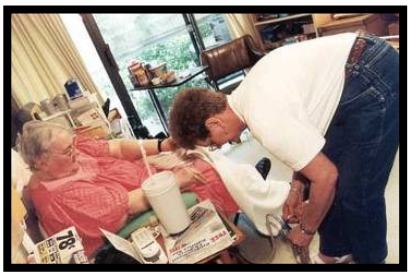
ARKANSAS DEPARTMENT OF HUMAN SERVICES

IndependentChoices

Final Report

December 1998 – March 2008



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LOOKING BACK

Twelve years ago this past January the Arkansas Department of Human Services (DHS) Director, Mr. Tom Dalton, received from the Governor's Office a letter announcing a, "Call for Letters of Intent from States Wishing to Participate in the Cash and Counseling Demonstration." States interested would have to respond by March 1, 1996.

Seventeen states submitted Letters of Intent. Ten were asked to submit full proposals by the Cash & Counseling Review Committee. This was narrowed to four states with two states being selected to participate in the National Cash & Counseling Demonstration Waiver.

Mr. Tom Dalton posed to his Executive staff any interest in applying. DHS Medicaid Director, Mr. Ray Hanley, responded, "Would have much appeal with ADAPT, etc. Chance to pilot concept of allowing them to have own personal care aide, without launching full Medicaid waiver. I'd recommend this." With that the Division of Medical Services, Program Planning and Development Unit Administrator, Ms. Binnie Alberius, assigned the project to two of her staff, Ms. Barbara Nickerson and Ms. Deborah Ellis. The first workgroup consisted of members from the Division of Medical Services, Division of Developmental Disabilities

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Services, Division of Aging and Adult Services, Division of County Operations, Arkansas Spinal Cord Commission, Arkansas Rehabilitation Services and Advocacy Services.

Arkansas submitted the Letter of Intent on February 28th to the Cash & Counseling National Program Director, Dr. Kevin Mahoney. The letter of intent expected these outcomes: (1) an innovative system for the delivery of health care services, (2) the participant will become more independent and take more responsibility in obtaining their own personal assistance services – with carryover into other areas of their life, (3) delayed entry into a long term care facility, (4) the participant will receive more services and a variety of services for less money than through the current fee-for-service system and (5) reduce expenditures for other Medicaid services.

By April 1996, Medicaid Director, Mr. Ray Hanley asked Division of Aging and Adult Services (DAAS) Director, Mr. Herb Sanderson, to take the lead role in the Cash and Counseling Project. He assigned the development of the full proposal to DAAS Assistant Director, Ms. Suzanne Crisp.

Honestly, Arkansas did not expect to be a contender as they were informed that it was difficult to receive a grant from the Robert Wood Johnson Foundation. However, June 19 – 20, 1996 found Arkansas hosting a site visit with representatives of the Cash & Counseling Review Committee. This consisted of representatives from the Robert Wood Johnson Foundation, Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, Health Care Financing Administration (now Centers for Medicare and Medicaid Services (CMS) and referred to as CMS in the remainder of this report), University of Maryland Center on Aging, Mathematica Policy Research, Inc., and the National Council on Aging. CMS and the National Program Office cautioned Arkansas to not be overly

prescriptive in internal controls for program operation. At the time these instructions seemed abnormal for standard program operation. It is clear now the new service delivery model could not have been created without embracing openness to what could be.

In July, Arkansas and New York were selected to become the two states that would implement the National Cash & Counseling Project. New York eventually dropped out and New Jersey and Florida were added.

Looking back one hundred and twelve months later the contributions Arkansas has made toward advancing consumer-direction as an option available as both a State Plan Service through the 1915 (j) authority and in 1915 (c) Home and Community Based Services are significant.

Looking back one hundred and twelve months later the contributions Arkansas has made toward advancing consumer-direction as an option available as both a State Plan Service through the 1915 (j) authority and in 1915 (c) Home and Community Based Services is significant. Dr. Pamela Doty, Senior Policy Analyst, with DHHS Assistant Secretary for Planning and Evaluation, described Arkansas in the following way, “Among the three states that pioneered “Cash and Counseling,” Arkansas was always in the lead, clearing the path of obstacles for the rest. When I met “Miss Lillie” and some of the other Arkansans who were among the first Medicaid beneficiaries to join IndependentChoices, that role seemed entirely appropriate because these program participants brought to mind our pioneer American ancestors who settled the frontier! As for the Arkansas state officials who designed and managed IndependentChoices, they reminded me of the Fighting Seabees in World War II whose motto went something like, “the difficult we do right away, the impossible takes just a little bit longer. In all seriousness, Arkansas program administrators did such an excellent job that IndependentChoices was and remains a model program, the “gold standard” for other states to try to measure up to and replicate.”

When asked to describe the Arkansas program, Dr. Kevin Mahoney, Cash & Counseling National Project Director, offered the following, "Arkansas had, in my opinion, a vision, strong leadership and an excellent team. The members of that team (Suzanne Crisp, Sandy Barrett and Debby Ellis) complemented each others' skills and talents and worked together in a fashion I have rarely had the pleasure to see. Arkansas addressed each issue as a problem to be solved rather than a mystery to be pondered. Arkansas was the first state to implement the Cash and Counseling approach and, in the process, they developed and tested many of the hallmarks of that option, which later became a national option. But they did not stop there; Arkansas has played a major role in training other states by hosting three "orientation sessions" for new Cash and Counseling programs. Other state leaders were able to see how the option really worked, and meet and talk to participants, family members and key staff. Arkansas has never stopped innovating and looking at how they can improve their program and advance its principles into new arenas, such as an option for people leaving nursing facilities or for recipients of community-based Older Americans Act services."

This journey has come full circle and the IndependentChoices program fits well with and personifies these Arkansas Department of Human Services beliefs (1) every person matters, (2) empowered people help themselves and (3) offering knowledge and services that work and embraces these DHS core values: (1) compassion, (2) courage, (3) respect, (4) integrity and (5) trust. The IndependentChoices program also supports the DHS customer focused operational value: to ensure our actions and services are targeted to the well-being of recipients/customers and the citizens of Arkansas.

As this is Arkansas's final report to CMS, the operating agency wishes to share one last time, our journey.

PARTNERSHIPS

Arkansas has experience in operating Home and Community Based Services since 1991. On the date of the site visit by the Cash & Counseling Review Committee, Arkansas was serving 6,002 elderly persons in its ElderChoices waiver program. The caution by CMS to not be prescriptive seemed unusual. Arkansas was informed that CMS would write the waiver, we only had to tell CMS what we wanted to waive. For many of us this seemed unsettling, to implement a new program without established controls. I'm not sure if any of us knew it at the time but we were moving toward person-centered planning.

Out of this strange philosophy strong partnerships formed. Arkansas found CMS to be a valued partner. CMS was always supportive and willing to work with the Cash and Counseling National Program Office and the individual states not just in the Central Office which developed the waiver for Cash and Counseling but in the Regional Office as well. From Sister Margaret and Ms. J.P. Peters in the Regional Office to Ms. Marguerite Schervish in the Central Office, Arkansas had the best support during this journey. Nearly ten months in 2001 found Ms. Debby Ellis, IndependentChoices Program Manager and Mr. Ed Hutton in Central Office tackling issues surrounding cost neutrality. In the end a solution resulted that was available to the other states as well.

The multitude of supports afforded Arkansas and the other states created strength and vision for the future that when lit is very difficult to extinguish. While we may not have known what to expect in this journey, the transformation has left many of us with a different mission and vision for the remainder of our careers in government.

In addition to the partnerships formed with CMS, there were other valuable opportunities afforded Arkansas and the other Cash and Counseling states.

Burness Communications coached us in responding to the media and answering tough questions, reviewed our marketing materials and aggressively opened doors to communicate the philosophy of Cash and Counseling.

Our work with Mathematica Policy Research, Inc. taught us much about random design, and Arkansas used Mathematica's Design Report for Arkansas to lay the foundation of the necessary checks and balances Arkansas needed for its system design within our Medicaid Management Information System (MMIS). In working with Dr. Barbara Phillips we learned a new language and admired her beyond words. Her intensity for accuracy with the whole concept of random design was received with humor by two social workers and a parks and recreation major. Dr. Randall Brown conveyed the results on cost neutrality and was another person very well admired and respected by the Arkansas Cash & Counseling program.

It was a pleasure to work on quality with Dr. Bob Applebaum and Ms. Barbara Schneider. Much was learned in our Focus Groups moderated by Ms. Lee Zacharias and coordinated by Dr. Lori Simon-Rusinowitz.

If not for the expertise afforded to us by Dr. Sue Flanagan Arkansas would have had severe repercussions with the Internal Revenue Service. She was patient, thorough and an excellent teacher.

Dr. Kevin Mahoney and Dr. Pamela Doty were always watchful and attentive to our concerns and shared in each success along the way.

The Cash & Counseling program grew from a solid foundation. We admired and respected one another and enjoyed friendly sibling rivalry with New Jersey and Florida.

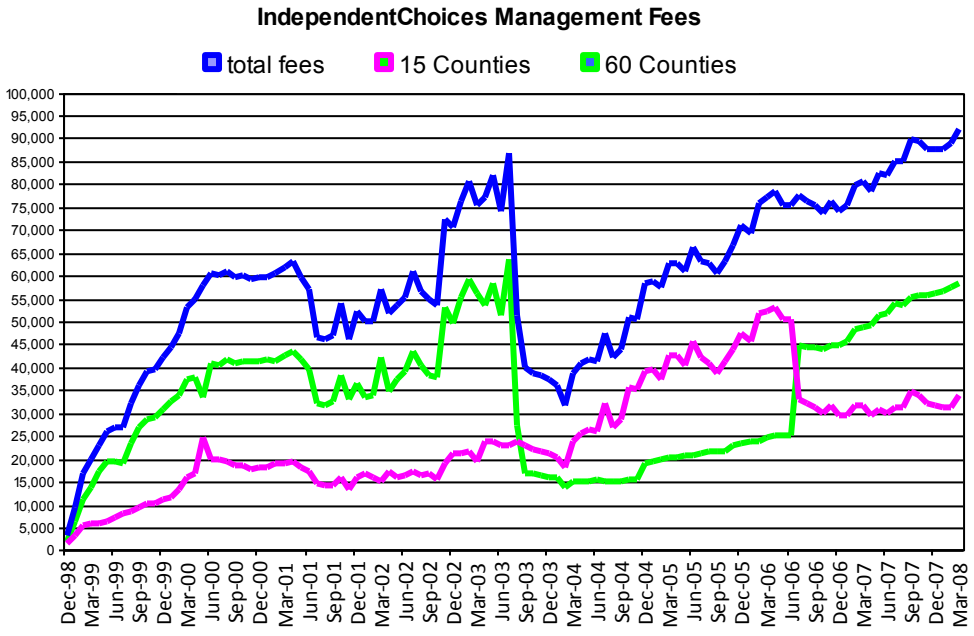
IMPLEMENTATION

I would not say the implementation of Cash and Counseling in Arkansas was easy. We faced the same resistance from the provider community as did the other states. As with anything unknown, Cash and Counseling was met with skepticism, but DAAS Director, Mr. Herb Sanderson, encouraged the Area Agencies on Aging (AAA) to be a part of the implementation of the Cash and Counseling program in Arkansas.

Nearly all of the AAA Directors served on the Advisory Committee as well as representatives from the Arkansas Spinal Cord Commission, the Arkansas Department of Health, and representatives from the Disability Community. We worked together to address concerns and create program policies. Everyone contributed. The AAA's shared their insight and experiences in ways that the allowance could be used to improve quality of life in the home. Some of these suggestions were over the counter drugs, pest control services, adaptive equipment, personal hygiene items, and emergency services such as food, clothing, utilities, and housing. Ms. Henry, an advisory board member with a disability suggested that a portion of the allowance should be for discretionary use. She also urged us to be lenient with persons who make mistakes and to not be overly critical of mistakes when made. She said from her own experiences in training a worker it may take a year to get the right employer/employee relationship established. Ms. Cheryl Vines with the Arkansas Spinal Cord Commission informed that once these relationships were established that many workers would respond to their employer's needs even if they were not compensated for services. We listened to our advisory board members and applied their suggestions as a part of the operation of the IndependentChoices program. Their suggestions are still a part of our operation today.

The Cash and Counseling program in Arkansas was created in partnership with both our

Medicaid agency and Division of Aging and Adult Services. While the Division of Aging and Adult Services took the lead in identifying the necessary changes within the Medicaid Management Information System (MMIS) and in working with Arkansas Fiscal Intermediary, Electronic Data Systems, Inc. (EDS), it was the continuing support by Medicaid that afforded DAAS the tools to manage the program. Our Medicaid office provided DAAS the Decision Support System (DSS), a Medicaid data warehouse. This system allows us to verify various aspects of Medicaid and IndependentChoices eligibility. With the DSS from Day 1, Arkansas was able to monitor the IndependentChoices program from multiple levels. It was the use of this data that helped us to address these key concerns in the early years; (1) agency providers were only providing about 60% of the authorized services and (2) addressing escalating cost for the reimbursement of counseling and fiscal services. Arkansas was the only one of the three original Cash & Counseling States that implemented a plan to control cost by changing the reimbursement methodology for these support services. The graph below depicts the results of this change. Arkansas had a significant 16.41% reduction in per member per month (PMPM) counseling and fiscal costs, from $96.94 in June 2001 to $81.03 by June 2003.



The DAAS and Medicaid continued their working relationship, and during the last year of the IndependentChoices program operating as an 1115 Research and Demonstration waiver the Medicaid program had established a Waiver Quality Assurance program. They provided guidance as we moved from the 1115 to the 1915 (j). Arkansas realizes how fortunate it is to have the support of its Medicaid program in the development and management of the IndependentChoices program. In discussion with other Cash and Counseling States for various reasons we learned not all States had the support by Medicaid as did Arkansas.

Perhaps it was the spirit of teamwork that co-existed at both the State and Federal level, with the Cash and Counseling National Program Office and all of the resources made available to tackle cost neutrality, Internal Revenue Services, communications and marketing, but Arkansas found our success in the valued partnerships that formed as all of these issues were tackled one by one.

HOW WE CHANGED

Looking back ten years later, the biggest change came within the operating agency. While early trainings with Mr. Michael Smull introduced us to person-centered thinking, the transition over time evolved into person centeredness. This allowed holistic benefits to not only program participants, but also to the DAAS and its contractors with the IndependentChoices program. It taught us how to see the planning and operation of this unique program from the perspective of the participant to work with them to address their individual needs by becoming good listeners, moving away from having all the answers to empowering program participants to take responsibility for their health care needs and working together to find solutions. Many within the operating agency began embracing user friendly policies that challenged the effects policies had on program participants and always being cognizant of quality of life.

GROWTH

It was not known how well Cash and Counseling would be received; only a belief that the model could prove to be an answer to problems encountered by traditional agency providers. It was believed that Arkansans living in remote hard to serve areas could benefit from this type of delivery system and persons the agencies found hard to please might also be interested. Arkansas was not unlike other states faced with a higher demand for community care complicated by an in-home worker shortage.

The question remained "Would Arkansans be attracted to IndependentChoices?" Then Governor Mike Huckabee supported the IndependentChoices program from the very beginning. He sent letters from the Governor's Office on two different occasions to inform Arkansas Medicaid recipients receiving Medicaid Personal Care of this new option. The Governor's letter represented Arkansas first successful marketing strategy. Years later people would still comment on receiving their letter from the Governor.

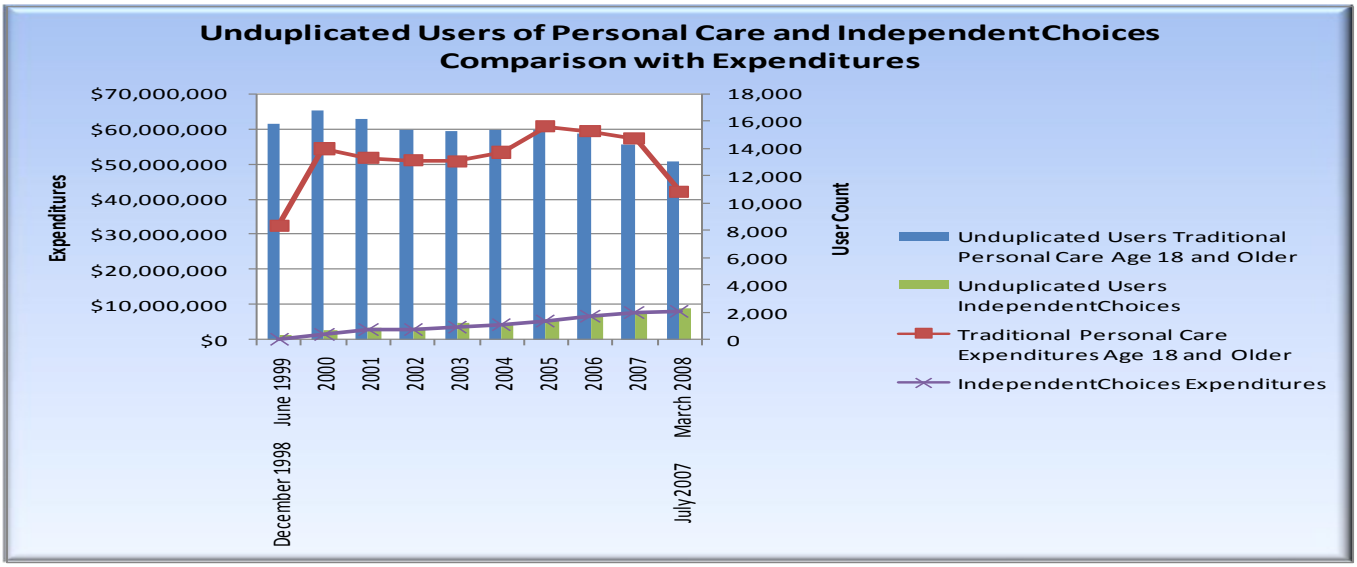
Arkansas hired four RN's with grant funds to perform early outreach, marketing and enrollment activities. They were exceptional. They spoke to civic organizations, hospitals, social workers, physicians, and just about anyone who gave them an audience. They were hard working and challenged each other to meet the enrollment target required for the evaluation.

Three of these four nurses would be reactivated in 2001 when a major contractor would no longer be a provider of counseling and fiscal services. Even though two of the three were retired they were not hesitant when asked to help again. These nurses played a major role in Arkansas's early success.

In addition to the letter from the Governor, work of the RN's, the public service announcements, and Focus Groups Arkansas was able to meet its enrollment target of 2,000 persons by April 17, 2001. Arkansas had to submit to CMS for their approval a randomization methodology that would allow the DAAS to randomize those wishing to enroll into either the treatment or control group. By September CMS approved Arkansas methodology and an additional 371 persons would enroll before CMS approved the IndependentChoices program to continue without random design on October 1, 2002. The program has continued to grow mostly by word of mouth and by providing brochures and information at public events and to Department of Human Services County Offices.

The chart below compares the number of persons served and the cost of these services by the traditional model and the number served by the IndependentChoices program. During this time traditional expenses were $505,163,794 and $48,772,726 for IndependentChoices.

On December 31, 1998 the first prospective Cash & Counseling allowance was created by Arkansas Medicaid Fiscal Intermediary, EDS, in the amount of $27.36 for one person. This program participant continued directing her care for 4½ years with an allowance of $24,946.



On the last day of the IndependentChoices program operating as an 1115 Research and Demonstration waiver, 1,891 persons were directing their care. This population can be described in the following ways:

- Fifty four of these persons remained from the first year of enrollment; with four persons from the very first month of enrollment and five from the second month of enrollment;
- Four persons with significant medical needs received eight hours of care daily;
- 33.33% also received Home and Community Based Waiver Services;
- 75% are female;

AGE	POPULATION
18-20	1%
21-64	14%
65-84	23%
85+	46%

RACE	POPULATION
CAUCASIAN	35%
AFRICAN AMERICAN	53%
SPANISH AMERICAN, ORIENTAL, OR AMERICAN INDIAN	1%
UNKNOWN	11%

Eleven females are over 100, with the oldest 108 years old. Two are of Oriental decent, three are Caucasian and six are African American.

Initially an early hypothesis was that consumer-direction would not be attractive to the elderly. Some of the Cash and Counseling states have struggled to attract the elderly. This has never been the case with Arkansas as 69% of the population on the last day was age 65 or older including the eleven persons who are age 100 and older.

SUPPORT SERVICES

To offer a consumer directed program without the necessary counseling and fiscal services is a recipe for a disaster. Arkansas initially began with both counseling and fiscal services combined and procured these services through a competitive Request for Proposals (RFP) process. Each service is provided through independent contracts. The current provider of fiscal services provides services to the entire state. A contractor in Eastern Arkansas provides services to fifteen counties in Eastern Arkansas. The DAAS provides counseling support to the remaining sixty counties in Arkansas.

The DAAS supports these contractors by meeting at a minimum twice each year to provide trainings, observe the operation and conduct reviews necessary to monitor the performance of each contractor to established contract performance indicators. Both strengths and weaknesses are discussed during an exit interview. With the exception of one removed contractor Arkansas has found its contractors more than willing to make suggested changes identified during a review. Arkansas never encountered any protests resulting from the release of any of its RFP's.

Significant lessons were learned during removal of one contractor. Lessons that were difficult to endure at the time but did strengthen the overall operation of the program. These lessons were shared with the other Cash and Counseling states and helped to educate the necessity of internal controls to properly manage each participant's allowance. Arkansas for nearly a year prior, utilized auditors from its Office of Chief Counsel and during the last few months of the audit the mishandling of the participant's funds became evident.

Arkansas quickly began working with Medicaid, CMS, the Cash and Counseling

National Program Office, Dr. Sue Flanagan, and the Office of Chief Counsel attorneys. A plan was developed and Arkansas secured a new provider for fiscal services. This arrangement would last until the Department of Human Services procured a fiscal provider through the RFP process.

CMS suggested language for a Memorandum of Understanding that puts both the bank holding the participant funds and the fiscal agent on notice; that these funds belong solely to the participant. This agreement must be notarized, signed, and dated by the fiscal agent and the banking institution. The agreement is included as a requirement of the fiscal agent's contract and is maintained by the Arkansas Department of Human Services. No mismanagement of participant funds have occurred since this time.

The DAAS had to assume the role of counselor to meet the needs of participants affected by the loss of the contractor. In doing so Arkansas revised all program materials to better serve program participants. It was important for the DAAS to offer enrollment materials that met program requirements but also worked well for persons in need of the IndependentChoices program. These changes promoted a more effective and efficient delivery system. Some of improved features resulting from Arkansas's experiences are:

- New database with many features that significantly decreased the amount of time to complete individual counseling tasks while increasing counselor/participant communication;
- Generate enrollment and employer forms pre-populated with specific recipient information; This occurred after witnessing how physically taxing it was for a cancer enrollee to manually write their name, address, and ID on numerous forms;

- Develop new Cash Expenditure Plan format with automated calculations based on wishes of the participant;
- Added highlights to enrollment and tax forms to decrease signature confusion;
- New Participant Program Manual;
- New Participant Responsibilities and Agreement form and;
- Database includes reports that describe population by diagnoses and Resource Utilization Groups.

There are many, many more ways the DAAS improved the counseling role. These improvements were shared and adopted by the contractors. Many examples of how Arkansas operates its Cash and Counseling program may be found on the Cash and Counseling website http://www.cashandcounseling.org.

ASSESSMENTS

IndependentChoices RN's were professionally trained multiple times to assess medical necessity by using the scientifically scaled and validated assessment instrument the Minimum Data Set—Home Care (MDS-HC) to assess medical need. The MDS-HC has similarities to the MDS assessment used in nursing homes. The instrument is primarily used and has been helpful in requests for extensions of benefits. Use of this assessment has helped to more clearly describe the participant's physical limitations in their ability to assist with activities of daily living as evidenced by the resulting Client Assessment Protocol (CAP) report resulting from each assessment.

COST NEUTRALITY

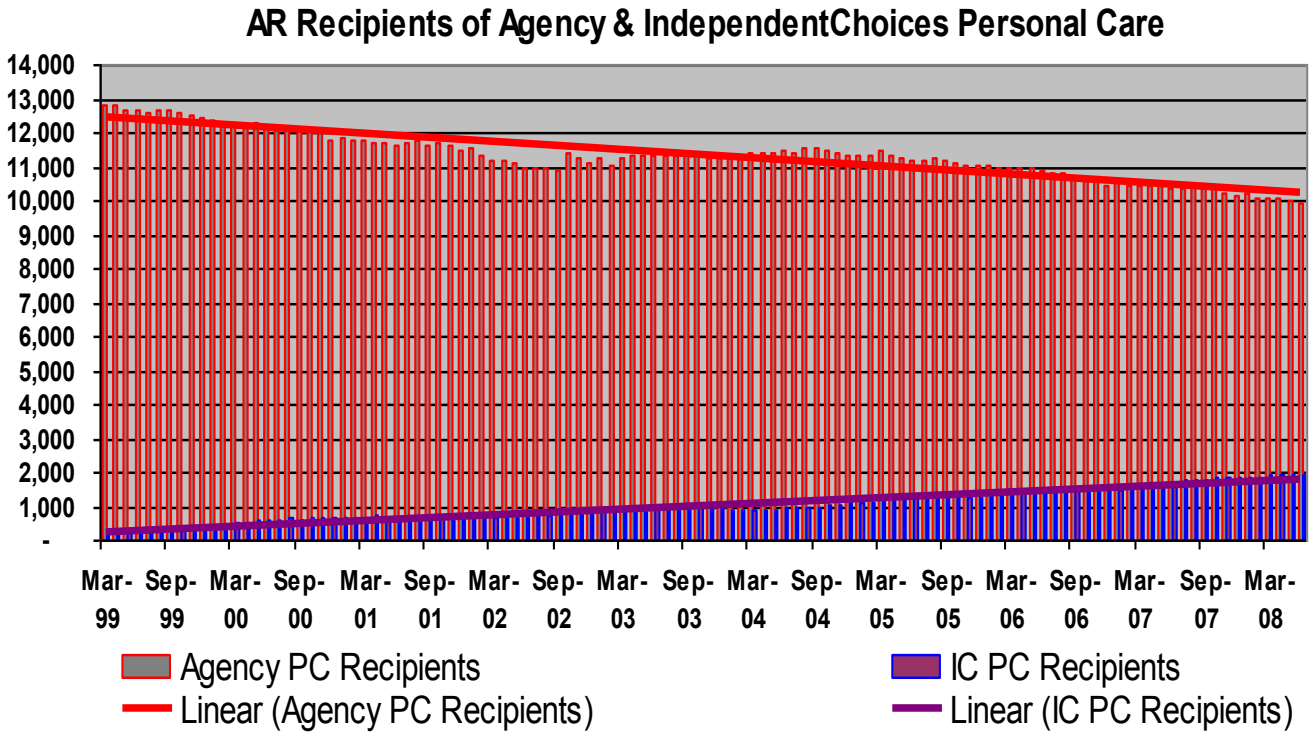
The DAAS has meticulously collected its expenditure data over the past ten years and worked with CMS for nearly ten months in 2001 to tackle cost neutrality. The cost neutrality formula that resulted was based on data sets covering the five year period beginning July 1995. CMS created a template that required the expenditures for persons who were Agency Only, Control or Treatment assignment. CMS asked Arkansas to collect data each month pre and post IndependentChoices randomization for these specific reporting categories: (1) personal care, (2) core expenditures and, (3) institutional services. The results were:

- The Personal Care Agency Only model was the most expensive at an aggregated cost of $703.84 with institutional cost at 40.35% of the aggregate cost.
- Persons randomized to the Control group had aggregated cost of $576.33. With the combination of pre and post control assignment and post IndependentChoices, the “Core” cost represented 47.60% of the aggregated expenditure.
- The Treatment Groups aggregated cost were $618.56. This was 12% less than the Agency Only model but 7% higher than the aggregated cost for the Control Group. Interestingly enough the increased receipt of personal care or core services resulted in decreased institutional cost for both the treatment and the control groups. For the Treatment Group the institutional cost was 66.52% less than the Agency Only model.

In the 2007 Robert Wood Johnson Foundation Executive Summary, “Choosing Independence” informed “In Arkansas, in particular, savings in long-term-care costs under Cash & Counseling helped offset higher personal care costs. A special, longer-term follow-up study of the Arkansas Cash & Counseling program showed that savings in long-term care

Persisted in the third post-enrollment year. By then Cash and Counseling had reduced nursing facility use 18 percent over the entire three-year study period." The DAAS is particularly impressed with this finding as it represents the potential to rebalance long term care by offering community services, such as IndependentChoices, that can decrease the higher cost of institutional care.

The DAAS entered the actual expenditures from the ten demonstration years into two five year budget shells provided by CMS and their combined savings equaled $5,247,335. The first period from FFY 99 through FFY 2003 results in savings of $1,861,991. During this time 4.6% of persons needing assistance with their personal care chose Independent-Choices. The second period from FFY 04 through March 31, 2008 results in savings of $3,385,344. During this time 11% of persons needing assistance with their personal care chose IndependentChoices. The budget shell worksheet formulas could not accommodate the final 6 month period, so by doubling the total costs and member months and reducing the calculated saving for that period by half we arrived at the $3,385,344 savings for this period.



The woodwork effect never materialized in Arkansas. The graph on the previous page above shows a slow steady increase in the number of persons choosing the Independent-Choices program. For these people the flexibility of receiving service at a time that fit the rhythms of their life from someone of their choosing seemed to be the most attractive feature. Does IndependentChoices have the ability to reduce Medicaid cost? If the early evaluation results hold true with the reduction of institutional care by 18%, IndependentChoices may be a very important part in helping Arkansas rebalance its long-term-care cost.

CONCLUSION

Arkansas has had a lifetime of experiences in the implementation and operation of its IndependentChoices program the past ten years. Arkansas has moved from a novice to a leader in the field of consumer-direction. A State other states look to with questions of how Arkansas implemented its program and what are our outcomes and findings.

In the beginning Arkansas did not believe it would be a contender for the competitive grant offered by the Robert Wood Johnson Foundation. In the early period it was just the mere operation of the program that consumed Arkansas's time but over time it would be the outcomes for program participants that caught Arkansas's attention. It was in listening to University of Maryland Baltimore County lead researcher, Mr. Kevin Eckert, describe the research results of the twenty five qualitative and quantitative studies conducted in each of the three implementation states. Mr. Kevin Eckert described during the conference in Baltimore his experiences by stating that he had never been as moved by a research project as he had by this one. He went on to say that so many of us take so much for granted in our life. The necessities of life we are able to purchase but for these people the addition of a

little more income into the home is changing the participant's quality of life. But just exactly was happening in Arkansas? There are many stories that can be shared but two will be shared.

For those of us who operated the IndependentChoices program the philosophy of consumer-direction moved us from bureaucrats by listening to the voices of these program participants. The IndependentChoices staff was awed by the extraordinary efforts Arkansans were taking to care for their loved ones in the community. At times we were moved to tears. There are program participant names, faces, and stories that we will never forget. These program participants have changed more than one bureaucrat forever. It has never been easy. Consumer-direction is a challenge to manage, scary at times. When you begin to look at these program participants as individuals with individual needs one standard of operation does not serve the total population well. It is the individual or person centeredness of the operation that can have the most positive outcomes. It is in listening to program participants, having those open lines of communication and having staff who are willing and want to perform their role as a counselor by listening and guiding when necessary so that the program participant can have positive outcomes.

As the American population continues to grow older with the aging baby boom population. Many of the baby boom population will demand more options in long-term-care. Consumer direction will be one service that will be attractive. For it has a focus on quality of life and offers choice and control. The DAAS believes its contributions to advancing consumer direction has been a significant contribution for the country. But more so on a state level we appreciate the availability of the IndependentChoices in the ways it has helped to improve Arkansans lives. One IndependentChoices program participant would like to share his story.

LITTLE ROCK MAN WORKS FULL-TIME FOR ACXIOM, DESPITE QUADRIPLEGIA By Scott Hol-

Congress has changed many rules to allow individuals with disabilities to work, without losing all of their benefits. Arkansas Medicaid has also changed rules, to allow individuals with disabilities to use personal care and waiver services in the workplace.

Franklin McMurrian

Franklin McMurrian of Little Rock works full-time, despite quadriplegia. McMurrian had a spinal cord injury at age 16, with nerve damage affecting all four limbs. His disability qualified him for SSI benefits and Medicaid coverage, but he wanted more from life. His mother encouraged him to attend college: "You're too smart to just let your skills go to waste."

Fascinated with computers, he attended UALR and studied information science. After attending student job fairs, McMurrian set his sights on a job with Acxiom. Acxiom is a Little Rock-based corporation specializing in customer databases. The company recognized his potential, and hired him after graduation.

McMurrian enjoys his work, and he's good at it. He has partial use of one hand, and unimpaired use of his mind. He types fast with one finger, and his only job accommodation is a trackball mouse.

"His abilities, rather than his disabilities, describe who he is," says Butch Hoyt, McMurrian's former supervisor. "Franklin has refreshed my view of the human spirit."

Earning over $40,000 a year, McMurrian is no longer eligible for an SSI check, but still qualifies for Medicaid. While Acxiom provides health insurance, Medicaid pays personal care, which is not covered by health insurance.

McMurrian uses the **Independent Choices** program, because it gives him the flexibility that he needs. His attendant helps him get ready for work, and drives him to and from the office.

Working enables McMurrian to lead a normal life. He's married and has two children. He and his family live in a nice home in West Little Rock, and he bought himself a van, equipped with a wheelchair lift.

Medicaid, SSI, and Social Security Disability rules allow individuals with disabilities to work, but beneficiaries should get professional advice about how work will affect their benefits. For free, confidential advice, beneficiaries and their families can call the Employment Sources Hotline, 1-866-283-7900.