

**Evaluation of the Work
Incentives Planning and
Assistance (WIPA) Program:
Beneficiaries Served, Services
Provided, and Program Costs**

Final Report

September 8, 2010

(Updated in October 2011 with
errata and corrected information)

Jody Schimmel
Bonnie O'Day
Allison Roche
Gina Livermore
Dominic Harris

MATHEMATICA
Policy Research

This page has been left blank for double-sided copying.

Contract Number:
0600-03-60130

Mathematica Reference Number:
08977.935

Submitted to:
Social Security Administration
Office of Retirement and Disability Policy
500 E Street, SW, 9th Floor
Washington, DC 20254
Project Officer: Paul O'Leary

Submitted by:
Mathematica Policy Research
600 Maryland Avenue, SW
Suite 550
Washington, DC 20024-2512
Telephone: (202) 484-9220
Facsimile: (202) 863-1763
Project Director: Gina Livermore

**Evaluation of the Work
Incentives Planning and
Assistance (WIPA) Program:
Beneficiaries Served, Services
Provided, and Program Costs**

Final Report

September 8, 2010

(Updated in October 2011 with
errata and corrected information)

Jody Schimmel
Bonnie O'Day
Allison Roche
Gina Livermore
Dominic Harris

MATHEMATICA
Policy Research

This page has been left blank for double-sided copying.

ERRATA

The original version of this report contained errors in the cost measures presented in Chapter VI and Appendices G and H. The cost indices for three WIPA projects—the Center for Independence of the Disabled (CA), Crossroads Diversified Services (CA), and Endependence Center (DC)—were incorrect. The corrected cost indices appear in the updated October 2011 version of the report, and we updated all other statistics related to the cost measure. Note that although the changes had a negligible impact on the summary statistics presented in Chapter VI, they resulted in changes in the cost quintile rankings of several of the WIPA projects, as shown in Appendix H, Table H.1.

This page has been left blank for double-sided copying.

ACKNOWLEDGMENTS

The authors gratefully acknowledge the efforts of many individuals. In particular, we thank our project officer, Paul O’Leary, of the Social Security Administration, Office of Program Development and Research, who provided intellectual leadership in the development and implementation of the ETO system and insightful comments on the analysis plan for this report. Elaine Gilby and Omar Parbhoo, also of this office, provided valuable assistance with data required to complete the analysis presented in Chapter VI and input to the analysis plan. We also acknowledge Carol Cohen in SSA’s Office of Employment Support Programs and her project officers for leading the implementation of the WIPA program and ensuring that WIPA staff began and continued to use the ETO data system.

At Mathematica, we wish to recognize Joseph Felix, who assisted with data development and analysis; Frank Martin, who assisted with an early draft of Chapter I of the report; and Sharon Clark, who led the production effort.

Finally, we extend our gratitude to the staff of the WIPA projects who worked to understand and use a complex data collection system. We especially thank those who carefully documented the services they provided, often working overtime to ensure that their efforts to serve beneficiaries were accurately documented. We also appreciate their responses to our requests for information about their funding sources and activities.

This page has been left blank for double-sided copying.

CONTENTS

ABSTRACT.....	xv	
ACRONYMS	xvii	
I	INTRODUCTION	1
	A. Background and Policy Context	2
	B. Services Provided by WIPA Projects	4
	C. WIPA Program Characteristics and Funding.....	7
	D. WIPA Evaluation Plan.....	9
	E. Key Findings.....	10
	F. Report Structure	12
II	DATA AND METHODS	13
	A. Goals for and Implementation of the WIPA ETO Data Collection System	13
	B. Information Collected in ETO.....	16
	C. Data Used in the Analyses	20
	1. Profile of Beneficiaries Served by WIPA Projects (Chapters IV and V).....	22
	2. WIPA Service Output Analysis (Chapter VI).....	23
III	WIPA PROJECT DATA COLLECTION EFFORTS AND IMPLICATIONS FOR ANALYSIS.....	25
	A. Number of Beneficiaries Served by WIPA Projects	25
	B. Missing Data and Implications for Analysis	26
	C. Variation in Enrollment Intensity by WIPA Projects	27
	D. Variation in Data Collection by Enrollee Subgroups.....	29
	E. Summary.....	30

- IV NATIONAL PROFILE OF WIPA ENROLLEES 31
 - A. WIPA Enrollee Characteristics at Intake 31
 - B. WIPA Enrollee Benefit Receipt and Employment Status 34
 - C. How WIPA Enrollees Heard About WIPA, Topics Discussed During the I&R Assessment, and Resolution of I&R Contact 36
 - D. Employment, Education, and Use of Work Incentives, Benefits, and Services by WIPA Enrollees at the Time of the WIPA Baseline Assessment 44
 - E. Summary of Findings 50
- V FOLLOW-UP ACTIVITIES AND OUTCOMES AMONG WIPA ENROLLEES RECEIVING SERVICES 53
 - A. Follow-Up Activities Among WIPA Enrollees 53
 - B. Changes Between Baseline and Follow-Up WIPA Assessments 57
 - C. Summary of Findings 63
- VI WIPA OUTPUT AND COSTS 65
 - A. WIPA Outputs 66
 - B. WIPA Costs per Output 68
- VII CONCLUSIONS 75
 - A. Although WIPA Projects Appear to be Providing Ongoing Support to Most WIPA Enrollees, Many Beneficiaries Do Not Receive the Ongoing Assistance that the Program Intended to Provide 75
 - B. WIPA projects Prioritize Services to Beneficiaries who are Employed or are Actively Seeking Employment 76
 - C. WIPA projects Focus on Encouraging the WIPA Enrollees they Serve to Use Benefits, Work Incentives, and Services to Increase Employment 76
 - D. Variation in the Completeness of Data Collected about WIPA Enrollees Makes it Difficult to Assess Whether Beneficiary Characteristics and Program Activities at the National Level are Representative of All Beneficiaries Served by the WIPA Program 77
 - E. WIPA Projects Vary in Service Costs per Beneficiary, with Extreme Outliers Contributing to the Observed Range 77

F. It Is Still Too Early to Observe Employment Outcomes After Beneficiaries Receive WIPA Services, and Program Design Does Not Allow for the Estimation of Program Impacts78

REFERENCES81

Appendices Bound Under Separate Cover

APPENDIX A: IMPLEMENTATION, SYSTEM USE, AND ASSOCIATED DATA ISSUES

APPENDIX B: DATA, METHODS, AND ANALYSIS DETAIL

APPENDIX C: COMPARISON OF I&R AND WIPA ENROLLEES SERVED BY WIPA PROJECTS

APPENDIX D: WIPA ENROLLMENT INTENSITY CALCULATIONS

APPENDIX E: DATA QUALITY SUMMARY

APPENDIX F: SUBGROUP ANALYSES TO SUPPORT FINDINGS PRESENTED IN CHAPTERS IV AND V

APPENDIX G: METHODOLOGY USED TO DEVELOP COST MEASURES

APPENDIX H: COST MEASURES AND QUINTILE RANKINGS, BY WIPA

This page has been left blank for double-sided copying.

TABLES

I.1	Distribution of WIPA Funding from SSA.....	7
I.2	Number of WIPA Projects Leveraging Funding from Sources Other than SSA	8
I.3	Other Funding Leveraged by WIPA Projects as a Percentage of SSA Funding	8
II.1	Selected SSI and DI Employment Supports	18
II.2	Selected Information Collected from Beneficiaries and Recorded in the ETO Data System.....	21
II.3	Entry, Enrollment Status, and Analysis Dates Used in Evaluation Analyses	22
III.1	Number of Beneficiaries Served by WIPA Projects	26
III.2	Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees	27
III.3	Groupings of WIPAs and Enrollment Intensity.....	29
IV.1	Demographic Characteristics of WIPA Enrollees	32
IV.2	Disability and Health Status of WIPA Enrollees at Intake	33
IV.3	Benefits Received, Employment Status, and Payee Status of WIPA Enrollees at Intake	35
IV.4	Employment Status of WIPA Enrollees at the WIPA Baseline Assessment	37
IV.5	Ways in Which WIPA Enrollees Heard About WIPA	38
IV.6	Topics That WIPA Enrollees Discussed with WIPA Projects at the Time of Their I&R Assessment	40
IV.7	Resolution of I&R Contact and Service Referrals Received by WIPA Enrollees	43
IV.8	Resolution of I&R Contact Among WIPA Enrollees, by Topic of Inquiry	44
IV.9	Employment and Education Goals Among WIPA Enrollees at Baseline WIPA Assessment	45
IV.10	Benefits Discussed with WIPA Enrollees at the WIPA Baseline Assessment	48

IV.11	Knowledge and Utilization of Work Incentives by WIPA Enrollees at the Baseline WIPA Assessment	49
IV.12	Services Used by WIPA Enrollees at the WIPA Baseline Assessment	51
V.1	Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees, by Entry Date	54
V.2	Activities, Discussions About Work Incentives, and Service Referrals Given to WIPA Enrollees During the Course of Beneficiary Efforts	56
V.3	Employment and Benefits Suggestions Made to WIPA Enrollees During the Course of Beneficiary Efforts	58
V.4	Changes in Work Incentives, Benefits, and Service Utilization Between Baseline and Follow-Up Assessments Among WIPA Enrollees Not Reporting Utilization at Baseline.....	60
V.5	Changes in Employment and Earnings Among WIPA Enrollees Between Baseline and Follow-Up Assessments	62
VI.1	WIPA Outputs, October 1, 2009, to March 31, 2009.....	67
VI.2	Percentage of WIPA Outputs Represented by I&R-Only Clients and Services, October 2009 to March 2010	68
VI.3	WIPA Project Costs, October 1, 2009, to March 31, 2009.....	70

FIGURES

I.1	Beneficiary Service Flow	5
II.1	Timeline of WIPA ETO Implementation	14
II.2	ETO Data Completion for I&R and WIPA Enrollees.....	17
VI.1	Scatter Diagram of Costs per WIPA Enrollee and Beneficiary Density	73
VI.2	Scatter Diagram of Costs per WIPA Service Hour and Beneficiary Density	74

This page has been left blank for double-sided copying.

ABSTRACT

In this report, we present findings on the activities of the 103 organizations receiving Social Security Administration (SSA) grants under the Work Incentives Planning and Assistance (WIPA) program. The WIPA program was established in 2006 and was tasked by SSA to “disseminate accurate information to beneficiaries with disabilities...about work incentives programs and issues related to such programs” with the ultimate goal of such assistance being to “assist SSA beneficiaries with disabilities succeed in their return to work efforts” (SSA 2006). To meet this goal, SSA provides annual funding to the WIPA program of \$23 million.

From October 1, 2009, to March 31, 2010, WIPA projects provided first-time services to nearly 27,000 beneficiaries, including 13,668 beneficiaries who received information and referral assistance and an additional 12,610 beneficiaries who received more intensive WIPA services. Overall during this period, the WIPA program worked with nearly 40,000 beneficiaries, including those who first contacted a WIPA project prior to October 1, 2009.

The findings presented in this report focus on the short-term and intermediate outcomes of the beneficiaries receiving WIPA services. Using data from the WIPA web-based data system covering the period of April 1, 2009, to March 31, 2010, we provide a national profile of beneficiaries served by WIPA projects; assess the nature of services that WIPA staff provided to beneficiaries; identify the number of beneficiaries served by each WIPA project who received I&R and WIPA services; and relate that output to the amount of funding each project received to assess the relative performance of WIPA projects.

We find that WIPA projects are prioritizing services to beneficiaries most interested in employment and focusing on encouraging the WIPA enrollees they serve to use work incentives to increase employment. Most enrollees (70 percent) receive some level of ongoing support from WIPA projects, consistent with the stated program goals in the original solicitation. However, many beneficiaries (30 percent) do not receive ongoing assistance that the program was intended to provide, and it is unclear whether the amount of support provided to those who receive it (about three contacts over a 12-month period) is sufficient to lead to improved beneficiary employment outcomes.

Variation in the completeness of data across WIPA projects and data elements makes it difficult to draw conclusions about program activities at the national level because it is unclear whether data is missing at random or in a systematic way correlated with beneficiary characteristics and outcomes. Moreover, it is too early to observe employment outcomes after beneficiaries receive WIPA services because not enough time has elapsed since enrollment for many participants. We are not yet able to observe changes in work efforts, the use of work incentives, or reductions in SSA benefit receipt after contact with the WIPA projects. We plan to assess such changes in a future WIPA evaluation report where we will link data on beneficiaries who received WIPA services to SSA administrative data. Because of the design of the WIPA program, we will not be able to estimate program impacts or attribute changes that occur after WIPA enrollment directly to program participation.

WIPA projects vary markedly in terms of output and service costs, with extreme outliers contributing to the observed range. Adjusting for funding levels and input costs, direct service per-WIPA enrollee costs varied from \$49 to \$3,099, and costs per WIPA service hour ranged from \$42 to \$1,586 across the WIPA projects. Beneficiary density did not appear to explain this very large

degree of variation. Our findings suggest that other significant differences across the WIPA projects were affecting their costs, including the share of clients receiving I&R-only versus WIPA services, the underlying demand for services within their target populations, the availability of substitute services, how non-SSA funding was being used, and efficiency in providing services.

This is the first in a series of reports that make up the sixth Ticket to Work evaluation report.

ACRONYMS

BPAO	Benefits Planning, Assistance, and Outreach Program
BPQY	Benefits Planning Query
BS&A	Benefits Summary & Analysis
CWIC	Community Work Incentives Coordinators
DOL	Department of Labor
EARN	Employer Assistance and Referral Network
EITC	Earned Income Tax Credit
EN	Employment Network
EPE	Extended Period of Eligibility
ETO	Efforts to Outcomes
I&R	Information and Referral
IRWE	Impairment-Related Work Expense
MIG	Medicaid Infrastructure Grants
MMA	Medicare Modernization Act
NTC	National Training Center
OESP	Office of Employment Support Programs
One-Stop	Department of Labor One-Stop Career Centers
OSM	Operations Support Manager
PASS	Plan to Achieve Self-Support
PII	Personally Identifiable Information
PMRO	Program Manager for Recruitment and Outreach
SGA	Substantial Gainful Activity
SSDI or DI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security Number
SVRA	State Vocational Rehabilitation Agency
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TTW	Ticket to Work program
TWP	Trial Work Period
VCU	Virginia Commonwealth University

VR	Vocational Rehabilitation
WIIRC	Work Incentives Information and Referral Center
WIP	Work Incentives Plan
WIPA	Work Incentive Planning and Assistance
WISE	Work Incentives Seminars

I. INTRODUCTION

Employment for Social Security Disability Insurance (DI) and Supplemental Security Income (SSI) beneficiaries is complicated. To be eligible for these programs, an individual must be determined unable to engage in substantial gainful activity (SGA) due to a significant and long-lasting health condition. Nevertheless, 40 percent of working-age disability beneficiaries, or about 4.5 million individuals, report having an employment goal or an expectation that they will work in the future. Just over half of these employment-oriented beneficiaries have participated in recent employment-related activities, and about 45 percent of them (27 percent of all beneficiaries) had earnings in at least one year from 2004 to 2007 (Livermore et al. 2009).

Beneficiaries face many barriers to employment, including (1) poor health; (2) lack of education, skills, or training required for available positions; (3) lack of supports to enable employment, such as reliable transportation to get to and from work or personal assistance to prepare for work; (4) labor market factors, such as discrimination or lack of available positions; and (5) problems with the benefits system, such as work disincentives or a lack of information about and complexity involving existing work incentives (Livermore and Goodman 2009). To address some of these barriers, the Social Security Administration (SSA) has instituted a range of work support programs to encourage DI and SSI beneficiaries to work. Some of these work supports were instituted during the 1970s and 1980s, while others were contained in the Ticket to Work and Work Incentives Improvement Act of 1999 (the Ticket Act). Their purpose is to enable beneficiaries to become employed while retaining a portion of their federal disability benefits, thereby reducing their dependence on these benefits.

The Ticket Act included the Benefits Planning, Assistance and Outreach (BPAO) program, later named the Work Incentives Planning and Assistance (WIPA) program, to reflect “an increased emphasis on work incentives, return to work supports and jobs for beneficiaries” (Virginia Commonwealth University 2010). SSA tasked WIPA projects to “disseminate accurate information to beneficiaries with disabilities...about work incentives programs and issues related to such programs” with the ultimate goal of such assistance being to “assist SSA beneficiaries with disabilities succeed in their return to work efforts” (SSA 2006). SSA contracted with Mathematica Policy Research in September 2007 to evaluate the WIPA program. This report focuses on the short-term and intermediate outcomes of WIPA beneficiaries. We draw six overall conclusions:

1. Although WIPA projects appear to be providing ongoing support to most WIPA enrollees, many beneficiaries do not receive the ongoing assistance that the program was intended to provide.
2. WIPA projects prioritize services to beneficiaries who are employed or actively seeking employment.
3. WIPA projects focus on encouraging the WIPA enrollees they serve to use benefits, work incentives, and services to increase employment.
4. Variation in the completeness of data collected about WIPA enrollees makes it difficult to assess whether beneficiary characteristics and program activities at the national level are representative of all beneficiaries served by the WIPA program.
5. WIPA projects vary in service costs per beneficiary, with extreme outliers contributing to the observed range.

6. It is still too early to observe employment outcomes after beneficiaries receive WIPA services, and program design does not allow for the estimation of program impacts.

A. Background and Policy Context

Despite extensive efforts by SSA, beneficiary use of work incentives is low; less than 5 percent of beneficiaries use work incentives for which they are eligible (Stapleton et al. 2008). Causes of this low participation include lack of information about employment opportunities, supports, and incentives, as well as the complexity of disability programs, fear of permanently losing benefits, and work disincentives contained in other programs (Stapleton and Burkhauser 2003; Tremblay et al. 2006; Rutkowski and Riehle 2009).

To address some of the barriers beneficiaries face in finding and seeking work, and to encourage use of work incentives among DI and SSI beneficiaries, Congress included in the Ticket Act the Ticket to Work (TTW) program, which provides beneficiaries with a “Ticket” or voucher they can bring to a service provider to receive help in preparing for or finding employment. Agencies that provide employment support services to individuals with disabilities can apply to SSA to be designated as employment networks (ENs), enabling them to receive payments from SSA in return for assisting beneficiaries to go to work and leave the benefit rolls. The BPAO program, also included in the Act, was set up to educate beneficiaries about benefits and work incentives. Before the establishment of the BPAO program, beneficiaries obtained such information from SSA field offices and other employment support programs. Beneficiaries and disability advocates claimed that beneficiaries were hesitant to contact the SSA field offices with questions about employment and work incentives because receipt of benefits is contingent upon inability to work and they feared loss of benefits if they indicated any interest in employment. Additionally, they claimed that information from these sources often was inaccurate or incomplete (National Council on Disability 1997).

SSA wished to provide this information through a reliable source not affiliated with enforcement of work incentives or earnings rules. Under the new BPAO program, community-based organizations were given funding to help beneficiaries develop a better understanding of DI and SSI work incentives. The organizations hired benefits specialists to provide beneficiaries with accurate information on work incentives and how wages affect Social Security and other public benefits. BPAO services fell into five main categories: (1) providing information and referrals to service providers; (2) problem solving and advocacy; (3) benefits analysis and advisement; (4) benefits support planning; and (5) benefits management (Kregel and Head 2001). Generally, benefits specialists met with beneficiaries to discuss the impact of wages on their benefits and how to use work incentives to retain benefits and increase earnings.

After six years of experience operating the BPAO program and other demonstration projects, however, evidence of program effectiveness was mixed. A customer satisfaction survey conducted by SSA in 2004 found that beneficiaries rated the BPAO program highly in providing accurate and understandable information about the effects of work on benefits and available work incentives. The program also succeeded in serving individuals with disabilities of all ages, both genders, and varied impairments, as well as those who spoke different languages (Bruyere et al. 2007). However, low rates of referrals to employment providers, such as ENs, as well as low utilization of some work incentives and a decline in use of others, suggested that the BPAO program may have been less

successful in supporting the goals of TTW, which were to help people with disabilities make the transition into employment and, for some, off benefits (Peikes et al. 2005).¹ Counseling about benefits and work incentives may inadvertently have caused beneficiaries to keep their earnings low enough to maximize their benefits, thereby increasing total present income. BPAO staff may have discouraged beneficiaries from taking jobs because they were low-paying and may have left them worse off in the short run, instead of examining the potential of work incentives and other supports to bolster long-term employment.

By 2006, SSA personnel realized that beneficiaries needed a more intensive intervention if they were to deposit their Tickets, maximize their use of work incentives, and go to work. Benefits counselors needed to work in partnership with other organizations providing employment services. To address these challenges, in 2006 SSA renamed the BPAO program; now called the WIPA program, its focus shifted from providing basic information about benefits and work incentives to emphasizing beneficiary employment. The announcement soliciting applications for WIPA cooperative agreements called on WIPA projects to disseminate information on work incentives and related issues with the goal of assisting beneficiaries in their efforts of returning to work (SSA 2006). Training materials provided to WIPA projects identified the following as activities to be conducted by the WIPA projects: (1) promoting employment, (2) enhancing self-sufficiency, and (3) collaborating with key stakeholders (such as One-Stop Career Centers, State Vocational Rehabilitation Agencies (SVRAs), and ENs).² Those materials placed strong emphasis on improving employment, noting that “[t]he 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. This represents a paradigm shift in which CWICs form an integral part of the vocational services system instead of merely providing a peripheral benefits counseling service” (Virginia Commonwealth University 2010).

SSA established cooperative agreements with community-based organizations and funded them to achieve these goals. Today, these WIPA projects assist beneficiaries in using SSA work incentives and understanding how various levels of earnings will affect their Social Security and other federal, state, and local benefits. These 103 WIPA projects, 82 percent of which had formerly operated BPAO programs, also assist beneficiaries in obtaining services from community agencies that help them to prepare for, find, and retain employment (O’Day et al. 2009). WIPA projects do not address all employment barriers faced by beneficiaries with disabilities, such as work disincentives contained within SSA and other benefit programs, employer reluctance to hire individuals with disabilities, or lack of service providers to assist them in acquiring the skills they need to find and retain employment. However, they do assist those who experience barriers to work due to lack of understanding of work incentives or inability to connect with resources to support their employment.

¹ See the analysis in Bruyere et al. 2007, pp. 75–76. SSA’s customer satisfaction survey noted that less than half beneficiaries had their BPAO case workers actually contacted someone on their behalf, while utilization rates of 1619(b) provisions, which enable beneficiaries to retain their Medicaid benefits when they lose their SSI, decreased during the BPAO program’s existence (O’Day et al. 2009).

² The acknowledgments in the training materials state that the content was reviewed by SSA and collaborating entities for accuracy.

B. Services Provided by WIPA Projects

SSA has tasked WIPA projects with delivering four broad categories of services: (1) work incentives planning, including written documentation for beneficiaries “outlining their employment options and develop[ing] long-term supports that may be needed to ensure a beneficiary’s success in regards to employment” (SSA 2006); (2) work incentives assistance; (3) work incentives education, marketing, and recruitment of beneficiaries; and (4) outreach services (SSA 2006). These services are provided through community work incentives coordinators (CWICs) or other staff at WIPA projects, who generally deliver one-on-one consultation on disability benefit programs and current work incentives to beneficiaries.

WIPA projects were tasked with providing more than one-time work incentives assistance to beneficiaries receiving WIPA services to meet the program objectives of increasing employment among beneficiaries. The initial solicitation for WIPA cooperative agreements establishes the following model for WIPA services (SSA 2006):

- “Provid[ing] ongoing, comprehensive work incentives monitoring and management assistance to beneficiaries who are employed or seeking employment.”
- “Provid[ing] long-term work incentives management on a scheduled, continuous basis, allowing for the planning and provision of supports and regular checkpoints, as well as critical transition points in a beneficiary’s receipt of benefits, improvement of medical condition, work attempts, training, and employment.”
- “Ongoing direct assistance to a beneficiary in the development of a comprehensive, long-term work plan to guide the effective use of...work incentives.”

WIPA projects divide the services they provide into two types: (1) information and referral (I&R) services, and (2) WIPA services. All SSA disability beneficiaries must first enroll to receive basic I&R services from WIPA projects. Those with fairly simple or generic questions about benefits or work supports receive this information in one or two brief sessions. In contrast, those who need more individualized, in-depth services are dismissed from I&R and enrolled to receive WIPA services, including the planning and assistance described above. In this program category, CWICs are expected to engage in an intensive intake process to gather specific information about the individual and the benefits he or she receives (see Figure I.1). SSA’s expectation is that 80 percent of WIPA project resources will be devoted to the provision of WIPA services, and the remaining 20 percent devoted to I&R and outreach activities.³

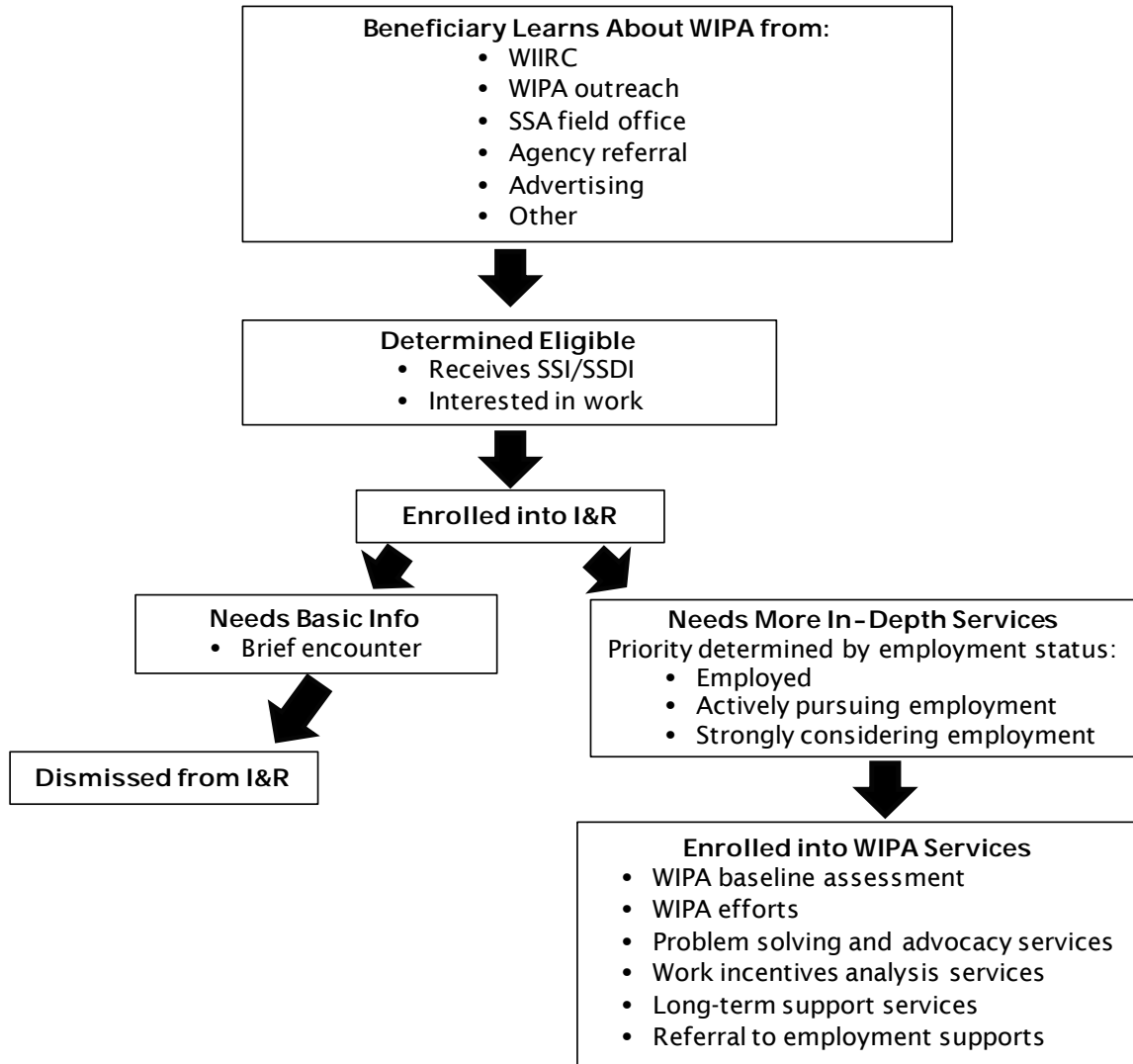
When individuals request I&R or WIPA services, CWICs should determine (1) whether they are eligible for WIPA services, meaning that they receive SSI or SSDI benefits and are interested in employment and (2) the priority level of the eligible beneficiaries. To receive priority for WIPA services, a beneficiary must be employed, actively pursuing paid employment, or strongly considering employment.

Once the beneficiary is enrolled in WIPA services, the CWIC should collect information on the benefits received and verify it with an authoritative source. CWICs should then request a benefits

³ This guidance was reiterated to WIPA programs in a national WIPA conference call in early 2010.

planning query (BPQY) from the local SSA field office or area work incentives coordinator (AWIC) to verify Social Security benefits and the work incentives the beneficiary has used. Other benefits that may require verification include health insurance, such as Medicare and Medicaid, subsidized housing, food stamps, or private disability insurance benefits—each of which may be affected by earnings.

Figure I.1. Beneficiary Service Flow



After the relevant information has been obtained and verified, beneficiaries may receive services in three categories: (1) problem solving and advocacy, which includes assistance in resolving problems related to employment or making referrals to employment support or other service providers; (2) work incentives analysis, which includes obtaining and recording comprehensive benefits information, assessing potential impacts of earnings on state, local, and federal benefits eligibility and overall economic well-being, and producing written benefits analysis plans (discussed below); and (3) long-term support, including long-term work incentives monitoring and management and periodic reassessment.

Generally, the CWIC would then develop a benefits summary and analysis (BS&A), a formal report that summarizes current benefits and offers case-specific options on the use of work

incentives to support a beneficiary's employment objective. The BS&A is a tailored benefits summary that analyzes the work incentives that might be used either at present or in the future, including Impairment-Related Work Expenses (IRWEs), a Plan to Achieve Self-Support (PASS), or a state Medicaid Buy-In program. Based on the findings in the BS&A and subsequent discussion with the beneficiary, the CWIC may develop a Work Incentives Plan (WIP) that lays out actions for the beneficiary, the CWIC, and other stakeholders to make full use of work incentives during the transition to work and as the beneficiary's earnings increase. The WIP details what specific actions will be taken, by whom, and by what target date. These might include reporting earnings to SSA or gaining approval of IRWEs or a PASS. WIPs also may include steps to obtaining employment supports, such as assigning one's Ticket or approaching an SVRA for employment-related equipment. Like the BS&A, WIPs must be reviewed periodically, revised, and updated to reflect changes in the beneficiary's situation (O'Day et al. 2009).

Although one-on-one consultations constitute the bulk of WIPA services, WIPA projects may use 10 percent of their funding from SSA to conduct outreach to educate beneficiaries about work incentives, market SSA's TTW program, and recruit beneficiaries to participate in WIPA and other programs (Social Security Administration 2006). Many of these outreach efforts take the form of Work Incentives Seminar Events (WISE), which provide beneficiaries with the opportunity to learn about work incentives from WIPA staff, hear about local ENs and other employment support providers, and meet SSA field office staff. SSA has contracted with a program manager for recruitment and outreach (PMRO) for the TTW program to assist the WIPA projects with these events. Under this contract, the PMRO sends invitations to beneficiaries, develops presentation materials, and assists with other logistics. Beyond WISE events, WIPA staff also conduct regular community educational and outreach events, often in conjunction with community agencies, at which they provide basic information about work incentives to beneficiaries and disability service agency representatives.

WIPA projects might also receive referrals from the operations support manager (OSM) for the TTW program.⁴ Beneficiaries who receive a Ticket by mail contact the OSM for more information about TTW and are referred to local service providers. The OSM representatives also answer basic questions about work incentives and benefits and refer callers with complex issues to the local WIPA project. Although the OSM has been providing referrals to WIPA agencies since the inception of the TTW program, it recently has expanded its services by establishing the Work Incentives Information and Referral Center (WIIRC). The WIIRC provides beneficiaries with customized information about work incentives and the impact of work on cash benefits and health insurance. WIIRC representatives refer beneficiaries who desire a thorough analysis of the impact of work on their benefits to the local WIPA. WIIRC staff would complete the initial intake information in the WIPA data collection system and then, if needed, generate a referral for intensive WIPA services to the WIPA agency serving the beneficiary's county of residence. If it is an appropriate referral, the WIPA would accept the referral, enroll the beneficiary into WIPA services, obtain the BS&A, and provide WIPA analysis or long-term support.

CWICs receive training from a national training center (NTC) funded by SSA and located at Virginia Commonwealth University (VCU). VCU has trained and certified all CWICs. To become

⁴ SSA has contracted with Maximus, the current OSM, to provide operational support for the TTW program. The OSM handles beneficiary inquiries about TTW, assists ENs to submit payment requests to SSA, and performs other administrative functions for the TTW program.

certified, CWICs must complete a four-day training program organized around an extensive list of core competencies and then undergo a rigorous assessment process using case studies. As part of this assessment, CWICs are required to submit a BS&A that meets best practice standards, thereby ensuring a high level of competence in work incentives counseling across the WIPA program. The NTC also provides supplemental training and ongoing technical assistance (TA) through TA liaisons, a cadre of specialists assigned by region to assist CWICs in answering technical questions or providing additional information on benefits, health insurance, employment supports, and other issues.

C. WIPA Program Characteristics and Funding

A variety of organizations throughout the country have cooperative agreements with SSA to provide WIPA services, including disability service organizations that provide employment supports, such as United Cerebral Palsy, Easter Seals, and Goodwill Industries; centers for independent living; SVRAs and other state agencies; and organizations offering legal assistance. About 82 percent of organizations that receive WIPA funding operated BPAO projects under prior cooperative agreements (O'Day et al. 2009).

SSA provides funding according to a formula based upon the number of SSI and DI beneficiaries in each zip code or county served by each WIPA—the same formula that was used to fund the BPAO program. Between 2000 and 2008, the number of SSI and DI beneficiaries increased from 7,550,930 to 10,289,474 (Social Security Administration 2009), but funding for the WIPA program remained at an annual \$23 million, the amount authorized for the BPAO program in fiscal year 2000. This means that WIPA funding per beneficiary has declined significantly since the inception of the BPAO program, due to an increase in the number of beneficiaries and inflation. Because of variation in the number of beneficiaries in their service areas, the funding among WIPA projects varies greatly, with some receiving three times as much funding as others (see Table I.1).⁵

Table I.1. Distribution of WIPA Funding from SSA

SSA Funding Level	Number of WIPA Projects
\$100,000 to \$149,999	40
\$150,000 to \$199,999	13
\$200,000 to \$249,999	18
\$250,000 to \$299,999	20
\$300,000	12

Source: Authors' tabulations based on data provided by SSA.

Note: Table includes only funding provided by SSA; it excludes cost-sharing and funds from other sources.

In December 2009, Mathematica solicited information about funding sources from all 103 WIPA projects, and received information from WIPA projects in early 2010. In this survey, each WIPA project provided information on the amount of direct funding to support WIPA operations it

⁵ Total annual funding for the WIPA program is \$23 million. WIPA projects receive \$19.9 million; the rest is allocated to the NTC at Virginia Commonwealth University, site visits by SSA project officers to WIPA projects, and administrative costs of operating the WIPA program.

received through the SSA cooperative agreement, Medicaid Infrastructure Grant (MIG), SVRAs, parent organizations, or other funding sources. For each source, WIPA projects were asked about the type of funding (grant, contract, fee-for service) and the type of service provided using the funds (I&R, WIPA services, outreach). They were also asked to indicate how many full-time equivalent (FTE) employees provide direct services and describe any other in-kind support received, such as clerical support or office space.

To receive funding from SSA, WIPA projects must provide a 5-percent match with non-federal sources (Social Security Administration 2006; O’Day et al. 2009). Many WIPA projects also leverage funds or in-kind support from other organizations. The information solicited from WIPA projects revealed that they received this funding from a variety of sources, including the Medicaid Infrastructure Grant (MIG),⁶ the SVRA or other state agency serving people with disabilities, or the WIPA project’s parent organization (see Table I.2). One WIPA reported using private donations to help fund its services. Projects used these funds to conduct outreach events, provide I&R or WIPA services, obtain clerical or administrative support, or train staff of disability service agencies. Many received a large share of their total funding from other sources, as shown in Table I.3.

Table I.2. Number of WIPA Projects Leveraging Funding from Sources Other than SSA

Funding Source	Number of WIPA Projects
MIG	33
SVRA	15
Parent organization	12
Other	15

Source: Authors’ tabulations based on WIPA responses to information solicited from WIPA projects about funding received in early 2010.

Table I.3. Other Funding Leveraged by WIPA Projects as a Percentage of SSA Funding

Non-SSA Funding for Direct Services as a Percentage of SSA Funding	Number of WIPA Projects
5 to 9 percent	24
10 to 24 percent	12
25 to 49 percent	8
50 to 74 percent	3
75 percent or more	10

Source: Authors’ tabulations based on WIPA responses to information solicited from WIPA projects about funding received in early 2010.

⁶ MIGs provide funding to Medicaid or other state agencies to modify state policies and practices to encourage employment for people with disabilities. For example, MIGs encourage states to establish Medicaid Buy-In programs to encourage employment, establish personal assistance programs, or reorient state policies from those that support sheltered employment to those that support integrated, competitive employment.

Notes: The percentage of SSA funding excludes the required 5-percent match each WIPA must provide. We also exclude funding WIPA projects receive to provide indirect services, such as public information campaigns or in-kind support (e.g., donated office space).

In addition, 84 WIPA projects reported receiving in-kind support in 2009, including clerical, administrative, or information technology (IT) staff support; donation of office space, computers, Internet access, and telephones; support for marketing and outreach; and refreshments at outreach events. Parent organizations provided this support most often; other sources included community-based organizations, local businesses, and volunteers.

D. WIPA Evaluation Plan

This report is the second of three planned reports focusing on the WIPA program. The first report, a process evaluation, conducted during the early stages of implementation, described stakeholder experiences during startup and identified program successes and early opportunities for improvement (O'Day et al. 2009). The findings of that report also informed plans for data collection, evaluations, and outcomes analyses, ensuring that such activities were based on an accurate understanding of program operations. It was a first step in understanding whether WIPA projects were meeting the goals Congress and SSA had set for them: increasing beneficiary use of work incentives, employment, and earnings, and decreasing dependence on federal disability benefits.

In this report, we document the activities of WIPA projects by:

- Providing a national profile of beneficiaries served by WIPA projects and documenting characteristics of those who use WIPA services and any differences among subgroups receiving services. We examine subgroups by age, gender, type of disability, benefit received, and employment status. We focus primarily on a snapshot of beneficiaries who first contacted WIPA projects from October 1, 2009, to March 31, 2010, a period during which all WIPA staff were familiar with SSA's centralized data collection system.⁷
- Delineating the work incentives, benefits, and services that CWICs discussed with or suggested to beneficiaries and the referrals of beneficiaries to other employment service agencies. Again, we focus on beneficiaries who contacted the WIPA projects from October 1, 2009, to March 31, 2010.
- Assessing the extent to which beneficiaries who enrolled in WIPA services had sustained contact with WIPA projects and the extent to which they changed their employment and use of work incentives, benefits, and services after discussions with CWICs. We focus on beneficiaries who contacted the WIPA projects between April 1 and December 31, 2009.
- Analyzing the service delivery of each WIPA provider by identifying the number of beneficiaries who received I&R and WIPA services, as well as WIPA staff activities in providing services to each beneficiary. We use the same six-month period for this assessment but include the services WIPA projects provided to all beneficiaries, not just those who first contacted the WIPA project during this period. This allows us to assess

⁷ Although the projects have been in operation since October 2006, data to identify beneficiaries served by them has been collected consistently by all providers only since October 2008, and the data are reliable only from mid-2009 forward. (In Chapter II, we describe the data thoroughly.)

whether projects were providing longer-term, rather than one-time, services to beneficiaries.

- Relating output—including numbers of beneficiaries enrolled in I&R and WIPA, assessments, and staff efforts on behalf of beneficiaries—to the amount of funding each WIPA project receives to determine its relative performance.

Our assessment of the WIPA program is based on a comparison of the outputs of WIPA projects and beneficiary characteristics to the stated emphasis of the program on the employment of beneficiaries resulting from ongoing work incentives assistance and planning. Although this report contains a great deal of information about WIPA project activities and the beneficiaries served, the amount of time that has elapsed since those in our study received services is insufficient to allow us to assess how client outcomes such as employment change after working with a WIPA. We will be better able to accomplish this goal in the third WIPA evaluation report, scheduled to be completed in 2011. For that report, we plan to link data on beneficiaries who received WIPA services to SSA administrative data containing information on benefit receipt, earnings, and use of work incentives to assess the outcomes of WIPA beneficiaries subsequent to their receipt of WIPA services.

It is important to note that neither the results in this report nor in the next evaluation of the WIPA program will measure program impacts. Because participation in the WIPA program is not random and is available to all beneficiaries who seek its services, it is impossible to measure what would have happened to beneficiaries in the absence of the program. The purpose of documenting the WIPA program is to understand its outputs and how beneficiaries are using WIPA services to help them achieve their employment goals, but such information cannot be interpreted as program impacts.

E. Key Findings

Based upon the analysis in this report, we draw the following conclusions.

1. **Although WIPA projects appear to be providing ongoing support to most WIPA enrollees, many beneficiaries do not receive the ongoing assistance that the program was intended to provide. SSA has tasked the WIPA projects with providing ongoing assistance geared toward improving employment outcomes, but for many beneficiaries, this goal is not being realized.** As described above, WIPA projects have been given guidance that the work incentives assistance they provide should be ongoing and geared toward increasing employment. WIPA projects provide more than a brief, one-time service to about 7 in 10 (71 percent) WIPA enrollees. The average beneficiary who received services beyond the WIPA baseline assessment received three additional service contacts over the course of a year, and a small percentage (12.8 percent) received more than five service contacts between April 1, 2009, and March 31, 2010. It is unclear whether this is consistent with the service model designed to provide ongoing support and regular, scheduled updates. Even as the length of time that beneficiaries were enrolled to receive WIPA services increased, the number of efforts did not change substantially. This suggests that most of the support provided beyond the baseline assessment occurred relatively quickly, and then did not continue in many cases. At the same time, about 30 percent of WIPA enrollees did not receive any WIPA services beyond the baseline assessment during the course of a year. This level of involvement is inconsistent with the ongoing support

model of the WIPA program. We cannot assess the extent to which enrollees needed WIPA services they did not receive, but we conclude that the level of contact for an average beneficiary does not seem entirely consistent with the WIPA model.

2. **WIPA projects prioritize services to beneficiaries who are employed or actively seeking employment.** WIPA staff members are instructed to prioritize services to those beneficiaries most interested in increasing employment or already working and based upon beneficiary employment status when first enrolled into WIPA services, they appear to be doing so.
3. **WIPA projects focus on encouraging the WIPA enrollees they serve to use benefits, work incentives, and services to increase employment.** At the time of the I&R assessment, many WIPA enrollees discuss services, work incentives, and benefits that would assist beneficiaries in meeting their employment goals. During the WIPA baseline assessment, WIPA enrollees who do not report knowledge or utilization of particular work incentives are often given suggestions by WIPA staff that they use them. The likelihood of receiving a suggestion varies by employment status at intake; generally, those who are looking for work are more likely to receive suggestions than those who are already working or those only considering work, as such suggestions may be less relevant for these groups at the time they contact the WIPA project.
4. **Variation in the completeness of data collected about WIPA enrollees makes it difficult to assess whether beneficiary characteristics and program activities at the national level are representative of all beneficiaries served by the WIPA program.** Although many WIPA projects worked diligently to ensure high-quality, complete data entry in WIPA ETO, overall, data collection efforts were not complete. About 10 percent of WIPA enrollees did not have a WIPA baseline assessment, meaning they were lacking all information about their status and service needs after being determined to need WIPA services. Among those who did have a baseline assessment, missing data was still common on many of the data elements, with some groups—such as enrollees under the age of 25—having a higher proportion of missing data than other enrollees. Our assessment necessarily focused on beneficiaries for whom data was available, which generally did not include all WIPA enrollees receiving services. It is impossible to know whether the lack of information was distributed across all beneficiaries, or whether it was correlated with beneficiary characteristics or outcomes. Therefore, it is difficult to interpret whether nationally aggregated data about the characteristics of beneficiaries, services provided by WIPA projects, and early participant outcomes are representative of program participants on the whole.
5. **WIPA projects vary in service costs per beneficiary, with extreme outliers contributing to the observed range.** Whether measured in terms of client enrollments or the specific activities undertaken by WIPA staff, output varied substantially across the 103 WIPA projects, even after taking into account variation in both SSA and non-SSA funding and input costs. Adjusting for funding levels and input costs, direct service per-WIPA enrollee costs varied from \$49 to \$3,099 and costs per WIPA service hour ranged from \$42 to \$1,586 across the WIPA projects. Most (60 percent) of the WIPA projects operated within a fairly comparable range of cost per WIPA service hour (\$104 to \$310), but there were extreme outliers that contributed to the observed range. SSA may wish to study more closely the sites in the top and bottom quintiles. A more detailed study of the top quintile may lead to the development of best practices that other WIPA projects can

use to improve their services. An examination of the bottom quintile may show how training and technical assistance may increase outcomes.

6. **It is still too early to observe employment outcomes after beneficiaries receive WIPA services, and program design does not allow for the estimation of program impacts.** Although this evaluation contains a great deal of information about WIPA activities and the beneficiaries they serve, it leaves a major question unanswered—namely, do beneficiaries increase their earnings and use of work incentives or reduce their SSA benefits after contact with a WIPA project? Because program participation is not random and may be correlated with employment outcomes, we will not be able to estimate the impact of the WIPA program on beneficiary outcomes. However, in the next WIPA evaluation report we will link data on beneficiaries who received WIPA services and first contacted a WIPA between October 1, 2009, and March 31, 2010, to SSA administrative data files. This report will allow us to observe outcomes after beneficiaries receive WIPA services and whether suggestions made by WIPA staff led to different outcomes for beneficiaries served.

F. Report Structure

In the remainder of this report, we provide the details supporting these broad conclusions. In Chapter II, we describe the data collection system used by WIPA projects since October 2008 to monitor and track beneficiaries, and how we used the data for this evaluation. In Chapter III, we show the number of beneficiaries served, review missing data, and discuss the implications of missing data for the evaluation. In Chapters IV and V, we provide a profile of the beneficiaries served by WIPA projects to better understand the types of individuals seeking WIPA services and how the projects are able to assist them. In Chapter VI, we analyze WIPA outputs over a six-month period and relate them to funding to identify which projects are serving beneficiaries most efficiently and the types of activities they are undertaking. In Chapter VII, we provide our conclusions and discuss implications for the future of the WIPA program.

II. DATA AND METHODS

The goal of the WIPA program is to assist beneficiaries by providing in-depth, long-term assistance in using work incentives to maximize their employment and earnings. SSA also requires WIPA projects to work with ENs and other providers of employment services to assist beneficiaries to become employed. This represents a shift from the goal of the prior program, BPAO, which was to provide basic one-time information about benefits and work incentives. The new emphasis on sustained relationships with beneficiaries made it necessary for WIPA projects to track services to program participants from the time of their initial contact through the end of service delivery.

In this chapter, we describe the broad goals for the WIPA data collection system and implementation of WIPA Efforts to Outcomes (WIPA ETO), the web-based data collection system WIPA projects have used since October 2008 to track characteristics of beneficiaries and the services they received. We document implementation issues and how they were addressed. We also describe the data it captures and how we used these data to document WIPA projects' activities and beneficiaries' characteristics.

A. Goals for and Implementation of the WIPA ETO Data Collection System

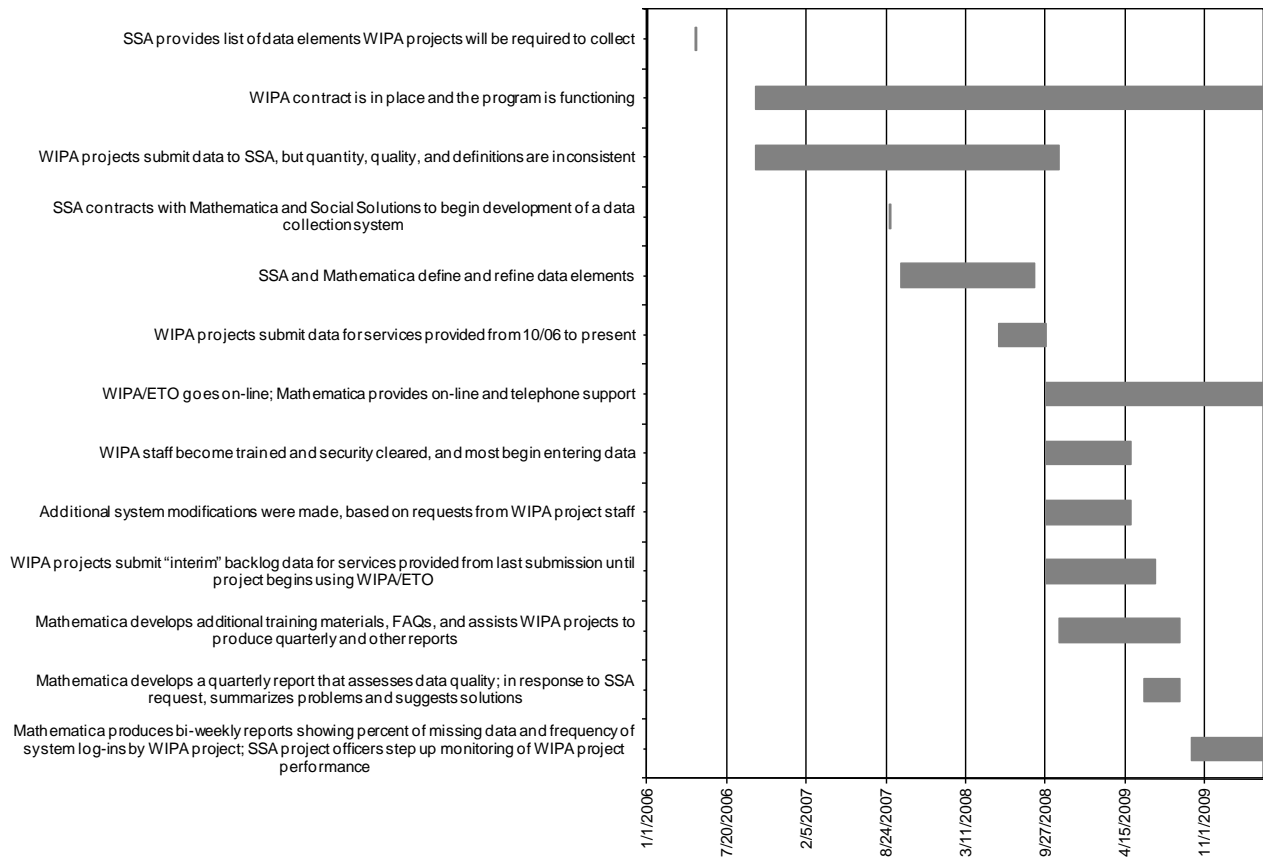
The ETO system was designed with three purposes in mind:

- **Evaluation.** A primary purpose of ETO is to provide essential data for an evaluation of the WIPA program's effectiveness in helping beneficiaries to use work incentives and other programs to increase earnings. Staff enter WIPA participants' Social Security numbers (SSNs) and basic demographic and service use data into the system; this information will be matched to SSA administrative data. The matched dataset is used to determine the extent to which beneficiaries who have received WIPA services use work incentives or increase their earnings, compared to those who have not used the services.⁸
- **Monitoring.** SSA uses ETO as one tool to monitor WIPA performance. The SSA Office of Employment Support Programs (OESP) specified several data items for inclusion in ETO to understand and track services delivered, both by individual WIPA projects and the program overall. These data elements, which were listed in the original RFA, included beneficiary characteristics and benefits received; types of services provided; number of beneficiaries served and assessments conducted; beneficiary employment goals; work incentives discussed and used; changes in employment status; and outreach activities.
- **Internal case management.** To assist WIPA projects with case management and internal monitoring, the ETO system contains built-in reports and other features, such as reminders to contact a beneficiary. ETO also contains management and service reports that may be used by direct-service workers to manage their caseloads, and by managers to monitor staff performance.

⁸ This will be done in the third evaluation of the WIPA program, described elsewhere in this report. We will be able to merge data on participants with SSNs recorded in WIPA ETO with administrative records; nearly all WIPA enrollees had an SSN recorded.

In its 2006 request for applications (RFA; Appendix Table A.1), SSA provided an extensive list of the data elements WIPA projects would be required to collect. (See Figure II.1 for a timeline of activities related to WIPA ETO.) Between October 2006 and September 2008, the projects used their own data collection systems to keep program records and report data to SSA. The reporting was inconsistent in terms of the amount and types of data collected and reported, with some projects collecting extensive data through comprehensive case management systems and reporting them to multiple funding agencies, and others maintaining paper records and reporting minimal data—such as the number of beneficiaries served—to SSA. Data elements were not defined in advance by SSA, which made monitoring program performance and comparing data from different WIPA projects impossible.

Figure II.1. Timeline of WIPA ETO Implementation



To begin development of a centralized data collection system, in September 2007, SSA awarded a contract to Mathematica and its subcontractor, Social Solutions Inc., to modify its ETO system for the WIPA program. ETO is used for agency monitoring and case management and is designed to track staff efforts and participant outcomes. Because it is an off-the-shelf package, it could be quickly modified for use by WIPA projects once all parties agreed to the data elements. Several WIPA projects already had purchased and requested modifications to the ETO system, so using this system seemed to be a reasonable solution for developing the centralized database quickly.

Mathematica worked with SSA to define the WIPA data elements during the summer of 2008 and the WIPA ETO system went online in October of that year. Modifications continued throughout that fall and winter as OESP and the WIPA projects requested the addition of data elements to the system to support the three goals outlined above. Determining which elements should be included and which should not was challenging. Mathematica developed definitions for all data elements and provided more than 20 online training sessions for WIPA staff. Training was modified by the contractor to improve the quality and content and to more adequately match the level of WIPA familiarity with such systems. We also provided extensive TA to help WIPA project staff understand what had become an extremely complex system.

Because they collect and enter beneficiary personally identifiable information (PII), all WIPA staff are required to complete an SSA security clearance before they collect such data. Mathematica worked with OESP to confirm that clearances had been obtained before enabling staff accounts. In addition, SSA specified web browser settings to meet security standards. SSA also is concerned about how PII is stored and does not allow any PII to be printed. These data must be kept secure following strict standards and methods prescribed by SSA. These security requirements prevented WIPA staff from accessing many of the case management reports built into the ETO system, so they did not have access to beneficiary data on the beneficiaries they serve. Mathematica worked with Social Solutions to modify reports so as to exclude PII, but such restrictions limit the system's utility as a case management program, which means that WIPA staff cannot always create reports for other funding sources.

During the first 11 months of ETO's operation (October 2008–August 2009), WIPA staff began to use the system more consistently, leading to steady improvements in the quantity and quality of data collected. However, some challenges still impeded the use of the data for evaluation. Based on an analysis of missing data on key elements and assessments from May 1 to August 31, 2009, we noted that SSNs, which are needed to merge WIPA ETO data with SSA administrative data, were missing for about 7 percent of beneficiaries enrolled in WIPA.⁹ Missing SSNs will make matching WIPA ETO with SSA administrative records for the third WIPA evaluation much more difficult, if not impossible, for this sizeable share of beneficiaries.¹⁰

⁹ Less than one percent of WIPA enrollees have invalid SSNs, including those with all 0s in the first three digits, the middle two digits, or the last four digits; those with the same number in all nine digits; those with SSNs entered as 123-45-6789; or those whose SSNs have the first three numbers greater than 773.

¹⁰ We recognize that, in some cases where the SSN is missing, we will be able to use name, date of birth, and gender to match additional cases. Birth dates were missing for about 5 percent of WIPA enrollees with assessments. Without assessing data quality on the name fields, we cannot hypothesize about the number of cases with missing SSNs that we can match by using an alternative method.

We also discovered that WIPA projects were not completing assessments in ETO for about one-third of WIPA enrollees between May 1 and August 31, 2010.¹¹ The performance of WIPA projects in completing baseline assessments varied widely; some completed assessments for all enrolled beneficiaries, while the percentage of completions for others was much lower. WIPA staff were less likely to complete longer sections of data collection (such as Section C in the WIPA assessment screen, shown in Appendix A) than those requiring only basic intake/enrollment information. Lacking assessments on a substantial number of beneficiaries or information in the assessments hampers ETO's usefulness for monitoring and evaluation purposes.

Despite extensive training and targeted TA, we found that early on many WIPA projects were not using the WIPA ETO system on a weekly basis, consistent with OESP's expectation. However, by the end of March 2010, almost all of the WIPAs reported logging in a minimum of weekly.¹² Between October 2008 and June 2009, 47 WIPA projects, or about 45 percent, had entered fewer than 20 assessments, meaning that services to fewer than 20 beneficiaries in nine months were documented. As of August 31, 2009, 4 of the 103 WIPA projects had not entered any assessment data and it was unclear whether they were failing to provide the services mandated by SSA or simply not documenting the services provided.

To address these problems, SSA requested Mathematica to prepare bi-weekly monitoring reports beginning in October 2009 that provided the number of I&R and WIPA enrollees, the number of assessments conducted, and the number and percentage of beneficiary SSNs obtained for each WIPA project. Mathematica also prepared weekly log-in reports, which showed the number of times WIPA staff had logged into WIPA ETO. The OESP project officers used these reports to monitor and contact those WIPA projects with low service counts. These efforts dramatically increased ETO entry after October 1, 2009. (See Chapter III for further discussion of missing data and Appendix A for more discussion of WIPA ETO system implementation.)

B. Information Collected in ETO

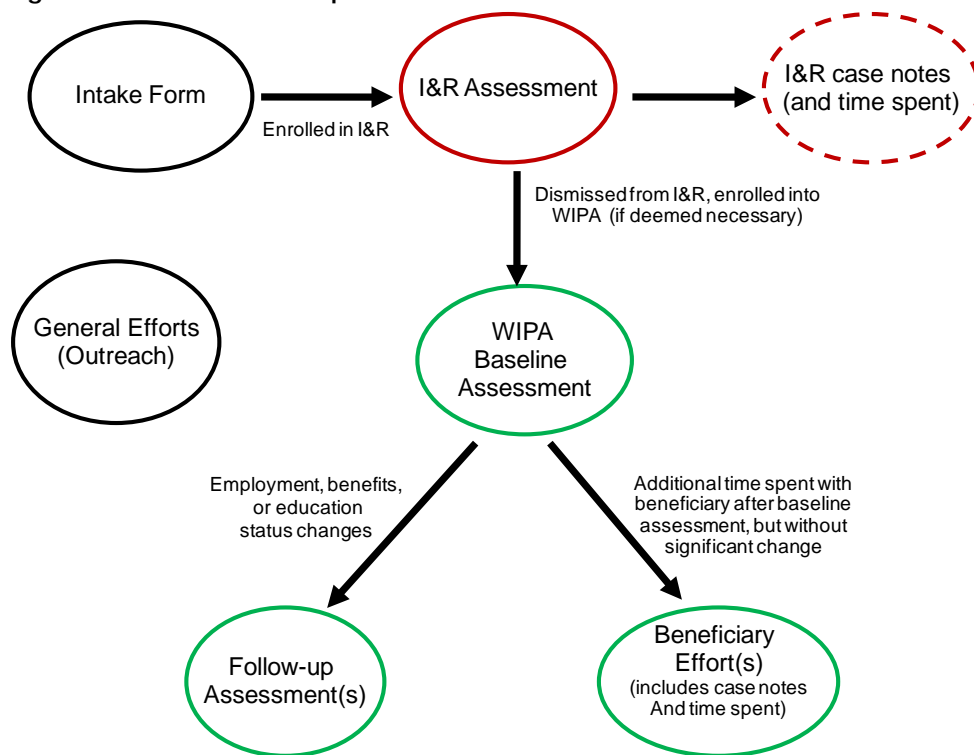
WIPA ETO has two primary components, I&R services and WIPA services, which mirror the short- and longer-term services WIPA projects provide. It allows WIPA projects to collect information on beneficiaries who receive I&R services only, as well as those with more substantial or long-term needs who receive WIPA services and are ultimately "enrolled" in the WIPA program. The amount of data CWICs must collect depends on whether a beneficiary needs I&R or more intensive WIPA services. For beneficiaries who receive the latter, the system allows CWICs to collect the information necessary to complete the BS&A and WIP.¹³ Below, we describe the steps required to fully document beneficiary characteristics and the services CWICs provide, as captured on six computer screens (see Figure II.2 and Appendix A).

¹¹ Moreover, "completing" an assessment is somewhat of a misnomer because it does not imply that all data, or even all required data, are entered. It simply means that an assessment for a particular beneficiary was entered into the system, even if incomplete.

¹² Of the approximately 530 user accounts, 332 logged into ETO at least once in August 2009. However, some of these accounts may be those of project directors or others who do not need regular access. Among the 332 individuals who logged in, 33.4 percent logged in fewer than 5 times, 47.9 percent logged in 5 to 19 times, and 18.7 percent logged in 20 times or more.

¹³ Appendix Figure A.1 contains print versions of the key forms and assessments contained in WIPA ETO.

Figure II.2. ETO Data Completion for I&R and WIPA Enrollees



Note: Black circles indicate the minimum information to be collected by WIPA projects, either at the individual level (intake screen) or for outreach (general efforts). Red circles denote screens to be filled out for I&R enrollees, and green circles denote screens for WIPA enrollees. Dashed circles indicate information maintained for internal WIPA project purposes and not used in the evaluation.

When a beneficiary first contacts a WIPA project, staff enter basic contact information, including demographics, the beneficiary’s current use of benefits, and employment and disability status, on an *intake* screen. Five elements are required by WIPA ETO: first and last name, date of birth, gender, benefits received at intake, and how the caller heard about the WIPA project. WIPA ETO will not allow data entry to continue until these items are entered, so these data are almost 100 percent complete. Staff enters other data when the beneficiary is willing to answer the questions. Because beneficiaries who need I&R often expect only a brief phone call, they may not be willing to answer all of the questions on the intake screen, which means that much of these data are missing.¹⁴

¹⁴ Although the SSN is very important to the third evaluation of the WIPA program, it is not required for I&R callers because beneficiaries often are reluctant to provide it during the call.

Table II.1. Selected SSI and DI Employment Supports

Applicable to DI	
Trial Work Period (TWP)	Permits DI beneficiaries to test their ability to work and have earnings of any amount for up to nine months without affecting their DI benefits.
Extended Period of Eligibility (EPE)	Allows DI beneficiaries to earn any amount over a consecutive 36-month period following the completion of the TWP without jeopardizing eligibility for benefits. Benefits are reduced to zero when earnings reach the SGA level, but during this period, beneficiaries can receive DI benefits in any month in which their earnings are below the SGA level.
Continuation of Medicare coverage	Allows DI beneficiaries who leave the rolls due to work to remain eligible for Medicare for at least 93 months after completing the TWP.
Applicable to SSI	
Earned Income Exclusion	Excludes the first \$65 of monthly earnings and one-half of remaining earnings when calculating the SSI payment amount.
Blind Work Expense	Allows beneficiaries with visual impairments to exclude work-related expenses in computing the SSI benefit.
Section 1619(a)	Provides continued Medicaid coverage and reduced SSI payments to recipients who earn more than the SGA amount but remain below the SSI break-even point (the earnings level where benefits are reduced to zero).
Section 1619(b)	Provides continued Medicaid coverage and SSI eligibility, but with no monthly payments to recipients whose income exceeds the SSI break-even point but is less than the state's 1619(b) threshold amount.
Plan for Achieving Self-Support	Allows a recipient to set aside income and/or resources for activities such as education, vocational training, or starting a business and not have the income/resources counted in the SSI eligibility tests.
Student Earned Income Exclusion	Allows a student under age 22 who attends school regularly to exclude up to \$1,640 of earned income per month (up to a maximum of \$6,600 per year) in computing the SSI benefit.
Property Essential for Self-Support	Excludes resources (such as tools, equipment, or business inventory or property) essential to self-support when determining ongoing eligibility for SSI.
Applicable to Both DI and SSI	
TTW	Allows beneficiaries to obtain employment, vocational rehabilitation, and other support services from participating providers. Providers are reimbursed by SSA based on a beneficiary's employment outcomes.
Impairment-Related Work Expenses	When calculating benefits and ongoing eligibility, excludes from earnings the costs of certain impairment-related items or services a person needs for work.

Table II.1 (continued)

Applicable to Both DI and SSI (continued)	
Expedited Reinstatement	Allows individuals whose cash payments ended because of earnings to restart benefits without filing a new application if they stop working within five years of benefit cessation.
Continuing Disability Review Protections	Exempts beneficiaries from medical continuing disability reviews while they are participating in the TTW program.
Medicaid Buy-In	Allows working beneficiaries who would otherwise be ineligible for Medicaid based on income and resource limits to buy into (pay a premium for) Medicaid coverage.
Unsuccessful work attempt	When determining eligibility and benefits, SSA takes into account unsuccessful work attempts (i.e., a beneficiary attempts to work but stops earning at the SGA level in six months or less)

Sources: SSA 2010a, 2010b, 2010c; IRS 2009; SSA 2008.

After completing the intake form, staff “enroll” beneficiaries into I&R services, and an **I&R assessment** is completed. The I&R assessment documents the reason for a beneficiary’s inquiry and how the WIPA staff person answered the question. Topics of inquiry range from WIPA services to work incentives to employment- or education-related questions (Table II.1 provides a description of some of the common SSA work incentives which SSA beneficiaries may have questions about). If the beneficiary is not eligible for WIPA services, or is interested only in I&R, documentation ends with the I&R assessment record. Generally, the beneficiary’s record remains in the I&R program so that data will be available if the beneficiary calls back. If it is clear that the beneficiary will not call back, the beneficiary is dismissed from the I&R program, meaning that he or she is dismissed from active participation, and the record is deactivated.¹⁵

¹⁵ An I&R enrollee whose needs are met or who will begin to receive WIPA services should be “dismissed” from the I&R program in WIPA ETO. However, this does not always occur, due to the difficulty in determining whether a beneficiary will need future WIPA services. We included in our analysis I&R enrollees who had not enrolled to receive WIPA services, including those dismissed and those not dismissed.

If a beneficiary is enrolled to receive WIPA services, WIPA ETO maintains both the information collected during intake and the I&R assessment in the beneficiary’s record. Because WIPA program enrollees receive more extensive services, more information is collected on employment, benefits, and work incentives, primarily through the *WIPA baseline assessment*.¹⁶ If the beneficiary’s employment, education, or benefit status changes, WIPA project staff conduct a *follow-up assessment*, which is virtually identical to the baseline assessment (Table II.2).¹⁷ WIPA staff may import data from the baseline assessment to the follow-up assessment; they may modify the data elements documenting the change in beneficiary status since the baseline assessment.

Aside from the baseline and follow-up assessments, staff enters most interactions with a WIPA enrollee as *beneficiary efforts*. These include significant interactions between WIPA staff and the beneficiary not captured by the baseline or follow-up assessment (Table II.2). For example, an effort could involve the collection of data for the BS&A, the discussion of a WIP, or follow up with the beneficiary several weeks or months after the baseline assessment is conducted.¹⁸ The number of efforts a beneficiary can have is unlimited but depends on the needs of the individual and the WIPA project’s ability to provide additional services.

In addition, WIPA staff record general outreach and public education activities on the *general efforts* page, which is not used in this analysis.

C. Data Used in the Analyses

Data collected in WIPA ETO provide an extensive battery of information on the beneficiaries who contact WIPA projects, especially those who go on to receive WIPA services (Table II.2). The data provide a profile of beneficiaries who received I&R and WIPA services, which services they received, any differences by beneficiary subgroup, and the extent to which they reported increasing their employment and use of work incentives after receiving services. We also examined the activities of WIPA projects to assess the extent to which output—including services provided—and costs varied across the WIPA projects. In this section, we document the data we used for each type of analysis.

¹⁶ The intake information, I&R assessment, and WIPA baseline assessment may be completed on the same day if it is certain that the beneficiary requires WIPA services. Generally, however, the baseline WIPA assessment is completed after the I&R assessment, either because ascertaining the beneficiary’s needs took time or because the beneficiary called back at a later date with an inquiry requiring WIPA services.

¹⁷ WIPA projects received the following information about the difference between efforts and assessments: “Efforts or Services are completed whenever you discuss a significant issue with a beneficiary. This discussion with a beneficiary may occur via phone, email, or in person. This Efforts page is probably the page you would fill out the most frequently for a beneficiary. Assessments are different—they are status indicators. You would fill out a Baseline Assessment when you first enroll a beneficiary and you would fill out a Follow-up Assessment when there is a change in status” (from the FAQs at the WIPA Resource Site: <http://host21.mathematica-mpr.com/WIPADATA/resources>).

¹⁸ Our analysis of the efforts data showed that the use of efforts varied by WIPA. Often, a beneficiary’s first recorded effort occurred on the same day as, or prior to, the baseline WIPA assessment, which is possible if an effort is recorded to gather information for the BPQY prior to completing the baseline assessment, or even prior to enrolling the beneficiary in WIPA. In the majority of cases, though, efforts were recorded at a date after the baseline WIPA assessment, reflecting follow up to the initial activities.

Table II.2. Selected Information Collected from Beneficiaries and Recorded in the ETO Data System

ETO Form	Examples of Information Collected
Intake	Contact information, including SSN Demographics (date of birth, gender, marital status) Status at intake: benefits, employment, disability, education, and health How the beneficiary heard about the WIPA Whether the beneficiary is his or her own payee
I&R assessment	Reasons for inquiry: benefits, work incentives, WIPA services, non-WIPA services, employment, or education Resolution of inquiry: basic information, analysis and advisement, work incentives assistance, referral to CWIC, referral to another services agency Service referrals
WIPA baseline assessment	Education and employment goals Employment status Utilization of work incentives, benefits, and other services Suggestions to use work incentives, benefits, and other services
WIPA follow-up assessment	Change in education and employment goals Change in employment status Change in use of work incentives, benefits, and other services Additional suggestions to use work incentives, benefits, and other services
Beneficiary efforts	Work incentives discussed Suggestions for employment and benefits Service referrals
General efforts	WISE events Other outreach

We selected beneficiaries for inclusion in the analysis based on “entry date,” or the date that a beneficiary first contacted the WIPA project (see Appendix B for additional information about the sample selection process). We classified beneficiaries into two categories: (1) those who were enrolled to receive I&R services only (“I&R-only enrollees”), and (2) those who went on to receive WIPA services (“WIPA enrollees”), based upon their enrollment status at a certain point in time.¹⁹ I&R enrollees included beneficiaries who were enrolled in I&R and had never been enrolled in WIPA services by the end of the period of observation; WIPA enrollees included those who were ever enrolled in WIPA services after their entry date. This method enabled us to avoid double-counting those who received both I&R and WIPA services. We chose the latest possible date for each analysis to provide the best snapshot of the intensity of services the beneficiary received after contacting the WIPA project. Readers should keep in mind that beneficiaries classified as I&R-only enrollees might become WIPA enrollees following the period of observation. We expect that some or many of those beneficiaries who contacted the WIPA projects recently and were classified as

¹⁹ As previously described, WIPA ETO allows WIPA projects to dismiss participants from either I&R or WIPA services. WIPA staff are instructed to dismiss I&R enrollees when they are enrolled in WIPA services or when it is clear they will not be requesting any additional services. We included beneficiaries who were dismissed from I&R but never enrolled in WIPA services.

I&R-only enrollees will go on to become WIPA enrollees and thus have characteristics similar to current WIPA enrollees.²⁰

We used different entry and enrollment dates for each analysis to provide different perspectives on WIPA activities (Table II.3). For example, to obtain a profile of beneficiaries served by the WIPA projects (Chapter IV), we used data from beneficiaries who first contacted the WIPA between October 1, 2009, and March 31, 2010. We classified them as “I&R-only enrollees” or “WIPA enrollees” based upon their enrollment status as of March 31, 2010. To examine WIPA staff efforts, and changes in employment and use of work incentives captured in follow-up assessments (Chapter V), we used data from beneficiaries who first contacted the WIPA between April 1, 2009, and December 31, 2009, using their enrollment status as of December 31, 2009. This enabled us to exclude beneficiaries who contacted the WIPA projects three months or less before the analysis but captured all changes and efforts through March 31, 2010.

Table II.3. Entry, Enrollment Status, and Analysis Dates Used in Evaluation Analyses

Description of Analysis	Chapter	Date Beneficiary First Contacted WIPA	Enrollment Status Date	Analysis Dates
Profile of beneficiaries served by WIPA projects	IV	October 1, 2009, to March 31, 2010	March 31, 2010	October 1, 2009, to March 31, 2010
Follow-up assessments and efforts for WIPA enrollees	V	April 1, 2009, to December 31, 2009	December 31, 2009	April 1, 2009, to March 31, 2010
Quantification of WIPA output based on number of new enrollees	VI	October 1, 2009, to March 31, 2010	March 31, 2010	October 1, 2009, to March 31, 2010
Quantification of WIPA output based on number of beneficiaries served and number of assessments and efforts	VI	All dates through March 31, 2010	March 31, 2010	October 1, 2009, to March 31, 2010

1. Profile of Beneficiaries Served by WIPA Projects (Chapters IV and V)

To obtain an understanding of the benefits, work incentives, and service referrals received by those who enrolled to receive WIPA services, and to provide preliminary analysis of the changes in their beneficiary status over time, we assessed WIPA enrollees’ characteristics by analyzing beneficiary-level data (Chapter IV). For this national profile, we used information collected in ETO for those who first contacted a WIPA project between October 1, 2009, and March 31, 2010, stratifying by the characteristics of the WIPA enrollees and the projects that served them.²¹ By classifying beneficiaries based on their entry date, we were able to limit our analysis to those who first contacted WIPA projects once ETO was being widely used and after extensive general training and targeted TA had been provided. This minimized issues with missing data for beneficiaries who contacted WIPA projects prior to the use of ETO (discussed in Chapter II and Appendix A).

²⁰ As described in more detail in the next section, within a three-month period, about 14 percent of I&R enrollees were enrolled in WIPA services. Over a longer period of time, we would expect additional beneficiaries to go on to receive WIPA services.

²¹ See Appendix B for additional details about categorizing beneficiaries and other data anomalies.

Changes in beneficiary employment and use of work incentives may occur several months or years after WIPA enrollment. The six-month period we used for the beneficiary-level profile described above was not sufficient to observe these longer-term outcomes. We will examine changes in beneficiary status over time, such as benefits receipt, employment, and wages, by linking enrollee information to SSA administrative data in the upcoming third WIPA evaluation report. To provide preliminary information, we focused our analysis of WIPA efforts and beneficiary outcomes, including self-reports of employment status and increase in use of work incentives, on WIPA enrollees with entry dates from April 1, 2009, to December 31, 2010 (Chapter V). Our analysis included not only some of the same beneficiaries who were in the national profile described above, but also those who first contacted WIPA projects in the six months prior (from April 1, 2009, to September 30, 2009).

The analysis presented in Chapter V is only preliminary and may not be representative of future WIPA project experiences because the data used were collected as early as April 1, 2009, when some WIPA projects still were having difficulties using ETO or were using it in a manner inconsistent with its intended purpose. Data from this earlier period may reflect the collection efforts of the most experienced WIPA projects, as opposed to those of average experience whose work eventually would be more typical. We are confident that WIPA projects had been provided the necessary guidance to report data consistently from October 1, 2009, onward. As is the case with all quantitative analyses, we focus only on data available. If WIPA projects provided services and did not record them in WIPA ETO, we are unable to monitor such outputs and therefore assume that the data collected reflect all activities of WIPA projects during this time.

2. WIPA Service Output Analysis (Chapter VI)

The beneficiary-level analysis provides broad information on the characteristics of individuals served by WIPA projects, but it does not assess variation among these projects in terms of the services they provided. Service output includes the number of beneficiaries enrolled in I&R and WIPA, assessments, and staff service efforts on behalf of beneficiaries. To assess the extent to which output and costs vary across the 103 WIPA projects, we analyzed WIPA service delivery activity during the six-month period from October 1, 2009, to March 31, 2010, using activity recorded in WIPA ETO, including the number of I&R and WIPA enrollments, I&R assessments, WIPA baseline assessments, and additional staff efforts made for WIPA beneficiaries.

We obtained information on funding for WIPA projects through data from SSA and information solicited from all projects (Appendix B) and assessed costs per unit of output. Some WIPA projects receive substantial additional funding, while others operate with SSA funds only. Consideration of SSA funding alone might have led to large variations in the calculated cost per unit of output.

To reflect differences across WIPA projects in the cost of labor and rent inputs, we adjusted the funding levels using wage data from the Bureau of Labor Statistics (BLS n.d.) and rent data from the Department of Housing and Urban Development (HUD n.d.). SSA provided us with information about the number of SSI and DI beneficiaries per square land mile in the areas served for each WIPA project. We used this information to analyze the relationship between beneficiary density and WIPA project costs.

This page has been left blank for double-sided copying.

III. WIPA PROJECT DATA COLLECTION EFFORTS AND IMPLICATIONS FOR ANALYSIS

In Chapter II, we described some of the early challenges with developing and implementing WIPA ETO, including issues with data completeness and quality. In this chapter, we continue the discussion, focusing on the prevalence of missing data and the variation of WIPA projects in enrollment intensity. We also discuss the implications for the beneficiary-level information presented in the following two chapters.

Our analysis shows that, overall, missing data on WIPA enrollees in WIPA ETO makes it difficult to obtain a national snapshot of the beneficiaries served by WIPA projects. Not every beneficiary enrolled to receive WIPA services had a baseline assessment. This implies that, although these individuals were determined to have needs requiring WIPA services, they never received WIPA services. We cannot provide any assessment of these cases. Even among WIPA enrollees with a baseline assessment, data entry was not complete. It appeared that the prevalence of missing data was uniform throughout most of the WIPA projects, but there were certain groups of beneficiaries, such as those under age 25, for whom missing data was especially common. Our analysis was limited only to beneficiaries for whom data was available, meaning that we were unable to provide an assessment on all beneficiaries served by WIPA programs.

A. Number of Beneficiaries Served by WIPA Projects

From October 1, 2009, to March 31, 2010, 26,278 beneficiaries first contacted a WIPA project and began to receive either I&R or WIPA services (Table III.1). By the end of this period, slightly less than half (12,610 beneficiaries) were WIPA enrollees, while the remainder (13,668) were I&R-only enrollees.²² Data examined in early April 2010 for the period ending March 31, 2010, include some beneficiaries categorized as I&R-only enrollees who eventually will enroll in WIPA. For example, about 14 percent of people who were I&R-only enrollees on December 31, 2009, had enrolled in WIPA by March 31, 2010. Our analysis of WIPA enrollees necessarily excludes these beneficiaries. Because WIPA projects are instructed to focus on providing long-term, intensive services to beneficiaries, in the upcoming chapters we focus our analyses on WIPA enrollees. We present the characteristics of I&R enrollees in Appendix C.

WIPA staff sometimes enrolled beneficiaries into WIPA services, which entailed checking one box in WIPA ETO upon dismissal from I&R enrollment, but never completed a baseline WIPA assessment or provided additional service efforts. Because these enrollees have no documented services, we focus our assessment of the WIPA services provided on WIPA enrollees who, at a minimum, had a WIPA baseline assessment. Among the 12,610 WIPA enrollees who first contacted WIPA projects between October 1, 2009, and March 31, 2010, 11,299 beneficiaries (89.6 percent) had such an assessment.²³

²² I&R enrollees included 1,776 beneficiaries (13.0 percent of I&R enrollees) who were dismissed from I&R and never enrolled into WIPA. WIPA enrollees included 227 beneficiaries (1.8 percent of WIPA enrollees) who were enrolled into WIPA and later dismissed.

²³ Data on beneficiary characteristics collected in the I&R assessment include WIPA enrollees with an I&R assessment; 11,828 beneficiaries, or 93.8 percent of WIPA enrollees, had an I&R assessment.

Table III.1. Number of Beneficiaries Served by WIPA Projects

	Beneficiaries with Entry Date from October 1, 2009, to March 31, 2010 (Enrollment Status on March 31, 2010)
Total Number of Enrollees	26,278
Enrolled to Receive I&R Only	13,668
Enrolled to Receive WIPA Services	12,610
Percent with a WIPA baseline assessment	89.6
Percent with an I&R assessment	93.8

Source: WIPA ETO data, accessed on April 1, 2010.

Note: I&R-only enrollees include current enrollees as well as those previously dismissed and not enrolled to receive WIPA services. WIPA enrollees include those currently enrolled and those previously dismissed from WIPA.

After conducting the baseline assessment, WIPA staff document the extent to which they have repeated contacts with WIPA enrollees through “efforts” and follow-up assessments (see Chapter II). These data suggest that approximately two out of three (8,613 of 12,067) WIPA enrollees who first contacted WIPA projects between April 1 and December 31, 2009, had at least one effort between their entry date and March 31, 2010 (Table III.2).²⁴ Of those with at least one recorded effort, 45.5 percent of enrollees had one, while an additional 41.8 percent had between two and five. Far fewer enrollees—only 1,384 of 12,067 (11.5 percent)—had a follow-up assessment and most did not have more than one, because follow-up assessments occur only when the beneficiary calls to report a change in status (see Chapter II).

B. Missing Data and Implications for Analysis

Missing data among WIPA enrollees is problematic, but its extent varies based on the stage in the enrollment process at which the data was collected. Intake data are available for a larger number of WIPA enrollees than are WIPA baseline assessment data because some WIPA enrollees did not have baseline assessments and even fewer had follow-up assessments or efforts data. Sometimes WIPA staff did not enter answers to all questions, even for enrollees with WIPA assessments.²⁵ In some cases, the question was not answered because it did not apply to the beneficiary—for example, SSI work incentives for DI-only beneficiaries. In other cases, the question was not required; the five required questions on the intake form had nearly a 100 percent response,²⁶ but response rates were

²⁴ As described in Chapter V, the purpose of considering a different time period for analysis of follow-up assessments and efforts than for baseline assessments was to allow sufficient time for follow-up activities to have taken place.

²⁵ To merge data collected in ETO with SSA administrative data, we will need SSN, date of birth, and gender to ensure a high-quality match. Among those ever-enrolled between October 1, 2009 and March 31, 2010, 97 percent of WIPA enrollees had an SSN recorded in ETO. This covers a later period than described previously, and the increased percentage with an SSN recorded implies that the completeness of SSN data has improved over time.

²⁶ Less than one percent of beneficiaries were missing data on required elements. The required elements are first and last name, benefits received at intake, employment status at intake, and how the beneficiary heard about the WIPA. In these cases, an intake form may have been started without being completed. We included these cases in our analysis since they occurred very infrequently and met our other criteria for inclusion.

lower on the optional intake questions, particularly for I&R-only enrollees.²⁷ For example, about 95 percent of WIPA enrollees had age data recorded, while 62 percent of WIPA enrollees had information available related to their educational attainment. Variation in data completeness existed across much of the data we considered (see below for additional information about variation by subgroup). Because of differences in the prevalence of missing data, for each data element we analyzed, we report the number of WIPA enrollees with non-missing data and the proportion of eligible enrollees for whom data were available.

Table III.2. Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees

	WIPA Enrollees with Entry Date from April 1, 2009, to December 31, 2010 (Enrollment Status on December 31, 2009)
WIPA Enrollees with a Baseline Assessment	12,067
Beneficiary Efforts	
Number of beneficiaries with at least one effort	8,613
Average number of efforts ¹	3.1
Distribution of efforts ¹ (percent)	
1	45.5
2 to 5	41.8
6 to 10	8.5
More than 10	4.3
Follow-Up Assessments	
Number of beneficiaries with at least one follow-up assessment	1,384
Average number of follow-up assessments ²	1.2

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Analysis was limited to efforts and follow-up assessments from April 1, 2009, to March 31, 2010.

¹ Limited to WIPA enrollees with a baseline assessment and at least one effort.

² Limited to WIPA enrollees with a WIPA baseline assessment and at least one follow-up assessment.

C. Variation in Enrollment Intensity by WIPA Projects

To assess the extent to which certain WIPA projects were more intensively collecting and recording data on beneficiaries, we constructed a measure of enrollment intensity. The purpose of this assessment is to compare beneficiaries being served by WIPA projects serving relatively few enrollees to beneficiaries served by higher-volume WIPA projects, as the projects may differ in the type of services they provide, the completeness of topics discussed with the beneficiary, or in the completeness of information recorded in WIPA ETO. For example, a WIPA project that serves a much higher number of beneficiaries may be more efficient in providing services and therefore provide more complete assistance than a WIPA serving fewer beneficiaries. On the other hand, a project serving relatively few beneficiaries may be able to devote more time per WIPA enrollee, thereby providing more in-depth assistance. Assessing enrollment intensity allowed us to better

²⁷ Given that beneficiaries calling about I&R only need small amounts of information that can be provided in a quick phone call, it is not surprising that less information is collected on these enrollees.

understand the extent to which WIPA projects varied in the number of beneficiaries they served, and how such variation affects the interpretation of statistics at the national level.

The measure constructed, for each WIPA project, is the number of completed baseline assessments as a proportion of the beneficiaries in the WIPA project's service area. This measure estimates the proportion of beneficiaries in each WIPA service area who received WIPA services, as measured by the completion of a WIPA baseline assessment. By constructing a proportion rather than using the number of completed assessments, we take into account variation in the size of the population across WIPA project service areas. The measure is intended to be an indication of WIPA service penetration. Results from this enrollment intensity measure show that WIPA projects varied widely; at the upper end, one WIPA project provided baseline WIPA assessments to 0.55 percent of beneficiaries in its service area, while at the lower end, four WIPA projects provided assessments for 0.01 percent of beneficiaries. Appendix D presents the number of beneficiaries in the service area, the number of WIPA baseline assessments, and the enrollment intensity measure for each WIPA project.

Using the enrollment intensity measure, we rank-ordered WIPA projects, then divided them into three groups of approximately equal size (about 34 WIPA projects in each). We selected a tercile division because it offered relatively clear breakpoints between the groups in terms of the enrollment intensity measure. Using our measure, the top tercile, or Group 1, had the highest enrollment intensity, while Group 3 had the lowest. This breakdown showed that WIPA projects in Group 1 served a disproportionate number of WIPA enrollees (with baseline assessments) than if the distribution of enrollees had been equal across all projects. Of the 12,610 WIPA enrollees who first contacted WIPA projects from October 1, 2009, to March 31, 2010, the one-third of WIPA projects in Group 1 served more than half of them; projects in Group 2 served 32 percent (Table III.3). In other words, two-thirds of WIPA projects served 84 percent of WIPA enrollees. Group 3, consisting of WIPA projects with the lowest enrollment intensity, served 16 percent of enrollees.²⁸

The variation in enrollment intensity by WIPA projects implies that when considering the national profile of WIPA enrollees (as presented in Chapter IV), most enrollments were concentrated among a subset of WIPA projects, particularly those in Groups 1 and 2. In part because of how the enrollment intensity measure was defined, WIPA projects in Group 1 were more likely to have completed WIPA baseline assessments than projects in other groups—93.4 percent of enrollees in Group 1 had a baseline assessment, compared with 75.7 percent in Group 3.

However, conditional on completing a baseline assessment, WIPA projects in Groups 2 and 3 were more likely to conduct follow-up assessments or complete beneficiary efforts for enrollees who first contacted WIPA projects from October 1, 2009, to March 31, 2010. For example, 9.7 percent of WIPA enrollees with a baseline assessment in Group 1 WIPA projects had a follow-up assessment, compared with 10.3 percent of enrollees in Group 3 projects. The percentage of WIPA enrollees with follow-up assessments was lower in Group 1 projects than in Group 3, and both of those groups had higher percentages of follow-up assessments than WIPA projects in Group 2, where only 8.0 percent of enrollees had one. WIPA projects in Group 1 were less likely than those

²⁸ Group 1 WIPA projects also were more likely to collect baseline assessment data from WIPA enrollees than WIPA projects in other groups; 93.4 percent of Group 1 WIPA enrollees had a baseline assessment, compared with 75.7 percent of enrollees in Group 3 WIPA projects (Table III.3). It appears that some of the difference across groups occurred because Group 3 WIPA projects enrolled beneficiaries but did not conduct assessments.

in Groups 2 or 3 to have conducted at least one effort and, conditional on conducting one, performed fewer on average.

Table III.3. Groupings of WIPAs and Enrollment Intensity

WIPA Group	Number of WIPA Enrollees	Average Percent of Beneficiaries in Service Area with Baseline Assessment	Percent of Enrollees with WIPA Baseline Assessment	Percent of Enrollees with WIPA Baseline and Follow-Up Assessment	Percent of Enrollees with WIPA Baseline Assessment and at Least One Effort	Average Number of Efforts (conditional on one or more)
Overall	12,610	0.165	89.6	9.2	75.0	2.13
1	6,546	0.251	93.4	9.7	70.3	1.84
2	3,998	0.087	90.5	8.0	79.8	2.36
3	2,066	0.042	75.7	10.3	82.3	2.56

Source: WIPA ETO, accessed on April 1, 2010.

Note: Analysis was limited to WIPA enrollees who first contacted a WIPA project from October 1, 2009, to March 31, 2010, based on enrollment status on March 31, 2010.

Conditional on conducting a WIPA assessment, there was relatively little variation in the amount of missing data elements between the groups. For key data elements on the intake form and the WIPA baseline assessment, we calculated the fraction of eligible enrollees for whom data was collected.²⁹ For most data elements, there was not a large difference by performance subgroup (Appendix E). To the extent there was a difference, WIPA projects in Group 3, or the lowest enrollment intensity group, were most likely to have missing data.

This suggests that WIPA projects in Group 1 spent proportionately more of their time with new WIPA enrollees than did the projects in Groups 2 and 3, which spent proportionately more time with enrollees served over a longer period. Neither is necessarily inconsistent with the WIPA model because projects in all groups were enrolling and collecting data on beneficiaries receiving WIPA services. However, these differences across groups suggest that our analysis of baseline assessments, follow-up assessments, and efforts will not be distributed uniformly across WIPA projects. For this reason, the results we present in the following chapters are stratified by these enrollment intensity subgroups.

D. Variation in Data Collection by Enrollee Subgroups

We also tested whether the services that WIPA projects provide to enrollees vary by beneficiary characteristics. For example, the work incentives discussed with beneficiaries will vary by whether a beneficiary receives DI or SSI, but might also vary by beneficiary age, gender, disabling condition, and employment status. For this reason, we considered the prevalence of missing data by these key subgroups, so as to better understand whether certain groups were less likely to have data available for analysis.

²⁹ The same exercise was performed for the I&R assessment, but the nature of those questions did not lend themselves to the same analysis, since responses were ‘mark all that apply’ across multiple sections.

In general, the prevalence of missing data did not vary dramatically by subgroup (Appendix E). Among WIPA enrollees, the proportion of beneficiaries with I&R, WIPA baseline, and follow-up assessments was fairly similar across subgroups. Item non-response was also fairly similar across most subgroups, with the exception of WIPA enrollees under the age of 25. Item non-response tended to be higher for this youngest age group than for others. For example, across all age groups, 28.2 percent of WIPA enrollees with a baseline assessment were missing data related to the utilization of workers compensation at the baseline assessment, but 39.3 percent of those under age 25 were missing such information. Similarly, 15.3 percent of all WIPA enrollees with a baseline assessment were missing data on the utilization of impairment-related work expenses (IRWE), compared with 30.2 percent of enrollees under the age of 25. The reason for relatively incomplete data among the youngest age group is unclear.

E. Summary

The combination of missing assessments and item non-response implies that our snapshot of WIPA projects may not consistently capture information on all beneficiaries served, even though we used data from a period when WIPA projects were well acquainted with the data collection system. Our analyses in the Chapters IV and V are limited to beneficiaries for whom data were available on each particular question; and the availability of data does vary in some cases by WIPA project and beneficiary subgroup. For this reason, at the top of each table, we provide the number of WIPA enrollees potentially included in the analysis (by virtue of having the relevant assessment data). Then, for each data element, we provide information about the number and proportion of beneficiaries for whom data were available. To the extent we identified substantively important differences by subgroup, we discuss them in the text (tables similar to those in Chapters IV and V, by subgroup are contained in Appendix F). Nonetheless, caution should be used before interpreting the statistics contained in those chapters as a representative sample of all WIPA enrollees, as missing assessment data and item non-response implies that not all beneficiaries have data available for each data element.

IV. NATIONAL PROFILE OF WIPA ENROLLEES

The level of services provided by WIPA projects depends in part on the characteristics and needs of the beneficiaries who make contact and receive services. In this chapter, we provide details about the WIPA enrollees served by WIPA projects, including their characteristics and the ways in which the projects provided assistance to them. The results presented in this chapter cover 12,610 beneficiaries who first contacted a WIPA project between October 1, 2009, and March 31, 2010, and were enrolled to receive WIPA services by March 31, 2010.³⁰ We use information collected during the initial intake screening, the I&R assessment, and the WIPA baseline assessment. For each analysis, we include all beneficiaries with the relevant assessment completed, but not all enrollees have every form or assessment (see Chapter III). For example, of the 12,610 WIPA enrollees we consider, 93.8 percent (or 11,826 beneficiaries) had an I&R assessment, and 89.6 (11,299 beneficiaries) had a WIPA baseline assessment (Table IV.1).³¹ Even when project staff conducted an assessment, not all data were complete (see Chapter III). The tables presented in this chapter indicate the percentage of WIPA enrollees for whom information was available for each element. Readers should take note of the proportion of responses not available, as this may affect the extent to which the information collected can be considered a true national profile of WIPA enrollees.

Where possible, we compared the characteristics of WIPA enrollees with information about a nationally representative sample of all SSA disability beneficiaries, as collected in the 2006 National Beneficiary Survey (NBS) (Livermore et al. 2006b).

We also describe how the services that WIPA projects provided differed by key beneficiary demographic and employment characteristics, to the extent that such differences existed. In particular, we explored differences by gender; age group (under 25, 25–39, 40–54, and 55 and older); primary disabling condition (mental, sensory, or physical); SSA benefit status (DI, SSI, or concurrent); employment status at intake (looking for work, considering work or job offer pending, and employed or self-employed); and the enrollment intensity measure of the WIPA providing services.

A. WIPA Enrollee Characteristics at Intake

Project staff collected demographic information about WIPA enrollees during the initial intake visit with the beneficiary. More than 90 percent of beneficiaries had information collected about their age and gender; the average enrollee was 42 years of age when he or she first contacted a WIPA project, and 60 percent of enrollees were over age 40 (Table IV.1).

Compared with all beneficiaries as represented in the NBS, WIPA enrollees were younger. Nearly 80 percent of all beneficiaries were over age 40, and the mean age was 49.2 (Livermore et al. 2009b). The younger age profile of WIPA enrollees is similar to the mean age of work-oriented beneficiaries, who, on average, were approximately 5 years younger than beneficiaries in general

³⁰ This includes 227 beneficiaries (1.8 percent of WIPA enrollees) who were enrolled into WIPA before March 31, 2010 and were already dismissed by March 31, 2010. Appendix C contains similar information on beneficiaries who received I&R services only and had not enrolled to receive WIPA services by March 31, 2010.

³¹ Results did not vary substantially when we limited analyses of intake and I&R assessment data to include only WIPA enrollees with a completed baseline assessment.

(Livermore et al. 2009a). WIPA enrollees were slightly less likely to be female than beneficiaries with disabilities in general based on the NBS; 48.8 percent of WIPA enrollees were female, compared with 50.3 percent of all beneficiaries, but a higher proportion of older WIPA enrollees were female than were younger enrollees (Appendix Table F.1).

Table IV.1. Demographic Characteristics of WIPA Enrollees

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Age at Intake	
Percent of enrollees with non-missing data	94.8
Number of enrollees with non-missing data	11,960
Mean age	41.7
Age 14-17 (percent)	1.3
Age 18-24	13.6
Age 25-39	25.1
Age 40-64	59.4
Age 65-70	0.6
Gender	
Percent of enrollees with non-missing data	97.2
Number of enrollees with non-missing data	12,251
Percent female	48.8
Marital status	
Percent of enrollees with non-missing data	81.4
Number of enrollees with non-missing data	10,261
Percent married	18.3
Educational Attainment at Intake	
Percent of enrollees with non-missing data	62.2
Number of enrollees with non-missing data	7,842
Less than high school diploma (percent)	13.5
High school diploma or equivalent	43.7
Other degree or certification	2.1
Associate's/two-year degree	6.1
Some college	21.8
Bachelor's degree or higher	12.9

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Age and education categories sum to 100 percent for non-missing responses (difference due to rounding). Individuals who were outside of the 14–70 age range were set to “missing.”

Information on marital status and education was available less often than data on other beneficiary characteristics; 81.4 percent had information collected on the former, while 62.2 percent had information collected on the latter (Table IV.1). Relative to beneficiaries in general, WIPA enrollees were much less likely to be married (18.3 percent, compared with 30.9 percent) and had higher levels of education; 86.5 percent of WIPA enrollees had completed a high school diploma or more, compared with 60.4 percent of beneficiaries in general.

More than 8 in 10 (84.9 percent) WIPA enrollees provided information on their self-reported primary disabling condition at the time of intake (Table IV.2).³² Among those reporting a condition, a mental health or emotional condition was the most common, reported by 37.1 percent of WIPA enrollees. Cognitive and developmental disabilities and system disease were also relatively common, reported by 14.1 percent and 12.9 percent, respectively.

Table IV.2. Disability and Health Status of WIPA Enrollees at Intake

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Self-Reported Primary Disability at Intake	
Percent of enrollees with non-missing data	84.9
Number of enrollees with non-missing data	10,702
Cognitive/developmental disability (percent)	14.1
Mental and emotional disorders	37.1
Non-spinal orthopedic impairment	9.3
Sensory impairment	5.8
Spinal cord or traumatic brain injury	6.8
System disease	12.9
Other	13.1
Self-Reported Health Status at Intake	
Percent of enrollees with non-missing data	58.7
Number of enrollees with non-missing data	7,402
Poor (percent)	2.4
Fair	28.7
Good	62.4
Very good	6.5

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Categories sum to 100 percent for non-missing responses (difference due to rounding). Sensory impairments include blindness or other visual impairments, along with impairments to speech, hearing, or other senses. System disease was a single category in ETO but may include diseases of the circulatory system, endocrine or nervous disorders, or diseases of the nervous or respiratory systems. The other disability category includes injury, cancer/neoplasm, and infectious disease (each are 2 percent or less of the sample), along with beneficiaries whose condition was marked as “other” in ETO.

Information on health status collected from approximately 60 percent of WIPA enrollees at intake indicates that they were significantly healthier relative to all SSA beneficiaries (Table IV.2). Nearly 7 in 10 (68.8 percent) WIPA enrollees indicated that their health was good or better, compared with 27.3 percent of beneficiaries in general. The relatively good health status of WIPA enrollees may be one of the reasons that they were work-oriented—that is, their health was not preventing them from working. Indeed, 70 percent of all work-oriented beneficiaries indicated that their health was fair/good or better when surveyed in the NBS (Livermore et al. 2009a).

³² This information was self-reported and does not necessarily correspond to the condition that qualified the individual for disability benefits. Moreover, the categories of conditions collected in ETO were not comparable enough with data from the NBS to make a meaningful comparison to the self-reports of the nationally representative survey sample of beneficiaries.

Some key differences emerged when we compared characteristics across WIPA enrollees, particularly those related to beneficiary age. WIPA enrollees who were receiving SSI were younger than those receiving DI—averages of 33 years and 46 years, respectively (Appendix Table F.1).³³ SSI recipients (hence those who were younger) were more likely to have cognitive/developmental and sensory disabilities relative to older beneficiaries, who were more likely to be DI beneficiaries. The latter were more likely to report system diseases and other unspecified conditions (Appendix Table F.2). Reflecting the correlation of increased likelihood of marriage with age, older WIPA enrollees were more likely than younger to be married; WIPA enrollees who were older, DI-only, or had physical conditions also had more education than other comparable enrollees.

A few other differences not related to age also were identified (Appendix Tables F.1 and F.2). Women were more educated than men, with a higher concentration in educational categories above a high school diploma. WIPA enrollees served by WIPA projects in Group 1 of the enrollment intensity measure (those projects with the highest proportion of beneficiaries in the service area having a baseline assessment) were slightly more likely to be in good or better health than enrollees in the other two groups. Those with physical disabilities were more likely to report themselves to be in worse health than those with mental or sensory conditions, as did those who were considering employment compared with those who were looking actively for work or employed.

B. WIPA Enrollee Benefit Receipt and Employment Status

At the time of intake, the majority of WIPA enrollees were receiving DI benefits (Table IV.3).³⁴ About 59 percent were receiving DI only, an additional 14.1 percent were receiving both DI and SSI, and 26.7 percent were receiving SSI only.³⁵ As mentioned previously, older WIPA enrollees were more likely to receive DI only; younger enrollees were more likely to receive SSI only (Appendix Table F.3). Less than one percent of WIPA enrollees reported receiving private disability insurance, veteran's benefits, or workers compensation. Of the 83 percent of WIPA enrollees from whom information on representative payee status was collected, 77.3 percent indicated that they were their own payee, meaning that they handled their own benefits. The remainder of beneficiaries had a representative payee—someone else, such as a family member or service provider, designated to handle benefits on their behalf. DI beneficiaries were more likely to be their own payee; enrollees with mental health conditions and those who were younger tended to have SSI more often and so were less likely to be their own payee than enrollees who had other conditions or were older (Appendix Table F.3).

³³ We did not perform tests of statistical significance of differences across subgroups because the data collected in WIPA ETO represent the total population, not a sample, of enrollees during the time period we considered. Here, we highlight subgroup differences that appeared to be substantively meaningful. We present results by subgroup in Appendix F.

³⁴ WIPA ETO collected information about benefit receipt at intake. If beneficiaries subsequently became DI or SSI beneficiaries, they are not represented as such in our analyses.

³⁵ Projects did not report benefit information for just over 2 percent of WIPA enrollees.

Table IV.3. Benefits Received, Employment Status, and Payee Status of WIPA Enrollees at Intake

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Benefits Received at Intake	
Percent of enrollees with non-missing data	97.8
Number of enrollees with non-missing data	12,337
DI only (percent)	59.0
SSI only	26.7
Concurrent DI and SSI	14.1
Private disability insurance	0.6
Veterans benefits	0.9
Workers compensation	0.1
Employment Status at Intake	
Percent of enrollees with non-missing data	97.8
Number of enrollees with non-missing data	12,337
Considering employment (percent)	25.3
Looking for employment	40.0
Currently working	27.8
Job offer pending	5.9
Self-employed	1.0
Representative Payee	
Percent of enrollees with non-missing data	83.3
Number of enrollees with non-missing data	10,502
Beneficiary is his/her own payee (percent)	77.3

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Benefits received at intake is a required data element in ETO, and respondents were allowed to "mark all that apply," so that categories sum to more than 100 percent. Beneficiaries with both DI and SSI marked were counted as concurrent beneficiaries (ignoring other benefits received at intake). Employment status is a required data element in ETO, and the categories sum to 100 percent.

Three out of four WIPA enrollees (74.7 percent) were actively seeking employment or already working when they first contacted a WIPA project (Table IV.3). Of the 98 percent for whom employment status information was available, one-quarter (25.3 percent) were considering employment but had not yet begun a formal job search, 40 percent were looking for work, 5.9 percent had a job offer pending, and 28.8 percent already were working. The majority of working enrollees were employed by a company rather than being self-employed (27.8 out of 28.8 percent). Enrollees with physical disabilities were less likely to be employed than those with other health conditions (Appendix Table F.3). Relative to older age groups, the youngest enrollees (under age 25) were more likely to be considering employment and less likely to be working or actively looking for employment.

At the time of the WIPA baseline assessment, approximately 8 in 10 WIPA enrollees (82.6 percent) reported information on their employment status. Of these, 31.1 percent of WIPA enrollees reported being employed, a slight increase over the analogous statistic at intake

(28.8 percent) (Table IV.4).³⁶ Among those indicating that they were working, 15.5 percent reported working full-time and few (5.6 percent) reported receiving benefits (such as vacation, health insurance, sick leave) through their employer. Most worked part time, at an average of 20.9 hours per week (hours reported by 87.2 percent of employed enrollees) and earned an average hourly wage of \$9.30 (hourly wage reported by 81.8 percent of employed enrollees). Together, this implies that most earned less than SGA (\$1,000 per month for non-blind beneficiaries in 2010). A slightly higher proportion of employed enrollees reported being self-employed at the time of the baseline assessment than at intake (6.7 percent versus 3.5 percent).

At the time of the WIPA baseline assessment, there were important differences in employment status across certain subgroups (Appendix Table F.4). In particular, although women and men were about equally likely to be working, men were somewhat more likely to be working full-time. Those with sensory disabilities were more likely to be working (particularly compared to those with physical disabilities) and, conditional on working, were twice as likely (or more) to be working full-time and receiving benefits through their employer. Those with physical disabilities had a slightly higher average hourly wage. Finally, those served by Group 3 WIPA projects—those with the lowest enrollment intensity—were the most likely to be working, working full-time, and receiving benefits from their employer.

C. How WIPA Enrollees Heard About WIPA, Topics Discussed During the I&R Assessment, and Resolution of I&R Contact

At the time of intake, beneficiaries were asked to provide one source from which they obtained information about the WIPA program; almost every beneficiary provided a response (Table IV.5). More than one-third of WIPA enrollees (36.1 percent) reported that they learned about WIPA through a vocational rehabilitation (VR) provider. VR was an especially important source of information for those looking for work, with 42 percent of WIPA enrollees in that group learning about WIPA from a VR agency. Community rehabilitation providers and ENs were a less common referral source, accounting for 8.7 and 5.2 percent of WIPA enrollee responses, respectively. The TTW program was also an important avenue across all beneficiary groups; 10.6 percent reported learning about WIPA through Maximus (the OSM),³⁷ and an additional 2.4 percent reported learning about WIPA at the time they received their Ticket.

³⁶ The difference in employment rates between intake and the WIPA baseline assessment could be due in part to differences in response rates; 98.7 percent of WIPA enrollees reported employment status at intake, but only 82.6 percent did so at the time of the baseline assessment. Moreover, employment status for some beneficiaries could change between the initial intake and I&R assessment and the WIPA baseline assessment if time elapsed between when projects conducted the assessments and beneficiaries began working between intake and the baseline WIPA assessment. We cannot distinguish between this reason and data entry error with the data available.

³⁷ As of January 2010, Maximus began to provide basic information to callers and referred those who needed more complex information to WIPA; it is unclear what impact this had on the number of enrollees who heard about WIPA through this source.

Table IV.4. Employment Status of WIPA Enrollees at the WIPA Baseline Assessment

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with WIPA Baseline Assessment	11,299
Employed at the Time of the Baseline Assessment	
Percent of enrollees with baseline assessment who had non-missing data	86.4
Number of enrollees with baseline assessment who had non-missing data	9,767
Percent employed	31.1
Employment Characteristics Among the Employed	
Employed full-time	
Total percent of employed enrollees with non-missing data	96.2
Number of employed enrollees with non-missing data	2,919
Percent employed full-time	15.5
Number of Hours per Week	
Total percent of employed enrollees with non-missing data	87.2
Number of employed enrollees with non-missing data	2,646
Mean hours of work per week	20.87
Hourly Wage	
Total percent of employed enrollees with non-missing data	81.8
Number of employed enrollees with non-missing data	2,484
Mean hourly wage (\$)	9.33
Receive Benefits Through Their Employer	
Total percent of employed enrollees with non-missing data	90.9
Number of employed enrollees with non-missing data	2,760
Percent receiving benefits through their employer	5.6
Self-Employed	
Total percent of employed enrollees with non-missing data	88.5
Number of employed enrollees with non-missing data	2,688
Percent self-employed	6.7

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Analysis was limited to WIPA enrollees with a WIPA baseline assessment. Hours per week were top-coded at 80 hours; hourly wage was top-coded at the 95th percentile of reported wages.

Table IV.5. Ways in Which WIPA Enrollees Heard About WIPA

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
How Beneficiary Heard About WIPA	
Percent of enrollees with non-missing data	97.8
Number of enrollees with non-missing data	12,337
Community rehabilitation provider (percent)	8.7
Developmental disability agency	1.6
Department of Labor (DOL) One-Stop Center	2.6
EN	5.2
Housing agency	0.1
Internet	0.9
Medicaid	0.8
Mental health agency	5.2
Newspaper	0.1
Television	0.1
Veteran service organization	0.2
VR provider	36.1
Walk-in	0.8
WISE	1.8
Other WIPA outreach	11.3
Other	6.8
Maximus (OSM)	10.6
Receipt of a Ticket	2.4
SSA field office	4.6

Source: WIPA ETO data, accessed on April 1, 2010.

Note: How the beneficiary heard about WIPA is a required data element in ETO; percentages sum to 100 for the non-missing responses.

WIPA outreach, such as through WISE events; media outlets (television, newspaper, and the Internet); and other sources accounted for 14.3 percent of beneficiary responses. Group 1 WIPA projects—those with the highest enrollment intensity—appeared to recruit enrollees more effectively using other WIPA outreach strategies (Appendix Table F.5); 14.1 percent of WIPA enrollees reported hearing about WIPA in this way, compared with 7.0 percent in Group 2 and 11.0 percent in Group 3. WIPA projects in Group 3 had a higher share of beneficiaries who had learned about them from Maximus (14.9 percent in Group 3 versus 7.6 percent in Group 1).

The manner in which beneficiaries heard about WIPA depended in part on their disability (Appendix Table F.5); WIPA enrollees with physical disabilities were more likely to have been referred by the OSM (Maximus), while VR was most common among those with sensory disabilities. Mental health agencies were a common source of information for those with mental disabilities. Because age was shown to be correlated with the type of disability reported by enrollees, differences by age in how beneficiaries heard about WIPA seem related to type of disabling condition. Finally, the employment status at intake of enrollees was related to how they heard about WIPA; those who were employed were more likely than others to have learned about WIPA from community rehabilitation providers; those considering employment were more likely to have learned about WIPA from DOL One-Stop Centers, ENs, and other WIPA outreach; and those looking for work were more likely to have heard about WIPA from VR agencies.

WIPA enrollees discussed multiple topics at the time of their I&R assessment, reflecting their individual needs (Table IV.6). Of the 11,826 WIPA enrollees with an I&R assessment, 51.0 percent discussed benefits, 72.7 percent discussed work incentives, 68.4 percent discussed WIPA services, and 36.6 percent discussed employment.³⁸ Very few enrollees discussed non-WIPA services or education (4.5 and 5.0 percent, respectively). Enrollees from the WIPA projects with the lowest enrollment intensity may have been less likely than those from higher intensity groups to discuss multiple topics (Appendix Table F.6); 38.6 percent of enrollees in Group 3 discussed benefits, compared with 53.9 percent in Group 1, and 62.7 percent in Group 3 discussed work incentives, compared with 71.4 percent in Group 1. There were not large differences in demographic characteristics of beneficiaries across these groups. This suggests that it was not the enrollee profile driving differences in the topics discussed. However, we cannot ascertain from the WIPA ETO information whether the topics were raised by the beneficiary or the CWIC, so this difference may simply reflect beneficiary preference about topics.

The discussion of key topic areas also varied by WIPA enrollees' employment status at intake (Appendix Table F.6). Those looking for work were more likely to discuss benefits than those considering employment or already working (57.0, 37.8 and 44.8 percent, respectively). They also were more likely to discuss employment-related topics (41.9 percent, compared with 29.8 percent of those considering work and 28.6 percent of those working). Enrollees considering employment also were less likely to discuss work incentives and WIPA services than those who were looking for work or already employed. WIPA enrollees considering employment discussed work incentives 57.8 percent of the time, compared with 71.7 percent of enrollees looking for work and 70.0 percent of those who were employed. Similarly, 54.0 percent of enrollees considering employment discussed WIPA services, compared with 70.6 percent of those looking and 66.5 percent of those working.

Among specific benefits topics, public health insurance and TTW were the most commonly discussed, reflecting programs geared toward employment (Table IV.6). The specific work incentives beneficiaries discussed depended on whether they were receiving DI or SSI, particularly for work incentives. Among DI beneficiaries (including concurrent beneficiaries), the most commonly discussed work incentives were the TWP, EPE, IRWE, and SGA.³⁹ Among SSI beneficiaries, the most commonly discussed work incentives were similar—1619(a), 1619(b), IRWE, and SGA. For both DI and SSI beneficiaries then, top work incentives discussed included provisions to allow for working while retaining benefits. Although non-WIPA services were not discussed by many enrollees, the topics most often included were VR services, DOL One-Stop Centers, and ENs.

Along with SSA disability status, other beneficiary characteristics were correlated with differences in the specific benefits, work incentives, and services topics discussed (Appendix Tables F.7–F.9). For benefits topics, enrollees ages 25 to 39 were more likely than other ages to discuss food stamps, subsidized housing, and Temporary Assistance for Needy Families (TANF). Age also

³⁸ Although we report the share of WIPA enrollees with information available in each category in Table IV.6, a lack of information in a particular category does not mean that expected data were missing; rather, it indicates that the beneficiary did not discuss that particular topic with the CWIC.

³⁹ Although SGA technically is not a work incentive, it does influence beneficiary work behavior, so it was included in the work incentive section of ETO.

Table IV.6. Topics That WIPA Enrollees Discussed with WIPA Projects at the Time of Their I&R Assessment

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with I&R Assessment	11,826
Benefits	
Percent of enrollees with I&R assessment discussing topic	51.0
Number of enrollees with I&R assessment discussing topic	6,033
Percent discussing specific items:	
Public health insurance	56.4
TTW ¹	40.9
Food stamps	31.4
Enrollment in SVRA	30.4
Subsidized housing	18.4
Other	8.8
TANF	2.2
Unemployment insurance benefits	1.7
Veterans benefits	1.1
Worker's compensation	0.4
Work Incentives	
Percent of enrollees with I&R assessment discussing topic	72.7
Number of enrollees with I&R assessment discussing topic	8,596
Percent discussing specific items:	
TWP ²	91.5
EPE ²	84.1
1619b ³	80.0
IRWE ¹	64.8
SGA ¹	60.8
1619a ³	53.3
Extended Medicare ²	47.6
Expedited Reinstatement ¹	47.4
Student Earned Income Exclusion ⁴	40.9
Medicaid Buy-In ⁵	36.4
PASS ³	35.9
Subsidy Development ¹	22.7
Earned Income Tax Credit (EITC)	14.7
Section 301 ¹	13.2
Property Essential to Self-Support ³	7.6
Other	1.8
Blind Work Expense ³	1.5
WIPA Services	
Percent of enrollees with I&R assessment discussing topic	68.4
Number of enrollees with I&R assessment discussing topic	8,085
Non-WIPA Services	
Percent of enrollees with I&R assessment discussing topic	4.5
Number of enrollees with I&R assessment discussing topic	531
Percent discussing specific items:	
VR services	65.3
DOL One-Stop Center	33.7
EN	27.3
Work-related training/counseling	20.5
Protection and advocacy	17.1
Other non-WIPA service	12.8
Employer Assistance and Referral Network (EARN)	11.1

Table IV.6 (continued)

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Para-transit	3.4
Transitional youth services	2.6
Employment	
Percent of enrollees with I&R assessment discussing topic	36.6
Number of enrollees with I&R assessment discussing topic	4,332
Education	
Percent of enrollees with I&R assessment discussing topic	5.0
Number of enrollees with I&R assessment discussing topic	592

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Analysis was limited to WIPA enrollees with an I&R assessment. For items discussed, totals may sum to more than 100 percent because all applicable topic areas were checked. Percentages were calculated based on DI/SSI status, as indicated.

¹ Excludes cases where DI/SSI status is unknown.

² Applicable only to DI beneficiaries (including concurrent beneficiaries).

³ Applicable only to SSI beneficiaries (including concurrent beneficiaries).

⁴ Applicable only to SSI beneficiaries who are under age 22.

⁵ Applicable to DI-only beneficiaries (excluding concurrent beneficiaries). Very few Buy-In participants have SSI, and the fraction varies widely by state, so we limited our analysis to beneficiaries with DI only.

played a role in the work incentives discussed; increasing age made the discussion of the EPE, SGA, and subsidy development more common perhaps reflecting an increased probability of having DI. Type of disability also played a role in the specific topics discussed; those with mental disabilities were more likely than others to discuss public health insurance, food stamps, and subsidized housing. Finally, employment status at intake was related to the topics discussed; those looking for work were particularly interested in TTW, the Medicaid Buy-In program, extended Medicare, VR services, DOL One-Stop Centers, and work-related training and counseling, compared to others. These differences may reflect that those already working had information on these benefits, work incentives, and services, and those only considering work were not yet in need of such detailed information.

The enrollment intensity groupings of WIPA projects showed distinct differences in the topics discussed at the time of the I&R assessment (Appendix Tables F.7-F.9). Although this could reflect beneficiary preference, the large differences in the demographic profiles of beneficiaries in these groups that would drive such differences were absent. Staff from Group 1 WIPA projects were much more likely than those from other groups to discuss most of the benefits, work incentives, and services for which information was collected in WIPA ETO. This seems to suggest that staff from the WIPA projects ranking relatively low on this enrollment intensity measure were less likely to discuss multiple topics with WIPA enrollees, indicating that beneficiaries served by those WIPA projects received a less complete picture about services available to assist in their employment efforts.

At the end of an I&R contact, information was recorded about how the contact was resolved, with the possibility of selecting multiple options (Table IV.7).⁴⁰ More than half of WIPA enrollees received analysis and advisement (58.3 percent) or basic information (56.8 percent). A large share of beneficiaries received work incentives assistance (47.4 percent) or was referred to a CWIC for an appointment (38.6 percent). Very few WIPA enrollees received referrals to other service agencies (5.8 percent) but, among those that did, more than one-quarter received referrals to a VR agency, an EN, Maximus (the OSM), or a DOL One-Stop Center.

The manner in which I&R contacts were resolved among WIPA enrollees varied by the topic of inquiry broached when the beneficiary contacted the WIPA (Table IV.8). Across all topics, providing basic information or analysis and advisement was the most common resolution of the contact. Service referrals were highest among enrollees who inquired about non-WIPA services; one in five (20.0 percent) of these enrollees received a service referral, compared with 12.2 percent or less among enrollees with other topics of inquiry. Surprisingly, work incentives assistance was most common among WIPA enrollees who initially contacted the WIPA project about non-WIPA services; two-thirds (66.9 percent) of beneficiaries who inquired about non-WIPA services ultimately received work incentives assistance, compared with 51.9 percent of those who inquired about WIPA services and 57.8 percent of those who specifically inquired about employment.

The resolution of I&R contacts depended on beneficiary characteristics (Appendix Table F.10). WIPA enrollees who were considering employment when they first contacted the WIPA were most likely to have received basic information and least likely to have received analysis and advisement, work incentives assistance, or a referral to a CWIC. Those less than 25 years old were least likely to

⁴⁰ As was the case in Table IV.6, lacking information in Table IV.7 in a particular category does not mean that data was expected but is missing; rather, it indicates that the beneficiary's case was not resolved in that particular way.

receive basic information or service referrals (compared with older enrollees). Group 3 WIPA projects were the least likely to provide work incentives assistance (40.0 percent among Group 3 versus 50.3 percent among Group 1). Because so few WIPA enrollees overall received service referrals (5.8 percent), we did not consider subgroup differences in the likelihood of receiving service referrals to various agencies.

Table IV.7. Resolution of I&R Contact and Service Referrals Received by WIPA Enrollees

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with I&R Assessment	11,826
How I&R Contact Was Resolved (percent of enrollees with I&R assessment)	
Beneficiary received analysis and advisement	58.3
Beneficiary received basic information	56.8
Beneficiary received work incentives assistance	47.4
Beneficiary referred to CWIC for appointment	38.6
Beneficiary referred to other services agency	5.8
Number of Beneficiaries Receiving Service Referrals	686
Percent with referrals receiving referrals to:	
VR	50.3
EN	41.5
Maximus (OSM)	29.7
DOL One-Stop Center	25.7
SSA	24.1
Work-related training/counseling	16.6
Protection and advocacy	6.9
EARN	1.2
Para-transit	0.3
Transitional youth services	0.7

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Analysis was limited to WIPA enrollees with an I&R assessment. Percentages for resolution of I&R contact were based on the total number of I&R assessments and sum to more than 100 percent because multiple options could be selected. Service referral percentages were calculated based on the number of beneficiaries receiving referrals and sum to more than 100 percent because more than one could be selected.

Table IV.8. Resolution of I&R Contact Among WIPA Enrollees, by Topic of Inquiry

Resolution of I&R Contact Among WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (row percent)						
	Total	Basic Information	Analysis and Advisement	Work Incentives Assistance	Referred to CWIC for Appointment	Referred to Other Services Agency
Total	11,826	6,716	6,896	5,609	4,563	686
Topic of Inquiry						
Benefits	6,033	66.4	71.0	51.9	37.2	8.2
Work incentives	8,596	63.2	63.1	52.4	36.0	6.6
WIPA services	8,085	55.1	64.2	51.9	46.3	6.7
Non-WIPA services	531	70.2	70.4	66.9	56.5	20.9
Employment	4,332	64.6	69.7	57.8	47.5	11.1
Education	592	62.7	69.6	64.5	47.1	12.2

Source: WIPA ETO, accessed April 1, 2010.

Note: CWICs were able to “mark all that apply” for topic of inquiry and resolution of I&R contact. For this reason, the sum across topics of inquiry is more than the total number of WIPA enrollees with an I&R assessment, and row percents sum to more than 100 percent. Enrollment status was determined on March 31, 2010.

D. Employment, Education, and Use of Work Incentives, Benefits, and Services by WIPA Enrollees at the Time of the WIPA Baseline Assessment⁴¹

At the time of their baseline assessment, 98 percent of WIPA enrollees responded to questions about their employment goals. Most of them (74.9 percent) identified specific employment goals (Table IV.9). Of the 84.2 percent of WIPA enrollees who provide information on their employment search, 46.3 percent had been actively searching for work in the previous four weeks. The identification of employment goals was highest among those looking for work or working (Appendix Table F.11). Actively searching for a job was most common among those who said they were looking for work but, even within that group, only two-thirds (63.3 percent) called their search “active.” Despite these goals, less than half (42.2 percent) reported having used services in the previous year to help them find employment. The use of employment-related services was high compared to the 24 percent of work-oriented beneficiaries in 2004 that had reported using employment, training, or other services in the previous year (Livermore et al. 2009a). About one-quarter (23.4 percent) identified educational goals for the purposes of finding employment; such goals were stated more often by those who were younger, receiving SSI, or considering employment (Table IV.9).

⁴¹ All utilization measures reported in this section are self-reported by WIPA enrollees and may differ from information obtained from administrative records during the next evaluation.

Table IV.9. Employment and Education Goals Among WIPA Enrollees at Baseline WIPA Assessment

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with WIPA Baseline Assessment	11,299
Employment Goals	
Percent of enrollees with WIPA baseline assessment who had non-missing data	98.0
Number of enrollees with WIPA baseline assessment who had non-missing data	11,077
Beneficiary identified employment goals (percent)	74.9
Had strategies to meet employment goals (percent)	81.5
Services for Getting a Job or Increasing Earnings	
Percent of enrollees with WIPA baseline assessment who had non-missing data	83.5
Number of enrollees with WIPA baseline assessment who had non-missing data	9,439
Beneficiary used services in the past year (percent)	42.2
Actively Seeking Employment	
Percent of enrollees with WIPA baseline assessment who had non-missing data	84.2
Number of enrollees with WIPA baseline assessment who had non-missing data	9,511
Looked for work in the past four weeks (percent)	46.3
Education Goals	
Percent of enrollees with WIPA baseline assessment who had non-missing data	72.2
Number of enrollees with WIPA baseline assessment who had non-missing data	8,153
Beneficiary identified education goals (percent)	23.4
Education	
Percent of enrollees with WIPA baseline assessment who had non-missing data	66.5
Number of enrollees with WIPA baseline assessment who had non-missing data	7,514
Pursuing education at intake (percent)	17.4
Not pursuing at intake	72.7
Not pursuing at intake, WIPA recommended	9.9
Wants to Earn Enough to Reduce Benefits	
Percent of enrollees with WIPA baseline assessment who had non-missing data	86.7
Number of enrollees with WIPA baseline assessment who had non-missing data	9,790
Beneficiary made no decision (percent)	41.0
Was not their initial plan	31.3
Was their initial plan	27.8
Wants to Earn Enough to Stop Receiving Benefits	
Percent of enrollees with WIPA baseline assessment who had non-missing data	86.2
Number of enrollees with WIPA baseline assessment who had non-missing data	9,738
Beneficiary made no decision (percent)	47.1
Was not their initial plan	36.4
Was their initial plan	16.4

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Analysis was limited to WIPA enrollees with a WIPA baseline assessment. The table excludes missing responses and responses indicating that a decision was made after receiving WIPA services, which occurred approximately 8 percent of the time.

Although many WIPA enrollees wanted or planned to work, a minority intended to leave the disability rolls altogether; 27.8 percent indicated at the baseline assessment that they wanted to earn enough to reduce benefits and 16.4 percent indicated they wanted to earn enough to stop receiving benefits entirely (Table IV.9). Wanting to earn enough to reduce or stop receiving benefits decreased with age; those in the older age groups were more likely to say that such behavior was not their initial plan when contacting a WIPA project (Appendix Table F.11). Those considering employment were more likely not to have made a decision about benefit receipt than those looking or already working. Compared with all work-oriented beneficiaries, 19 percent of whom saw themselves earning enough to stop receiving benefits in one year and 38 percent within five years (Livermore et al. 2009a), the proportion of WIPA enrollees intending to stop benefits was relatively small. However, 41.0 percent of these enrollees were unsure about their plan of earning enough to reduce benefits and 47.1 percent were unsure about earning enough to stop receiving benefits. This implies that the receipt of WIPA services potentially could encourage a large number of WIPA enrollees to think about increasing earnings to the point that it might affect benefits.

For the remainder of this section, we assess the benefits, work incentives, and services that WIPA enrollees discussed during their baseline assessment. WIPA projects were mandated to record information about whether the enrollee currently or previously had used each specific element by the time of this assessment. If he or she had not, project staff were supposed to record information about whether they suggested that the beneficiary use the element. The form in WIPA ETO did not preclude the collection of potentially inconsistent data across these elements. For example, a person's record could indicate the use of an SVRA without the use of a Ticket (or vice versa) and a record could indicate using an SVRA but not using VR services. We did not attempt to correct these discrepancies. There are two other data-related issues that make assessment of this information challenging. First, for work incentives, WIPA projects record information in ETO about knowledge of work incentives, along with their utilization. In theory, knowledge and utilization are distinct issues—a beneficiary could know about a work incentive without having used it. However, in WIPA ETO, knowledge as a category was captured mutually exclusive from utilization. This means that, for beneficiaries for whom knowledge is recorded, it is not possible to know whether they were using the work incentive or not.

A more important data limitation in interpreting the findings in the remainder of this section is the prevalence of missing data. For most of the benefits, work incentives, and services for which data were collected in WIPA ETO, project staff failed to record information for nearly 20 percent or more of WIPA enrollees who were eligible for the question. We only report findings on WIPA enrollees for whom data was available. In some ways, this could paint a more positive picture of WIPA activities than actually may be true, if for a large proportion of the missing data, the CWIC did not discuss the element at all, or if discussed elements were not suggested and then not recorded in WIPA ETO. This is an important caveat to keep in mind when reviewing the findings below.

The majority (89.8 percent) of beneficiaries who had information available about health insurance coverage were receiving public health insurance at the time of the WIPA baseline assessment (Table IV.10); these beneficiaries were split among those receiving Medicaid only (31.8 percent), those receiving Medicare only (39.1 percent), and dual-eligible beneficiaries (29.1 percent). Public health insurance coverage was slightly higher among enrollees with mental disabilities—93.5 percent versus approximately 86.5 percent among those with other disabling conditions (Appendix Table F.12). Reflecting participation in SSA disability programs, those who are younger and those with mental conditions (who tended to have SSI) were more likely to have Medicaid coverage, while older beneficiaries or those with physical conditions (more likely to have DI) more often had Medicare. About 15 percent of WIPA enrollees reported having private health

insurance. Combining public and private sources, 85.2 percent of WIPA enrollees had health insurance (not shown).⁴²

The utilization of other benefits at the time of the WIPA baseline assessment was significantly lower than the use of public health insurance (Table IV.10).⁴³ About half (51.4 percent) of WIPA enrollees also had enrolled with an SVRA; one-third (33.3 percent) had assigned their Ticket; one-third (33.1 percent) were using food stamps; and 17.9 percent were using subsidized housing or other rental subsidies. The use of other benefits was significantly lower and was used by a small minority of participants.

There were some differences across subgroups in the utilization of benefits (Appendix Table F.13). Women were more likely than men to be using subsidized housing and TANF, while men were more likely to be using veterans' benefits. WIPA enrollees with SSI (including concurrent beneficiaries) were more likely to report using food stamps and subsidized housing, while DI-only beneficiaries reported using veterans' benefits more often. Those with sensory disabilities were more likely than those with other disabilities to be enrolled in an SVRA or to have assigned their Ticket, while those with mental disabilities were most likely to be using food stamps and subsidized housing. Enrollees in Group 1 enrollment intensity WIPA projects were more likely to be enrolled with an SVRA or using food stamps, as well as subsidized housing or rental subsidies than those in Group 3 projects.

CWICs would often suggest to WIPA enrollees who did not report using benefits at the time of the baseline assessment that they consider using them (Table IV.10). The likelihood of a suggestion was the highest for assigning one's Ticket, made to nearly half (49.4 percent) of beneficiaries (and 74 percent of those who were not yet using it at the time of the baseline assessment). About 60 percent of WIPA enrollees not using at baseline received suggestions that they enroll with an SVRA. Suggestions for other benefits were less common, indicating that WIPA projects were most likely to promote benefits related to work. Conditional on not using benefits at baseline, the likelihood of a suggestion to enroll with an SVRA decreased with age, but was higher among those considering employment than those looking or already working (Appendix Table F.14). Perhaps reflecting enrollee income, project staff were more likely to suggest to those with SSI (including concurrent beneficiaries) that they use subsidized housing. For beneficiaries who were not using a benefit at baseline, Group 1 enrollment intensity projects suggested each possible benefit more often than did staff serving enrollees at other projects.

⁴² This statistic is based on the sum of those with public insurance coverage (89.8 percent of 10,003 WIPA enrollees) and those with private insurance coverage (13.0 percent of 10,003 WIPA enrollees with data available), accounting for a small fraction of enrollees with coverage from both public and private sources.

⁴³ Information on each of these benefits was collected from WIPA enrollees, regardless of their answers to other questions. For example, WIPA enrollees could have information recorded on both the utilization of an SVRA and assigning their Ticket. Because the information is self-reported, it could be inconsistent. This also applies to information reported in Tables IV.11 and IV.12.

Table IV.10. Benefits Discussed with WIPA Enrollees at the WIPA Baseline Assessment

Utilization of Health Insurance at the WIPA Baseline Assessment					
	Percent of WIPA Enrollees with Baseline Assessment		Number of Observations		Percent Who Were Using at Intake
Public health insurance ¹	90.9		10,270		89.8
Medicaid	83.9		9,476		31.8
Medicare	83.9		9,476		39.1
Medicaid and Medicare	83.9		9,476		29.1
Private health insurance	84.6		10,003		13.0
Utilization of Other Benefits at the WIPA Baseline Assessment					
	Percent of Baseline Assessments with Topic Completed	Percent Who Were Using at Intake	Number of Observations	Percent Not Using at Intake but Suggested	Percent Not Using at Intake, Not Suggested
SVRA	88.3	51.4	9,975	31.0	17.6
Ticket ²	85.3	33.3	9,445	49.4	17.4
Food stamps	82.4	33.1	9,309	14.3	52.6
Subsidized housing or other rental subsidies	80.3	17.9	9,071	19.0	63.1
Veterans' benefits	71.3	2.3	8,061	1.1	96.6
TANF	72.1	1.6	8,151	2.9	95.5
Unemployment insurance benefits	71.3	1.6	8,078	2.2	96.3
Worker's compensation	71.8	0.7	8,111	2.0	97.2

Source: WIPA ETO data, accessed on April 1, 2010

Note: Analysis limited to WIPA enrollees with entry dates from October 1, 2009, to March 31, 2010, with a baseline assessment. Enrollment status was determined on March 31, 2010. Number of observations exclude missing responses, responses by beneficiaries not eligible for the work incentive due to DI/SSI status, and responses indicating that benefits were used after receiving WIPA services.

¹ 10,270 reported information on public health insurance coverage, but only 9,476 provided information on whether the source of such coverage was Medicaid and/or Medicare. The percentage with Medicaid, Medicare, and Medicaid/Medicare sum to 100 percent among the 9,476 WIPA enrollees reporting such coverage.

² Excludes cases where DI/SSI status is unknown.

SSA beneficiaries have a variety of work incentives available to assist them in their return to work; Chapter II, Table II.1 provides brief descriptions of selected incentives. As is the case for beneficiaries on the whole, the reported use of work incentives by WIPA enrollees was quite low; a minority of those eligible based on DI or SSI program status reported using them (Table IV.11). Of enrollees with DI at intake, only 9.9 percent accessed the most commonly used work incentive, the TWP. The next was 1619(a), used by 7.2 percent of WIPA enrollees with SSI.⁴⁴ The utilization of work incentives at baseline was strongly correlated with beneficiaries' employment status at intake (Appendix Table F.15). Those already employed were much more likely to have used work

⁴⁴ The TWP, EPE, 1619(a) and 1619(b) apply automatically as beneficiaries work and earn over a certain amount, as opposed to those seeking out the incentives directly. However, many beneficiaries may not be aware they are using these work incentives. We will compare awareness to actual usage when we merge the WIPA ETO data with administrative data for the next WIPA evaluation.

incentives than those looking for or considering employment—a pattern that held for virtually every work incentive. Other differences by subgroup were relatively minimal.

Table IV.11. Knowledge and Utilization of Work Incentives by WIPA Enrollees at the Baseline WIPA Assessment

	Percent of Baseline Assessments with Topic Completed	Number of Observations	Percent Who Were Using at Intake	Percent Not Using at Intake but Suggested	Percent Not Using at Intake, Not Suggested	Percent Who Reported Knowledge at Intake
TWP ¹	89.2	7,252	9.9	64.5	5.2	20.4
1619a ²	74.0	3,362	7.2	57.7	26.3	8.8
EPE ¹	88.6	7,201	4.6	70.2	8.4	16.8
1619b ²	82.3	3,735	3.2	76.6	11.4	8.8
SGA ³	82.4	9,116	2.7	61.7	22.2	13.5
Medicaid Buy-In ⁴	78.3	5,108	4.4	45.8	43.6	6.2
Student Earned Income Exclusion ⁵	89.7	742	4.0	34.5	32.7	28.8
Extended Medicare ¹	82.1	6,669	1.4	60.7	28.1	9.7
Section 301 ³	68.9	7,628	1.1	22.8	72.1	3.9
IRWE ³	84.7	9,370	0.7	69.6	19.1	10.6
EITC	66.9	7,917	0.7	33.8	57.4	8.1
PASS ²	78.8	3,577	0.7	44.3	45.2	9.8
Subsidy Development ³	72.5	8,027	0.4	33.1	61.7	4.7
Expedited Reinstatement ³	80.3	8,886	0.3	53.8	36.6	9.3
Blind Work Expense ²	26.8	2,963	0.2	3.6	95.6	0.6
Property Essential to Self-Support ²	65.9	2,990	0.3	13.0	84.3	2.4

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Analysis was limited to those with a baseline assessment who entered WIPA from October 1, 2009, to March 31, 2010. Enrollment status was determined on March 31, 2010. In ETO, knowledge at intake (asked only as part of work incentives questions) was categorized as a mutually exclusive category from utilization at intake. For this reason, percentages sum to 100 percent across the four categories shown. Number of observations exclude missing responses, responses by beneficiaries not eligible for the work incentive due to DI/SSI status, and responses indicating that benefits were used after receiving WIPA services. The percent of WIPA enrollees with data on blind work expense is low because we were not able to distinguish which beneficiaries were blind.

¹ Applicable only to DI beneficiaries (including concurrent beneficiaries).

² Applicable only to SSI beneficiaries (including concurrent beneficiaries).

³ Excludes cases where DI/SSI status is unknown.

⁴ Applicable to DI-only beneficiaries (excluding concurrent beneficiaries). Very few Buy-In participants have SSI, and the fraction varies widely by state, so we limited our analysis to beneficiaries with DI only.

⁵ Applicable only to SSI beneficiaries who are under age 22.

The lack of reported utilization did not imply that WIPA enrollees were not eligible for or should not be taking advantage of work incentives; in most cases, project staff suggested unused work incentives to the majority of WIPA enrollees (Table IV.11). Utilization of the TWP, EPE, 1619(b), SGA, extended Medicare, and IRWE was suggested to more than 60 percent of all WIPA enrollees eligible for each. Staff might not have made such suggestions if beneficiaries reported having knowledge of these incentives already (the responses in this category were unclear; see

Appendix B), or if a beneficiary was not yet employed, so that such incentives might have been seen as irrelevant at the point of the baseline assessment.

Like benefits, the suggestion of work incentives varied by subgroup (Appendix Table F.16). Reflecting the prevalence of DI beneficiaries in the group, project staff were more likely to suggest the TWP, EPE, SGA, and student earned income exclusion to those with physical disabilities than those with other disabilities. Similarly, they were more likely to suggest SGA to older enrollees, who were more likely to have DI. As was the case with benefits, Group 1 WIPA project staff almost uniformly were more likely to suggest all work incentives to enrollees than staff of other WIPA projects. This suggests a more complete discussion at the baseline WIPA assessment.

Finally, we turn to the utilization of services among WIPA enrollees at the baseline assessment. Just over half (52.2 percent) of beneficiaries reported using VR services at the time of WIPA enrollment; 25.0 percent reported receiving work-related training or counseling; and 19.0 percent reported working with an EN (Table IV.12). The use of other services was relatively low, with fewer than 10 percent of enrollees reporting use. Variation by subgroup (Appendix Table F.17) revealed that younger enrollees were more likely to use work-related training and counseling, VR services, and transitional youth services. Those with sensory disabilities were more likely to use VR, work-related training and counseling, ENs, and para-transit. Those considering employment were less likely to use services at baseline than those looking for work or working, although this did not hold true in all cases.

WIPA staff suggested use of work incentives to WIPA enrollees not using them at baseline (Table IV.12). For example, they suggested to well over half of beneficiaries not making use of VR services at baseline that they do so, although suggestion rates for other services were lower. The frequency of such suggestions varied by subgroup (Appendix Table F.18). Staff more often made them to those considering employment than those actively looking for work or already working. Staff in Group 1 WIPA projects were more likely to suggest VR services and work-related training/counseling to enrollees than staff at other WIPA projects. The suggestion of DOL One-Stop Centers and ENs were most often made to those with physical disabilities, and para-transit services were most often suggested to those with sensory disabilities, relative to those with other disabling conditions.

E. Summary of Findings

WIPA enrollees were more similar to work-oriented beneficiaries than all SSA beneficiaries in terms of demographic characteristics (such as age) and their self-reported health condition. This comes as no surprise, as one-quarter of WIPA enrollees already had a job when they contacted a WIPA, and the majority of the rest were considering employment, actively looking for employment, or had a job offer pending. On average, employed enrollees at the time of the WIPA baseline assessment worked about half time and earned an hourly wage of \$9.30 (roughly \$744 per month, less than monthly SGA).

WIPA enrollees intend to work, although many seem unsure about how to go about doing so. At the time of completing the baseline assessment, nearly 3 in 4 had employment goals and more than 4 in 10 reported having looked for work in the previous four weeks, but most had not used services in the year before their baseline assessment to help them find employment. Almost half (44 percent) said they wanted to reduce benefits or leave the rolls entirely, although even more were unsure of their future in this regard.

Table IV.12. Services Used by WIPA Enrollees at the WIPA Baseline Assessment

	Percent of Baseline Assessments with Topic Completed	Number of Observations	Percent Who Were Using at Intake	Percent Not Using at Intake but Suggested	Percent Not Using at Intake, Not Suggested
VR services	85.7	9,701	52.2	34.2	13.5
Work-related training/ counseling	73.0	8,252	25.0	37.1	37.9
EN	73.4	8,292	19.0	41.4	39.7
DOL One-Stop Center	72.0	8,139	9.0	41.4	49.6
Para-transit	65.2	7,362	7.4	11.0	81.6
Transitional youth services	67.2	7,592	5.0	2.9	92.1
Protection and advocacy	67.2	7,596	1.0	22.0	77.0
Employer Assistance and Referral Network (EARN)	64.2	7,256	0.4	12.4	87.2

Source: WIPA ETO data, accessed on April 1, 2010.

Note: In this analysis, enrollees were asked about the use of VR services in general, while VR in Table IV.10 referred to enrollment with an SVRA, hence the difference in percentages. Analysis was limited to WIPA enrollees with entry dates from October 1, 2009, to March 31, 2010, with a baseline assessment. Enrollment status was determined on March 31, 2010. Number of observations excludes missing responses and responses indicating that benefits were used after receiving WIPA services.

Among WIPA enrollees for whom information was available, most had not previously used the services and supports available to assist their work efforts, at least at the time they made initial contact with a WIPA project. Fewer than 10 percent of WIPA enrollees with DI reported using TWP and EPE by the time of the baseline WIPA assessment, and an even lower proportion of SSI beneficiaries reported using 1619(a) and 1619(b), although many had knowledge of these work incentives.

The WIPA program educates WIPA enrollees about work incentives and benefits related to employment, thereby promoting work for beneficiaries. Among beneficiaries not already using work incentives, services, and benefits at the baseline assessment, WIPA projects were very likely to suggest to beneficiaries that they begin to use activities supporting employment. The suggestion was made to many to use the TTW program; begin to work with an SVRA; or use the TWP, EPE, 1619(a), 1619(b), and IRWEs. WIPA projects also suggested that enrollees receive VR services or employment-related training, contact an EN, or work with a DOL One-Stop Center. The frequency of all of these suggestions indicates that WIPA projects were providing necessary information to encourage work to beneficiaries who appeared ready to maintain a connection to the labor market.

Missing data was prevalent for many elements on the WIPA baseline assessment. It is impossible to know how those for whom data was not available compared to those who had information reported. Therefore, we have limited our assessment in each instance to the available data and note that care should be taken in making generalizations to all WIPA enrollees.

In Chapter V, we use information collected in the I&R and WIPA assessments to better understand how WIPA projects assist WIPA enrollees in resolving their queries and identify changes in beneficiary outcomes that occur as time passes.

This page has been left blank for double-sided copying.

V. FOLLOW-UP ACTIVITIES AND OUTCOMES AMONG WIPA ENROLLEES RECEIVING SERVICES

Sustained involvement with a WIPA project may be particularly important to disability beneficiaries for achieving their employment goals. Contact with WIPA enrollees usually commences with the completion of the baseline assessment, but in some cases it can begin earlier, as CWICs process the BPQY and determine eligibility for services. Staff collect detailed information at the time of the baseline assessment and gather more as they provide additional services. Phone calls or visits, some occurring days to months after the initial assessment, might cover topics similar to those included in the baseline assessment, such as work incentives counseling, information about benefits, and ongoing services, but also reflect the changing needs of individuals as they become employed or continue to work.

Although WIPA staff capture most enrollee interactions beyond the baseline assessment in WIPA ETO as “beneficiary efforts,” they also document changes that take place in beneficiary status via follow-up assessments. An event that would trigger a follow-up WIPA assessment—such as a change in employment, benefits, or education status—may take several months to develop, while efforts could occur relatively quickly after the baseline assessment is taken.

In this chapter, we use data collected in ETO to document the extent to which WIPA enrollees received services beyond the baseline assessment, as measured by both additional efforts and follow-up assessments. We limit our analysis to WIPA enrollees with a baseline assessment who first contacted a WIPA between April 1 and December 31, 2009, considering efforts and follow-up assessments over a longer time period, from April 1, 2009, to March 31, 2010. In this way, we allow at least three months during which beneficiaries were enrolled in WIPA and could have needed assistance beyond the baseline assessment. For the cases with both baseline and follow-up assessments, we present our findings regarding changes in work incentives, benefits, and service utilization, as well as employment.

When considering changes in beneficiary outcomes over time, the proportion of WIPA enrollees receiving a follow-up assessment was low and therefore might not encompass a representative group of WIPA enrollees. Moreover, the data collected in ETO to observe outcomes is self-reported and therefore may not be a true reflection of the services received and work incentives used. Optimally, we would use SSA administrative data to observe beneficiary behavior and outcomes, which we plan to do in our next WIPA evaluation. For these reasons, it is not yet possible to observe beneficiary outcomes after receiving WIPA services.

A. Follow-Up Activities Among WIPA Enrollees

WIPA projects provided services to most beneficiaries beyond the initial baseline assessment once they enrolled to receive WIPA services (Table V.1). Among the 12,067 beneficiaries who enrolled to receive WIPA services from April 1 to December 31, 2009, and had a baseline assessment, 71.4 percent had one or more “beneficiary efforts” recorded in WIPA ETO, indicating services provided beyond the baseline assessment. Although most of these efforts occurred after the baseline assessment, some occurred beforehand, reflecting that WIPA projects entered an effort while collecting beneficiary information but before the baseline assessment. The likelihood of WIPA staff recording a beneficiary effort did not vary much based on the date that beneficiaries first contacted a project (70.6 among WIPA enrollees with entry dates from April to June 2009, and 72.1 percent among those entering from October to December 2009). This suggests that the

likelihood of the first beneficiary effort occurring did not increase as time passed. However, over time, the number of efforts recorded on average for each beneficiary increased—2.5 efforts on average for WIPA enrollees who entered in the last three months of the period of observation, versus 3.7 efforts among those who enrolled in the first three months.⁴⁵

Table V.1. Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees, by Entry Date

	Total Beneficiaries	Beneficiaries with Entry Date from April 1, 2009, to June 30, 2009	Beneficiaries with Entry Date from July 1, 2009, to Sept. 30, 2009	Beneficiaries with Entry Date from Oct. 1, 2009, to Dec. 31, 2009
WIPA Enrollees	14,008	4,450	4,660	4,898
Percent with a WIPA baseline assessment	86.1	83.3	85.2	90.0
Number with a WIPA baseline assessment	12,067	3,706	3,968	4,393
Beneficiary Efforts¹				
Percent of WIPA enrollees with at least one effort	71.4	70.6	71.2	72.1
Number of WIPA enrollees with at least one effort	8,613	2,617	2,827	3,169
Average number of efforts ²	3.1	3.7	3.1	2.5
Distribution of efforts ² (percent)				
1	45.5	41.4	46.0	48.3
2 to 5	41.8	41.5	40.6	42.9
6 to 10	8.5	10.0	8.9	6.8
More than 10	4.3	7.0	4.5	2.0
Follow-Up Assessments¹				
Percent of WIPA enrollees with at least one WIPA follow-up assessment	11.4	10.4	12.0	11.8
Number of WIPA enrollees with at least one WIPA follow-up assessment	1,384	387	477	520
Average number of follow-up assessments ³	1.22	1.28	1.19	1.21

Source: WIPA ETO, accessed on April 1, 2010.

Note: Enrollment status was determined on December 31, 2009. All efforts and follow-up assessments through March 31, 2010 are included.

¹ Limited to WIPA enrollees with a baseline WIPA assessment.

² Limited to WIPA enrollees with a baseline assessment and at least one effort.

³ Limited to WIPA enrollees with a WIPA baseline assessment and at least one follow-up assessment.

⁴⁵ As mentioned in Chapter II, beneficiaries with earlier entry dates were perhaps more likely to be served by WIPA projects that had begun entering complete data during an earlier time period. For this reason, these results may reflect in part the possibility that WIPA projects more familiar with WIPA ETO simply entered more data on beneficiaries.

Follow-up assessments indicating a significant change in beneficiary employment, benefits, or education status were uncommon. Only 1,384 of the 12,067 WIPA enrollees with a baseline WIPA assessment (11.5 percent) had at least one follow-up assessment (Table V.1). The likelihood of a follow-up assessment did not increase as additional time elapsed, suggesting that these assessments were not more likely over time, perhaps because beneficiaries did not contact WIPA projects when they made significant changes. If so, this would mean that beneficiary outcomes were better than is suggested by the relatively low number of WIPA enrollees with a follow-up assessment. Most WIPA enrollees with follow-up assessments only had one, regardless of entry date, indicating that their status had not changed in a significant way more than once after the baseline assessment was completed.

There were very few differences by subgroup in the likelihood of having an effort or follow-up assessment, or in likelihood of having multiple efforts or follow-ups (Appendix Table F.19). WIPA enrollees employed at intake were slightly more likely to have two to five efforts than those who were not employed, although those looking for work were more likely to have one effort than those already working or considering work. Similar to the pattern observed in Chapter IV but covering a different time period, there were differences by enrollment intensity group. WIPA staff in Group 1 WIPA projects (the high end of the enrollment intensity measure) were more likely to have one effort with enrollees than staff from projects in other groups, while Group 3 project staff were more likely to have made two to five efforts.

Throughout the course of contact with the WIPA beyond the baseline assessment, most WIPA enrollees (78.5 percent) received work incentives analysis (Table V.2), although this was slightly less likely for those considering employment (73.6 percent) than others (Appendix Table F.20).⁴⁶ Among DI beneficiaries, the TWP (80.6 percent) and EPE (75.3 percent) were discussed most frequently, although both extended Medicare coverage and the Medicaid Buy-In were discussed with a large portion of participants, too (57.0 and 37.7 percent, respectively). For SSI beneficiaries, 1619(a) and 1619(b) were among the most common topics (46.5 and 67.4 percent, respectively). For both groups, IRWEs were a frequent topic of conversation, discussed by 55.7 percent of WIPA enrollees with at least one effort. In addition to work incentives discussions, 24.6 percent of WIPA enrollees had issues related to problem solving and advocacy, and 22.9 percent made contact with a WIPA for issues related to long-term support (Table V.2). To the extent that the likelihood of discussing particular topics varied by subgroups, differences in discussion about work incentives available to both DI and SSI seemed to be driven primarily by whether beneficiaries had DI only, SSI only, or both (Appendix Table F.21).

All of the 8,613 beneficiaries who received an effort beyond the baseline assessment had at least one service referral (Table V.2). The most common were to vocational rehabilitation (36.2 percent), SSA (20.9 percent), or an EN (18.3 percent). Referrals varied by type of disabling condition and employment status at baseline (Appendix Table F.22). WIPA enrollees with sensory conditions were more likely than those with other conditions to be referred to SSA but less likely to be referred to a DOL One-Stop Center. WIPA enrollees who were employed at intake were more likely to be referred to SSA but less likely to be referred to VR, an EN, or a One-Stop Center. Differences by employment status predominantly reflected the varying needs based on whether an enrollee currently was working.

⁴⁶ WIPA enrollees considering employment at intake were more likely to discuss problem solving and advocacy topics than other enrollees, as were those under 25 (relative to other age groups), those with a sensory impairment (relative to those with other impairments), and enrollees served by Group 3 WIPA projects (Appendix Table F.20).

Table V.2. Activities, Discussions About Work Incentives, and Service Referrals Given to WIPA Enrollees During the Course of Beneficiary Efforts

	Number/Percent of WIPA Enrollees with This Action Across All Efforts
Type of Service Provided During Effort	8,613
Percent of WIPA enrollees with a baseline assessment	72.8
Percent of WIPA enrollees with an effort receiving a service	100.0
Number of WIPA enrollees with an effort receiving a service	8,613
Specific topic discussed:	
Work incentives analysis (percent)	78.5
Problem solving and advocacy	24.6
Long-term support	22.9
Work Incentives Discussed	
Percent of WIPA enrollees with a baseline assessment	72.8
Percent of WIPA enrollees with an effort discussing this topic	99.9
Number of WIPA enrollees with an effort discussing this topic	8,607
Specific topic discussed:	
TWP ¹ (percent)	80.6
EPE ¹	75.3
1619b ²	67.4
Extended Medicare ¹	57.0
IRWE ³	55.7
Student Earned Income Exclusion ⁴	52.8
1619a ²	46.5
Expedited Reinstatement ³	43.1
Medicaid Buy-In ⁵	37.7
PASS ²	33.2
Continuing Disability Review Protections ³	24.2
Subsidy Development ³	20.0
Unsuccessful Work Attempt	10.6
Section 301 ³	8.6
Medicare Modernization Act (MMA)	8.4
Property Essential to Self-Support ²	6.3
Blind Work Expense ²	2.5
Service Referrals	
Percent of WIPA enrollees with an effort receiving a service referral	100.0
Number of WIPA enrollees with an effort receiving a service referral	8,613
Specific topic discussed:	
VR (percent)	36.2
SSA	20.9
EN	18.3
DOL One-Stop Career Center	16.6
Work-related training/counseling	13.9
Protection and advocacy	5.4
Maximus	4.1
EARN	2.6
Para-transit	2.2
Transitional youth services	1.0

Source: WIPA ETO, accessed on April 1, 2010.

Note: WIPA project staff were allowed to “mark all that apply” during a given effort. Efforts data were aggregated to the beneficiary level, across all efforts. Because most enrollees with efforts had only one, results were not substantively different when we considered only the most significant efforts (based on time) or all efforts. Table shows WIPA enrollees (including those previously dismissed) had entry dates from April 1, 2009, to December 31, 2009. Enrollment status was determined on December 31, 2009. All efforts and follow-up assessments through March 31, 2010, are included.

¹ Applicable only to beneficiaries with DI (including concurrent beneficiaries).

² Applicable only to SSI beneficiaries (including concurrent beneficiaries).

³ Applicable only to SSA beneficiaries (those with DI or SSI).

⁴ Applicable only to SSI beneficiaries under age 22.

⁵ Applicable to DI-only beneficiaries (excluding concurrent beneficiaries).

About three-quarters (72.2 percent) of WIPA enrollees with services beyond the baseline assessment received a suggestion from the CWIC for future action about their employment and benefits (Table V.3). CWICs suggested to about two-thirds (64.4 percent) of unemployed beneficiaries that they look for a job; the suggestion was much more common for those who reported considering or looking for work at intake than those who reported already working (Appendix Table F.24). WIPA staff from projects in Group 1 were more likely to suggest looking for a job than those in other groups. For the majority of the rest of unemployed WIPA enrollees (29.6 percent), a job offer was pending, and CWICs suggested that the beneficiaries accept the job if it was offered. Staff suggested to a majority (58.8 percent) of WIPA enrollees who were employed during their effort that they maintain their hours and, in about one in four cases (37.4 percent), that they increase their hours. They made suggestions to maintain or increase hours much more often to beneficiaries already working at intake, compared to those considering or looking for employment (Appendix Table F.23).⁴⁷ In very few cases did CWICs advise beneficiaries to reduce their work efforts, either with respect to the decision to work or how many hours.

Among beneficiaries to whom CWICs made a suggestion related to use of work incentives, 18.6 percent were advised to stay on the benefits program with no changes (Table V.3), although this suggestion was much more common among older WIPA enrollees (25.5 percent among those 55 and older, compared to 11.8 percent among those under 25; Appendix Table F.24). WIPA projects in Group 3 of the enrollment intensity measure were the most likely to suggest that enrollees stay on the program with no changes (Appendix Table F.24). Other enrollees (39.6 percent) were advised to earn enough either to lower benefits or to exit the program entirely (Table V.3). Earning enough to exit the program was most commonly suggested to WIPA enrollees who were working at intake (Appendix Table F.24). CWICs made no suggestion to about one-half (51.9 percent) of beneficiaries as to whether they should alter their earnings to affect benefits or exit the program entirely.

B. Changes Between Baseline and Follow-Up WIPA Assessments

It is possible to compare the experiences of a small group of beneficiaries at the time of their WIPA follow-up assessment to experiences documented at their baseline assessment. Focusing on the 1,384 WIPA enrollees (11.5 percent) who first contacted a WIPA between April 1, 2009, and December 31, 2009, and who had both a baseline and follow-up WIPA assessment by March 31, 2010, we studied changes in work incentives, benefits, services, and employment.⁴⁸ As mentioned earlier, this group may not reflect all beneficiaries who ultimately experienced a significant change during this time, as at least some may not have made contact with the WIPA for the purpose of a follow-up assessment.

⁴⁷ It is unclear whether the results reported for WIPA enrollees considering or looking for work at intake represent the fact that these beneficiaries found employment between intake and subsequent efforts, or whether these percentages include measurement error, for enrollees incorrectly classified as employed.

⁴⁸ We did not stratify this analysis by subgroup because relatively few WIPA enrollees were included in the analysis by virtue of having a WIPA baseline and follow-up assessment, and even fewer met the additional sample selection criteria for the tables below.

Table V.3. Employment and Benefits Suggestions Made to WIPA Enrollees During the Course of Beneficiary Efforts

	Number/Percent of WIPA Enrollees with This Action Across All Efforts
Employment Suggestions	
Percent of WIPA enrollees with a baseline assessment	56.1
Percent of WIPA enrollees with an effort receiving an employment suggestion	77.0
Number of WIPA enrollees with an effort receiving an employment suggestion	6,631
Specific suggestion received:	
Beneficiary not employed	
WIPA suggested looking for job	64.4
WIPA suggested beneficiary accept job, if offered	29.6
WIPA did not suggest looking for a job	5.7
WIPA suggested beneficiary decline job, if offered	0.3
Beneficiary employed	
WIPA suggested maintaining hours	58.3
WIPA suggested increasing hours	37.4
WIPA suggested seeking promotion	2.3
WIPA suggested decreasing hours	1.6
WIPA suggested quitting job	0.5
Benefits Suggestions	
Percent of WIPA enrollees with a baseline assessment	52.1
Percent of WIPA enrollees with an effort receiving benefit suggestion	71.5
Number of WIPA enrollees with an effort receiving a benefit suggestion	6,162
Specific suggestion received:	
WIPA suggested earning enough to exit program	26.3
WIPA suggested staying in the program	18.6
WIPA suggested staying in the program but with a lower benefit	13.3
No suggestion was made	51.9

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Efforts data were aggregated at the beneficiary level, across all efforts. In other words, if during one effort a beneficiary was employed and project staff suggested he or she quit, but during another effort the beneficiary was unemployed and staff suggested he or she find a job, both categories would be checked for the beneficiary, even though only one response could be selected for that question during a single effort. Because most enrollees with efforts had only one, results were not substantively different when we considered only the most significant efforts (based on time) or all efforts. Employment and benefits suggestions made during a given effort only allow for one response to be selected. Table shows WIPA enrollees (including those previously dismissed) with entry dates from April 1, 2009, to December 31, 2009. Enrollment status was determined on December 31, 2009. All efforts and follow-up assessments through March 31, 2010, are included.

The use of some work incentives increased for some beneficiaries after they received WIPA services (Table V.4). Among DI beneficiaries who reported at baseline that they had not used the TWP, 13.4 percent reported during the follow-up assessment that they had used it after receiving WIPA services, and 6.3 percent of those who had not used the EPE at baseline had done so by their follow-up assessment. Among SSI beneficiaries, 9.9 percent of baseline non-users began using 1619(a) after receiving WIPA services, while 6.6 percent of those who previously had not used 1619(b) began to do so. About 6 percent of WIPA enrollees began to use SGA, presumably because they earned more than that level in at least one month after receiving WIPA services. Moreover, 5.2 percent of WIPA enrollees who had a follow-up assessment began to work with an EN after

their baseline assessment, and 4.1 percent began to work with their SVRA. Taken together, this increased use suggests that fewer than one in 10 beneficiaries with a follow-up assessment began to take advantage of some of the most visible SSA work incentives after receiving WIPA services.

WIPA enrollees might increase their use of services after their baseline assessment for reasons unrelated to their interactions with the WIPA. For example, a beneficiary determined to obtain employment may be more likely to begin using the TWP, even if he or she has not contacted a WIPA. Alternatively, WIPA enrollees may seek out particular work incentives and services in response to WIPA guidance. By limiting our analysis to enrollees to whom CWICs suggested using a work incentive, benefit, or service at baseline, we were able to isolate how many of these enrollees went on to pursue the particular service after receiving WIPA services (Table V.4, columns 4 and 5). In general, the percentage of enrollees who received a suggestion to utilize a work incentive that went on to do so was higher than the total percentage of those who began to utilize after receiving WIPA services, although the magnitude of the difference was quite small. As one example, 13.4 percent of all WIPA enrollees with SSDI began to use the TWP after the baseline assessment, but 14.3 percent of those who received a suggestion to use the TWP began to do so. One of the bigger changes in use of work incentives based on WIPA suggestions occurred for the Medicaid Buy-In program; 6.4 percent of beneficiaries not utilizing at baseline were doing so by follow-up, but this proportion increased to 11.7 if the WIPA suggested the beneficiary use it. The suggestion may have been responsible for some of the reported increase in utilization, although we cannot say for sure that there was a causal effect.

We compared the average hourly wage and number of hours worked at the baseline and follow-up assessment among the 1,384 WIPA enrollees with both assessments as a preliminary look into the ways in which WIPA enrollees' employment situations changed after receiving WIPA services (Table V.5). Of these, 767 indicated at baseline that they were not employed, and 453 indicated that they were.⁴⁹ Of the unemployed, 293 (38.2 percent) were employed at the time of their follow-up assessment, consistent with the purpose of completing such an assessment following a significant change. These beneficiaries worked about half time on average (22.8 hours) and earned \$9.71 per hour. Of the beneficiaries already employed at their baseline WIPA assessment, 11.0 percent reported higher wages at follow-up, and 12.4 percent reported working additional hours. These numbers should be interpreted very cautiously however, as they are based on self-reports of hours and earnings.⁵⁰

Finally, we considered whether WIPA enrollees with a follow-up assessment had earned enough by the time of that assessment to reduce or stop benefits. Of the 1,384 WIPA enrollees with a baseline and follow-up assessment, 391 (28.2 percent) indicated at baseline that their goal was to reduce benefits. By follow-up, 170 WIPA enrollees (12.3 percent of the 1,384 with a baseline assessment) reported having earned enough to reduce benefits. Similarly, 210 WIPA enrollees (15.2 percent) indicated at the baseline assessment that their goal was to stop receiving benefits altogether,

⁴⁹ The remaining cases were missing employment data at the time of the baseline assessment.

⁵⁰ Moreover, in many cases, hourly wages had to be calculated by dividing reported earnings over a longer period by stated hours, which could introduce an additional source of measurement error.

Table V.4. Changes in Work Incentives, Benefits, and Service Utilization Between Baseline and Follow-Up Assessments Among WIPA Enrollees Not Reporting Utilization at Baseline

	Percent of WIPA Enrollees with Baseline and Follow-Up Assessments and Topic Completed	Number of Observations	Number Not Utilizing at Intake	Percentage Not Utilizing at Intake Who Used After Receiving WIPA Services	Number Not Utilizing at Intake but Received Suggestion to Utilize at Baseline	Percentage Who Received Suggestion to Utilize at Baseline and Who Used After Receiving WIPA Services
Work Incentives						
TWP ¹	80.0	854	632	13.4	594	14.3
1619a ²	68.6	359	342	9.9	261	13.0
1619b ²	75.0	392	394	6.6	337	7.4
Medicaid Buy-In ³	65.1	558	574	6.4	300	11.7
EPE ¹	78.0	833	717	6.3	652	6.7
SGA ⁴	71.6	990	940	6.2	740	7.7
IRWE ⁴	69.3	958	986	5.1	804	5.7
Student Earned Income Exclusion ⁵	69.7	76	73	4.1	42	7.1
Extended Medicare ¹	72.0	769	777	3.7	601	4.7
EITC	58.6	811	883	3.6	390	7.9
Subsidy development ⁴	56.6	783	888	2.3	307	6.2
PASS ²	65.4	342	362	2.2	185	4.3
Expedited reinstatement ⁴	69.6	962	1,009	2.1	709	3.0
Blind work expense ²	53.7	281	332	0.6	21	9.5
Property essential to self-support ²	52.6	727	317	0.3	37	2.7
Section 301 ⁴	54.3	751	849	0.0	199	0.0
Services						
EN	59.2	819	790	5.2	458	4.6
VR services	69.9	968	562	4.3	410	5.1
Work-related training/counseling	56.9	787	738	3.8	407	5.9
DOL One-Stop Career Center	57.8	800	879	2.2	446	3.4
Para-transit	52.5	726	794	0.6	169	3.0
Protection and advocacy	52.7	730	866	0.3	276	0.7
EARN	49.9	690	839	0.2	162	0.6
Transitional youth services	51.7	716	848	0.2	24	4.2

Table V.4 (continued)

	Percent of WIPA Enrollees with Baseline and Follow-Up Assessments and Topic Completed	Number of Observations	Number Not Utilizing at Intake	Percentage Not Utilizing at Intake Who Used After Receiving WIPA Services	Number Not Utilizing at Intake but Received Suggestion to Utilize at Baseline	Percentage Who Received Suggestion to Utilize at Baseline and Who Used After Receiving WIPA Services
Benefits						
TTW program	77.0	1066	782	7.3	579	9.5
SVRA enrollment	75.9	1050	612	4.1	377	4.8
Other benefit(s)	34.0	470	527	1.7	113	2.7
Food stamps	65.2	902	751	1.3	173	3.5
Subsidized housing or other rental subsidies	64.7	896	884	1.1	224	2.2
Unemployment insurance benefits	56.4	781	933	0.2	0	—
TANF	56.9	787	938	0.1	23	0.0
Worker's compensation	56.8	786	947	0.0	4	0.0
Veterans benefits	57.3	793	935	0.0	8	0.0

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Eligible universe for table was 11,299 WIPA enrollees (including those previously dismissed) with entry dates from April 1, 2009, to December 31, 2009, and with a baseline assessment. Analysis was limited to the 1,384 (11.7 percent) with both a baseline and follow-up WIPA assessment. Enrollment status was determined on December 31, 2009. All follow-up assessments from April 1, 2009, to March 31, 2010, are shown.

¹ Applicable only to DI beneficiaries (including concurrent beneficiaries).

² Applicable only to SSI beneficiaries (including concurrent beneficiaries).

³ Applicable only to DI beneficiaries (excluding concurrent beneficiaries).

⁴ Applicable only to SSA beneficiaries (those with DI or SSI).

⁵ Applicable only to SSI beneficiaries under age 22.

Table V.5. Changes in Employment and Earnings Among WIPA Enrollees Between Baseline and Follow-Up Assessments

	Percent of Baseline ²	Number	Average Hourly Wage (Dollars) ¹		Average Number of Hours Worked		Percent of Beneficiaries with Stated Goal at Baseline Assessment ³
			Baseline	Follow-up	Baseline	Follow-up	
Employment and Earnings							
Not employed at baseline; employed at follow-up		293	--	9.71	--	22.79	
Employed at baseline; wages increased at follow-up	38.2	50	10.83	12.68	23.73	25.67	
Employed at baseline; hours worked increased at follow-up	11.0	56	9.08	9.88	18.57	28.57	
Earnings and Benefits	12.4						
Beneficiary eventually earned enough to reduce benefits							170
Beneficiary eventually earned enough to stop benefits							93

Source: WIPA ETO data, accessed on April 1, 2010.

Note: Table shows WIPA enrollees (including those previously dismissed) with entry dates from April 1, 2009, to December 31, 2009. Enrollment status was determined on December 31, 2009. All efforts and follow-up assessments through March 31, 2010, are shown. Hourly wages and hours worked were only calculated among individuals with non-missing responses to those particular questions, even if the individual met the employment-related criteria and was included in the count with a change in employment. Hours per week were top-coded at 80 hours; hourly wage was top-coded at the 95th percentile of reported wages.

¹ Because all earnings reports occurred during the most recent 12-month period, we did not adjust reported earnings for inflation.

² Percent of baseline calculation is specific to each row. For example, the percentage “not employed at baseline but employed at follow up” was calculated as a percentage of enrollees at baseline who were not employed. Similarly, the next two rows were calculated as a percentage of the number of enrollees employed at baseline.

³ Percent of beneficiaries with stated goal at baseline was calculated as the number of beneficiaries who eventually earned enough to reduce benefits as a percentage of the number of enrollees with both a baseline and follow-up assessment who indicated at their baseline assessment that they wanted to earn enough to reduce benefits.

and by follow-up, 93 enrollees (6.7 percent of those with a baseline assessment) reported earning enough to stop benefits altogether.⁵¹ Some, though not the majority, of those who ultimately reduced benefits were those who stated at baseline that doing so was their goal. This could mean that receiving WIPA services led to this outcome for those who initially did not have the goal, although we cannot draw that conclusion based on these data. It is possible that those who reduced or stopped their benefits due to earnings already were working at the time they contacted the WIPA, so the change over time might not reflect WIPA suggestions.

C. Summary of Findings

In this chapter, we examined the services WIPA enrollees received beyond the baseline assessment and the efforts expended by CWICs to provide these services. We identified changes in employment status and in use of benefits, work incentives, and services for beneficiaries with baseline and follow-up WIPA assessments. We also explored whether use of work incentives increased after CWICs had suggested them and the extent to which beneficiaries had worked enough to reduce or cease receiving benefits at the time of the follow-up assessment.

Although WIPA projects appear to be providing more than one-time assistance to the majority of WIPA enrollees, a small minority of beneficiaries received more than a few efforts, or contacts other than assessments. Considering efforts over a one-year period (from April 1, 2009, to March 31, 2010) for WIPA enrollees with a baseline assessment who first contacted a WIPA from April 1 to December 31, 2009, we found that more than 7 in 10 received some service beyond the baseline assessment, and among those with at least one beneficiary effort provided by a WIPA project, the average number of efforts was about three. This implies that the WIPA projects provided more than a one-time, brief service to many beneficiaries who enrolled in WIPA. However, very few WIPA enrollees received more than five efforts. Even as the length of time that beneficiaries were enrolled to receive WIPA services increased, the number of efforts did not change substantially. This suggests that most of the support provided beyond the baseline assessment occurred relatively quickly, then did not continue in many cases. About 30 percent of WIPA enrollees with a baseline assessment received no intensive WIPA services beyond the baseline assessment. We do not know whether these beneficiaries will contact the WIPA project for services in the future, whether their needs have been met, whether they chose not to seek additional services, or whether they wanted but were unable to receive additional services.

Almost 80 percent of the 8,613 enrollees with contact beyond a baseline assessment, as documented by “beneficiary efforts,” received work incentives analysis, suggesting that WIPA projects provided information about how work incentives could be used based on the beneficiary’s current employment status. CWICs discussed work incentives that would enable beneficiaries to increase their work hours and retain some of their benefits, such as the TWP and EPE for DI beneficiaries and 1619(a) and 1619(b) for SSI beneficiaries, along with incentives that would enable beneficiaries to retain their health insurance, such as the Medicaid Buy-In.

⁵¹ It is not possible to know whether an affirmative response meant that an SSI beneficiary was earning enough per month to have benefits reduced, or whether the response applied to DI beneficiaries who spent at least a month off the rolls due to work. Moreover, because this information was self-reported, we caution that these magnitudes might not reflect actual receipt of benefits; analysis of SSA administrative data will be required to verify these numbers.

CWICs made suggestions regarding employment and use of work incentives to about three-quarters of enrollees with contacts beyond the baseline assessment; suggestions included pursuing employment, accepting a job offer, or maintaining or increasing work hours. In very few cases did CWICs advise beneficiaries to reduce their work efforts. This suggests that WIPA projects are encouraging work among work-oriented beneficiaries. WIPA projects in Group 1 of the data intensity measure appear to be suggesting that beneficiaries look for a job more frequently than WIPA projects in other groups and WIPA projects in Group 3 appear to suggest more often that beneficiaries maintain on benefit programs with no changes in employment or work incentives. The third WIPA program evaluation report may provide the opportunity to examine whether these suggestions lead to different outcomes for beneficiaries served by WIPA projects in each group.

To document use of benefits, work incentives, and employment services and change in employment status after enrolling in WIPA, we focused on the 11.5 percent of beneficiaries with both a baseline and follow-up assessment. This shows that relatively few WIPA enrollees had received a follow-up assessment. This could reflect that the services WIPA projects are providing are not yielding substantial changes in employment or other outcomes for enrollees they serve, or it could be that enrollees with significant changes are less likely to make contact with the WIPA after their situation has improved. The latter would result in fewer follow-up assessments than the number of enrollees with changes in employment, education, or benefits.

Although we do not know the particular event that triggered a follow-up assessment, we do know that of beneficiaries who were unemployed at baseline, over a third were working at the follow-up assessment, and some of those employed at baseline had subsequently increased their hours or wages. However, a minority of those with a follow-up assessment reported they had begun to use the TWP, EPE, 1619(a) or 1619(b) provisions after their baseline assessment. This suggests that very few enrollees began to work at a substantial level between their baseline and follow-up assessment. On the other hand, among the WIPA enrollees with a baseline and follow-up assessment, 12.3 percent reported earning enough to reduce benefits by the follow-up assessment, and 6.7 percent reported earning enough to stop receiving benefits altogether by that time. The third WIPA program evaluation, which will link WIPA enrollees to SSA administrative data, will allow for better measurement of the use of work incentives and change in employment and benefits status after WIPA enrollment.

VI. WIPA OUTPUT AND COSTS

From October 1, 2009, through March 31, 2010, WIPA projects provided services to a total of 39,164 beneficiaries. The six-month equivalent of the SSA funding provided to the WIPA projects for that period was approximately \$10 million, suggesting that the average cost per beneficiary served during the period was approximately \$250. This overall per-beneficiary cost masks substantial variation in the outputs and costs across the 103 WIPA projects. In this chapter, we examine this variation using three gross cost measures representing very rough indicators of WIPA performance; these measures focus on the costs of providing core WIPA services, excluding I&R and outreach-related efforts. We adjusted the measures for variation in the local costs of inputs and for non-SSA resources that the WIPA organizations were able to obtain to provide services. However, there were many differences across the WIPA projects that affected the cost per output measures and for which we lacked systematic information that could be used to adjust the measures— proportion of I&R versus WIPA services provided, staff experience, actual staff wage rates and rents, and beneficiary demand for services. Hence, the measures presented in this chapter provide only a broad-brush assessment of WIPA performance during the October 2009–March 2010 period, and the extent of the variation in performance across the 103 WIPA projects.

In what follows, we first describe the levels of output across WIPA projects, measured in terms of the number of clients served, new client enrollments, I&R and WIPA baseline assessments, and other beneficiary direct-service efforts (Section A). We then assess the differences in costs of providing WIPA services (excluding I&R-only services and outreach) across WIPA projects using three measures: cost per WIPA enrollee served, cost per new WIPA enrollee, and cost per WIPA service hour (Section B). In examining these cost measures, we apply adjustments that reflect differences across the WIPA projects in the costs of inputs (labor and rent) and levels of non-SSA funding. We also assess the degree to which WIPA costs are correlated with beneficiary density within the WIPA service areas.

The findings indicate that output—whether measured in terms of the number of clients or activities undertaken by WIPA staff—varied substantially across the 103 WIPA projects. This variation reflected the substantial variation in the sites' sizes and funding levels. However, considerable variation still existed in the costs per output when we took into account both SSA and non-SSA funding and input costs. Costs per WIPA enrollee served during the period ranged from \$49 to \$3,099, and costs per WIPA service hour ranged from \$42 to \$1,586 across the projects, after adjusting for differences in input costs and non-SSA funding. Beneficiary density did not appear to explain this very large degree of variation. Our findings suggest that other significant differences across the WIPA projects were affecting their costs. These included the share of clients receiving I&R-only versus WIPA services and also might have included the underlying demand for services within their target populations, the availability of substitute services, how non-SSA funding was being used, and efficiency in providing services.

A. WIPA Outputs

Table VI.1 shows the quintile ranges and totals for each of several types of outputs measured in terms of the number of clients served and type of activity.⁵² WIPA output varied substantially across projects for the period of October 1, 2009, to March 31, 2010, regardless of output measure. Some variation was to be expected, given large differences in the size of the projects and their funding levels. Differences in the service needs of each WIPA project's local target population also contributed to the large degree of variation. Overall, about 39,000 beneficiaries received services during the six-month period, with new enrollments representing the large majority (72 percent) of the beneficiary clients served. Individual WIPA projects enrolled as few as 29 new clients and as many as 1,491 during the six-month period. Most enrolled between 100 and 400 new clients and served a total of about 200 to 500. The number of clients enrolled in I&R-only versus WIPA services was roughly similar except for a few WIPA projects in the top quintile with a very large number of I&R-only clients. There was also a very large degree of variation across WIPA projects in the types of activities undertaken (I&R assessments, WIPA baseline assessments, and other efforts). Again, some variation was to be expected, given the differences across programs in size and funding levels.

In Table VI.2, we examine the proportion of WIPA outputs represented by I&R-only clients or services. This is of interest because SSA has provided guidance to the WIPA projects regarding its priorities for service delivery, indicating that the WIPA projects should be devoting no more than 20 percent of their resources to outreach activities and I&R services, leaving 80 percent for WIPA baseline assessments, follow-up assessments, and efforts. In the next section, we examine costs per unit of output, focusing only on WIPA enrolled clients and services and assuming that 80 percent of funding is devoted to these clients and services. If specific WIPA projects are devoting relatively large amounts of effort to I&R-only clients and services, all else constant, we would expect these WIPAs to have relatively higher costs per WIPA output.

Across all WIPA projects, 39 percent of all clients who received any type of service during October 2009 to March 2010 were I&R-only enrollees; that is, they had not been enrolled into WIPA services. The percentage of I&R-only clients was much higher (48 percent) among new enrollees during the period. We estimated the share of total direct-service hours (hours spent providing services to clients) devoted to I&R services to be 30 percent overall, but most WIPA projects were operating at percentages below the overall averages.

It is important to note that these numbers alone, while suggestive, do not indicate the extent to which WIPA projects were operating within a range that might be considered as meeting the SSA 20-percent guidance—I&R-only clients likely received substantially less intensive services and so represented a smaller percentage of total effort than is implied by the two client-based output measures presented in Table VI.2. In theory, the service-hour based measure should more accurately reflect the share of effort devoted to I&R services than the number of clients. However, this measure is based on an assumption regarding the *average* time spent on I&R and WIPA baseline assessments, rather than the *actual* time because staff members do not record the actual time in ETO. The same average I&R assessment time (1 hour) is assumed for all WIPAs. If there is a strong negative relationship between the share of I&R-only clients and time spent providing I&R services

⁵² The number of WIPA projects in each quintile is unequal because the total (103) is not divisible by 5 and because WIPA projects with the same value for a particular statistic are grouped in the same quintile.

(that is, if WIPA projects serving relatively large numbers of I&R-only clients are providing relatively less-intensive I&R assessments), then the I&R service time percentages shown in Table VI.2 will overstate the share of total effort devoted to I&R services.

Table VI.1. WIPA Outputs, October 1, 2009, to March 31, 2009

	Ranges by Quintile					Total
	First	Second	Third	Fourth	Fifth	
Outputs as Measured by Clients						
Number of new/existing I&R-only clients	2-30	32-66	72-130	131-234	238-1,011	15,179
Number of new/existing WIPA clients	18-103	108-148	149-216	218-342	357-1,140	23,985
Total (unduplicated) number of new/existing clients	62-168	175-228	234-406	411-526	541-1,530	39,164
Number of new I&R-only clients enrolled	2-29	30-62	72-106	111-211	220-1,011	13,670
Number of new WIPA clients enrolled ¹	9-62	63-87	89-130	133-205	213-678	14,675
Total (unduplicated) number of new clients enrolled	29-108	109-163	164-263	282-421	422-1,491	28,345
Outputs as Measured by Activity						
Number of I&R assessments	40-93	98-160	163-238	240-386	393-1,361	26,925
Number of WIPA baseline assessments	14-67	72-88	89-153	154-234	236-628	15,878
Number of WIPA efforts	7-120	121-193	203-318	323-535	548-3,734	37,240
Total time of efforts (hours)	7-76	82-144	150-221	222-348	353-1,914	24,309

Source: WIPA ETO data, accessed on April 1, 2010.

Notes: The number of each type of assessment is greater than the respective number of new enrollments because WIPA projects could have enrolled the beneficiary before October 1, 2009 (the beginning of our study period) and conducted the assessment after that date. In addition, beneficiaries can have more than one assessment.

“New clients” refers to those enrolled during the observation period (October 2009–March 2010). “Existing clients” refers to those enrolled before the observation period but who received services during the observation period.

¹ Encompasses all WIPA enrollments, including those also enrolled in I&R.

Table VI.2. Percentage of WIPA Outputs Represented by I&R-Only Clients and Services, October 2009 to March 2010

	Ranges by Quintile					All
	First	Second	Third	Fourth	Fifth	
Percentage of all new/existing clients enrolled in I&R only	1-17	18-26	26-39	39-54	55-94	39
Percentage of all new clients enrolled in I&R only	2-22	22-36	36-52	52-64	64-95	48
Percentage of total direct-service hours devoted to I&R services ¹	5-20	20-25	25-32	33-40	41- 74	30

Source: WIPA ETO data, accessed on April 1, 2010.

Note: “New clients” refers to those enrolled during the observation period (October 2009–March 2010). “Existing clients” refers to those enrolled before the observation period but who received services during the observation period.

¹ Estimated using the total effort time recorded in ETO, the number of cases receiving I&R and WIPA baseline assessments, and assumptions for the average time spent conducting I&R and WIPA baseline assessments derived from the experiences of the BPAO program. See Appendix G for details.

B. WIPA Costs per Output

Some of the variation across WIPA projects in the number of beneficiaries they served and outputs measured in terms of services provided reflected differences in the funding each WIPA had available but might also have reflected differences in the costs of providing services. The cost measures we present in this section reflect differences in funding levels and control for variation in the cost of inputs (labor and rent) to better assess the extent to which costs varied across the WIPA projects.

We examined costs using three different measures:

- **Cost per WIPA enrollee:** This measure is equal to total SSA funding for direct WIPA services divided by the total (unduplicated) number of WIPA service enrollees that received any services during the period, regardless of the types or amounts of services received or when they initially enrolled for services.
- **Cost per new WIPA enrollee:** This measure is equal to total SSA funding for direct WIPA services divided by the total (unduplicated) number of beneficiaries who newly enrolled for WIPA services, regardless of the amounts of services received.
- **Cost per WIPA service hour:** This measure is equal to total SSA funding for WIPA services divided by the total hours of direct WIPA services provided.⁵³

⁵³ Direct WIPA services include WIPA baseline assessments and efforts, as recorded in the ETO effort forms. The measure excludes outreach activities and I&R assessments. Follow-up assessments are not included because they reflect a change in the beneficiary’s status, rather than the amount of work WIPA staff completed. Services provided in response to a change in beneficiary status should be reflected in the ETO efforts forms.

The focus of the above cost measures is on the cost of serving WIPA enrollees and providing WIPA, rather than I&R, services. Clients enrolled in I&R services only are excluded from the enrollee-based measures, and time associated with conducting I&R assessments is excluded from the direct service hour measure. Because the focus is on WIPA enrollees and services, we use 80 percent of total funding as the basis for the cost estimates.⁵⁴

For the third measure, we based hours of direct WIPA service on the number of WIPA baseline assessments and total time associated with other efforts. For the WIPA baseline assessments, we assumed a value of 2.5 hours. We needed to make this assumption because time information is not collected in ETO for this activity. The 2.5 hour assumption is based on our analysis of the time spent providing benefits counseling services under the BPAO program (see Appendix G). As the WIPA counseling services are the same or very similar to the analogous services provided under the BPAO program, and because many of the same organizations that provided these services under BPAO continue to provide them under WIPA, we believe the assumption to be a reasonable approximation of the average service time associated with WIPA baseline assessments. Total WIPA service time was the sum of the hour-weighted WIPA baseline assessments and total effort time.

The three measures provide somewhat different perspectives on the performance of the WIPA projects. The cost per WIPA enrollee is the broadest measure, indicating the average cost per WIPA enrollee. This measure might be more representative of WIPA costs over a longer period of time. The largest number of clients served during the six-month period analyzed were new enrollees, as the greatest service intensity is expected to occur during early interactions with clients. The cost per new WIPA enrollee measure might better reflect the costs of enrolling and serving clients during the short period analyzed relatively early in the WIPA rollout. This measure also allows us to view the costs in a manner similar to a capitated payment; that is, as a fixed fee paid to the WIPA projects per new enrollee to serve them over some specified period. Because we expect service intensity to vary markedly across beneficiaries and WIPA projects, however, the enrollee-based measures might provide an inaccurate picture of the relative performance of particular WIPA projects. By representing costs in terms of the hours of direct WIPA services provided, the third measure is intended to account for differences across WIPA projects in service intensity per client (as reflected by efforts) and for the services provided to both new and previously enrolled clients. Thus, while we present all three measures, we believe the hour-based cost measure to represent WIPA performance most comprehensively.

Two important factors likely affected WIPA costs as calculated by the three measures described above: the costs associated with inputs, and funding obtained from sources other than SSA. All else held constant, WIPA projects in areas where labor and rent costs are lower will be able to serve more beneficiaries and/or provide more hours of service. Similarly, those able to obtain additional funding from non-SSA sources will be able to provide more services. To account for these factors, we applied two adjustments in the computation of each of the cost measures: we adjusted funding levels to reflect labor and rent costs in the geographic areas served by each WIPA, and we computed costs, including the additional, non-SSA funding obtained by each project to provide WIPA services. Appendix G provides more detail about how the cost measures and adjustments were developed.

⁵⁴ As noted previously, SSA guidance to the WIPA projects has been that 80 percent of resources should be devoted to WIPA services, and 20 percent to outreach and the provision of I&R services. This point was stressed to WIPA projects by OESP in a national WIPA conference call in early 2010.

In Table VI.3, we present ranges for the three cost measures (with and without adjustments), by quintile. Regardless of the measure or adjustment applied, we found a very large degree of variation across the WIPA projects. Costs per new WIPA enrollee showed the largest variation; unadjusted costs ranged from \$113 to \$6,000. After adjusting for input costs, the values for all measures changed only slightly. When funding from non-SSA sources was taken into account, the values increased for all measures, as expected (relative to the input cost-adjusted measures). The measure of cost per WIPA service hour shows the least variation across WIPA projects; it ranged from \$42 to \$1,586 when adjusted for input costs and non-SSA funding.

Table VI.3. WIPA Project Costs, October 1, 2009, to March 31, 2009

	Ranges by Quintile				
	First	Second	Third	Fourth	Fifth
Cost per WIPA Enrollee (\$)					
Unadjusted	58-223	237-361	365-502	519-670	673-3,487
Adjusted for input costs	47-240	245-364	366-553	559-670	700-2,951
Adjusted for input costs and non-SSA funding	49-294	297-472	473-647	657-787	788-3,099
Cost per New WIPA Enrollee (\$)					
Unadjusted	113-369	373-587	588-826	828-1,010	1,054-6,000
Adjusted for input costs	115-385	391-619	623-783	821-1,108	1,117-6,198
Adjusted for input costs and non-SSA funding	154-474	480-731	732-965	1,008-1,250	1,282-6,508
Cost per WIPA Service Hour (\$)					
Unadjusted	18-84	87-125	128-180	185-259	269-1,500
Adjusted for input costs	20-80	81-127	128-190	199-277	279-1,511
Adjusted for input costs and non-SSA funding	42-103	104-167	169-244	249-310	313-1,586

Source: Tabulations based on WIPA ETO data, accessed on April 1, 2010.

For the reasons discussed previously, we believe the cost per WIPA service hour measure to best represent WIPA performance. Although there is considerable variation in this measure across the WIPA projects in the middle three quintiles (approximately \$200 for the measure, adjusted for input costs and non-SSA funding), it appears that a handful of cost outlier projects, particularly in the fifth (highest cost) quintile, contributed to the very large degree of variation observed overall. A handful of WIPA projects (fewer than 10) had costs per WIPA service hour in excess of \$400 (adjusted for input costs and non-SSA funding). Most of these projects were estimated to be devoting a relatively large share of their time (40 percent or more) to providing I&R services (based on the measure reported in Table VI.2), and this probably contributed to their cost outlier status.

In Appendix H, we present the quintile rankings of each WIPA with respect to the adjusted and unadjusted cost measures. If there were substantial differences across WIPA projects in client composition, input costs, and/or non-SSA funding, we would have expected particular WIPA projects to move across quintiles, depending on the specific cost measure and adjustment applied. Below, we describe our general observations of the inter-quintile movement of the WIPA projects

when we varied the measures and adjustments. For this analysis, we considered movement from the highest two quintiles to the lowest two, or vice versa, as a significant change.

- **Unadjusted versus adjusted for input costs.** When we compared the unadjusted measures to the measures adjusted for input costs, approximately 25 of the 103 WIPA projects moved to a different quintile for the cost per WIPA enrollee and cost per WIPA service hour measures. However, no projects moved significantly. This suggests that differences in input costs affected the rankings of about one-fourth of the WIPA projects but did not significantly change the relative ranking of any.
- **Adjusted for input costs versus adjusted for input costs and non-SSA funding.** When we compared the measures adjusted for input costs with those adjusted for both input costs and non-SSA funding, a greater number of WIPA projects (about 35 to 40 of the 103) moved to a different quintile for the per WIPA enrollee and per WIPA service hour measures. Only 3 WIPA projects moved significantly for the per WIPA enrollee measure, and 3 did so for the per WIPA service hour measure (two project moved significantly under both measures). In all of these cases, the WIPA projects moved from the lowest two cost quintiles to the highest two. This suggests that non-SSA funding affected the rankings of approximately 40 of the WIPA projects but only dramatically for 4 of them. Two of the 4 of these WIPA projects had very large amounts of non-SSA funding (over \$100,000).
- **Cost per WIPA enrollee versus cost per WIPA service hour.** When we compared the cost per WIPA enrollee measure to cost per WIPA service hour (adjusted for input costs and non-SSA funding), 39 WIPA projects changed quintile rankings, but only one moved significantly.
- **Cost per WIPA enrollee versus cost per new WIPA enrollee.** Comparing the two measures based on WIPA enrollee counts (using the versions adjusted for both input costs and non-SSA funding), we found that 50 WIPA projects moved to a different quintile, with only 4 moving significantly.
- **Cost per new WIPA enrollee versus cost per WIPA service hour.** When we compared these measures (using the versions adjusted for both input costs and non-SSA funding), we found the most inter-quintile movement; 56 moved to a different quintile. However, as with the other comparisons, relatively few WIPA projects moved significantly, in this case, only 4.

The large variation found across WIPA projects in the costs of providing services after controlling for differences in input costs and non-SSA funding, and the fact that the rankings of relatively few WIPA projects changed dramatically when the cost measures were adjusted for these factors, suggests that there were other significant factors affecting their costs. These might include deviation from the SSA-prescribed service delivery model (for example, devoting more than 20 percent of resources to I&R services), and differences in the underlying demand for services within their target populations, the availability of substitute services, and efficiency in the manner in which they provide services. As already discussed, the amount of effort devoted to I&R services will affect costs, as measured here, but other factors also likely played a role.

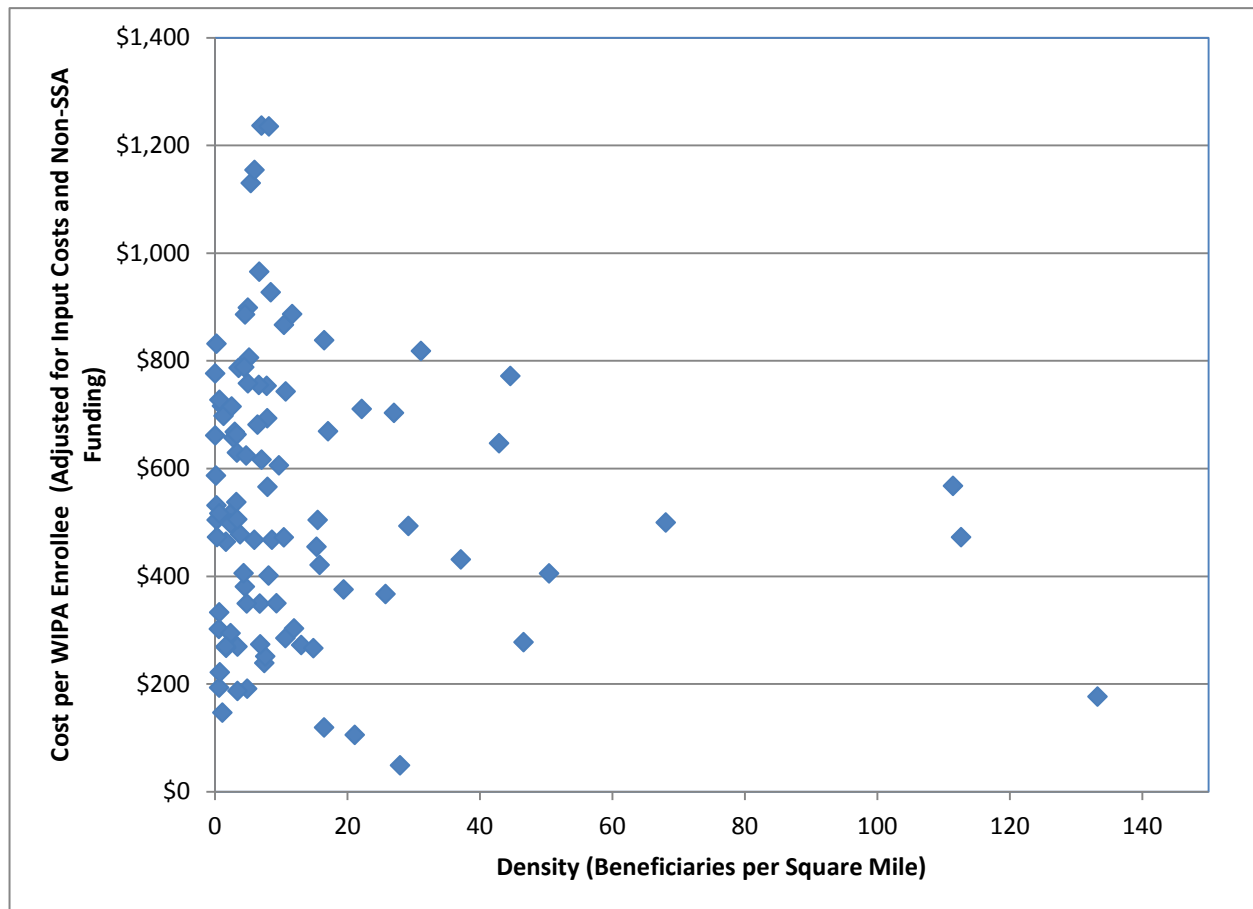
Non-SSA funding had a substantial impact on the relative ranking of a few WIPA projects. In some of these cases, accounting for very large amounts of MIG funding moved WIPA projects from

the very lowest cost quintile to the highest. It is likely that a large share of the non-SSA funding provided by the MIGs was not used to provide WIPA services, but rather, may be devoted more to outreach or I&R services. In such cases, our cost measures might have over-attributed the funding to WIPA service activities and substantially inflated costs.⁵⁵

One additional factor we hypothesized as potentially affecting the cost of providing WIPA services was beneficiary density (the number of beneficiaries per square mile) within the geographic area served by each WIPA. All else held constant, if a WIPA project were located in a sparsely populated area so that staff and beneficiaries had to travel long distances to meet, its costs might be higher both per new enrollee and per direct-service hour. However, some WIPA projects use phone and video conferencing technology to meet with beneficiaries or have multiple offices located across their service areas. In these cases, time spent traveling might be minimal, but office equipment or phone costs might be higher. In addition, greater outreach in sparsely populated areas might be necessary to generate the same level of demand for services as is experienced in more densely populated areas. To assess the extent to which beneficiary density might affect WIPA costs, we produced scatter diagrams depicting how costs per WIPA enrollee and WIPA service hour (using the versions adjusted for input costs and non-SSA funding) varied with beneficiary density (Figures VI.1 and VI.2). The findings based on all three measures indicated very little correlation between WIPA costs and beneficiary density. Although the large majority of WIPA projects were operating in areas with an average of 30 beneficiaries or fewer per square mile, their costs varied markedly under both measures. This suggests little relationship between costs and density.

⁵⁵ As with the SSA funding, we attributed 80 percent of the non-SSA funding to WIPA services and 20 percent to outreach and I&R service activities.

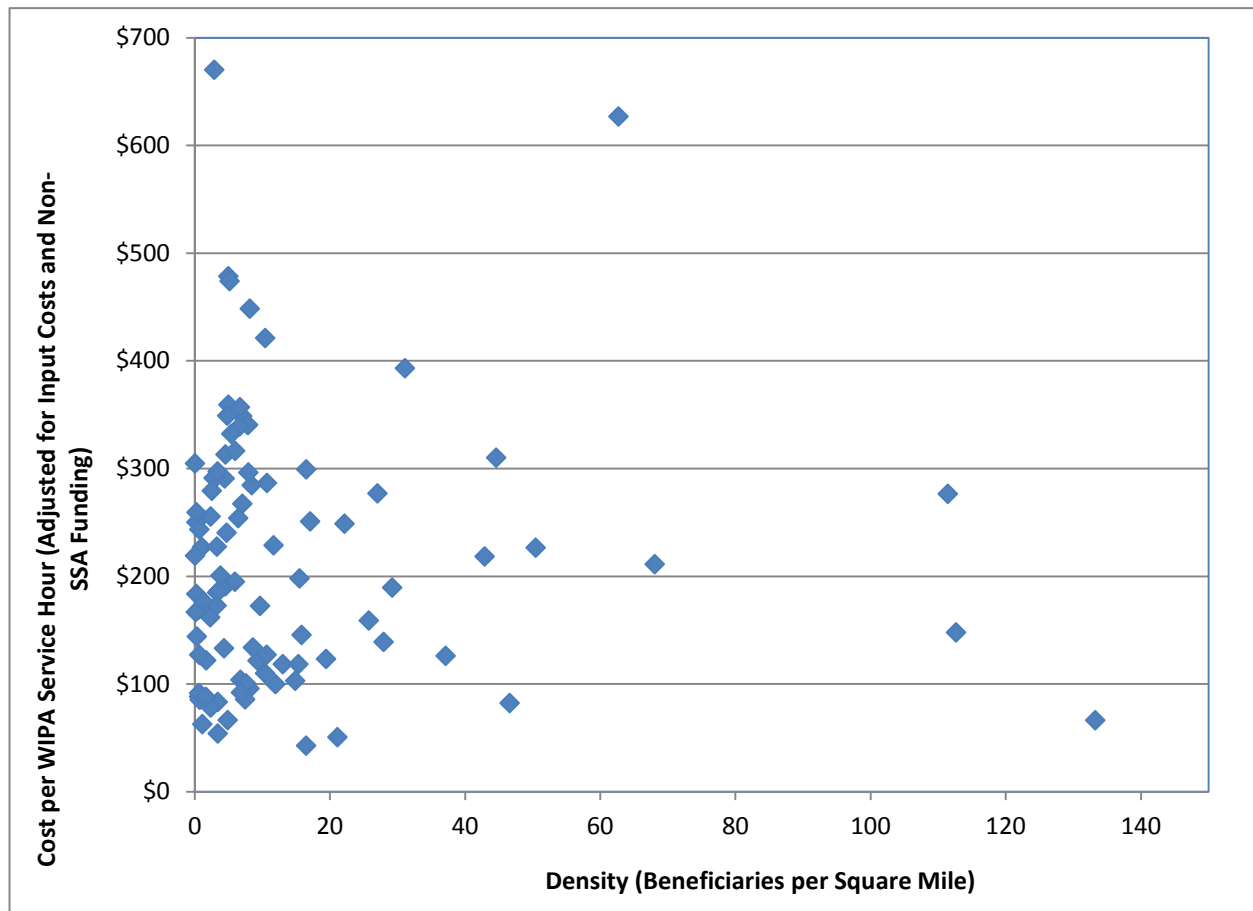
Figure VI.1. Scatter Diagram of Costs per WIPA Enrollee and Beneficiary Density



Sources: WIPA ETO data, accessed on April 1, 2010. Beneficiary density information was provided by SSA.

Note: The diagram excludes (1) three WIPA projects serving areas where beneficiary density was greater than 150 beneficiaries per square mile and (2) four WIPA projects with costs exceeding \$1,400.

Figure VI.2. Scatter Diagram of Costs per WIPA Service Hour and Beneficiary Density



Sources: WIPA ETO data, accessed on April 1, 2010. Beneficiary density information was provided by SSA.

Note: The diagram excludes three WIPA projects serving areas where beneficiary density was greater than 150 beneficiaries per square mile.

VII. CONCLUSIONS

The purpose of the WIPA program is to provide in-depth, long-term assistance to enable beneficiaries to use SSA work incentives to support employment and connect beneficiaries with employment programs and services. SSA provides approximately \$20 million annually to 103 WIPA projects to meet these goals.

In the WIPA program process evaluation (O'Day et al. 2009), we concluded that the WIPA program has rolled out essentially as intended and appears to be operating relatively smoothly, with most of the key program components basically in place. We suggested that SSA continue to give attention to development of the program's data system, ETO, and develop case quality monitoring tools and processes. We also pointed to the tension between the desire to provide intensive long-term supports aimed at encouraging beneficiaries to increase their earnings and the available staffing and budget levels of the WIPA projects. SSA has established clear goals for the WIPA program but its program budget implies a much lower intensity of service.

In this evaluation, we expanded our understanding of the WIPA program by documenting the activities of WIPA projects, using data captured in WIPA ETO. First, we provided a national profile of demographic, health, and employment characteristics of the more than 12,000 beneficiaries who enrolled to receive WIPA services and first contacted a WIPA during the six months from October 2009 through March 2010. For this group of WIPA enrollees, we documented the services they received from WIPA projects. Second, we explored the extent to which enrollees who first contacted WIPA projects from April to December 2009 received ongoing support in the form of efforts and follow-up assessments. In both of these analyses, we were limited in evaluating the full population of WIPA enrollees due to the prevalence of missing data—either in the form of assessments not filled out at all or missing data elements within assessments.

Third, we assessed activities at the level of each WIPA project instead of the beneficiary level to obtain a better sense of variation in activities by project. We documented the output of each project from October 2009 to March 2010, including the services WIPA projects provided to all beneficiaries. We then related output specifically relevant to WIPA services to the amount of funding each project received for such services to determine the relative cost of providing services across projects.

Based on this analysis, we draw the following conclusions.

A. Although WIPA Projects Appear to be Providing Ongoing Support to Most WIPA Enrollees, Many Beneficiaries Do Not Receive the Ongoing Assistance that the Program Intended to Provide

SSA tasked the WIPA projects with providing in-depth and ongoing work incentives assistance with the goal of increasing employment. For many beneficiaries, this objective is not being realized. A total of 12,610 beneficiaries enrolled for WIPA services from October 1, 2009, to March 31, 2010, of whom 10.4 percent did not receive initial WIPA services in the form of a baseline assessment. Of the 11,299 who got at least a baseline assessment, more than 7 in 10 (71.6 percent) received some service beyond the baseline assessment. Among those with at least one beneficiary effort provided by a WIPA project, the average number of efforts was about three over the course of a year. This implies that the WIPA projects provided more than a one-time service to most beneficiaries who

enrolled in WIPA, but that beneficiaries with multiple interactions may not have been receiving intensive ongoing support. Indeed, a small minority (12.8 percent) of WIPA enrollees received more than five efforts. Even as the length of time that beneficiaries were enrolled to receive WIPA services increased, the number of efforts did not change substantially. This suggests that most of the support provided beyond the baseline assessment occurred relatively quickly, then did not continue in many cases. About 30 percent of WIPA enrollees with a baseline assessment received no intensive WIPA services beyond the baseline assessment, inconsistent with the ongoing support model of the WIPA program.

It is not possible to assess the extent to which more intensive assistance was needed and not provided. Possibly, most beneficiaries received the information they requested and did not want or need more in-depth, intensive service. Or it is possible that the additional support they will need has yet to occur. Perhaps WIPA projects are appropriately targeting more in-depth assistance to the relatively few WIPA enrollees who need and want it. On the other hand, in the absence of services from other agencies, three or four contacts with a WIPA over a 6- to 12-month period may not be sufficient for helping beneficiaries change their behavior by engaging in or increasing employment when they would not have done so otherwise.

B. WIPA projects Prioritize Services to Beneficiaries who are Employed or are Actively Seeking Employment

WIPA projects are instructed to prioritize services to those beneficiaries most interested in increasing employment or already working. Based on the employment status of beneficiaries when first making contact with the WIPA program, the WIPA projects appear to be focusing services on those most interested in employment. Nearly 3 in 10 (28.8 percent) of the beneficiaries enrolled to receive WIPA services were working when they first contacted a WIPA project, 4 in 10 (40.0 percent) were actively looking for work, and an additional 5.9 percent had a job offer pending. WIPA enrollees were almost twice as likely to be working and 5 percentage points more likely to be looking for work than I&R only enrollees, who received less intensive services from WIPA projects.

C. WIPA projects Focus on Encouraging the WIPA Enrollees they Serve to Use Benefits, Work Incentives, and Services to Increase Employment

WIPA projects have been tasked to encourage beneficiaries to increase their employment through use of work incentives and other employment supports. When providing services to WIPA enrollees, WIPA projects appear to be meeting this objective. Beginning with their first encounter with a WIPA project, WIPA enrollees discussed the relevant work incentives that would enable them to increase their employment; DI beneficiaries discussed the TWP, EPE, and IRWEs, while clients receiving SSI discussed 1619(b) and 1619(a). A large share of enrollees also discussed WIPA services, employment, and benefits during the I&R enrollment process, as well as other benefits, such as public health insurance and food stamps. Consistent with the WIPA's focus on employment, the TTW program and enrollment with a SVRA also were discussed frequently.

At the time of the WIPA baseline assessment, CWICs suggested to many WIPA enrollees who were eligible for benefits, work incentives, and services (but previously had not used them) that they do so. Suggestions were based on beneficiary characteristics, when relevant. For example, those already working tended to receive different suggestions than those looking for work or only considering it. Work incentives that were commonly suggested, such as the TWP, would enable beneficiaries to increase their work hours while retaining some of their cash benefits. CWICs also

described to a majority of beneficiaries how they could retain public health coverage while working. They focused their discussions on employment and, in about half the cases for which we have relevant data, suggested that enrollees accept an employment opportunity or increase hours; in only a few cases did they advise beneficiaries to reduce their work efforts.

Finally, SSA has tasked the WIPA projects with connecting beneficiaries with supports to increase their employment options, and they apparently are doing so. All WIPA enrollees who had contact beyond the baseline assessment had at least one service referral; most often, these referrals were made to organizations related to employment, such as an EN or an SVRA.

D. Variation in the Completeness of Data Collected about WIPA Enrollees Makes it Difficult to Assess Whether Beneficiary Characteristics and Program Activities at the National Level are Representative of All Beneficiaries Served by the WIPA Program.

Many WIPA projects worked diligently to master the complex WIPA ETO system and provide complete information on the beneficiaries they served. However, not all WIPA projects were conscientious about data entry, even in the period during which they were notified that the data collected would be used for this evaluation. About 9 in 10 WIPA enrollees (89.6 percent) had a WIPA baseline assessment, but it was intended that this assessment would be completed for all enrollees. Those who did not have a baseline assessment were “enrolled” to receive WIPA services by checking a box in WIPA ETO, but did not have any additional information recorded about the services received. Even when baseline assessments were collected, in many cases, data elements had a high proportion of missing information. This is especially true for WIPA enrollees under the age of 25, who had the highest prevalence of missing data across many of the data elements, with no obvious reason as to why the data were missing.

It is impossible to know whether the lack of information was distributed across all beneficiaries, or whether it was correlated with beneficiary characteristics or outcomes. Subgroup stratification showed that certain groups, such as those under age 25, were more likely to have missing data elements than other groups. We also found that WIPA enrollment was concentrated in a minority of WIPA projects. Therefore, it is difficult to interpret whether nationally aggregated data about the characteristics of beneficiaries, services provided by WIPA projects, and early participant outcomes are representative of program participants on the whole.

E. WIPA Projects Vary in Service Costs per Beneficiary, with Extreme Outliers Contributing to the Observed Range

From October 1, 2009, through March 31, 2010, the WIPA projects provided services to a total of 39,165 beneficiaries. The six-month equivalent of the SSA funding provided to the WIPA projects for that period was approximately \$10 million. This suggests that the average cost per beneficiary served during the period was approximately \$250. In comparison, the average cost per beneficiary served under the BPAO program during 2000–2006 (in 2009 dollars) was about \$565.⁵⁶

⁵⁶ From March 2001 through September 2006, the BPAO program served a total of 244,848 beneficiaries (Kregel et al. 2008). The BPAO project received a total of \$122.6 million (or \$138.5 million in 2009 dollars) in SSA funding during that period.

The lower average WIPA costs probably reflect the fact that the period assessed does not include the WIPA start-up period, when costs were likely higher, and that many of the WIPA organizations previously provided BPAO services, so WIPA training and start-up costs presumably were lower. The differences also might reflect SSA's intention for the WIPA program to have a stronger focus on providing direct services to beneficiaries, so it may be that activities such as outreach and broad-based information dissemination were conducted less frequently by WIPA projects than by the BPAO projects. However, the lower average costs under WIPA likely also reflect a lower intensity of service provision. Analysis of the services provided under BPAO (Livermore and Prenovitz 2010) indicates that service intensity (as measured by hours of service) increased steadily with the amount of time a client was enrolled for BPAO services. The six-month period analyzed in this report is a very short period and predominantly reflects service to new enrollees. Over time, we would expect WIPA per beneficiary costs to increase as projects continue to provide ongoing services to existing clients, although perhaps not by much, as our beneficiary-level analysis indicated that the provision of ongoing services was not growing and was not extensive.

Focusing only on WIPA enrollees and services (that is, excluding I&R and outreach), we found a very large degree of variation in costs across the WIPA projects. Costs per unit of output, whether measured in terms of client enrollments or service hours, varied substantially across the 103 WIPA projects, even after taking into account variation in both SSA and non-SSA funding and input costs. Adjusting for funding levels and input costs, we found that per-WIPA enrollee costs ranged from \$49 to \$3,099, and costs per WIPA service hour ranged from \$42 to \$1,586 across the WIPA projects. The large degree of variation was driven primarily by a handful of outlier projects (fewer than 10) in the highest cost quintile. Most of these appeared to be devoting relatively more effort (as measured by enrollments and services) to I&R activities than the target of 20 percent established by SSA.

Differences in the overall density of beneficiaries (beneficiaries per square mile) in the areas served by WIPA projects did not appear to explain the very large degree of variation in costs. Our findings suggest that, in addition to differences in effort devoted to I&R and outreach, other significant differences across the WIPA projects were affecting their costs, potentially including deviation from SSA's intended WIPA service delivery model, and differences in the underlying demand for services, the availability of substitute services, and efficiency in the manner in which they provided services.

Most of the WIPA projects operated within a fairly comparable range of cost per WIPA service hour, but there were extreme outliers that contributed to the observed range. SSA may wish to study more closely the sites in the top and bottom quintiles. A more detailed study of the top quintile may lead to the development of best practices that other WIPA projects can use to improve their services. An examination of the bottom quintile may show how training and TA could increase outcomes.

F. It Is Still Too Early to Observe Employment Outcomes After Beneficiaries Receive WIPA Services, and Program Design Does Not Allow for the Estimation of Program Impacts

In this evaluation, we compared employment status and work incentives used at baseline with those reported at follow up among the 12 percent of WIPA enrollees who had both assessments to ascertain status changes after contact with a WIPA. We noted some changes in employment and use

of work incentives. Of those beneficiaries not working at baseline, more than one-third were employed at follow up. Among DI beneficiaries who reported that they had not used the TWP at baseline, 13 percent reported during the follow-up assessment that they had used it after receiving WIPA services. With respect to other work incentives, fewer than one in 10 beneficiaries with both a baseline and follow-up assessment began to use a particular work incentive after contacting a WIPA. We observed a slight increase in the use of work incentives if a CWIC had suggested it, particularly Medicaid Buy-In. The suggestion of work incentive use may have been responsible for some of the reported increase in utilization, although we cannot say for sure that there was a causal effect.

Just over 11 percent of new enrollees had both a baseline and follow-up assessment, so these results should be interpreted with caution. Follow-up assessments are initiated by the beneficiary and are based on self-reports, and relatively few WIPA enrollees reported a change in status. This could mean that the services the WIPA projects are providing are not yielding substantial changes in employment or other outcomes for the enrollees they serve. Low numbers of follow-up assessments also might suggest that changes in employment and use of work incentives take longer than the time period assessed in this study. It might also be that enrollees whose situations improved had no reason to report to the WIPA project because they did not require additional services.

Although this report contains a great deal of information about WIPA activities and the beneficiaries they serve, it leaves a major question unanswered—namely, do WIPA projects lead beneficiaries to increase their earnings and use of work incentives, or reduce their SSA benefits? Because of the design of the WIPA program, it will never be possible to assess program impacts; participation is not randomized and therefore may be correlated with employment outcomes. However, to observe the longer-term outcomes of WIPA clients more fully, we plan in our next WIPA evaluation report to link data on the beneficiaries who received WIPA services between October 1, 2009, and March 31, 2010, to SSA administrative data to assess the extent to which these clients used work incentives and became employed after receiving WIPA services. This report also may provide the opportunity to examine whether these suggestions lead to different outcomes for beneficiaries served by WIPA projects in each group.

This page has been left blank for double-sided copying.

REFERENCES

- Bruyere, Susanne M., Thomas P. Golden, and Ilene Zeitzer. "Evaluation and Future Prospect of U.S. Return to Work Policies for Social Security Beneficiaries." *Disability and Employment*, vol. 59, 2007, pp. 53–90.
- Bryan, Willie V. *Multicultural Aspects of Disabilities: A Guide to Understanding and Assisting Minorities in the Rehabilitation Process*. Springfield, IL: Charles C. Thomas Publisher, 1999.
- Hernandez, Brigida, Mary J. Cometa, Jay Rosen, Jessica Velcoff, Daniel Schober, and Rene D. Luna. "Employment, Vocational Rehabilitation, and the Ticket to Work Program: Perspectives of Latinos with Disabilities." *Journal of Applied Rehabilitation Counseling*, vol. 37, no. 3, 2006, pp. 13–22.
- Houtenville, Andrew J., ed. *Counting Working-Age People with Disabilities: What Current Data Tell Us and Options for Improvement*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, 2009.
- Internal Revenue Service. "Special EITC Rules." Washington, DC: IRS. Available at [<http://www.irs.gov/individuals/article/0,,id=150708,00.html>] December 21, 2009.
- Kregel, John, and Colleen Head. "Promoting Employment for SSA Beneficiaries: 2001 Annual Report of the Benefits Planning, Assistance, and Outreach Program." Richmond, VA: Virginia Commonwealth University Benefits Assistance Resource Center, 2001.
- Kregel, John, Colleen Head, and Leanne Campbell. "Supporting SSA Beneficiaries to Pursue Their Employment Goals: A Retrospective Analysis of the Benefits Planning, Assistance, and Outreach (BPAO) Program." Richmond, VA: Work Incentive Planning and Assistance National Training Center, Virginia Commonwealth University, January 31, 2008.
- Livermore, Gina, Allison Roche, and Sarah Prenovitz. "SSI and DI Beneficiaries with Work-Related Goals and Expectations." *Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 5*. Washington, DC: Mathematica Policy Research, 2009a.
- Livermore, Gina, Debra Wright, Allison Roche, and Eric Grau. "2006 National Beneficiary Survey: Background and Statistical Tables." *Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 4*. Washington, DC: Mathematica Policy Research, 2009b.
- Livermore, Gina, and Nanette Goodman. 2009. "A Review of Recent Evaluation Efforts Associated with Programs and Policies Designed to Promote the Employment of Adults with Disabilities." Ithaca, NY: Cornell University. Available at [<http://digitalcommons.ilr.cornell.edu/edicollect/1262/>]. 2005.
- Livermore, Gina, and Sarah Prenovitz. "Benefits Planning, Assistance, and Outreach (BPAO) Service User Characteristics and Use of Work Incentives." *Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 6*. Washington, DC: Mathematica Policy Research, 2010.

- National Council on Disability. "Removing Barriers to Work: Action Proposals for the 105th Congress and Beyond." Washington, DC: National Council on Disability. Available at [<http://www.ncd.gov/newsroom/publications/1997/barriers.htm>]. 2007.
- O'Day, Bonnie, Allison Roche, Norma Altshuler, Liz Clary, and Krista Harrison. "Process Evaluation of the Work Incentives Planning and Assistance Program." Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 1. Washington, DC: Mathematica Policy Research, 2009.
- Peikes, Deborah, Sean Orzol, Lorenzo Moreno, and Nora Paxton. "State Partnership Initiative: Selection of Comparison Groups for the Evaluation and Selected Impact Estimates." Princeton, NJ: Mathematica Policy Research, October 31, 2005.
- Rehabilitation Research and Training Center on Disability Statistics and Demographics. Annual Disability Statistics Compendium: 2009. Rehabilitation Research and Training Center on Disability Demographics and Statistics, Hunter College, New York. Available at [<http://www.disabilitycompendium.org>]. 2009.
- Rutkowski, Susie, and Erin Riehle. "Access to Employment and Economic Independence in Cerebral Palsy." *Physical Medicine and Rehabilitation Clinics of North America*, vol. 20, no. 3, 2009, pp. 535–547.
- Social Security Administration. "Cooperative Agreements for Work Incentives Planning and Assistance Projects; Program Announcement No. SSA-OESP-06-1." Baltimore, MD: SSA, 2006.
- Social Security Administration. "2008 Red Book: A Summary Guide to Employment Supports for Individuals with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs." Baltimore, MD: SSA. Available at [<http://www.ssa.gov/redbook/eng/main.htm>]. 2008.
- Social Security Administration. "Annual Statistical Report on the Social Security Disability Insurance Program, 2008." Table 56. Baltimore, MD: SSA, July 2009.
- Social Security Administration. "Medicaid Buy-In for Working People with Disabilities." Baltimore, MD: SSA. Available at [<http://www.ssa.gov/disabilityresearch/wi/buyin.htm>]. April 20, 2010a.
- Social Security Administration. "Protection from Medical Continuing Disability Reviews." Baltimore, MD: SSA. Available at [<http://www.ssa.gov/disabilityresearch/wi/cdrprotection.htm>]. April 20, 2010b.
- Social Security Administration. "Work Incentives—Detailed Information." Baltimore, MD: Social Security Administration. Available at [<http://www.ssa.gov/disabilityresearch/wi/detailedinfo.htm>]. April 20, 2010c.
- Stapleton, David C., and Richard V. Burkhauser, eds. *The Decline in Employment of People with Disabilities: A Policy Puzzle*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, 2003.
- Stapleton, David, Gina Livermore, and Jesse Gregory. "Beneficiary Participation in Ticket to Work." *Journal of Vocational Rehabilitation*, vol. 27, no. 2, 2007, pp. 95–106.

- Stapleton, David C., Gina A. Livermore, Craig Thornton, Bonnie O'Day, Robert Weathers, Krista Harrison, So O'Neill, Emily Sama Martin, David Wittenburg, and Debra Wright. "Ticket to Work at the Crossroads: A Solid Foundation with an Uncertain Future." Washington, DC: Mathematica Policy Research, September 2008.
- Tremblay, Timothy, James Smith, Haiyi Xie, and Robert E. Drake. "Effect of Benefits Counseling Services on Employment Outcomes for People with Psychiatric Disabilities." *Psychiatric Services*, vol. 57, no. 6, 2006, pp. 816–821.
- U.S. Bureau of Labor Statistics. "Occupational Employment Statistics." Washington, DC: U.S. Department of Labor. Available at [<http://www.bls.gov/oes/home.htm>]. Undated.
- U.S. Census Bureau. "Population Estimates." Suitland, MD: U.S. Census Bureau. Available at [<http://www.census.gov/popest/estimates.html>]. Undated.
- U.S. Department of Housing and Urban Development. "50th Percentile Rent Estimates." Washington, DC: U.S. Department of Housing and Urban Development. Available at [<http://www.huduser.org/portal/datasets/50per.html>]. Undated.
- Virginia Commonwealth University. "CWIC Training Manual (2010)." Available at [<http://www.vcu-ntc.org/resources/cwicmanual.cfm>].

This page has been left blank for double-sided copying.



MATHEMATICA
Policy Research

www.mathematica-mpr.com

Improving public well-being by conducting high-quality, objective research and surveys

Princeton, NJ ■ Ann Arbor, MI ■ Cambridge, MA ■ Chicago, IL ■ Oakland, CA ■ Washington, DC

Mathematica® is a registered trademark of Mathematica Policy Research

