same level of education as their peers without disabilities and to be prepared for higher education and the workforce. When accommodations and services are effective, people with disabilities can use their education to achieve gainful employment and economic self-sufficiency, thus avoiding poverty.

Several pieces of legislation prohibit discrimination and address the disability-related needs of students. The IDEA (P.L. 108-446) mandates that students with disabilities who attend public schools receive a free appropriate public education in local schools with nondisabled peers to the maximum extent possible, with needed accommodations and services.

However, the reauthorization of IDEA has been delayed and it has never been fully funded. To continue protecting the rights of students with disabilities, **NCD recommends that Congress make reauthorization of IDEA a priority.**

In addition to IDEA, the ADA and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination against people with disabilities in educational settings, including private schools

Michael's Story

What kind of supports do people with disabilities need to achieve economic self-sufficiency? Consider this example:

Michael, 57, has a degenerative eye condition and has been visually impaired since childhood. He lives in Baltimore, Maryland. Michael completed three years of college with support from Pell grants and financial aid but left college because of insufficient funding. He took disability retirement from a 20-year career with the Federal Bureau of Investigation in 2011 and currently hosts an independent radio talk show. Michael made \$85,000 per year in his Federal Government job. After his disability retirement, he depleted his saving while waiting nine months for his SSDI application to be approved. His current monthly income is \$3,135 per month after taxes and paying for health care (\$2,088 from SSDI and \$1,047 from disability retirement). Michael uses software to magnify and read documents on the computer (\$500–\$600 initial purchase, \$100 for software upgrades), a CCTV magnifier (\$1,700 bought used, but usually \$3,400 brand new), a note taker (hardware, \$2,500), ID Mate bar code reader (\$600 refurbished), and a color identifier (\$200). He purchased these devices on his own or with help from the Maryland Division of Rehabilitation Services. At home, family members helped him identify appliances to show start or stop buttons or numbers so he can do daily household tasks on his own. Michael uses paratransit services to get around within Baltimore. If he needs to travel outside of Baltimore, he takes taxicabs, Uber, or has a family member drive because the paratransit system does not take him across counties. Michael owns his own condo and pays \$953 per month for mortgage payments and condo fees. Michael has a checking account, and he tries to save a few hundred dollars per month to build up his savings again.

and postsecondary education settings. There are also many state laws that reinforce and strengthen federal disability antidiscrimination laws in education.

Public policy has already made a significant impact on the education of students with disabilities. For example, the number of students with disabilities who spend 80 percent or more of their time inside a general education classroom has been rising over time.¹⁹ From 1989 to 2013, the percentage rose from 32 percent to nearly 62 percent.²⁰ Spending as much time

in the general education classroom as possible gives students with disabilities access to the general curriculum while holding them to the same standard as students without disabilities. This approach better prepares students with disabilities for success in future postsecondary education and work, and also prepares students without disabilities to expect the inclusion of people with disabilities in the community and workforce.

Another strategy designed to help students with disabilities achieve educational success



is the multiple diploma option. States are responsible for determining the types of diplomas that are available to students. They have experimented with a variety of diploma options, including honors diplomas, standard diplomas, certificates of completion, special education diplomas, and others.²¹ Most states offer diploma options to students completing less rigorous coursework or students with disabilities who are unable to complete the standard coursework, even with accommodations. Multiple diploma options may provide another path to graduation and reduce drop-out rates for these students. The multiple diploma option may also allow states to maintain high standards for the standard diploma while also allowing students with less ability to graduate.²² However, **NCD recommends that the U.S. Department of Education Institute**

on Education Sciences fund more research to better understand how multiple diploma options affect students' inclusion in schools and their ability to find gainful employment after graduation.

The evolution of technology and its use in the classroom has been especially beneficial for students with disabilities. Technology has allowed teachers to customize classroom materials to meet the unique needs of students with disabilities. For example, electronic textbooks that are compatible with screen-readers make it easier for a student who may be blind or have low vision to be independent in the classroom. One focus group participant who was blind throughout his childhood said that when he was in school, he would often have his mother or sisters sit with him and read him his textbooks.

With digital textbooks, students today do not have the same limitations or dependencies. Making course materials such as syllabi, reading lists, and assignments available in an electronic format is an easy way to customize these materials for students who require different types of access.²³ This also prepares students with disabilities for the continued use of technology, assistive and otherwise, that they will use throughout their education and careers.

The transition from high school to postsecondary education, training, or work is a critical time in which schools can provide support for students with disabilities. Transition planning services provided by schools may address many paths and opportunities, including transitioning to college and other postsecondary education settings, career and technical education programs, vocational rehabilitation services (when needed), supported living arrangements, or behavioral health services.²⁴

Although IDEA mandates transition planning services for all students with an IEP (i.e., students with disabilities), local communities and businesses can also play an important role by offering summer employment, internships, service learning, and part-time work. These opportunities can help students with disabilities gain work experience and experience advocating for their own needs and accommodations in the workplace.²⁵ For some students with disabilities, services that help them acquire daily living skills are also a central part of transitioning from high school and beyond, but skills like using transportation, working with money, and following a schedule can all be acquired in work settings within the community.

Public policies and programs have also resulted in more opportunities for students with

disabilities to pursue postsecondary education. In 2012, the most recent year for which data is available, 11.1 percent of undergraduate students who were enrolled in postsecondary institutions had a disability (Exhibit 1.1). Although the number of students with disabilities in postsecondary programs remains low compared with the number of students without disabilities, this data underscore the importance of supportive educational policies at the national and state level, as the educational attainment of students with disabilities at the high school and community college levels is now equivalent to or greater than the levels of peers without disabilities.

As students with disabilities move into higher education, cost becomes a factor in whether they can pursue a postsecondary degree and enter the labor market with competitive skills. Pell grants and other federal aid programs have played a major role in expanding access to postsecondary education for all students, including people with disabilities.²⁷ The federal work-study program provides part-time jobs for any undergraduate or graduate student who has financial need, including students with disabilities, who can earn money to help with their education expenses. On average, undergraduate students earn \$2,400 per academic year in wages.²⁸ Also, under the Federal Supplemental Educational Opportunity Grant program, any student with financial need can apply for grants between \$100 and \$4,000 a year to support additional educational expenses. The amount of the award depends on their financial need, the amount of other aid they receive, and the availability of school funds.²⁹ All federal work-study opportunities must be accessible to students with disabilities. However, there is no available data that provides

Exhibit 1.1. Postsecondary Education by Disability Status and Select Characteristics

Selected Student Characteristics (as of 2012 Unless Otherwise Stated)	Students with Disabilities	Students Without Disabilities
Percentage of students	11%	89%
Educational attainment*		
▪ High school diploma	34%	25%
▪ Some college or associate's degree	32%	32%
▪ Bachelor's degree or higher	14%	33%
Sex		
▪ Male	11%	89%
▪ Female	11%	89%
Race/ethnicity		
▪ White	11.1%	89%
▪ African American	12.2%	88%
▪ Hispanic	10.4%	90%
▪ Asian	8.0%	92%
Veteran	20.6%	79%

Sources: Data from Snyder et al. (2016); Erickson et al. (2017).²⁶

*Based on 2015 data for noninstitutionalized persons aged 21 to 64 years from Erickson et al. (2017).

a breakdown of students with and without disabilities who participate in these programs. **NCD recommends that the U.S. Department of Education collect data on the participation of students with and without disabilities in these programs.** Furthermore, many students with disabilities do not know how to disclose disability-related expenses to financial aid officers, which means that these expenses are not considered when determining financial aid packages. Many financial aid options also require students to attend school full time, although some disabilities make this difficult. **NCD recommends that Congress amend the Higher Education Act to modify financial assistance program guidelines so that students with**

disabilities are not penalized if they cannot maintain a full course load.

Students with intellectual disabilities have traditionally been excluded from postsecondary education opportunities. One promising initiative that is addressing the needs of students with intellectual disabilities is the TPSID program. TPSID, which is funded by ED, provides grants to institutions of higher education for model comprehensive transition and postsecondary programs for students with intellectual disabilities. Through these programs, students with intellectual disabilities learn academic, career, and independent living skills while auditing classes on university campuses. Between 2012 and 2015, the

program expanded to 45 colleges and universities and has served 1,379 students with intellectual disabilities across 24 states (see Appendix D for a list of participating colleges and universities). The TPSID program offers structured academic advising and curriculum for students with intellectual disabilities. While in the program, many students with intellectual disabilities at certain institutions have access to paid internships and participate in career development activities. After leaving their college-based programs, 36 percent of the students secured paid jobs, of which 89 percent paid minimum wage or higher.³⁰ To ensure the quality of these programs, Think College, a project of the Institute for Community Inclusion at the University of

Massachusetts Boston, provides support, coordination, training, and evaluation services to TPSID grantees and others.³¹ TPSID

is an example of a disability-specific program that can help reduce poverty and increase opportunities for students with disabilities to obtain jobs.³² Therefore, **NCD recommends that the U.S. Department of Education continue funding for model programs like TPSID to provide students with disabilities with the opportunity to attain economic independence.**

Employment

Employment is the most direct and cost-effective way to empower all individuals, including those with disabilities, to achieve independence and economic self-sufficiency. Although many adults and youth with disabilities have the

desire and willingness to work, only 32 percent of working-age people with disabilities are employed compared with 73 percent of those without disabilities. This employment rate varies by disability type. For example, 52 percent of people with hearing impairments and 24 percent of people with ambulatory difficulties are employed.³³ For people with intellectual disabilities, the disparity in employment participation is even more dramatic. Data from the National Core Indicators (NCI) project suggests that in 2014–2015, only 15 percent of working-age adults who were supported by state intellectual disability agencies and who lived in the community were employed in a paid job in the community.³⁴

[O]nly 32 percent of working-age people with disabilities are employed compared with 73 percent of those without disabilities.

For people with disabilities, barriers to joining the labor force include the belief that employment is not a viable option given their disability or fear of

losing public benefits like SSDI, SSI, or enhanced disability compensation (unemployability benefits) available to some veterans. Many simply give up after unsuccessfully searching for a job; for this reason, this population is often referred to as “discouraged workers.” For those that do persist, their employment options are often limited to jobs with low pay, few or no benefits, and no career opportunities.³⁶

Job training and job placement services can help to address the employment disparities for people with disabilities. In 2010, the Government Accountability Office (GAO) identified 45 federal programs that supported employment for people with disabilities.³⁷ Although some of the policies and programs serve people with

Exhibit 1.2. Employment Rate of Working-Age Adults (18–64), by Disability Status and Selected Socioeconomic Characteristics

Selected Student Characteristics	With Disabilities	Without Disabilities
Total	32%	73%
Sex		
▪ Male	34%	78%
▪ Female	31%	69%
Race/Ethnicity		
▪ White	34%	76%
▪ African American	24%	66%
▪ Hispanic	34%	71%
▪ Asian	38%	71%
Veteran	35%	77%

Source: Data from U.S. Census Bureau (2015).³⁵

disabilities exclusively, others serve a broader population. GAO concluded that the number of programs resulted in a fragmented system of services. Others described the system similarly: “The current national approach involves various agencies administering multiple funding streams at a federal, state, and local level. Each service delivery system was created in response to varying public policy priorities and is governed by separate federal statutes and regulations. Each system has a specific set of rules to determine eligibility for services and support, define scope of services, and allocate resources. No single source of funding or resource is able to respond effectively to all the diverse needs of people with disabilities who

... [T]he Government Accountability Office (GAO) identified 45 federal programs that supported employment for people with disabilities... GAO concluded that the number of programs resulted in a fragmented system of services.

often face multiple barriers to employment and economic advancement.³⁸

The Workforce Innovation and Opportunity Act (WIOA) (P.L. 113-128) reaffirmed the role of a customer-focused, one-stop delivery system for job seekers and expanded the responsibility of the system to serve job seekers with disabilities. WIOA was designed to increase access to and opportunities for the employment, education, training, and support services that people with disabilities need to succeed in the labor market.

The workforce system made up of approximately 3,000 One-Stop Centers (also known as American Job Centers) brings resources from multiple agencies under one

roof. As a result, One-Stop Centers are well-positioned to address the fragmentation of employment services and to serve people with disabilities who may have multiple barriers to employment. In 2014, the system served 494,413 people with disabilities. WIOA includes provisions specifically designed to enhance opportunities for job seekers with disabilities. In addition to specific antidiscrimination language included in Section 188 that prohibits the exclusion of job seekers with disabilities from full access to services, WIOA specifies that: (1) local workforce development boards must ensure that there are sufficient service providers in the local area with expertise in assisting people with disabilities with their career and training needs; (2) state workforce development boards must develop strategies to support career pathways for people with disabilities to enter and retain employment; and (3) the general workforce system has an obligation to serve youth with disabilities.

WIOA legislation also provides guidance to the vocational rehabilitation (VR) system, which is funded by the Rehabilitation Services Administration (RSA) in the ED. State VR agencies receive funding from RSA and state governments and serve as one of the largest state–federal partnerships, offering employment services and supports for people with disabilities with nearly 506,000 annual applicants.³⁹ In fiscal year 2016, expenditures for the program were \$3.2 billion.⁴⁰

Although the VR system is effective for at least some clients,⁴¹ the level of effectiveness varies by state, client characteristics, and the definition of “effective.” VR’s primary outcome

is competitive employment, defined as full-time or part-time employment for at least 90 days, during which the individual is compensated at or above the minimum wage. However, VR agencies do not often consider longer term outcomes or whether the job provides a sustainable income given individual client characteristics.

NCD recommends that the U.S. Department of Education’s Rehabilitation Services Administration collect data on long-term outcomes and income levels of clients they serve.

In evaluating the VR system for SSI/SSDI beneficiaries, GAO found that earnings increased for many Social Security beneficiaries. However, few earned above the set monthly amount that

is based on the nature of a person’s disability (i.e., substantial gainful activity).⁴²

Recent changes enacted under Title IV of the WIOA of 2014

seek to bolster the VR system by strengthening the alignment of core state agencies, such as VR, labor, and adult education agencies, and advocating for partnerships with other state human services agencies, local workforce investment boards, and employers.⁴³ WIOA has specifically focused on youth with disabilities by requiring that 15 percent of VR funds be spent on this population. Overall, strengthening the alignment of public service agencies and businesses increases the opportunities for transition-age youth and emphasizes competitive integrated employment. NCD will be issuing a report with more detailed recommendations about pre-employment transition services in the fall of 2017.

Self-employment is another viable option for people with disabilities to earn an income that

WIOA has specifically focused on youth with disabilities by requiring that 15 percent of VR funds be spent on this population.

can lift them out of poverty. Self-employment provides flexibility through customized work requirements and settings that meet the needs of the person with a disability. Self-employment is an especially valuable option for rural residents with disabilities who face additional barriers to employment through limited transportation and a narrower range of competitive employment options.⁴⁴

The availability and accessibility of support for entrepreneurs with disabilities who wish to establish small businesses varies and relies on a mix of resources. The Small Business Administration's 8(a) Business Development program provides a vehicle through which federal agencies can

use set-asides and sole source awards to small businesses owned and controlled by individuals certified as socially and economically disadvantaged.⁴⁵ The

8(a) Business Development program is geared toward African Americans, Hispanic Americans, Asian Pacific Americans, Native Americans, and Subcontinent Asian Americans presumed to be socially disadvantaged. However, people with disabilities need to show through a preponderance of the evidence that they are socially disadvantaged because of their disability. The absence of disability as a presumed group in the 8(a) program limits this important program for small business owners with disabilities. **NCD recommends that Congress amend the Small Business Act to include disability as one of the presumed socially disadvantaged groups.**

Health and Well-Being

People with disabilities are not a homogenous group. With varying types of disabilities, their needs for health care and support services to address medical concerns are wide ranging. Historically, health insurance in the United States has been primarily tied to employment, which limits the availability of health care for people with disabilities who are not employed or who have little or no benefits through their work. In addition, working-age people with disabilities have higher expenditures than people without disabilities and experience higher out-of-pocket costs.⁴⁶ The kinds of long-term services and supports that enable people with disabilities to

work and fully participate in society are generally expensive and almost never covered through private health insurance policies. This serves as a catch-22 for people with disabilities who

have significant health care issues: if they are not receiving health care services, then they cannot work, and if they do not have jobs, then they cannot access or afford health care. For some, the only way they can access the health care services they need is through Medicaid, which is tied to having a low income. Again, the challenges are interconnected as both health care and employment are essential for people with disabilities to attain economic self-sufficiency and maintain their independence.

For millions of people with disabilities, Medicaid and Medicare are essential health insurance programs. Medicaid serves low-income children, seniors, adults, and people with disabilities; it is funded at both the federal

“Everything is about cost . . . all of the things that we have talked about, there has always been a cost issue involved. And it costs twice as much for us to live as it does anybody else.”

—*Focus Group Participant*

and state level. There are more people with disabilities on Medicaid than are privately insured and, in comparison with people with private insurance, those receiving Medicaid are more likely to report fair or poor health and are unable to work or have a limited ability to work because of their health.⁴⁷ As of fiscal year 2011, 10 million adults and children with disabilities were covered by Medicaid. Although the share of adults with disabilities accounts for 12 percent of Medicaid enrollment, they account for 36 percent of Medicaid spending, largely because of higher health care and long-term services and support needs.⁴⁸

The path to Medicaid coverage for people with disabilities is through SSI. In addition, people who are deemed “medically needy” but who have countable income and nonexempt property (e.g., cash, bank accounts, and stocks) that disqualify them from Medicaid may be considered for health coverage by “spending down.” The spend-down process involves deducting medical expenses from the individual’s countable income until they reach the eligible income level for Medicaid. Once they “spend down” to the eligibility level, the individual’s medical bills will be covered for a set three or six month period. However, this process can

be complicated and can leave individuals impoverished in order to qualify for Medicaid.

Medicare is the federal health insurance program for seniors and people with disabilities. Those who receive SSDI benefits are eligible for Medicare. To qualify for SSDI and Medicare, people with disabilities under the age of 65 must not be able to participate in “substantial gainful activity” because of a medical condition for a period of at least 12 months and must be on SSDI for 24 months before they are eligible for Medicare.⁴⁹ In addition, Medicare provides limited access to durable medical equipment and does not provide long-term care services that are often critical for people with disabilities to maintain their independence. (For more detailed analysis of Medicaid and Medicare policies, see Appendix C for NCD’s work in this area.)

There are many cases in which people with disabilities are still not able to afford health care coverage or receive all the services they need with Medicare alone. These individuals may be eligible for assistance from their state’s Medicaid program. People who are dually eligible for Medicare and Medicaid often have higher medical costs and needs. In fiscal year 2010, about 9.6 million Americans were covered under both Medicare and Medicaid. People with disabilities under the age of 65 constituted 40 percent (3.9 million) of these dual eligible beneficiaries. However, 60 percent of Medicaid’s adult enrollees with disabilities were not eligible for Medicare coverage and a number of these enrollees were still in the two-year waiting period to receive Medicare based on their SSDI eligibility.⁵⁰

The existing eligibility criteria for SSDI and SSI may force people with disabilities to choose between getting a job and taking care of their health.

NCD recommends that Congress decouple eligibility for health care benefits from eligibility for cash benefits like SSI and SSDI. (For more information, see Appendix C, which provides a link to NCD’s report, *Securing the Social Contract: Reforming Social Security Disability*.) This is a disincentive to work, and it can be addressed through changes to federal policy. For example, prior to passage of the ACA, people with disabilities were more likely to be uninsured even if they were employed, with only 22 percent of people with disabilities having private insurance coverage compared with 70 percent of people without disabilities.⁵¹

The ACA created new ways for working-age adults to obtain public assistance for health care coverage and also prohibited discrimination based on disability. The ACA expanded Medicaid eligibility for working-age adults with incomes up to 138 percent of the federal poverty level (FPL) and provides subsidies for people with incomes up to 400 percent of the FPL to buy health insurance on a state health insurance exchange. It also changed the enrollment rules to make eligibility determinations much easier.⁵²

The expansion of Medicaid eligibility up to 138 percent of the FPL allowed more people in poverty, including those with disabilities, to work more and gain an income without being penalized by losing their health care benefits. This change provides a stronger start toward financial independence for people with disabilities while allowing them to retain their health care coverage. Under the current system, Medicaid guarantees federal matching dollars to states

with no waiting list or caps;⁵³ however, the 2012 Supreme Court decision in *National Federation of Independent Business (NFIB) v. Sebelius* decided that states were not mandated to expand Medicaid coverage.⁵⁴ As a result, 18 states opted not to expand the program. Recent data shows that people with disabilities in Medicaid expansion states are more likely to be employed versus people living in non-Medicaid expansion states.⁵⁵ **NCD recommends maintaining the Medicaid expansion for individuals whose conditions did not meet the severity requirements for pre-ACA disability-based Medicaid, as well as for those falling within the two-year waiting period before qualifying**

Recent data shows that people with disabilities in Medicaid expansion states are more likely to be employed versus people living in non-Medicaid expansion states.

for disability-based Medicare. NCD also recommends maintaining protections that prohibit insurance companies from denying coverage because of preexisting

conditions. (See Appendix C for more information about NCD’s analysis of current health reform plans.)

Long-term services and supports are another vital aspect of health care for people with disabilities, and advances in medical knowledge and technology have allowed this population to live more independently with these services. This is important for an aging population as data shows that, between the ages of 40 and 50, almost one in 10 people will have a disability that may require long-term services and supports.⁵⁶ Many people with disabilities are able to access these services through Medicaid home and community-based services (HCBS) waivers. These waivers allow states to provide

nonmedical services such as personal care services and habilitation services. Without these HCBS services, many beneficiaries would be at risk of becoming institutionalized in a nursing home or hospital facility. **NCD recommends that Congress expand opportunities for people with disabilities who need to pay for personal care services in order to benefit from tax deductions.** The ACA also gives states the option to include home and community-based services as part of their benefits instead of providing them through a waiver. HCBS waivers can cover important services such as case management, personal care, adult day health services, habilitation, and respite care, which often are not available through private insurance plans. The kinds of HCBS services states offer varies greatly, with 17 states offering targeted HCBS services to those at risk of future institutional care, 32 states offering personal care services, and eight states offering Community First Choice attendant care services and supports.⁵⁷ These services support people with disabilities in their home and/or community instead of in institutional settings.

Current health care reform discussions will have a greater impact on people with disabilities than any other group because of the major role both Medicaid and Medicare play in covering their health care costs. Per capita caps would reduce the amount that states receive from the Federal Government for Medicaid and, in many cases, states would reduce the amount of the state's share of spending on Medicaid. The proposed per capita caps are estimated to reduce federal Medicaid support by \$149 billion by 2026 to states that would have used the funding to support Medicaid programs.⁵⁸ These reductions would have a significant impact on

people with disabilities, many of whom rely on this safety net system and who have, on average, higher health care costs and long-term support needs. **NCD recommends that any changes to federal and state funding for Medicaid should consider how to safeguard health care for this population.**⁵⁹ (See Appendix C for more information about NCD's analysis of current health reform plans.)

Financial Assistance and Incentives ***Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)***

In addition to serving as an entry point for federal health insurance (i.e., Medicare and Medicaid), SSDI and SSI provide essential cash supports for more than 13 million Americans with disabilities and their families.⁶⁰ These programs offer financial support to help cover living expenses and other costs when individuals are “unable to work due to severe physical and/or mental limitations.” Although the average benefit is modest, without it, many individuals and families would be in deep financial distress. Both programs provide cash payments to engage in “substantial gainful activity” because of one or more severe physical or mental impairments that are expected to last at least a year or result in death. In 2017, substantial gainful activity was defined as the ability to earn \$1,170 per month (\$1,950 per month for blind individuals).

In 2015, 8.9 million SSDI beneficiaries received an average of \$1,166 per month or less than \$14,000 per year—marginally above the poverty guideline for individuals living alone (\$11,771 in 2015).⁶¹ Although this seems like a small sum, the program provides crucial economic support for people with disabilities. Approximately 80 percent

“No one enjoys having to be on one of those programs [SSDI or SSI]. And yet, it is a vital survival tool.”

—Focus Group Participant

of beneficiaries get at least half of their income from the SSDI program, while 36 percent of beneficiaries rely on SSDI benefits as their sole source of income.⁶² Estimates suggest that SSDI pulled 2.7 million households out of poverty in 2015 (calculation based on Bailey and Hemmeter (2015)).⁶³ In that same year, 4.9 million working-age SSI beneficiaries received an average of \$561 per month.⁶⁴ Estimates suggest that SSI payments pulled one million households out of extreme

poverty, yet most remain within 150 percent of the poverty threshold (calculation based on Bailey and Hemmeter, 2015).⁶⁵ The Social Security Administration (SSA) publishes program

statistics about the characteristics of SSI and SSDI beneficiaries by age, sex, and type of disability. However, SSA discontinued publication of beneficiary characteristic by race for the SSI program after 2002 and after 2009 for the SSDI program largely because of the challenge of collecting race information when Social Security numbers are assigned.⁶⁶

Despite the importance of SSI and SSDI in providing a safety net for people with disabilities, these programs can keep people in poverty or near poverty by setting up low expectations and perverse economic incentives.

Estimates suggest that SSI payments pulled one million households out of extreme poverty, yet most remain within 150 percent of the poverty threshold.

The disability determination process is often so long and daunting that, after becoming eligible, beneficiaries begin to believe that they cannot work and they fear running afoul of the complicated rules and losing their benefits. In discussions with stakeholders, the situation has been described as follows: “We teach a group of people that they cannot work and cannot build assets and that they shouldn’t even try.”

Earned Income Tax Credit (EITC)

The EITC is the largest cash assistance program in the United States. For the general U.S. population, the EITC has become the centerpiece of antipoverty initiatives. In 2016, 27 million eligible workers and families received more than \$67 billion in the form of reduced taxes and tax refunds. Speaker Paul Ryan’s antipoverty plan

recommends increasing the EITC.⁶⁷

Although more than 10 percent of working-age adults with disabilities take advantage of the tax credit,⁶⁸ the structure

of the EITC does not serve the needs of low-income people with disabilities as well as it serves low-income people without disabilities. In 2012, adults with disabilities were nearly equally as likely to claim the EITC as those without disabilities, but they received a much lower average benefit. The average annual tax credit benefit for people without disabilities was \$2,072, while the average for people with disabilities was \$1,301, and more than 60 percent of people with disabilities received less than \$500 from the EITC benefit.⁶⁹ This disparity is the result of a mismatch between

the structure of the program and two important socioeconomic characteristics of people with disabilities: (1) being older and (2) having no qualifying children. The EITC is designed to reduce poverty, especially childhood poverty, and discourage the use of welfare programs such as TANF. As a result, the EITC offers a much larger benefit for workers with “qualifying children” than for those with either no children or children who are older than 19. Because people with disabilities tend to be older and are less likely to have qualifying children, the EITC has limited benefits for them.

NCD recommends increasing the EITC for individuals and families without qualifying children to help low-income workers with disabilities lift themselves out of poverty.

Housing

Housing is one of the largest budgetary expenditures for most households and is strongly linked to overall health and well-being. Housing also serves as a mechanism for accumulating personal wealth. Access to stable, safe, appropriate, and affordable housing can provide the foundation for the layers of activities and services necessary to promote health, educational attainment, employment, economic mobility, and improved quality of life for low-income individuals or households, including people with disabilities.⁷⁰ An integrated policy approach to housing and service provision is thought to reduce the cost of addressing multiple needs and challenges (e.g., poverty, health care utilization, economic

mobility) that affect individuals, families, and communities.⁷¹ However, current federal housing assistance programs are substantially underfunded, and only one in four income-eligible families receive any form of housing assistance.

Several programs available through HUD provide rental assistance for low-income households. These programs serve approximately 90 percent of the five million low-income households receiving federal rental assistance. The median annual income for households receiving federal rental assistance from the three

primary HUD programs is \$13,500.

HUD housing programs are operated through local public housing authorities (PHAs). Two of the three

The median annual income for households receiving federal rental assistance from the three primary HUD programs is \$13,500.

primary HUD programs provide funding for multifamily, apartment complex-, or house-based rental units. Project-Based Section 8 is a voucher program in which rental units for low-income households are included in an apartment house or development that is privately owned. Private companies and development corporations can apply for subsidies in the form of tax credits or other cost-offsets when they include a certain number of units in their developments that are designated as affordable. In addition to the offsets for including affordable units, developers can receive contracts for ongoing monthly rental assistance subsidies. Another HUD program is the Housing Choice Voucher Program, which consists of buildings or housing developments that are HUD-owned or operated. Individuals or households that are eligible and awarded federal rental assistance funds are then assigned to

“I can’t afford to live in accessible housing. It costs up to \$500 more. I have to use a regular apartment and use a bench to use the bathroom.”

—Focus Group Participant

a specific rental subsidized unit in a specific HUD-owned building. Renters are assigned a unit (1-, 2-, or 3-bedroom) in one of these buildings based on family composition and HUD guidelines. People with disabilities may also qualify for housing choice vouchers. These vouchers are portable in that eligible renter households can use them to find housing in any unit that meets HUD occupancy standards where the property landlord agrees to accept the voucher and comply with HUD standards and regulations.

HUD also offers Section 811 funds, which are targeted to both develop and then subsidize rental units that specifically address the needs of low-income people with disabilities who require additional supports and services to live independently in the community. Prior to 2010, Section 811 housing was not working as needed for people with disabilities because it was creating fewer than 1,000 new housing units per year.⁷²

The Frank Melville Supportive Housing Investment Act of 2010, signed into law in 2011, served to reform the Section 811 program. In the long term, the law will fund the development of thousands of permanent supportive housing units integrated within affordable housing properties each year. Further, the law supports and promotes a community integration model for

people with significant and long-term disabilities with the stipulation that no more than 25 percent of units in properties funded through Section 811 be set aside for people with disabilities, which seeks to expand the supply of long-term affordable, integrated housing. In 2011, the Frank Melville Act statutes were amended and HUD developed guidance for housing authorities to address turnover of Section 811 as well as Section 8 vouchers. The guidance focused on ensuring that the Section 811 and Section 8 vouchers would continue to be made available to people with disabilities and not awarded on a first-come, first-served basis. By 2013, 13 state housing finance agencies received funding from HUD for the development of 3,006 housing units.⁷³

The U.S. Department of Agriculture (USDA) also provides housing assistance through its Rural Development program. This program funds housing and rental assistance programs for rural and farmworker households. In 2016, approximately 46 million Americans lived in rural areas. The USDA Rural Development program was established in the 1990 farm bill amending the previous Farm and Rural Development Act of 1972. The program focuses on the needs of rural areas, particularly impoverished and remote communities, through various initiatives that are targeted toward strengthening rural communities. USDA Rural Development’s low-interest home repair loans and grants enable seniors and people with disabilities to remove health and safety hazards, perform necessary repairs, improve or modernize a home, make homes accessible for people with disabilities, or make homes more energy efficient so these very-low-income families use less of their income on utility

bills, allowing them to live independently and/or age in place. USDA Rural Development has also developed collaborations across 19 other federal agencies to target high-poverty tribal communities, both urban and rural. These collaborations address housing, education, health care, and other critical needs for tribal communities.

The HUD and USDA rental and housing assistance programs help lift low-income households out of poverty, including the approximately 1.1 million households that have an adult between the ages of 18 and 62 with a disability and approximately 73,000 veterans with disabilities that receive housing or rental assistance benefits. In addition, the programs reduce homelessness and housing instability among vulnerable families.⁷⁴ There is growing evidence that access to decent, stable, affordable housing may be the platform or intersection for better outcomes in economic mobility, educational attainment, and quality of life, including better physical and mental health.⁷⁵ Housing plays a substantial role in improving outcomes at all levels from the individual to the community at large. As first noted in our 2010 “The State of housing in America in the 21st Century” report,⁷⁶ **NCD recommends the implementation of integrated housing policies, which can be critically instrumental in addressing the economic well-being of the increasing number of low-income households.**⁷⁷

There is growing evidence that access to decent, stable, affordable housing may be the platform or intersection for better outcomes in economic mobility, educational attainment, and quality of life, including better physical and mental health.

Transportation

Accessible transportation options, including accessible buses, ADA complementary paratransit (paratransit), taxicabs, and railway systems provide people with disabilities with opportunities to participate in employment, education, health care, housing, and other community activities. The passage of the ADA led to major improvements in transit systems across the United States. Nationwide, approximately 6,800 agencies provide bus and rail services or other modes of transportation.⁷⁸

Title II of the ADA prohibits discrimination based on disability in public transportation services such as city buses and public rail (e.g., subways, commuter trains, and so forth). Under the ADA, all new fixed-route vehicles used in public transit must be accessible. In addition, existing rail stations that were altered after the passage of the ADA must be made accessible if technically feasible and all new rail stations and facilities must be accessible. Paratransit (on-demand, door-to-door) services are required for noncommuter fixed-route bus or rail services.⁷⁹

With the enactment of the ADA, accessible transportation options for people with disabilities using fixed-route transportation, including public buses and rail systems, have increased. Bus service has also improved. For example, low-floor buses with ramps, floor markings, and other design features, such as additional grab bars, audible stop announcements when more

than one route is served at the same location, larger destination signs, and monitors that show upcoming stops have significantly bolstered bus accessibility.⁸⁰ Paratransit transportation is often provided by minibuses and door-to-door shared rides upon request for eligible people with disabilities who cannot use fixed-route services. Although the use of paratransit among people with disabilities has increased consistently in the past 20 years, a 2009 analysis of ridership from seven selected systems showed that, on average, fixed-route ridership by people with disabilities was higher than paratransit ridership.⁸¹ Use of public transit is increasing and playing a major role in providing increased independence and mobility to people with disabilities. One concern regarding paratransit service is DOT's ADA regulations for passenger pickup. According to these standards, paratransit service is only provided within a three-quarter-mile radius of a fixed-route bus stop, to be comparable to fixed-route transit. This limitation places a burden on people with disabilities who depend on paratransit service and may cause them to have difficulty finding employment as well as access to the community.⁸²

Private transportation is another important alternative that provides people with disabilities with greater flexibility and independence than public transportation. This is particularly true for people with disabilities who live in areas where public transit is unavailable or inaccessible. Many people with disabilities who cannot drive or afford a car use taxicab services. Furthermore, some cities such as New York City, Chicago, Boston,



Las Vegas, San Francisco, Seattle, and Portland have made improvements to their accessible taxicab programs.⁸³ For example, a settlement

agreement in New York City is expected to phase in wheelchair-accessible taxicabs, via attrition of old vehicles, so that, by 2020, 50 percent of taxicabs will be accessible to

people who use wheelchairs and scooters.⁸⁴ Although, as the option of using taxicabs increases, greater attention is needed for training taxicab operators about ramp deployment and securement procedures. **NCD recommends**

[A] 2009 analysis of ridership from seven selected systems showed that, on average, fixed-route ridership by people with disabilities was higher than paratransit ridership.

local municipalities require taxicab authorities to provide mandatory training for taxicab operators on these issues so that people with mobility disabilities can safely and effectively use privately funded transit options.

However, access to affordable and accessible transportation can be especially challenging for people with disabilities

living in rural areas.

Grants from the Federal Transit Administration provide funding to create or enhance local public transit systems, which can be useful for people with disabilities, particularly in rural communities. For

example, Job Access and Reverse Commute activities are eligible for funding under the Urbanized Area Formula Funding program (Section 5307)⁸⁵ and Formula Grants for Rural

Areas (Section 5311).⁸⁶ These activities provide funding to states for transportation to and from jobs for low-income people and people who receive government assistance, as well as people with disabilities. In addition, grants from the Enhanced Mobility for Seniors and Individuals with Disabilities program (Section 5310) enable

states to support private nonprofit groups in providing transportation to people with disabilities and seniors when public transportation is insufficient, inappropriate, or unavailable to meet the needs of these populations.⁸⁷ These

federally funded grant programs play a major role in engendering more opportunities for people with disabilities to access employment and achieve economic self-sufficiency.

[A] settlement agreement in New York City is expected to phase in wheelchair-accessible taxicabs, via attrition of old vehicles, so that, by 2020, 50 percent of taxicabs will be accessible to people who use wheelchairs and scooters.

Chapter 2: Barriers to Achieving Economic Self-Sufficiency for People with Disabilities

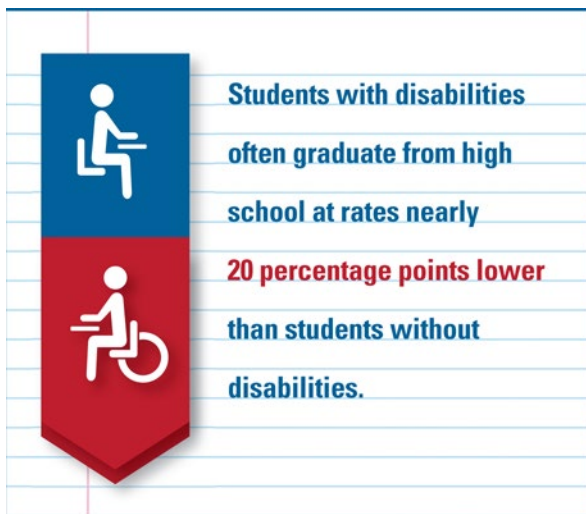
As discussed in Chapter 1, a variety of policies and programs exist to economically support people with disabilities. However, achieving economic self-sufficiency is not without its challenges. Many public policies were developed during a time when it was assumed that people with disabilities could not work and therefore needed permanent assistance from federal, state, and local public agencies. This has led to the unintended consequence of creating dependence on public programs for many people with disabilities. This chapter reviews the common barriers that perpetuate the cycle of poverty for people with disabilities. These include barriers to education, labor force participation, and health benefits as well as an ongoing battle against stereotypes that limit the potential of these citizens.

Barriers to Adequate Education

Setting people with disabilities on the path to achieving economic self-sufficiency in adulthood requires a strong foundation of knowledge and skills that must be laid in school. Currently, there are at least six million students with disabilities in the United States, but the high school graduation rate for students with disabilities is 63.1 percent nationwide compared with an 82.3 percent graduation rate for students without disabilities.⁸⁸ Drop-out rates among students with disabilities

further limit their employment options.⁸⁹ Children from diverse racial backgrounds, specifically African American, Hispanic, and American Indian children, including those from low-income communities and those who are English language learners, are overrepresented in special education programs.⁹⁰

The challenges that students with disabilities experience in obtaining an education are compounded for those who also grow up in poverty. Common challenges of poverty include trauma, hunger, and family difficulties, which can lead to behavioral problems in school or create ongoing health conditions and disabilities. Children with disabilities growing up in these adverse circumstances face additional obstacles because schools have limited funding for programs that could provide services and resources to support these children.⁹¹ Parents living in poverty and struggling to meet the economic needs of their families often have little time to adequately meet all of the additional needs of a child with a disability.⁹² In addition, they are required to navigate a complex health system, find time to address school-related issues, and serve as a strong advocate for their child's needs. Parents may turn to charter schools or private schools to ensure their children get the education and supports needed. NCD is undertaking a study of school choice in the fall



of 2017 with an anticipated release date of 2018. (For more information, see Appendix C for a link to NCD’s 2003 report, *School Vouchers and Students with Disabilities*.)

The special education systems’ segregation of children with disabilities often leads to poorer outcomes for students with disabilities than for their peers without disabilities. One example is the school-to-prison pipeline, which refers to policies and practices that push children out of classrooms and into the juvenile and criminal justice systems. Students with disabilities and

students from diverse racial backgrounds with disabilities in particular are disproportionately affected by these policies. Data shows that some states suspend and expel students with disabilities who have IEPs at more than twice the rate of students without disabilities, including 28 percent of all African American students with disabilities. Improvements to the special education enforcement systems are needed

Unnecessary placement into an alternative diploma track has a lasting impact on future economic self-sufficiency for students with disabilities.

to better meet the needs of students with disabilities who are at risk for the school-to-prison pipeline.⁹³ (For more information, see Appendix C for a link to NCD’s report, *Breaking the School-to-Prison Pipeline for Students with Disabilities*.)

In addition, restrictive, segregated special education placement often leads to a larger number of students with disabilities being awarded alternative high school diplomas. Pursuing an alternative diploma track is a decision that needs to be carefully considered, as it can impede adequate preparation for higher education and employment because alternative diplomas are awarded for completion of less rigorous academic coursework. As a result, employers and institutions of higher education do not view them as equal to standard high school diplomas.⁹⁴ As many as 85 percent of students in special education are capable of meeting the same educational standards as other students when given the right type of instruction, access, and supports required by IDEA.⁹⁵ Unnecessary

placement into an alternative diploma track has a lasting impact on future economic self-sufficiency for students with disabilities. Because children from diverse racial backgrounds are

overrepresented in special education, they are more likely to earn alternative diplomas and suffer the lasting consequences of fewer employment and educational opportunities. Therefore, **NCD recommends that the U.S. Department of Education issue guidelines that gives students with disabilities the opportunity to obtain a standard high school diploma and only use alternative diplomas as a last resort.**

The DOL recommends that IEP teams begin to investigate graduation options no later than middle school because this decision will determine the courses that students with disabilities take in both middle school and high school. The IEP team must also ensure that the core course of study is consistent with students' goals after high school graduation. NCD echoes this recommendation. Students with disabilities should be meaningfully involved in the development and planning of their IEP goals to ensure that these goals accurately reflect their capabilities and

keep future educational and employment opportunities open to them.⁹⁶ To ensure that only students with the most significant cognitive disabilities are put on an alternative diploma

track, the Every Student Succeeds Act of 2015 requires that parents provide informed consent to and understand the implications of an alternative diploma track. It also requires states to establish clear guidelines about placement in an alternative track and to be more transparent about the process of alternative testing.

Barriers Related to the Transition to Employment

Moving students with disabilities into the right career path, which may include postsecondary education, training, or work, is key to ensuring that they have access to opportunities that will lead to financial success and self-sufficiency. IDEA mandates that transition planning be provided for all students with an IEP and this includes concrete post-high school

graduation goals (e.g., education, training, or employment). In practice, transition planning for students with disabilities is often inadequate. Preparing students without disabilities for skills development and economic independence often includes early opportunities such as job shadowing, internships, part-time jobs, and volunteer work. However, students with disabilities are less likely to have these opportunities, which sets them further behind their peers when they enter the competitive job market and postsecondary application process.⁹⁷

Being from a diverse racial background has a further impact on entering the competitive job market—while the employment rate for white youth with disabilities is 34 percent, it is only 24 percent

for African American youth with disabilities (Exhibit 1.2).⁹⁸

To ensure full participation in postsecondary education, students with disabilities, particularly those in poverty, often need federal student aid. However, they face challenges in obtaining financial support from federal resources including Pell grants, Federal Supplemental Educational Opportunity Grants, and federal work-study programs.⁹⁹ The Common Core Standards forbid students who graduate with alternative high school diplomas or trade and career program degrees from obtaining federal Pell grants and federal scholarships. This limits federal financial aid to those students with disabilities who receive standard high school diplomas and GEDs. As noted in our 2015 briefing paper on the reauthorization of the Higher Education Act,¹⁰⁰

The Common Core Standards forbid students who graduate with alternative high school diplomas or trade and career program degrees from obtaining federal Pell grants and federal scholarships.

NCD recommends that the U.S. Department of Education revise guidelines to allow students who graduate with alternative high school diplomas or trade and career program degrees to be eligible to obtain federal Pell grants and federal scholarships if they meet all other qualifications for financial support from federal sources.

As noted earlier, students with disabilities are often tracked into alternative diploma programs, which limits their options for entry into postsecondary education, including eligibility for federal financial aid. Students are also often required to take a full course load as a condition of receiving financial aid; however, some students with disabilities are unable to meet this condition. As a result, students with disabilities who cannot obtain federal financial aid are left to figure out how to pay for college or vocational training programs; like most students, they frequently take out private loans to pay for postsecondary education or vocational training, even though these loans have higher interest rates than federal student loans and no grace periods, which federal student loans provide.¹⁰¹ In 2014, student loans totaled \$1.4 billion.¹⁰² Recent action by the ED has led to student loan debt forgiveness for qualified students with disabilities; however, at this time, debt forgiveness does not include a tax waiver.¹⁰³ Thus, students with disabilities may end up paying taxes on loans that they no longer owe. **NCD recommends that the IRS provide guidelines that waive taxes on student loan forgiveness for students with disabilities.**

During the crucial time immediately after the onset of disability, when they may still have some attachment to the labor force, the current [Social Security] system encourages applicants not to work, which often leads to poverty.

Veterans with mental health issues or other disabilities resulting from their deployments face unique challenges in higher education. Many veterans enter institutions of higher education to improve their ability to work. However, they enroll in college with physical wounds, posttraumatic stress disorder, depression, anxiety, and traumatic brain injuries, which require accessibility and accommodations on campus and in classrooms.¹⁰⁴ As a result of their injuries, veterans may find themselves struggling with problems related to attention, concentration, processing new information, and other cognitive functions central to obtaining a quality education. Many veterans do not use the traditional services

that institutions of higher education provide to students with disabilities. Colleges and universities need to engage with veterans in ways that are more in tune with their needs and work with the U.S. Department of Veterans Affairs to

communicate with veterans about disability services.¹⁰⁵ Veterans need unique attention to ensure they can complete school successfully. (For more information, see Appendix C, which provides a link to NCD's report, *Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs*.)

Barriers Related to Complex Eligibility and Enrollment Procedures

When people apply for disability insurance benefits through SSDI, they must demonstrate to the SSA that they cannot work. However, a significant portion of people with disabilities can

and want to work as long as they have adequate health care and long-term support services, reasonable accommodations, and sometimes, additional training. Support in the form of cash assistance from SSDI or SSI helps people with disabilities attain or maintain a reasonable standard of living. However, due to the “all or nothing” requirement of the SSA, people with disabilities are faced with choosing between working or receiving needed cash, medical, and other in-kind support. If they choose to work, then they often find themselves in low-paying jobs with little or no benefits.¹⁰⁶ If they select needed benefits, they cannot work and are often faced with the further challenge of navigating a complex system to obtain needed supports.

The disability determination process, which determines SSDI and SSI eligibility, has multiple steps and can often be lengthy. During the SSDI application and appeals processes, people with disabilities do not receive any income support or medical benefits. They must disconnect from the workforce to obtain financial assistance. During the crucial time immediately after the onset of disability, when they may still have some attachment to the labor force, the current system encourages applicants not to work, which often leads to poverty.

In fact, the application process can take many months or even years while people with disabilities provide medical information to prove their inability to work. After people with disabilities qualify for SSDI benefits, they must continue to meet strict disability eligibility requirements, which SSA periodically reassesses

as part of its continuing disability reviews (CDRs). Those who show medical improvement through a CDR could face the prospect of losing their benefits. Throughout the application and benefit process, SSA disability participants must continually prove an inability to perform substantial gainful activity (SGA) or risk losing their benefits.¹⁰⁷

Eligibility for SSDI and SSI benefits is interconnected with health care and long-term services and supports, which are also important for people with disabilities to maintain their independence. SSDI beneficiaries qualify for Medicare after 24 months of enrollment. People with disabilities with limited income and

assets (e.g., cash, bank accounts, stocks, U.S. savings bonds, land, vehicles, or personal property) can also qualify for SSI and therefore qualify for Medicaid. Through Medicaid HCBS waivers under Section 1915(c) of the Social

Security Act, people with disabilities can access services such as case management, personal care, adult day health services, habilitation, and respite care. Medicaid services provide important additional supports for people with disabilities by allowing them to remain independent in their homes and/or communities instead of forcing them into institutional settings. These services are often necessary for people with disabilities to successfully attain and maintain employment; however, the services available under HCBS waivers are generally not available from private insurance plans and are too expensive to afford out of pocket. As a result, people with disabilities frequently stop working in order to maintain the

[HCBS] services are often necessary for people with disabilities to successfully attain and maintain employment; however, [they] ... are generally not available from private insurance plans and are too expensive to afford out of pocket.

low income levels that are required by SSI, SSDI, Medicare, and Medicaid to ensure they received much-needed benefits.

Barriers Related to Program Income and Asset Limits

Eligibility for SSI and SSDI is based on the inability to earn an income which is referred to as SGA. In 2017, SGA was \$1,170 per month for nonblind beneficiaries and \$1,950 for blind beneficiaries. SSDI beneficiaries who earn above SGA can lose all of their SSDI cash benefits. Several work incentive programs exist to reduce or forestall the risk of losing cash benefits. For example, beneficiaries can earn an unlimited amount for nine months during a “trial work period” without losing benefits. Nevertheless, SSDI beneficiaries face a “cash cliff” where earnings that exceed the SGA level result in the loss of the full amount of the cash benefit. The loss of SSDI income for people with disabilities may be greater than their earnings and result in a situation where they have insufficient income to cover all of their expenses.

SSI beneficiaries face a different penalty when their incomes rise. Specifically, after earnings reach \$65 per month, SSI benefits are reduced by one dollar for every two dollars of additional earnings. In addition to penalizing people with disabilities who want to work, eligibility for SSI requires that people with disabilities have very limited assets. Personal savings and assets enable people to weather financial shocks and emergencies and make long-term investments that will help them in the long term. Prior to passage of the ABLE Act in 2014, people with disabilities receiving these benefits were significantly limited in what they could save for emergencies or even large disability-related

expenses. (For more information about the ABLE Act, see Appendix B.)

The complexities of public benefits programs are exacerbated by concerns and confusion about paying back those benefits. SSI benefits are adjusted based on earnings; however, the adjustments are often delayed by several months because the level of benefits are adjusted retroactively. If SSA determines that a person received an overpayment, beneficiaries must reimburse SSA for the overpaid amount. Unfortunately, the agency can take months or years to determine the necessary adjustments to SSI benefits and will continue to overpay the beneficiary. The need to pay back overpayments can lead to financial turmoil and reinforce the idea that any kind of work can lead to more harm than good for people with disabilities.

Work incentives such as expedited reinstatement, trial work periods, extended periods of eligibility, and continuation of Medicare coverage can help people with disabilities on SSDI reduce the risk of losing benefits. In addition, SSI recipients can use incentives such as the earned income exclusion, impairment-related work expense (IRWE), plans for achieving self-support (PASS), and continued Medicaid eligibility (1619b) (see Appendix B for more information.). Through the Ticket to

“He’s almost forced into poverty. For every extra dollar of income he gets, he seems to lose a benefit. If that happens, he’s essentially in the same spot. He can never better his condition.”

—Parent of Focus Group Participant

Work Program, the SSA funds work incentives planning and assistance projects in each state. Community work incentive coordinators provide in-depth counseling about benefits and the effect of work on those benefits to people with disabilities using the work incentives. The SSA's Protection and Advocacy for Beneficiaries of Social Security programs in each state build on these services by providing additional help with accessing supports that will facilitate work. Despite these supports, the rules for these incentives are complicated and many beneficiaries have reported difficulty accessing high-quality information about these projects. Among the 328,000 SSI recipients who work, only 821 have PASS plans that enable them to set aside money for items or services needed to achieve a specific employment goal without that money counting against their asset limit. Only 3,188 use the IRWE, which allows them to deduct the out-of-pocket costs of certain expenses from the amount of earnings SSA uses to calculate the SSI benefit.¹⁰⁸

Overall, individuals whose ability to work may be limited or fluctuate over time face a complicated system where they must calculate whether their long-term earnings can cover their loss of benefits. Some beneficiaries are put in a difficult position where, if they work and earn too much, they may lose the long-term care supports they need to work. Others face the stark option of full dependency on needed benefits without the option of financial independence.

NCD recommends the President establish collaboration by federal agencies in forming an interagency work group to propose rule changes in federal benefit programs and reduce work disincentives linked to federal program conflicts. This effort should begin

with SSA, Centers for Medicare and Medicaid Services, and Department of Labor programs.

Housing is another significant cost factor for people with disabilities that requires thoughtful public policy. HUD takes a more flexible approach than other agencies when it comes to income requirements for people with disabilities to maintain eligibility for program support, such as HUD housing or rental assistance programs. In general, a person's household income must be at 50 percent or below of the area median income. People with disabilities who rely on SSI or SSDI income may also be eligible for housing assistance under the Section 811 Supportive Housing Program. These options reduce the barriers to adequate low-cost housing. Also, household income and asset limits for HUD housing assistance programs are more generous than those for SSI and other assistance programs. For people with disabilities who have either not been previously employed or who have been out of the workforce for at least a year, there are HUD programs designed specifically to help incentivize work and the move toward economic self-sufficiency. These federal rental assistance programs build in room for the household income to increase within certain parameters.

In addition, HUD does not place limits on assets for people who receive support from housing or rental assistance programs. Households can have bank accounts, and only the interest from a savings, checking, or other account counts toward income. HUD also has a disability assistance allowance for additional costs that exceeds 3 percent of the household income. These costs can include paying for personal care attendant services, a wheelchair, and assistive technology. For an expense to be

allowable, it must help people with disabilities work or free another member of the household to work. Anticipated medical expenses in combination with any disability assistance allowance exceeding 3 percent of the household income can also be considered allowable.¹⁰⁹ The differences in both income and asset limits across programs from federal agencies such as HUD and SSA create a complex system that people with disabilities must navigate to obtain these much needed services.

Barriers Related to Transportation in Rural Areas

Lack of transportation options for people with disabilities in rural areas creates serious, ongoing barriers to employment, accessible health care, and full participation in society for this population. According to the 2010 Census, 19 percent of the U.S. population lives in rural areas,¹¹⁰ but only 6 percent of federal transit

[O]nly 6 percent of federal transit funds are allocated to serve rural communities.

“If you have a paratransit system that operates in just one county within your state, that is going to narrow the opportunities for somebody with a disability to go look for a job. You don’t have any kind of connection between the counties and paratransit systems, because each county might have their own paratransit system, but they might not be linked together. If I have to go to a job 30 minutes from my house I can’t do it because I can’t drive.”

—Focus Group Participant

funds are allocated to serve rural communities.¹¹¹ This means that there is minimal or nonexistent transportation services in many rural areas.

NCD recommends that Congress place greater emphasis on federally funded grant programs for rural areas to address publicly and privately funded accessible transportation options for people with disabilities.

Providing transportation to people with disabilities in rural areas is often complicated by small populations and long distances between communities, which make it difficult for rural areas to provide services such as fixed-route or ADA paratransit services. Additionally, a lack of coordination between services in rural areas is a significant problem for people with disabilities

living in these areas. For example, transportation that stops at a county line is an artificial barrier that limits employment

opportunities for people with disabilities.

NCD recommends that states and counties increase coordination between jurisdictions in rural areas and regional transit planning authorities to overcome these barriers.

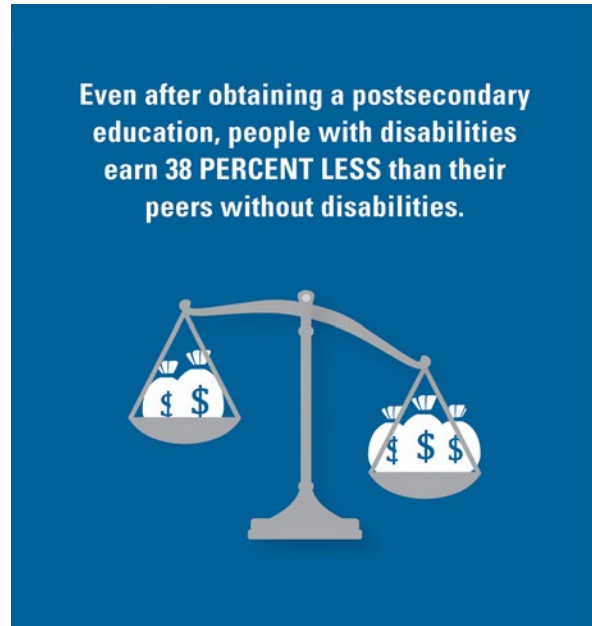
Barriers Related to Attitudes and Stereotypes

The ADA represented a major shift in social policy by focusing on integrating people with disabilities into the workforce and moving them away from dependence on disability benefits. However, 27 years after its passage, people with disabilities still face many outdated attitudes and stereotypes. For example, some believe that people with disabilities cannot live independently or contribute meaningfully to the workforce or their communities.¹¹²

Starting in childhood, family and teacher expectations play an important role in the academic achievement of all children, regardless of abilities or disabilities.¹¹³ One of the best ways that educators and families can help children with disabilities succeed is to set high standards.¹¹⁴ The success of students with disabilities can be negatively impacted if their teachers do not feel that they should play a central role in their education. Research shows that teachers who see themselves as responsible for the success of all students regardless of ability engaged in more prolonged interactions with students with special educational needs than teachers who regard support staff (i.e., teacher aides) as having primarily responsibility for students with disabilities.¹¹⁵ Families of Hispanic students with disabilities are less likely than those of peers to have home-based education-related activities. African American students with disabilities have families that are more likely to be involved at home than white students with disabilities, but they are less likely to attend IEP meetings and be involved at school.¹¹⁶

At the university level, faculty sometimes do not have an adequate understanding of the specific needs of students with disabilities. Faculty may question the nature of reasonable accommodations and whether students with disabilities need accommodations at all and doubt their own ability to effectively teach students with disabilities.¹¹⁷ In addition, some universities do not provide adequate accommodations and assistive devices.¹¹⁸ Poor attitudes, lack of understanding, and inadequate

One of the best ways that educators and families can help children with disabilities succeed is to set high standards.



access to assistive technology can impede postsecondary achievement and success as well as economic self-sufficiency among students with disabilities.

Employer attitudes often limit job opportunities. Despite the fact that these myths have been debunked, some employers believe that people with disabilities lack the necessary knowledge and skills to work, are less productive, or can only do light, repetitive, and simple jobs.

They may also believe that accommodations are expensive or that workers' compensation insurance and health care costs will increase.¹¹⁹ Federal agencies can be the model for hiring and integration as a way to exemplify the capabilities of people with disabilities. **NCD recommends that all federal agencies increase coordination with their SPPCs to improve understanding of reasonable accommodations and their effect**

on productivity and retention of people with disabilities in the workplace.

Earning a living wage can serve as a road out of poverty. Currently, an estimated 228,600 people with intellectual/developmental disabilities and other significant disabilities work for subminimum wage under special certificates issued by the DOL Wage and Hour Division.¹²⁰

These certificates are allowed under Section 14(c) of the Fair Labor Standards Act, which permits employers to pay wages less than the federal minimum wage

to workers who have disabilities that affect productive capacity. The DOL's definition of which disabilities may affect productive capacity includes blindness, mental illness, intellectual disability, cerebral palsy, alcoholism, and drug addiction. Paying people with disabilities subminimum wage

serves to perpetuate the belief that people with disabilities cannot work in the same kinds of jobs as people without disabilities.

Most people currently working under Section 14(c) subminimum wage certificates are working in sheltered workshops (also called community rehabilitation programs or work centers). These are segregated facilities that exclusively or primarily employ people with disabilities.¹²¹ Sheltered workshops typically receive public funding, including federal funding through Medicaid and VR, to provide employment-

related habilitation and rehabilitation services to people with disabilities.¹²² Although the Centers for Medicare and Medicaid Services specifies that sheltered workshops should only be used as a time-limited service, one study found that only five percent of sheltered workshop employees left to take a job in the community.¹²³ Some suggest that sheltered workshops are a

critical component of employment systems because they provide people with significant disabilities who may have no other options with the option to work. However, sheltered work

has not been shown to be effective in moving people with disabilities to an integrated work environment.¹²⁴

NCD believes that no person with a disability should be discriminated against in an employment setting by receiving less than the

minimum wage available to all other citizens. NCD also recognizes that eliminating all of the Section 14(c) certificates would jeopardize the security of many people who are currently involved with

the program. Therefore, as we first noted in our 2012 report on the topic,¹²⁵ **NCD recommends a transformation strategy to phase out the 14(c) model in favor of one of empowerment and self-determination.** (See Appendix C for a link to NCD's *Report on Subminimum Wage and Supported Employment*, with more information about the transformation strategy.)¹²⁶

Currently, an estimated 228,600 people with intellectual/developmental disabilities and other significant disabilities work for subminimum wage...

Although [CMS] specifies that sheltered workshops should only be used as a time-limited service, one study found that only five percent of sheltered workshop employees left to take a job in the community.

In recent years, several government agencies have sought to limit the use of subminimum wages. Under Section 511 of the Rehabilitation Act of 1973, a series of steps must be taken before an individual under the age of 24 can be placed in a job paying less than minimum wage. Section 511 also prohibits schools from contracting with subminimum wage providers. WIOA established the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities. The advisory committee made recommendations to Congress on how to strengthen competitive integrated employment opportunities for individuals with intellectual or developmental disabilities or other individuals with significant disabilities.

Finally, the Department of Justice entered into settlement agreements with Rhode Island and Oregon to address the rights of people with disabilities to receive

state-funded employment and daytime services in the broader community, rather than in segregated sheltered workshops and facility-based day programs.¹²⁷ **NCD recommends that all federal agency annual reports to Congress regarding Section 503 and 511 of the Rehabilitation Act of 1973 include information on enforcement activities and the impact of employment on people with disabilities.**

Attitudes and stereotypes about people with disabilities also create barriers for this population when it comes to using fixed-route public transit providers, paratransit, and private transportation providers. For example, bus drivers may not stop

their buses to pick up people with disabilities, paratransit staff do not provide friendly customer service and may fail to respond to complaints, and paratransit drivers lack respect for users of their services and transit agencies often use punitive cancellation policies for people with disabilities.¹²⁸ **NCD recommends that DOT Federal Transit Administration work with local communities to provide guidance that clarifies and bolsters ADA nondiscrimination standards.** This will address issues faced by people with disabilities and ensure accessibility of all public transportation options.

Although the ADA prohibits discrimination by private entities, companies that provide

Although the ADA prohibits discrimination by private entities, companies that provide smartphone transportation applications have failed to provide accessible services for people with disabilities.

smartphone transportation applications have failed to provide accessible services for people with disabilities. For example, a recent lawsuit claims that the UberX service, which is basic door-

to-door service, inhibits access to people with mobility limitations.¹²⁹ In Washington, DC, Uber users with mobility limitations can use Taxi WAV, which hails a DC cab, but some reports find that wait times are longer and fares are higher with this service.¹³⁰ **NCD recommends that DOJ issue regulations for privately funded transit to provide accessible transportation options for people with disabilities.** It is important to overcome the attitudinal and physical barriers that people with disabilities face when it comes to accessible transportation. Reliable transportation is necessary for people with disabilities to be able to hold a job and reach the goal of economic self-sufficiency.

Many of the same attitudinal barriers affect people with disabilities who are looking for accessible housing. Deaf and Hard of Hearing have reported experiencing adverse treatment in approximately half (49.5 percent) of their attempts to secure a rental unit and wheelchair users were reported to have experienced adverse treatment in approximately one-third (32.3 percent) of their attempts to secure rental housing.¹³¹ Some of the adverse experiences

people with disabilities face when trying to secure housing include refusal of calls made by or for TTY users, refusal to allow inspection of rental units, and housing managers or landlords failing to provide information regarding available units or requirements for completing a rental application. Being an active and independent member of the community requires that people with disabilities can secure accessible housing free of discrimination and stereotypes.

Chapter 3: Emerging and Promising Practices for Achieving Economic Self-Sufficiency

NCD recognizes that there have been a number of efforts to address the barriers described in this report that prevent people with disabilities from achieving economic self-sufficiency. This chapter focuses on policies, programs, and practices that demonstrate promise in lifting people with disabilities out of poverty by addressing barriers that people with disabilities experience. These ideas provide a basis for the development of future policies that can further support the achievement of economic self-sufficiency for people with disabilities.

Education

Students with disabilities often do not have the same access to internship and work experience opportunities as other students during high school and college. NCD notes some promising initiatives and recommends that model programs be duplicated or tested as potential ways to increase the economic prospects for people with disabilities. For example, the Initiative for Empowerment and Economic Independence (IEEI) at Eskenazi Health in Indiana is a rigorous internship program for college students with physical and sensory disabilities. The program seeks to remove the barriers that normally prevent students with disabilities from pursuing gainful employment, such as logistical issues with transportation and employer reluctance to

invest in accommodations in the workplace. It prepares students by building skills, confidence, and a work history that better enables them to find full-time employment after college. The program is committed to creating a rigorous, real-world experience for their students, through a 40-hour work week (with flexibility for students who cannot do a full-time internship), high work standards, and pay equal to their peers, at about \$15 per hour. The students must apply to and qualify for the internship, and if they are not quite ready, the program offers guidance on how they can improve their application. The program is also effective at influencing the perspectives of employers, supervisors, and peers about working with someone who has a disability. Through the internship program, employers learn that accommodations are often much more doable and less costly than expected and their preconceived ideas about what people with disabilities are capable of accomplishing are challenged and transformed.¹³² In the coming years, IEEI hopes to increase the number of interns it employs and to continue working with employers to educate them about working with people with disabilities, establishing a center and website to serve as resources for connecting individuals and companies, and expanding their program for implementation at other sites in the United States. **NCD recommends the**



development of partnerships across vocational rehabilitation agencies, local education agencies, institutes of higher education, and employers to promote similar internship opportunities for students with disabilities.

Similar to TPSID programs, the InclusiveU program at Syracuse University supports students with intellectual disabilities who may otherwise not have access to postsecondary education. InclusiveU is a flexible program individualized to each student. Students with intellectual disabilities audit classes and receive a certificate of completion from InclusiveU. Participating students can also be matched up with a Syracuse University student mentor to

receive academic and social support. Although TPSID has made similar programs possible at other universities, they should continue to be developed and made available to more students with intellectual disabilities.

UDL is a set of principles to guide curriculum design to meet the needs of diverse students. Curricula designed under the UDL framework are more flexible and can accommodate learning differences that exist among students by adjusting to each student's strengths and needs. Students with disabilities can benefit from UDL-based curriculum because it is more capable of meeting their needs from day one in the classroom, and fewer special supports may be required for each child. For example, UDL classrooms can present information in visual, auditory, or interactive ways rather than only relying on textbooks. UDL can be applied to assessments (formative and summative) as well, allowing students the opportunity to show what they have learned through a variety of methods including tests, presentations, group projects, and other evaluative activities. Perhaps most importantly, UDL works because it keeps students with disabilities and those without disabilities in the classroom together, which benefits all students socially and educationally. However, to date, UDL is more widely used within special education classrooms than general education classrooms.¹³³

One study of five high-performing schools in Texas highlights the use of UDL practices to improve education for students in poverty, including those with disabilities.¹³⁴ In these schools, the focus was on fully integrating students with disabilities into the regular education program and embracing the idea that all students can be academically successful when the talents and experiences of teachers

are put to their best use. Regular communication between faculty and administrators across teaching areas made this program work as it provided opportunities for teachers to learn from one another. This created an environment where teaching strategies were adjusted to each student's needs and teachers collaborated with colleagues to identify solutions to barriers and participate in schoolwide intervention strategies for all students. These schools focused on a culture of student-centered learning where separate special education services (e.g., those outside the general

education classroom), although valued and supported, were considered a referral of last resort. The results from the Texas study showed that students with disabilities could *meet or surpass* high standards in state assessments.¹³⁵ Broader use of these types of UDL and inclusion practices can help students with disabilities succeed in school and improve their chances for attending college or accessing other career opportunities after they graduate. **NCD recommends that ED issue guidelines on the inclusion of UDL principles to promote integration of students with disabilities in the classroom.**

The Center for Attachment and Family Development in Decatur, Alabama, is another example of promising educational practices that address the social and emotional learning needs of students with disabilities living in poverty. This Center aims to improve the behavior of children and encourage functional behavior that helps children succeed by addressing the community

system around the child in addition to the child-centered components of the behavior.¹³⁶ Their four-pronged approach is central to the success of the program as it takes a comprehensive view to treatment and intervention to help children with behavior problems that result from living in poverty. Another example is a preschool social and emotional learning intervention that is part of the Foundations of Learning demonstration. The intervention improved the ability of preschool teachers to address children's behavior problems and had positive outcomes on teacher practices

Broader use of these types of UDL and inclusion practices can help students with disabilities succeed in school and improve their chances for attending college or accessing other career opportunities after they graduate.

when they worked with students with behavioral problems. It also resulted in lower levels of conflictual interactions among children and a higher level of engagement in classroom activities.¹³⁷ These local-level demonstrations

can be valuable for informing policy changes that will positively affect the educational outcomes of students with disabilities.

In addition to school-based approaches to addressing the needs of students with disabilities, professional development opportunities geared toward preparing teachers to work with students with disabilities have shown promise. Some of these approaches include supporting general education teachers in their efforts to effectively instruct students with disabilities in their general classrooms.¹³⁸ In one example, teachers used problem-solving teams that focused on teachers providing social support, learning new instructional approaches, obtaining practical help with problems, and improving practice through reflection.

Financial Assistance and Incentives

Another challenge for people with disabilities who receive public assistance is to stay within the asset limits (capped at just \$2,000 total under SSI). The recent ABLE Act of 2013 addresses this barrier and promotes economic independence and self-sufficiency among people with disabilities. The ABLE Act amends Section 529 of the Internal Revenue Code, which establishes tax-free savings accounts for qualified individuals to save money to pay for qualified disability

expenses. Under the ABLE Act, each state develops and operates its own ABLE program. Individuals are limited to one account and the individual must have a qualified disability that occurred prior to the age of 26, meaning either they must be eligible for SSI or have a permanent disability with

marked and severe functional limitations. **NCD recommends that Congress approve the ABLE Age Adjustment Act to increase the qualifying age limit for an ABLE account to occurring prior to their 46th birthday.** ABLE accounts can function as both savings accounts and investment accounts for people with disabilities with differing allocations based on risk tolerance. To incentivize the use of these accounts, some states provide a tax deduction for state taxpayer contributions to an ABLE account.

Consistent with federal gift tax law, \$14,000 per year from all sources may be deposited into ABLE accounts. Additionally, each individual may save up to \$100,000 without the amount in the

account counting against the \$2,000 resource limit of SSI. Funds in the account can be used tax free to purchase qualified disability expenses such as housing, food, transportation, medical care, education, employment support, legal fees, health and wellness services, assistive technology, financial management, and other expenses that increase the beneficiary's health, independence, and quality of life. However, **NCD recommends that Congress approve the ABLE to Work Act to allow people with disabilities**

Funds in the [ABLE] account can be used tax free to purchase qualified disability expenses such as housing, food, transportation, medical care, education, employment support, legal fees, health and wellness services, assistive technology, financial management, and other expenses...

who are employed to contribute funds above the \$14,000 per year cap to an ABLE account (the maximum allowable amount is \$26,060 in 2017). People with disabilities who establish ABLE accounts but do not receive SSI are allowed to save up to the amount permitted in each

state's 529 education savings plan to pay for qualified disability expenses. The limits for state 529 education savings plans range from \$260,000 to \$550,000 depending on the state. **NCD recommends that Congress approve the ABLE Financial Planning Act to allow 529 educational savings accounts to be transitioned to qualifying people with disabilities without incurring penalties or taxes.**

Currently, 18 states have ABLE programs and 28 states are developing their programs. **NCD recommends that all states implement ABLE programs and actively inform people with disabilities and their caregivers of this**

important new legislation. In addition, the IRS should issue final regulations to Section 529A of the Internal Revenue Code on how states can establish a qualified ABLÉ program. The ABLÉ Act allows people with disabilities to build individual savings and invest their money in ways that will enhance their self-sufficiency.

Employment

NCD is a strong proponent of employment that pays a competitive wage to people with disabilities. Work is the first and preferred outcome in the provision of publicly funded services for all working-age people with disabilities, regardless of their level of disability. As of January 2017, 46 states have undertaken some activity to support employment for their citizens with disabilities, and 32 states have passed legislation, issued Executive Orders, or established policy directives to promote competitive integrated employment.¹³⁹

Importantly, work for people with disabilities should be in jobs that pay a competitive wage and offer adequate benefits and accommodations. This includes moving people from sheltered workshops and other segregated settings to integrated employment and completely removing subminimum wage jobs. These ideas have been supported through federal policies and resulted in improved practices in the disability field. In 2001, RSA prohibited placement in sheltered workshops or other segregated settings from counting as an employment outcome for purposes of the VR program.¹⁴⁰ In 2011, the Centers for Medicare and Medicaid Services specified that prevocational

services provided under HCBS waivers are considered a time-limited service while services that support work in the community are long term. DOJ reached settlement agreements in 2014 and 2015 with Rhode Island and Oregon to promote integrated employment.¹⁴¹ Finally, WIOA established the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities to advise the U.S. Secretary of Labor on ways to increase competitive integrated employment and improve the use and oversight of 14(c) certificates.¹⁴² WIOA promotes a focus on transition-age

youth, moving people with disabilities into postsecondary training, education, and employment opportunities as early as possible.

States have followed this trend by implementing an Employment First model, which requires federal, state, and local agencies to modify their policies and funding structures to promote integrated employment. At the same time, VR service providers must retool and retrain their staff to provide supports geared toward integrated rather than segregated employment. Recognizing this challenge, DOL's Office of Disability Employment Policy provides technical assistance to cross-agency teams of state government leaders through its Employment First State Leadership Mentor Program. However, in many states to date, Employment First initiatives have resulted in proclamations rather than binding mandates.¹⁴³

NCD recommends that states mandate the development of Employment First initiatives to reflect stronger legislative and policy support for competitive integrated

employment opportunities, which will increase opportunities for economic independence for youth and adults with disabilities.

Housing

People with and without disabilities want to be part of a safe, integrated, and inclusive community, where they can live independently with reasonable access to educational institutions, jobs, and services. Communities need to promote investments in infrastructure and developments that include diverse yet integrated housing and transportation that will allow access to jobs, schools, and stores to promote economic opportunity for all residents. In some communities, there is a move toward using collaborative

partnerships that include federal, state, local, private, and nonprofit organizations to address the needs of people with disabilities along with the needs of the entire

community.¹⁴⁴ There are a number of promising programs and practices that address the need for affordable housing for low-income individuals and families across the United States, including people with disabilities.

Universal design for housing has been used in home construction since the 1980s. It seeks to create accessible and barrier-free housing and exceeds the minimum legislated specifications for accessible and barrier-free housing. Accessibility and usability is a goal of design from the start. One of the main concepts behind universal design is that it includes features that help people with disabilities live independently but are also useful to people without disabilities.

Universal design for housing makes homes easier for people to use throughout their lifetime, supporting independent living and aging in place for everyone. Homes are built with adaptable or adjustable features and have products that are universally usable and commonly available.¹⁴⁵ The Fairfax County, Virginia, Board of Supervisors is an example of a community-based group that has made a commitment to supporting housing that will benefit all residents. The Board of Supervisors created the Fairfax County Coalition on Housing and Universal Design, which is a public-private partnership between contractors, remodelers, interior designers, occupational and physical therapists, area agencies on aging, advocates for older adults and people with disabilities, and Fairfax County government representatives.¹⁴⁶

The coalition promotes the incorporation of universal design features into new single family homes and encourages the Multiple Listing Services Database to include information about

universal design features in homes for sale.¹⁴⁷

The National Association of the Remodeling Industry and the National Association of Home Builders also offer certifications to support the integration of universal design concepts into residential construction.¹⁴⁸ Despite this example, universal design for housing has not been widely adopted in the design community (e.g., among designers and builders) because it is perceived as a design solely for people with disabilities or as cost-prohibitive. However, new homes that are built with universal design in mind can be built at a cost similar to that of other new homes.¹⁴⁹ In addition, universal design allows people to age in place and potentially reduces the need

[N]ew homes that are built with universal design in mind can be built at a cost similar to that of other new homes.

for community services and nursing home care.

NCD recommends that HUD require that all federally assisted housing units are designed following universal design principles and that local communities support greater investment in housing developments incorporating universal design.

Affordable housing should be available to all people regardless of disability or income. In Montgomery County, Maryland, the Moderately Priced Housing (MPH) Law passed in 1974 addressed the need for affordable housing among Montgomery County, Maryland, residents. The law requires that 12.5 to 15 percent of the total number of units in any new development with 20 or more units include “moderately priced dwelling units,” and that 40 percent of the moderately priced units be made available to housing agencies for families with low and moderate income.¹⁵⁰ Between 1974 and 2004, 11,000 affordable housing units were built in Montgomery County because of the MPH law.¹⁵¹ Policies like this should be expanded to include requirements for affordable, accessible housing in new communities so that there is an adequate supply of affordable, accessible housing available to people with disabilities. **NCD recommends that local communities pass ordinances like the MPH law that, along with affordability guidelines, include requirements for accessible housing in new developments.**

The Democracy Collaborative supports collaborative efforts to address economic and health disparities in economically struggling metropolitan areas through the Anchor Institution Initiative. Anchor institutions are defined as universities, hospitals, public utilities, municipal governments, foundations, and faith-based institutions—all organizations or entities that are

“rooted” in the community.¹⁵² Anchor institutions collaborate on issues such as affordable housing, job training and job creation, investment in transportation, and supporting small businesses and businesses owned by people from diverse racial backgrounds. These efforts are geared toward all residents but can support people with disabilities to live independently and fully participate in their community.

Similarly, the Sustainable Communities Initiative is an interagency partnership between HUD, DOT, and the Environmental Protection Agency that is implemented by the HUD Office of Economic Resilience. The initiative encompasses two competitive grant programs: (1) the Sustainable Communities Regional Planning Grant Program, and (2) the Community Challenge Grant Program.¹⁵³ The goals of the initiative are to address environmental, social, and economic challenges faced by regions and communities in a time of growing need and tightening budgets at all levels. In recent years, communities around the country have taken a new collaborative approach to community planning, recognizing that they need to have a broader understanding of the needs of in the community when making future infrastructure investments.

In 2010, the Federal Emergency Management Agency created the Office of Disability Integration and Coordination (ODIC) in an effort to improve access to emergency preparedness information and ensure that the needs of people with disabilities are met in times of emergencies. People with disabilities experience a variety of challenges during an emergency, including accessible transportation during an evacuation, maintaining their independence in a shelter, finding accessible housing if theirs has been destroyed, and accessing services

to enable them to return to work.¹⁵⁴ Although ODIC has improved the outcomes of people with disabilities before, during, and after an emergency, people with disabilities and emergency managers need to build on existing emergency management efforts to foster inclusive disaster planning and fully accessible disaster services. It is imperative that people with disabilities are included in the development and implementation of these initiatives to ensure that their accessible and affordable housing and transportation needs are fully considered and addressed.

Underutilized Policies, Programs, and Practices

In addition to the promising policies and programs described previously, there are existing programs that could be effective if they were implemented fully. Programs like the SSA's Ticket to Work (TTW) program and the Medicaid Buy-In programs were created to promote employment for people with disabilities while recognizing the importance of maintaining health benefits. However, both programs are currently underutilized by people with disabilities.

Established in 1999, the SSA's TTW program is a voluntary program designed to promote employment among SSI and SSDI beneficiaries and reduce their dependence on benefits. TTW expands people with disabilities' choice of employment support providers beyond VR and other public providers. Nonprofit, for-profit, and government agencies can become an employment network (EN) by entering an

agreement with SSA to provide employment and other services to people with disabilities. People with disabilities in the TTW program are given a "ticket" that allows them to contact any EN in their area or nationally to find the services and supports that meet their needs. For a ticket to be activated, the person with a disability must engage an EN or VR agency for services. SSA then provides payments to the EN based on specific employment milestones or outcomes.

Despite providing people with disabilities with additional choices for employment support providers, TTW and related programs have had a limited effect on the employment outcomes of SSDI beneficiaries.¹⁵⁵ As of 2013, of the 13.5 million tickets issued by SSA, 316,575 (or approximately 2.3 percent) of the tickets issued were activated. Of all tickets in use, 87 percent were assigned to state VR agencies rather than

other ENs. Through the TTW program, 23,785 SSDI beneficiaries were placed in a job or supported on a job by an EN, and 7,835 were able to earn enough income

As of 2013, of the 13.5 million tickets issued by SSA, 316,575 (or approximately 2.3 percent) of the tickets issued were activated.

to leave SSDI.¹⁵⁶ Two of the reasons for low participation in TTW to date are confusion about how TTW works and concerns about losing SSDI benefits. In addition, ENs only receive payments if the employment outcome is at the SGA level, which may result in ENs only selecting to work with clients who need the least amount of assistance.¹⁵⁷

The legislation that created the TTW program also created the Medicaid Buy-In program, which provides additional Medicaid eligibility options for people with disabilities whose income is higher than the allowable substantial gainful activity

levels. Currently, 45 states offer a Medicaid Buy-in program for people with disabilities who do not qualify for Medicaid through SSI eligibility. This program encourages people with disabilities to seek or return to employment without fear of losing health care benefits such as personal care attendants. From 2010 to 2011, the Medicaid Buy-In program grew 10 percent to a total of 192,946 enrollees nationally; however, the size of Medicaid Buy-In programs varies significantly across states. The number of enrollees in each state ranges from 50 to 20,000

45 states offer a Medicaid Buy-in program for people with disabilities who do not qualify for Medicaid through SSI eligibility... [F]rom 2010 to 2011, the average earnings among Medicaid Buy-In enrollees were \$9,135 per year.

participants. Also, from 2010 to 2011, the average earnings among Medicaid Buy-In enrollees were \$9,135 per year.¹⁵⁸

These examples show that continued support from the Federal Government to remove barriers to employment for people with disabilities is needed. People with disabilities can achieve economic self-sufficiency with the necessary accommodations across education, employment, financial assistance and incentives, health care, long-term services and supports, transportation, and housing.

Chapter 4: Recommendations to Promote Economic Self-Sufficiency for People with Disabilities

All Americans have the right to lead lives with equal opportunity, full community participation, independent living, and economic self-sufficiency. A variety of federal policies and programs provide economic support for

people with disabilities, but many programs hinder the ability of people with disabilities to achieve this goal. NCD proposes the following recommendations to help ensure that people with disabilities are able to achieve economic self-sufficiency:

Collaboration and Data Collection

1. Congress should appropriate funds for the creation of a coordinated review of all federal disability programs to enhance the efficiency and ability of existing structures to break down silos between federal agencies in order to improve the economic picture for people with disabilities.
 - a. OMB should direct all cabinet-level federal agencies to submit their Agency Reform Plans pertaining to their disability programs to NCD for review.
 - b. All federal agencies should be directed to include measures of cross-agency collaboration within their GPRA performance measurement standards. OMB should report on measures of cross-agency collaboration in its annual reports on agency performance.
 - c. All federal agencies, including but not limited to the U.S. Departments of Education, Labor, Health and Human Services, and Housing and Urban Development, should improve data collection related to people with disabilities in order to enhance knowledge on how people with disabilities are assisted by existing programs. Data collection should include information about people with disabilities who use federally funded programs to determine where programs can be modified and improved to promote employment and economic self-sufficiency.
2. Congress should continue investments in the U.S. Census Bureau's development of the Supplemental Poverty Measure and annual reports to ensure an adequate assessment of how the cost of necessary expenses that people with disabilities face (like medical or long-term services and support expenses) affect their opportunities and ability to achieve economic self-sufficiency.

Education

1. Congress should reauthorize the IDEA in a manner that facilitates the meaningful inclusion of all students with disabilities. Reauthorization should reinforce the assertions under IDEA to provide a free and appropriate education to students with disabilities, including language, to ensure that students with disabilities from diverse racial backgrounds and students who exhibit challenging behaviors are not disproportionately placed outside of the least restrictive environment.
2. ED should issue guidelines to local education agencies and state education agencies on the inclusion of UDL principles and recommend giving teachers flexibility to implement UDL with state and district curricula and lesson plans to promote broader integration of students with disabilities in the classroom. (See Chapter 3, for more information about UDL.)
3. ED and state education agencies should issue guidelines to local school districts to give all students with disabilities an opportunity to obtain a standard high school diploma. The guidelines should reinforce that the use of alternative high school diplomas or certificates of completion should be considered a last resort for students with disabilities.
4. ED Institute on Education Sciences should fund national research that explores the educational and employment outcomes of alternative high school diplomas for students with IEPs and Section 504 plans, as well as the demographic characteristics of students receiving these alternative diplomas.
5. ED should continue funding for model programs like the TPSID program, which can help reduce poverty among people with intellectual disabilities.
6. Congress should amend the Higher Education Act to modify existing higher education financial assistance program guidelines so that they are adequately accessible and students with disabilities are not penalized when a qualifying disability limits their ability to maintain a full course load or work study requirements as determined by campus disability services programs. This should include but not be limited to Pell grants, federal work-study programs, and student loan repayment.
7. The IRS should provide guidance that waives the tax debt on student loan forgiveness for students with disabilities so that they do not incur a tax debt from a forgiven loan.

Employment

1. DOL, the U.S. Access Board, DOJ, and the EEOC should dictate that all policies and regulations related to Sections 503 and 511 of the Rehabilitation Act of 1973 be prioritized for nationwide enforcement. This includes an annual report to Congress on activities and the impact on employment for people with disabilities.
2. Congress should amend the Small Business Act to expand the Small Business Administration's 8(a) Business Development Program to include people with disabilities as a presumed socially disadvantaged group to be in line with the findings in the ADA, which states that people with disabilities are disadvantaged socially, economically, vocationally, and educationally.
3. DOL and ED should issue guidelines to develop partnerships across state vocational rehabilitation agencies, local education agencies, institutes of higher education, and employers that promote paid internships for college graduates and students with disabilities in postsecondary education as a gateway to full-time employment.
4. All federal agencies should be the model in hiring, retention, and integration of people with disabilities in the workplace. In accordance with OPM, all federal agencies should increase coordination between their SPPCs. This will bridge the gap between managers and employees with disabilities and enhance understanding of reasonable accommodations and their effect on productivity and retention of people with disabilities. To attain this goal, mandatory training for human resources staff, managers, and supervisors should be required.
5. States should mandate Employment First initiatives to reflect stronger legislative and policy support of competitive integrated employment to increase opportunities for economic independence for youth and adults with disabilities.

Financial Assistance and Incentives

1. Congress should expand opportunities for people with disabilities who need to pay for personal care services to benefit from tax deductions when medical expenses are less than 10 percent of adjusted gross income or deductions cannot be itemized.
2. Congress should approve three amendments to the ABLE Act:
 - a. The ABLE Financial Planning Act, which would allow 529 educational savings accounts to be transitioned to qualifying people with disabilities without incurring penalties or taxes.
 - b. The ABLE Age Adjustment Act, which would increase the qualifying age threshold for eligibility for an ABLE account from 26 to 46.
 - c. The ABLE to Work Act, which would allow employed people with disabilities to contribute funds to an ABLE account in an amount above the \$14,000 per year cap. Additional contributions would not exceed the equivalent of the determined federal poverty level for that year (the maximum allowable amount was \$26,060 in 2017).
3. All states should implement ABLE programs and actively inform people with disabilities and their caregivers of this legislation in order to provide people with disabilities with the opportunity to build individual savings and invest their money in ways that will enhance their economic self-sufficiency.
4. The IRS should issue final regulations to Section 529A of the Internal Revenue Code on how states or state agencies can establish a qualified ABLE program.
5. Congress should pass legislation that decouples eligibility for health care benefits from eligibility for cash benefits like SSI and SSDI to prevent people with disabilities from being forced to choose between getting a job or having access to health care.
6. Congress should amend the EITC to lower the age of eligibility from 25 to 18 years old and increase the benefit for childless adults to provide greater incentive to work and advance self-sufficiency.

Health Care

1. Congress should maintain protections that prohibit insurance companies from denying coverage because of preexisting conditions to ensure affordable health insurance coverage for people with disabilities.
2. Congress should ensure that Medicaid reforms, including but not limited to block grants or per capita caps, will be robust enough to prevent dramatic cutbacks in services and prevent lower reimbursement rates for providers and limits on Medicaid eligibility. Medicaid reforms should also safeguard access to home and community-based services waivers, which are essential to promoting independent living, employment, and economic self-sufficiency for people with disabilities. Any increases to state flexibility through block grants or per capita caps should include meaningful accountability to the Centers for Medicare and Medicaid Services to ensure a minimum level of coverage and services and consistency are provided across state Medicaid programs.
3. Congress should maintain Medicaid expansion for individuals whose conditions did not meet the severity requirements for disability-based Medicaid prior to passage of the ACA and those falling within the two-year waiting period before qualifying for disability-based Medicare.
4. Congress should remove the 18 to 64 age limits for buy-in options in Medicaid to promote work among people with disabilities after age 65 without requiring them to spend down to be eligible for Medicaid or exclude their buy-in assets from being counted for eligibility purposes.

Housing

1. HUD should require that all federally assisted housing units follow universal design principles and ensure that accessible housing units are in line with the percentage of people with disabilities requesting federal housing assistance. This goal can be achieved by increasing the percentage of required new housing units that are accessible for people with mobility disabilities and people with sensory disabilities from the current rate of five percent and two percent, respectively. (See Chapter 3, for more information about universal design.)

(continued)

Housing, *continued*

2. Local communities should enact ordinances requiring developers to include a percentage of accessible homes of varying price in any new development, similar to Montgomery County, Maryland's MPH law, which requires 12.5 to 15 percent of the total number of units in a new development to be moderately priced. HUD should provide guidance to local communities to promote greater investment in housing developments incorporating universal design and to ensure greater availability of accessible housing units and promote opportunities for aging in place.

Transportation

1. DOJ should issue regulations that require privately funded transit agencies to provide accessible transportation options for people with disabilities in all communities. This includes but is not limited to taxicabs and transportation arranged through smartphone applications.
2. Local municipalities should require taxicab authorities to provide mandatory training for taxicab operators about the proper ramp deployment and securement policies and procedures so that people with mobility disabilities can safely and effectively use privately funded transit options.
3. Local communities should provide guidance that clarifies and bolsters the ADA nondiscrimination standards in order to address issues faced by people with disabilities who require assistance to use transportation services because of their disability. This includes but is not limited to refusal to accommodate service animals, claims of broken lifts and ramps, and late pickup or no shows.
4. DOT's Federal Transit Administration should work with local communities so that the DOT ADA regulations are followed to guarantee that all public transit stations and bus stops are accessible. This includes but is not limited to ensuring the detectability of bus stops through tactile signage or unique bus stop pole designs for people who are blind or have visual impairments and installation and maintenance of shelters and level concrete pads for people with mobility disabilities.
5. Congress should place greater emphasis on funding transportation programs in rural areas to address minimal or nonexistent public and privately funded accessible transportation options for people with disabilities.
6. Neighboring paratransit agencies should coordinate with each other to eliminate the arbitrary line between paratransit jurisdictions, which would provide people with disabilities with increased job opportunities in major business hubs.

Conclusion

Like all Americans, people with disabilities want equal opportunity to participate fully in their communities, live independently, and achieve economic self-sufficiency. However, poverty is a significant issue for people with disabilities. The 2017 *Progress Report* demonstrates how established public programs seek to address the connection between poverty and disabilities across education, employment, financial assistance and incentives, health care, long-term services and supports, transportation, and housing. However, existing programs and policies often act as a barrier to needed public services in ways that perpetuate a cycle of poverty among people with disabilities. These barriers include physical access barriers, lack of available programs, complex relationships between programs and eligibility requirements, and inaccurate perceptions of the capabilities of people with disabilities. The barriers people with disabilities experience are often due to limited integration across existing programs, which may work at cross purposes.

It will take a commitment by policymakers to examine existing policies and practices to determine which ones work to create a better path to economic self-sufficiency for people with disabilities and which ones do not. A coordinated

review of all federal disability programs would improve the efficiency of existing structures to better meet the needs of people with disabilities. Such a review would also begin to break down the silos that often exist between federal agencies and address the barriers often caused by the interconnected nature of existing programs. This is a critical step toward improving the economic outlook for people with disabilities and including them in all aspects of society.

NCD encourages readers of the 2017 *Progress Report* to consider ways that public policies and programs can promote the employment of people with disabilities and be reoriented to remove the barriers that prevent people with disabilities from achieving economic self-sufficiency. It is essential that efforts to address the perpetual cycle of poverty that people with disabilities experience focus on all areas of life. This includes ensuring that people with disabilities are able to access education, employment opportunities, and transportation; afford their daily living expenses; get needed medical care; and live in affordable, accessible housing. Reorienting existing support systems toward the goal of helping people with disabilities to achieve gainful employment and economic self-sufficiency will benefit all of society.

Appendix A: Focus Group Summary

Focus groups were held with 12 people with disabilities on March 6 and 7, 2017. The purpose of the focus groups was to discuss successes and barriers to achieving financial self-sufficiency for people with disabilities, successes and challenges faced when accessing policies and programs designed to help people with disabilities achieve economic self-sufficiency, and suggestions for what incentives and supports would make it easier for people with disabilities to achieve economic self-sufficiency. Quotes and anecdotes in the 2017 *Progress Report* were obtained during these focus groups.

Focus Group Highlights

Recruitment and Participants

Two focus groups were held by phone with six participants in each group. Participants were recruited through contacts at NCD and the National Disability Institute. Participants included four men and eight women, including two parents of adult children with disabilities. Participants were from Delaware, Maryland, Massachusetts, Minnesota, Nevada, and Washington, DC. The group included people with physical and intellectual disabilities, as well as individuals who were blind, Deaf, and Hard of Hearing. Participants were asked open-ended questions and invited to share their experiences related to education, looking for a job, working, health care and health insurance, housing, and transportation, including their experiences facing stereotypes or misunderstandings about their disability in these arenas.

Relevant Highlights

Education. Participants reflected on their educational experiences from high school and postsecondary or vocational training. One parent participant noted that their children with disabilities were at a disadvantage in finding employment after high school because they had received alternative high school diplomas. The parents noted that, because employers did not believe that an alternative diploma was the same as a standard high school diploma, the children had a more difficult time finding employment. Several participants described the benefits of new technology, including greater availability of large print and audio books, which was making education easier than when they were younger.

Income and Health Care. Participants described having trouble earning enough income to cover all of their day-to-day living costs and the costs associated with their disabilities. Participants rely on SSI and/or SSDI or have relied on it at some point in time. Some participants noted that they kept their income low enough to maintain their SSDI/SSI benefits. Participants also noted that SSI can act as a

poverty reinforcer because of the connection between SSI and SSDI and access to health care services through Medicare and Medicaid. A number of participants noted the importance of using benefits counselors who can explain and guide participants through eligibility, enrollment, and income and asset requirements. Several participants noted the burden of SSI and SSDI overpayments and the important support provided by benefits counselors to navigate the overpayment process.

Affordable Transportation and Housing. There was extensive discussion about access to affordable transportation services and affordable, accessible housing. All participants noted difficulties accessing reliable transportation services in order to maintain employment. Some of the difficulties included the lack of coordination among transit services between counties, cost of transportation services on a limited income, limited availability of bus routes, and the time costs of using paratransit or fixed-route services (e.g., scheduling a ride, travel time, problems with on-time arrivals). In addition, participants who had previously lived in rural communities noted that there were several challenges unique to rural areas, including limited or no fixed-route bus service, no paratransit service, and difficulty finding accessible transportation options. Several participants noted that they often relied on family members or friends for transportation support because they could not afford or rely on other services. The ability to find affordable, accessible housing near public transit was also extensively discussed. Participants explained that accessible housing options were difficult to find. Accessible housing options that were close to fixed-route transit options often cost significantly more than nonaccessible housing options. As a result, participants discussed settling for affordable housing that was not accessible and developing accommodations as needed (e.g., using benches to transfer from wheelchair to shower).

Lessons from Focus Group Discussions

The focus groups produced several insights for NCD to consider regarding policies and practices to support the economic self-sufficiency of people with disabilities and the availability of accurate information and resources to help coordinate the array of services and supports they received. The focus groups highlighted the fact that people with disabilities often relied on word of mouth, nonprofits, and community connections to find the information they needed. The focus groups also highlighted the connection between policies that were meant to support people with disabilities but often trap them in poverty rather than help them escape it. In particular, people with disabilities want to be employed and earn higher incomes, but because they often rely on health care and long-term services and supports from Medicare and Medicaid, they maintain a lower income, which keeps them in poverty.

Appendix B: Policies, Poverty, and People with Disabilities

This section provides an overview of how select legislation applies to economic self-sufficiency for people with disabilities.

Americans with Disabilities Act (ADA)

The ADA, enacted in 1990 and amended in 2008, prohibits discrimination on the basis of disability in employment, state and local government programs, services and activities, public accommodations, and commercial facilities. The goal of the ADA is to ensure full participation in society for people with disabilities by facilitating equal opportunity, independent living, and economic self-sufficiency.

Title I: Employment

Title I of the ADA prohibits discrimination against people with disabilities in employment both before and after they are hired. Access to employment is one of the most important issues affecting people with disabilities. Although the ADA has led to increases in accessibility and accommodations in employment and public awareness about the capabilities of people with disabilities, there has been little change in available employment opportunities for people with disabilities. Reasonable accommodations are required for job applicants and employees with disabilities among employers with more than 15 employees. However, attitudes and stereotypes about the cost of reasonable accommodations and the abilities of people with disabilities persist.

Title II: State and Local Governments

Title II of the ADA requires that state and local governments give people with disabilities an equal opportunity to benefit from all state programs, services, and activities (e.g., public education, employment, transportation, health care, and social services) in compliance with regulations determined by DOJ. Title II also prohibits discrimination against people with disabilities for public transportation services. Under Title II, state and local governments must provide accessible buses, subways, or commuter rails and also provide paratransit services in all areas where they operate fixed-route bus or rail systems.

Olmstead v. L.C. (1999) was the landmark case which determined that “unjustified isolation” of a person with a disability is a form of discrimination under Title II of the ADA. Under the decision, if a state treatment professional determines that community placement is appropriate, then a person

with a disability should be placed in the community, if the person with a disability chooses. This case had a significant impact on the opportunities for people with disabilities to live and fully participate in their communities.

Title III: Public Accommodations and Commercial Facilities

Title III of the ADA requires places of public accommodation and commercial facilities to meet accessibility standards. All new construction as well as existing structures must conform to the ADA Accessibility Guidelines. Existing structures must remove architectural barriers if doing so can be accomplished easily and without significant expense. Places of public accommodation include restaurants, hotels, shopping centers, doctor's offices, and day care centers.

Individuals with Disabilities Education Act (IDEA)

The IDEA, enacted in 1975 (at the time called the Education for All Handicapped Children Act, or EHA) and reauthorized in 1990 and 2004, ensures that free public education resources are allocated to students with disabilities to meet their unique needs. IDEA ensures that students with disabilities have the same opportunities as other students. It mandates that students with disabilities who attend public schools receive a free appropriate public education that is tailored to their individual needs. The Office of Special Education Programs was created to help states with the implementation of IDEA.

Under IDEA, students in special education programs are expected to learn in the least restrictive environment, which means they spend as much time in an integrated classroom with their peers who do not receive special education services. Separate classes and schools are recommended only in cases where the disability is so severe that aids and services in the general education classroom are not adequate. How much time students with disabilities spend in general education classes will vary based on what is most appropriate for each student. School IEP teams work to ensure the most appropriate learning environments for each student.

Workforce Innovation and Opportunity Act (WIOA)

WIOA, signed into law in 2014, is designed to "help job seekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy." The Act reauthorizes and amends the Workforce Investment Act (1998) and amends the Adult Education and Family Literacy Act, the Wagner-Peyser Act, and the Rehabilitation Act of 1973.

WIOA programs operate through a network of local centers in each state called American Job Centers (AJC), which provide youth job training, education, and employment services at a single location. AJCs provide skills assessments, information on employment, information on training opportunities, job search and placement assistance, up-to-date information on job vacancies, and transition services to job seekers regardless of their disability status.

WIOA includes a number of improvements for job seekers with disabilities including:

1. A much larger role for public vocational rehabilitation as people with disabilities make the transition from school to adult life;
2. Limits on the use of subminimum wage;
3. Required agreements between state VR systems and state Medicaid systems and state intellectual and developmental disability (IDD) agencies;
4. A definition of “customized employment” in federal statute and an updated definition of “supported employment” that includes customized employment;
5. A definition for “competitive integrated employment” as an optimal outcome;
6. Enhanced roles and requirements for the general workforce system and One-Stop Career Centers in meeting the needs of people with disabilities; and
7. Changes in performance measures, with potentially major implications for VR.

Supplemental Security Income (SSI)

SSI is a federal supplemental income program funded by general tax revenues (not Social Security taxes). Like SSDI, SSI provides monthly cash payments to people with disabilities where disability is defined as the inability to engage in SGA (specifically, the inability to earn \$1,170 a month in 2017 or \$1,950 for blind individuals) because of “one or more severe physical or mental impairments that are expected to last at least a year or result in death.” Eligibility is based primarily on medical evidence. The disability determination process can often be lengthy. During this process, applicants must provide medical information to prove to disability evaluators or administrative law judges that they are unable to work above SGA. SSA periodically reassesses eligibility as part of its CDRs.

SSI is a means-tested program. Thus, in addition to meeting the definition of disability, SSI recipients must have countable income below SSI income levels and have less than \$2,000 in countable assets (\$3,000 per couple). The maximum benefit in 2017 is \$735 (\$1,103 for a couple) and this amount is reduced based on other income and financial resources. For any earnings over \$65 per month, SSI benefits are reduced by one dollar for two dollars of additional earnings. In most states, SSI beneficiaries also can qualify for Medicaid to pay for hospital stays, doctor bills, prescription drugs, and other health costs. Many states also provide a supplemental payment to certain SSI beneficiaries and some beneficiaries may also be eligible for food assistance in every state except California. In some states, an application for SSI also serves as an application for food assistance.

SSI includes a number of work incentives designed to help beneficiaries go to work by minimizing the risk of losing their SSI or Medicaid benefits. Under some of these incentives, SSA will exclude some income or resources when calculating the benefit amount (such as the earned income exclusion, the student earned income exclusion, impairment-related work expenses, and the Plan for Achieving Self Support). Other incentives provide continued Medicaid coverage even when the beneficiary is not receiving cash benefits (such as the Medicaid Buy-In and section 1619(b) of the Social Security Act).

Social Security Disability Insurance (SSDI)

SSDI is funded by payroll tax contributions from workers and employers. In order to qualify for benefits, applicants must reach insured status for Social Security by working enough during the years before filing to have contributed a specific amount to the Social Security system through FICA taxes. The level of benefits is based on earnings prior to the onset of the disability; SSDI does not consider assets or other household income. SSDI benefits are subject to a five-month waiting period, which means that SSDI applicants must wait five months after the onset of their disability to receive cash benefits. Most SSDI beneficiaries are eligible for Medicare after a two-year waiting period. Like SSI, disability is defined as the inability to engage in “substantial gainful activity” because of “one or more severe physical or mental impairments that are expected to last at least a year or result in death.”

Ticket to Work and Work Incentives Improvement Act

The Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106–170) was designed to expand options for employment preparation and placement services to people with disabilities so that these individuals can reduce their dependence on cash benefit programs. The Act was also designed to enable beneficiaries to maintain access to health care even if they no longer qualify for SSI or SSDI because their incomes exceed SGA. The ultimate goal of the program is to reduce, and whenever possible eliminate, beneficiaries’ dependence on Social Security cash benefit programs.

The TTW is an outcome-based employment program. Eligible SSI and SSDI beneficiaries with disabilities and those who are blind receive a “ticket” they may use to obtain vocational rehabilitation, employment, or other support services from an approved EN or state VR agency of their choice. The TTW program is voluntary for beneficiaries and ENs. Because the TTW program is an outcome-based system, Social Security provides payments to ENs only when the ticket holder attains certain “milestones” and “outcomes” in moving toward self-supporting employment.

In addition to creating the TTW program, the Ticket to Work Act expanded access to health care by encouraging states to allow people with disabilities to purchase Medicaid coverage that is necessary to enable such individuals to maintain employment and to give SSDI beneficiaries the option of maintaining Medicare coverage while working.

The Ticket to Work Act also expanded work incentives designed to reduce the risk that an individual will lose benefits when they attempt to work. In these situations, if the work is unsuccessful, they are left without employment or benefits. These work incentives include the option to request expedited reinstatement of benefits without filing a new application when an individual’s Social Security or SSI disability/blindness benefits have ended because of work activity. They also allow for the deferral of medical continuing disability review for an individual who is “using a ticket.”

In order to ensure that beneficiaries have accurate information about the impact of employment on their benefits, the Ticket to Work Act directed SSA to establish a community-based work incentives planning and assistance program called the Benefit Planning, Assistance, and Outreach (BPAO) program. The purpose of this program is to provide SSI and SSDI beneficiaries with information so they can make informed choices about employment. The BPAO program awards cooperative agreements

(or grants or contracts) to community-based organizations to provide all beneficiaries with access to benefits planning and assistance services.

Work Incentives Planning and Assistance (WIPA)

The WIPA program grew out of the BPAO program, established through the Ticket to Work and Work Incentives Improvement Act of 1999 to provide funding to community-based organizations to educate SSDI and SSI beneficiaries about the benefits and work incentives available to them. SSA funds 83 WIPA projects that provide information and benefits planning to enable beneficiaries with disabilities to make informed choices about work. The primary objective of the WIPA initiative is to assist SSA beneficiaries with transitioning from dependence on public benefits to paid employment and greater economic self-sufficiency.

WIPA projects hire and train Community Work Incentives Coordinators (CWICs) to provide in-depth counseling to SSI and SSDI beneficiaries about benefits and the effect of work on those benefits. All WIPA services are free. In addition, the CWICs conduct outreach efforts to SSI and SSDI beneficiaries (and their families) who are potentially eligible to participate in federal or state work incentives programs and work in cooperation with federal, state, and private agencies and nonprofit organizations that serve SSI and SSDI beneficiaries with disabilities.

Medicaid Buy-In

The Ticket to Work Act also created the Medicaid Buy-In program, which offers Medicaid coverage to people with disabilities whose income is higher than the allowable substantial gainful activity levels. The purpose of the Medicaid Buy-In program is to allow people with disabilities to purchase Medicaid coverage while still being able to work. The eligibility requirements and benefits for this optional Medicaid program vary across states. Most states review employment status, disability status, income, and resources to determine Medicaid Buy-In eligibility. Some states require people who are eligible for the Medicaid Buy-In to pay a monthly premium or other cost-sharing charges, which are typically set on a sliding fee scale based on income. Many buy-in programs charge a state-specific premium and have copayments that are higher than traditional Medicaid.

Achieving a Better Life Experience Act of 2013 (ABLE Act)

The ABLE Act, which was signed into law on December 19, 2014, is designed to improve the financial stability of persons with disabilities by authorizing tax-advantaged savings accounts, known as ABLE accounts, for youth and adults with disabilities. The law recognizes that many individuals and their families depend on a wide variety of means-tested public benefits for income, health care, and food and housing assistance. Eligibility for many of these benefits requires applicants to have few assets. Thus, to remain eligible for these programs, an individual must remain poor.

ABLE account funds and distributions for qualified disability-related expenses are not taken into consideration when determining eligibility for federally funded means-tested benefits, including SSI and Medicaid. According to language in the ABLE Act, an ABLE account will, with private savings,

“secure funding for disability-related expenses on behalf of designated beneficiaries with disabilities that will supplement, but not supplant, benefits provided through private insurance, Medicaid, SSI, the beneficiary’s employment, and other sources.”

These accounts are similar in construction to college savings accounts; both are included in Section 529 of the IRS Code. Assets in ABLE accounts can be used to cover any “qualified disability expense” including housing, transportation, support services, and any other expense reasonably related to a disability.

Under the ABLE Act, eligibility is limited to individuals with significant disabilities for whom the onset of disability occurred before the age of 26. Individuals who meet age criteria and are already receiving benefits under SSI and/or SSDI are automatically eligible to establish an ABLE account. Those who do not receive SSI and/or SSDI but still meet the age of onset disability requirement may establish eligibility by obtaining a letter from a licensed physician certifying that they meet Social Security’s definition of disability and criteria regarding significant functional limitations.

ABLE accounts must be opened through individual state-sponsored ABLE account programs. In order for a state to sponsor an ABLE program, it must enact state-level enabling legislation. Most, but not all, state-sponsored ABLE programs are open to people living outside those states, as long as they are otherwise eligible for an ABLE account. As of May 2017, 22 states have established ABLE programs.

Any person may contribute to an ABLE account for an eligible beneficiary including family members, friends, or the person with a disability. An ABLE account may not receive annual contributions exceeding the annual gift-tax exemption (\$14,000 in 2015). A state must also ensure that aggregate contributions to an ABLE account do not exceed the state-based limits for 529 accounts.

Patient Protection and Affordable Care Act (ACA)

The ACA, which was signed into law in 2010, requires hospitals and primary care physicians to shift their focus to better health outcomes and lower costs and enhance the distribution and accessibility of their professional practices. Among the provisions in ACA is the creation of essential health benefits required as part of private insurance coverage. ACA Sections 1302(b)(4)(B) and (C) define essential health benefits and indicate that providers shall “not make coverage decisions . . . or design benefits in ways that discriminate against matching dollars with no waiting list or caps. In *National Federation of Independent Business (NFIB) v. Sebelius*, the Supreme Court decided that states were not mandated to expand Medicaid coverage.

Appendix C: Select NCD Resources

2017

- Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs, 2017, <https://ncd.gov/publications/2017/mental-health-college-campuses-investments-accommodations-needed-address-student>
- NCD Comments to Department of Education Regarding Mandatory Civil Rights Data Collection, 2017, <https://ncd.gov/publications/2017/ncd-comments-education-mandatory-civil-rights-data-collection>
- NCD Letter to CMS Administrator Verma Regarding Medicaid HCBS Settings Rule, 2017, <https://ncd.gov/publications/2017/ncd-letter-cms-hcbs-settings-rule>
- NCD Letter to CMS Administrator Verma Requesting Meeting Regarding Medicaid Policy, 2017, <https://ncd.gov/publications/2017/letter-cms-requesting-meeting-on-medicaid>

2016

- NCD Letter to Treasury Regarding Tax Debt of Discharged Loans of Borrowers with Disabilities, 2016, <https://ncd.gov/publications/2016/ncd-letter-treasury-tax-debt>
- The Impact of the Affordable Care Act on People with Disabilities: A 2015 Status Report, 2016, <https://ncd.gov/publications/2016/impact-affordable-care-act-people-disabilities-2015-status-report>

2015

- NCD Letter to Small Business Administration regarding Its 8a Program, 2015, <https://ncd.gov/publications/2015/ncd-letter-small-business-administration>
- Home and Community-Based Services: Creating Systems for Success at Home, at Work and in the Community, 2015, <https://ncd.gov/publications/2015/02242015>
- Securing the Social Contract: Reforming Social Security Disability, 2015, <http://www.ncd.gov/publications/2015/01292015/>
- Breaking the School-to-Prison Pipeline for Students with Disabilities, 2015, <https://ncd.gov/publications/2015/06182015>
- Transportation Update: Where We've Gone and What We've Learned, 2015, <http://www.ncd.gov/publications/2015/05042015/>

2013 and Earlier

- A Medicaid Block Grant Program: Implications for People with Disabilities, 2013, <https://ncd.gov/publications/2013/05222013>
- NCD Urges HUD to Issue Olmstead Guidance, 2013, <http://www.ncd.gov/publications/2013/05212013/>
- National Council on Disability Report on Subminimum Wage and Supported Employment, 2012, <https://ncd.gov/publications/2012/August232012>
- The State of Housing in America in the 21st Century: A Disability Perspective, 2010, <http://www.ncd.gov/publications/2010/Jan192010>
- Topical Brief: Transitioning Youth, 2010, <https://ncd.gov/publications/2010/03232010-1>
- Topical Brief: Workforce Investment Infrastructure, 2010, <https://ncd.gov/publications/2010/03232010-3>
- Topical Brief: One-Stop Career Centers, 2010, <https://ncd.gov/publications/2010/03232010-5>
- Workforce Infrastructure in Support of People with Disabilities: Matching Human Resources to Service Needs, 2010, <https://ncd.gov/publications/2010/Jan202010>
- Effective Emergency Management: Making Improvements for Communities and People with Disabilities, 2009, <https://ncd.gov/publications/2009/Aug122009>
- People with Disabilities and Emergency Management, 2008, <https://ncd.gov/publications/2008/08082008>
- Issues in Creating Livable Communities for People with Disabilities: Proceedings of the Panel, 2007, <http://www.ncd.gov/publications/2007/Oct12007>
- Creating Livable Communities, 2006, <http://www.ncd.gov/publications/2006/Oct312006>
- School Vouchers and Students with Disabilities, 2003, <https://ncd.gov/publications/2003/April152003>

Appendix D: Institutions of Higher Education with Transition and Postsecondary Programs for Students with Intellectual Disabilities

This appendix includes a list of institutions of higher education that have TPSID.*

Albany Technical College
Appalachian State University
Bergen Community College
Borough of Manhattan Community College
California State University, Fresno
College of Staten Island
Colorado State University
Columbus State University
East Georgia State College
Florida International University
Florida State College at Jacksonville
Georgia State University
Georgia State University (consortium)
Highline College
Hostos Community College
Jacksonville State University
Kingsborough Community College
Lipscomb University
Marietta College
Mercyhurst University
Millersville University
Minot State University
Ohio State University
Ohio State University (consortium)
Penn State Harrisburg
Pennsylvania Inclusive Higher Education Consortium
Portland State University
Queens College

Rhode Island College
Spokane Community College
Syracuse University
The College of New Jersey (partner site)
University of Alabama
University of Central Florida
University of Central Florida (consortium)
University of Cincinnati
University of Georgia
University of Hawaii
University of Kansas
University of Memphis
University of Missouri Kansas City
University of Rochester (consortium)
University of South Alabama
University of South Florida
University of Toledo
University of West Georgia
Utah State University
Vanderbilt University

*Source: More information about TPSID programs can be found at <http://www.thinkcollege.net/>. The list of Institutes was retrieved from http://www.thinkcollege.net/images/stories/Cohort_2_TPSID.pdf

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