

Nebraska Medicaid Insurance for Workers with Disabilities (MIWD) Program

Evaluation Report April 2007

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I. INTRODUCTION

Many people with disabilities want to work. They cite the same reasons common to those without disabilities, the desire for financial independence and feelings of well-being. However, they do not work because they fear the consequences to their supports, such as the loss of healthcare benefits.

Many recognize that while increased earned income can eventually replace cash payments, a major barrier for people with disabilities participating in the workforce is their dependence on federal and state funded Medicaid for health care. Medicaid provides qualifying individuals a broad range of medical/health services that employer health insurance may not cover (i.e., pre-existing conditions or personal assistance services). In addition, employer insurance is typically only available to full-time employees, leaving part-time employees without health insurance.

States are allowed to offer Medicaid to persons with disabilities who are employed. There are two mechanisms that states may use to develop Medicaid Buy-In programs, the Balanced Budget Act of 1997 (BBA) and the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). Nebraska's Buy-In, referred to as "Medicaid Insurance for Workers with Disabilities (MIWD)", was enacted in 1998 and was implemented beginning June 1, 1999 under the Balanced Budget Act 1997 legislation. Under the BBA option individuals must have net family income below 250 percent of the Federal Poverty Level (FPL). Individuals must not have unearned income or resources that exceeds the Federal Benefit Rate (FBR), and must be disabled as defined under the SSI program. However, states may use more liberal income and resource rules as provided under section 1902(r)(2) of the Social Security Act.

Nebraska's Medicaid Insurance for Workers with Disabilities (MIWD) allows people with disabilities who are working or want to work the opportunity to buy their health care coverage. Through Nebraska's MIWD, people can earn more, save more and keep their health care coverage. This program allows people with disabilities who are employed to qualify for Medicaid even if they have exceeded the income rules that govern Medicaid.

Eligibility for MIWD involves passing a two-step income test:

- First, the sum of the spouse's earned income and the applicant's unearned income must be below the federal benefit rate (i.e., \$603 in 2006). The applicant's unearned income is disregarded if (s)he is an SSDI beneficiary in a trial work period (TWP) as defined by Nebraska's MIWD program. The TWP involves earning at least \$620 per month (in 2006) in a given month.
- Once the first part of the income test has been passed, the applicant is eligible if countable family income, including unearned income, is below 250 percent of the FPL. Applicants can have up to \$4,000 in assets (\$6,000 for couples).
- MIWD clients with countable family income between 200 and 250 percent of the FPL are required to pay a premium ranging from 2 percent of countable family income for enrollees from 200 and 209 percent of the FPL to 10 percent for enrollees from 240 to 249 percent of the FPL. The vast majority of MIWD clients do not pay a premium.

The disregard of all unearned income for SSDI recipients in a TWP has the effect of targeting individuals who are both on SSDI and participating in competitive employment. Being in a TWP as defined by Nebraska, and having earnings above \$603 (in 2006), greatly increases the likelihood of being eligible for the program, because all unearned income is disregarded.

In 2001, Nebraska Health and Human Services (HHS) was awarded a Medicaid Infrastructure Grant to allow people with disabilities, advocates, service providers, employers, state agencies and other key stakeholders the opportunity (1) to conduct a study of Medicaid Buy-In levels of eligibility premiums, administrative structure, and cost analysis; 2) to creatively rethink the way Medicaid services are currently accessed and delivered; 3) to make improvements throughout the entire system that will more effectively and efficiently support people with disabilities in securing and sustaining competitive employment in integrated settings; and, 4) to increase the number of people with disabilities currently receiving SSI/SSDI who are competitively employed in integrated settings.

As HHS staff began to implement MIWD, they discovered that there was limited information available from HHS Finance and Support on how many people were participating on MIWD, length of enrollments and information on client demographic characteristics. HHS is in the process of working with Finance and Support to improve access to MIWD client information. HHS surveyed Medicaid Eligibility Workers because over the five year course of the Medicaid Infrastructure Grant program staff continually heard from consumers, other agencies and even Workers themselves there was not statewide knowledge of the MIWD program and how it worked.

In 2005, Nebraska received supplemental funds to the Medicaid Infrastructure Grant award to conduct outreach on the Medicare Part D benefit to clients in the MIWD program. Individuals dually eligible for both Medicare and Medicaid were required to participate in the Medicare Part D service beginning in January, 2006. This funding was to support efforts to make the transition from Medicaid prescription drug benefits to Medicare Part D drug plans for working adults with disabilities. This evaluation included questions to clients to determine the effectiveness of this outreach.

It became apparent that one implementation strategy would be to evaluate the MIWD program by surveying Medicaid Eligibility Workers, current and former MIWD clients, and conducting a consumer focus group, so that HHS would have better information on who was using the program and feedback on how the program worked for clients. HHS contracted with Munroe-Meyer Institute to conduct an evaluation of the program.

II. METHODOLOGY/PURPOSE

The purpose of the evaluation of MIWD was to obtain an accurate and meaningful picture of clients, determine the value of the program for the clients, evaluate the Medicaid Eligibility

Workers' awareness of program procedures, attitudes about people with disabilities and employment, and provide recommendations for improvement of MIWD.

The following questions guided the evaluation process including:

- Who are MIWD clients and how is MIWD working for them?
- Is MIWD successful in achieving its goals?
- Is the HHS outreach effort on Medicare Part D successful?
- Are the necessary system supports available to adequately support Medicaid Eligibility Workers' awareness and implementation of MIWD?

Three primary evaluation strategies were used to gather information in order to answer the identified evaluation questions. These strategies included:

- Medicaid Eligibility Worker Survey
- Client Interview or Survey of Current and Former MIWD clients
- Focus Group with the Medicaid Infrastructure Grant Project Advisory Committee members with disabilities

Each of these evaluation strategies is described in the following pages.

III. MEDICAID ELIGIBILITY WORKER SURVEY

The purpose of the Medicaid Eligibility Worker survey was to obtain information from Medicaid Eligibility Workers regarding their level of awareness of MIWD, their attitude about people with disabilities and employment, and their recommendations for improvement of the systems that support MIWD. The results of the survey will be used to focus on educational outreach, training efforts, and systems change. The steps involved in conducting the Medicaid Eligibility Worker survey included:

Survey Development

The Medicaid Eligibility Worker survey was modeled after a similar survey used in Kansas with questions customized for Nebraska's MIWD program. This 19 item on-line survey was designed to be completed in approximately 5-10 minutes. An internet link using Survey Monkey was sent to Medicaid Eligibility Workers via e-mail.

Sample

The Medicaid Infrastructure Grant Coordinator contacted local area Economic Assistance Administrators asking them to identify Medicaid Eligibility Workers who had the potential for involvement with clients with disabilities interested in competitive employment. One hundred and twenty six names were submitted by the Economic Assistance Administrators to participate in the statewide Medicaid Eligibility Worker survey.

Survey Distribution

One hundred and twenty-six surveys were sent to Medicaid Eligibility Workers across Nebraska in August 2006, with 57 Medicaid Eligibility Workers completing the surveys, a 45% response

rate. Participation was voluntary and responses were confidential. There was good representation across HHS service areas. The distribution was as follows:

Central Nebraska.....	14	Eastern Nebraska.....	14
Northern Nebraska....	10	Southeast Nebraska....	9
Western Nebraska.....	10		

The following is a summary of the Medicaid Eligibility Workers’ responses to the survey and qualitative analysis of their comments.

Results

The group of respondents was very experienced. Thirty-two percent have over 21 years on the job and 60% have worked 11 years or more.

Medicaid Eligibility Worker Attitude toward Client Employment

Fifty-six percent of the Medicaid Eligibility Workers view work as a viable option for clients with disabilities and 65% felt most clients want to work and most workers believe people with disabilities should be encouraged to work. A Medicaid Eligibility Worker wrote:

I find it is helpful to those with disabilities who are willing and able to work to be able to do so. I applaud the clients because I think it creates great self esteem and longer lives due to the clients being able to work and be out in the community. A person who is working deserves to be adequately compensated for their work.”

Medicaid Eligibility Worker Attitude toward Client Employment.	Agree	Somewhat Agree	Somewhat Disagree	Disagree
In general, people with disabilities on SSI/SSDI are able to work.	18%	38%	30%	14%
In general, people with disabilities on SSI/SSDI want to work.	18%	47%	25%	11%
In general, people with disabilities on SSI/SSDI should be encouraged to work.	32%	49%	19%	0%

Awareness of MIWD Program

As reflected in the responses below, the majority of Medicaid Eligibility Workers (76%) had familiarity with MIWD and 77% knew how to access information about the program.

Awareness of MIWD	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I am familiar with MIWD program for people with disabilities who have earned income.	37%	39%	11%	14%
I know how to get more information about MIWD if I need it.	42%	35%	14%	9%

However, eighty-one percent (81%) of the Medicaid Eligibility Workers rated their understanding of MIWD as less than other HHS programs.

A majority (90%) of the Medicaid Eligibility Workers reported that more people would enroll if there were greater awareness of MIWD.

More people would enroll in MIWD if there were greater awareness.	Response Percentage
Agree	40%
Somewhat Agree	50%
Somewhat Disagree	8%
Disagree	2%

Recommendations Related to Needed Systems Change to Improve Awareness

Twenty Medicaid Eligibility Workers provided written suggestions on how to increase awareness of MIWD among HHS staff. The following is a summary of the recommendations and observations made by Medicaid Eligibility Workers:

- *Need for Ongoing Training*
 - Provide training opportunities for Medicaid Eligibility Workers to: a) increase general awareness of the program, and b) provide information on how to complete MIWD budget requirements and eligibility related to length of time in program as part of the New Medicaid Eligibility Worker training and regular annual training for ongoing Workers.
 - Provide an on-line training package for Medicaid Eligibility Workers.
 - Explain the program in plain language. Concepts such as "trial work periods," "cessation months," "grace months," "Test A," "Test B" need clarification.
- *Access to Reference Materials*
 - Develop an MIWD quick tip reference sheet for Medicaid Eligibility Workers.

Experience with MIWD Eligibility Process

Most Medicaid Eligibility Workers indicated their responsibilities were related to Assistance to the Aged, Blind and Disabled (AABD), Food Stamp Program, Social Services for Aged & Disabled (SSAD), and Medicaid. Seventy-one percent had completed between 0-5 MIWD eligibility determinations.

Number of MIWD eligibility determinations completed	Response Percentage
0-5 MIWD completed	71%
6-10 MIWD completed	17%
11-15 MIWD completed	10%
16 or more MIWD completed	2%

Only 14% of Medicaid Eligibility Workers indicated they were proficient in making MIWD determinations. Although Medicaid Eligibility Workers had limited experience, the majority (71%) expressed that the process of MIWD eligibility was part of their job. Seventy-five percent indicated the eligibility process for MIWD was more time consuming than it needed to be.

Recommendations to Improve Eligibility Process

A number of recommendations were made and are summarized in the following:

- *Simplify determination process*
 - Simplify written manual (e.g., clarify terms such as “grace number and trial work periods”) and include a step-by-step flow chart on eligibility process.
 - Clarify process so it is less confusing and eliminate steps in the process, if possible.
 - Determine if eligibility could be expanded as many clients are not eligible.
- *Build on current collaboration between HHS and SSA*
 - Clarify how SSA determines eligibility.
 - Clarify when the first 9 months trial work period begins (which date is to be used) and identify ways to exchange information in a timely manner.
 - Disseminate information about the program to both HHS and SSA offices to maximize the consistency and accuracy of information provided to clients.
- *Integrate eligibility process into existing HHS Information Technology System (ITS) Supports*
 - Explore the possibility of using computer systems, such as BENDEX and NFOCUS to enhance the exchange of information/communication and assist in the eligibility process.
- *Identify MIWD Specialists*
 - Inform local staff of MIWD specialist support available from HHS central office.
 - Identify staff members in local HHS offices who specialize in MIWD referrals.

Access to MIWD Resources

A resource available to Medicaid Eligibility Workers on MIWD is the Nebraska Ticket to Work website at www.nebraskatickettowork.com. Only twenty-four percent indicated that they have accessed this resource to learn more about MIWD.

Availability of Training

Overall, the majority (82%) stated MIWD training was less available to Medicaid Eligibility Workers than other programs. Forty-five percent of the respondents suggested that the written MIWD materials available were less than other programs.

Questions	Better than Other Programs	Same as Other Programs	Less than Other Programs
The helpfulness of written MIWD program information is:	0%	55%	45%
The availability of MIWD training has been:	2%	16%	82%

Impact of the Program on Clients

Seventy-two percent indicated they agreed or somewhat agreed that MIWD is helping clients with disabilities that need it.

MIWD is helping people with disabilities who need it (e.g. those who have income and assets too high to qualify for the Medicaid program).	Response Percentage
Agree	33%
Somewhat Agree	39%
Somewhat Disagree	21%
Disagree	7%

Recommendations to Maximize Benefits for MIWD Clients

Fifteen Medicaid Eligibility Workers provided suggestions on how to improve the program to maximize the benefits for clients. They are summarized in the following:

- *Modify income guidelines*
 - Re-evaluate the use of Test A; eligibility should be based on Test B.
- *Improve accuracy of information provided to clients on MIWD*
 - Provide accurate information to clients so they can make informed decisions that will allow them to work without losing Medicaid coverage.
 - Simplify the information on MIWD so it is understandable to clients as many of the rules are complex and confusing.
 - Improve Medicaid Eligibility Worker access to accurate information communicated to clients.
- *Re-examine eligibility criteria for MIWD*
 - Review eligibility criteria to determine if modifications can be made that would increase the number of clients who can benefit. For example, many clients cannot work enough to trigger the trial work period required before MIWD can be approved.
- *Increased public awareness of program*
 - Develop a pamphlet for clients that explain the program.
 - Have Social Security Administration (SSA) staff advise their clients to ask their HHS Medicaid Eligibility Worker about MIWD.
 - Develop Public Service announcements.
 - Provide outreach to agencies informing them of MIWD.

IV. CLIENT SURVEY

The purpose of the client survey was to gather information from clients about their experiences with MIWD.

Survey Development

A list of client survey questions was compiled from a pool of items used by other states interested in similar evaluations. These questions were reviewed with HHS staff to determine which items would best address this project. A draft survey was submitted to Mathematica, the Center for Medicaid Services (CMS) contractor for national Buy-In research, who in turn reviewed and provided suggested modifications. The finalized survey consisted of 35 questions.

Sample

Data from two subsets of clients were part of this evaluation which included: 1) active MIWD clients prior to October 2006 and 2) clients who had used MIWD in the past but were not currently enrolled at the time of the survey. The N-Focus eligibility database within the HHS system was used to identify clients who were currently enrolled or had been previously enrolled in MIWD. A total of 81 clients were identified as currently participating on the Nebraska MIWD and 356 clients were identified as being former clients of MIWD.

Survey Method

To achieve the best results, it was decided to use different survey approaches for the current and former MIWD clients. The current clients would be interviewed by telephone using the survey tool and former clients would be asked to complete the survey by mail.

Survey Implementation

Client data collection was conducted in October and November 2006 and included two different processes:

Current MIWD Clients Interview Process:

A letter inviting current clients to participate in a telephone interview process was distributed to the 81 clients. The clients responded by returning a post card that indicated their interest in participating. Any client who replied saying they did not want to be called were not contacted again. Telephone interviews were scheduled for those who agreed to participate and those who did not respond to the initial survey invitation. A total of 33 interviews were completed. Only 14 declined participation and 34 were not reached (e.g., disconnected number or did not return phone calls on the 1-800 number). The response rate was 41%.

Former Client Survey Process:

Client surveys were mailed to 356 former clients in October 2006. Former clients were asked to complete the survey and return in the self-addressed stamped envelope. No follow-up or additional mailings were made to clients who did not respond to the first survey request. Seventy-three of the 356 former clients invited to participate responded to the survey for a response rate of 21%.

Results

Demographic Description of the Clients

- Of the respondents, the age of clients ranged from 18 to over 65 with the majority of clients between ages 35 to 64. Comparisons of former and current clients found an increase in the number of younger clients (18-24) enrolling in MIWD. There were slightly more female clients (62% of current MIWD clients and 53% of former clients). The majority of the clients were white. There was an increase in the number of minorities participating in MIWD (with 9% of current clients compared to 3% of former clients). In Nebraska the minority population is 14.7%. It breaks down as follows: African American -- 4.3%, Hispanic -- 6.9%, Native American -- 0.95%, Asian -- 1.5%, and Mixed Race -- 1.1% (Source: HHSS Office of Minority Health).

The majority of the clients were single or divorced (85% current and 79% former clients). The spouse's income impacted eligibility (marriage penalty), which makes it harder for those married to qualify.

What is your age?	Current Clients 33/33	Former Clients 73/73
18 – 24	9%	0%
25 – 34	18%	14%
35 – 44	27%	22%
45 - 54	21%	37%
55- 64	24%	25%
65 or over	0%	3%

Over half of the clients described that their disability developed gradually as result of a progressive illness.

Which best describes how your primary disability occurred? (Check only one)	Current Clients 33/33	Former Clients 71/73
Developed gradually, for example, as the result of a progressive illness or condition	55%	48%
Present at birth	27%	17%
Developed suddenly, for example, as a result of an injury or traumatic experience	18%	35%

Less than half, forty-five (45%) of current clients with disabilities and 48% of former clients with disabilities rated their health as excellent, very good or good during the four weeks prior to the survey.

Overall, how would you rate your health during the past 4 weeks?	Current Clients 33/33	Past Clients 73/73
Excellent	18%	7%
Very Good	15%	18%
Good	12%	23%
Fair	33%	37%
Poor	21%	11%
Very Poor	0%	4%

The following chart shows the disabilities identified by the respondents.

Which is your primary disability? (Check one only)	Current Clients 33/33	Former Clients 73/73
• AIDS	0%	3%
• Arthritis	6%	8%
• Autism Spectrum Disorder	0%	1%
• Blind/visual Impairment	0%	7%
• Brain Injury	0%	8%
• Cardiovascular – Heart Conditions	9%	8%
• Cerebral Palsy	0%	1%
• Deaf – Hearing Impairments	0%	3%
• Diabetes	6%	4%
• Fetal Alcohol Syndrome	0%	1%
• Muscular Dystrophy	3%	3%
• Mental Illness	27%	24%
• Mental Retardation	15%	5%
• Multiple Sclerosis	3%	0%
• Neurology Disorder	3%	6%
• Orthopedic Impairments	6%	3%
• Parkinson	3%	0%
• Spinal Cord Injury	6%	3%
• Stroke	0%	4%
• Other: (Allergies, Cancer, Lung, Liver, Kidney, etc)	12%	8%

The education level was relatively high for the respondents with 42% of current clients and 50% of former clients having some college, associate degree, bachelor’s degree or some graduate work.

How many years of school have you completed?	Current Clients 33/33	Former Clients 72/73
No High School Diploma, Certificate or GED	15%	10%
High School (GED, Diploma, Certificate of Completion	42%	40%
Some College/ Associate Degree/ Bachelor’s Degree / Some Graduate Work	42%	49%

Experience with MIWD

Although all clients who were interviewed had participated in MIWD, only 88% of current and 51% of former clients reported they were currently enrolled or had been in the past. These results indicated a lack of program name recognition regarding MIWD. With further probing, most current clients were aware they were receiving benefits, but were not aware of the name of the program. Clients reported hearing about the program from a wide range of sources. Most current clients heard about MIWD program either through the Medicaid Eligibility Worker or through an Easter Seals NE Benefits Planner.

How did you hear about MIWD?	Current Clients 30/33	Former Clients 37/73
Medicaid Eligibility Worker	43%	40%
Easter Seals NE Benefits Planner	26%	16%
Community Alliance Mental Health provider	14%	3%
Health Care provider	13%	11%
SSA Representative	13%	5%
Counselor / Nebraska Vocational Rehabilitation Services	9%	16%
Services Coordinator	4%	14%
Website – NE Ticket to Work	4%	16%

Clients identified four top reasons for participating in MIWD: 1) could not get health coverage through other programs, 2) needed prescription medicine coverage, 3) wanted to increase the work hours, and 4) couldn't get health coverage through employer.

The majority of the current and former clients found enrolling in MIWD was easy. However, 38% of the current and 21% of the former clients disagreed that enrollment was easy. Current clients also rated their understanding of MIWD more favorably as compared to former clients. Improvement in the process is needed as 35% of the current clients did not know who to call if they had questions.

Enrolling in MIWD was easy.	Current Clients 24/33	Former Clients 34/73
Agree	50%	41%
Somewhat Agree	12%	38%
Disagree	38%	21%
I understand MIWD guidelines.	Current Clients 24/33	Former Clients 34/73
Agree	63%	18%
Agree	25%	56%
Disagree	12%	26%
If I have questions about MIWD, I know who to contact	Current Clients 23/33	Former Clients 35/73
Agree	57%	40%
Somewhat Agree	9%	43%
Disagree	35%	17%
If I call my Medicaid Eligibility Worker, I get the information I need	Current Clients 24/33	Former Clients 36/73
Agree	54%	39%
Some What Agree	17%	42%
Disagree	29%	19%

Results indicated that 71% of the current and 81% of the former clients found that the Medicaid Eligibility Worker had the information they needed. These results suggest that the Medicaid Eligibility Workers need current, accurate and consistent information on MIWD in order to be a better resource for the client.

Recommendations for Improvement from Clients

The goal of MIWD is to allow workers with disabilities to earn more, save more, and keep their healthcare coverage. Most of the clients confirmed that the program was meeting this goal as they described the most important benefit of MIWD was access to health care coverage, while at the same time being able to work.

Sixty percent of clients provided suggestions for targeted areas of improvement which are summarized in the following three areas:

- *Modify eligibility criteria*
 - Consider changing the eligibility criteria so that a larger number of clients can benefit from the program.
- *Simplify eligibility process*
 - Continue to simplify the process for enrolling in MIWD as it is often confusing due to its complexity.
- *Need for continuing education for Medicaid Eligibility Workers*
 - Continue to provide current, accurate and consistent program information.

Employment

The majority of the clients (69% current and 79% former) indicated they worked before acquiring their disability.

Do you feel that the MIWD program made it possible for you to get a job or increase your earnings?	Current Clients 23/33	Former Clients 28/73
Yes	78%	75%
No	22%	25%

Most of the clients worked eleven years or more prior to the onset of their disability. Ninety-seven percent of current clients were employed at the time of the survey (although all current MIWD clients should be working, one client reported he was not working at the time of the survey because of recent health problems). Seventy-eight percent of current participants and 75% of past participants indicated that the MIWD made it possible for them to get a job or increase earnings. That suggests MIWD has been successful in helping people get jobs or increase earnings. Forty-nine percent (49%) of former clients were employed at the time of the survey.

Did you work before your disability?	Current Clients 32/33	Former Clients 68/73
No	31%	21%

Yes, If yes how many years?	Current #	Former #	69%	79%
• 0-4 years	5	1		
• 5-10 years	2	8		
• 11-15 years	5	9		
• 16-20 years	2	11		
• 21 and over	8	17		
• No Answer	0	8		

In the last eight years of the MIWD program, 23% of former clients responded they have worked four or more years since enrolling. Of the current respondents, 74% have worked less than two years since enrolling.

Since you enrolled in MIWD, how many years have you worked?	Current Clients 22/33	Former Clients 26/73
1 year or less	18%	19%
1 to 2 years	46%	35%
2-4 years	18%	23%
Over 4 years	18%	23%

Most (72%) of current clients indicated they are working over 20 hours a week with the majority (50%) working between 21 and 30 hours. The weekly hours were less for former clients with only 45% working more than 20 hours per week. For both groups, the majority of the clients were satisfied with the number of hours they were working.

On average, how many hours do you work each week? If you have more than one job, include total hours for all jobs.	Current Clients 32/33	Past Clients 38/73
Less than 10 hours per week	0%	29%
11 to 20 hours per week	28%	26%
21 to 30 hours per week	50%	21%
31 or 39 hours per week	13%	8%
40 or more hours per week	9%	16%

All respondents, both current and former clients, reported they made \$30,000 or less in 2005. MIWD provides a “safety net” for individuals with disabilities to explore employment options while maintaining healthcare benefits. The distribution of income is listed below:

What was your total annual wage for 2005?	Current Clients 32/33	Former Clients 73/73
\$2,500 or less	33%	19%
\$2,501 to \$5,000	18%	13%
\$5,001 - \$10,000	30%	42%
\$10,001 - \$20,000	15%	18%
\$20,001 - \$30,000	4%	8%

\$30,001 - \$40,000	0%	0%
\$40,001 to \$50,000	0%	0%
\$50,001 to \$60,000	0%	0%
Over \$60,000	0%	0%

Further analysis was completed to determine if there was a relationship between 2005 wages and 2006 work hours and education level. Seventy-two percent of current MIWD clients indicated they were working the right number of hours. However the majority, 78% of current MIWD clients worked 30 hours per week or less with 69% and earning less than \$10,000 per year or less. It was hypothesized that clients may be consciously trying to stay below this level for fear of losing benefits. The Substantial Gainful Activity Level (SGA) of \$860/per month for 2006 is used by the federal government to maintain Social Security Disability eligibility. Individuals with disabilities earning above \$860/per month risk losing their federal Social Security Disability Insurance (SSDI) benefits which may account for the low number of wage earners above the SGA level. The following describes the outcome of the analyses:

- *Wage to Hours Worked*
 - Comparison of annual wage and hours worked per week noted that the majority (44%) of the current MIWD clients' annual wage was \$5,000 or less.
- *Wage to Education*
 - Comparison of annual wage and education noted that most of those with a high school diploma or equivalency were more likely to make \$5,000 or less than higher levels of pay. Current MIWD clients without a high school degree were likely to make \$10,000 or less. However, some level of college education did not predict the amount of income earned.
- *Education to Hours Worked*
 - Comparison of education and hours worked per week noted current clients who had at least a high school diploma were slightly more likely to work 21-30 hours. Those current clients with at least some college were more likely to work 11-30 hours.

Factors impacting level of employment

Pain was indicated as a factor that kept some clients from working. Thirty percent of current clients and 48% of former clients reported pain kept them from working. Back pain, muscle spasms, headaches, and other sources of constant pain were cited.

Of the 51% of former clients not working, a number of reasons were identified as listed below.

Why are you not currently working? (check all that apply)	Former Clients
Don't want to lose <ul style="list-style-type: none"> • Health Insurance (Medicare or Medicaid) • Disability Cash Benefits (SSDI or SSI) 	42% 39%
No Job Match <ul style="list-style-type: none"> • Nobody will give me a chance to show that I can work • Can't find a job I am qualified for 	18% 16%
Other (specify) <ul style="list-style-type: none"> • Health Reasons (stroke or serious health condition) 	18%

• Physically unable to work	18%
Choose not to work	13%
No reliable transportation to and from work	8%
In school or a training program	8%
Other Comments: <ul style="list-style-type: none"> ▪ I was doing daycare for my grandchildren, but between their disability and my own it got to be too much for me so I had to step aside. I also did not want to risk losing my SSI ▪ I do not qualify for MIWD anymore because I used my SSDI trial work period and extended period of eligibility – so I can't be eligible for MIWD any more 	13%

Medicare Part D

In January 2006, Medicare began covering some the costs of prescription drugs for persons with disabilities dually eligible for Medicare and Medicaid. As part of this program, the Centers for Medicare & Medicaid Services (CMS) Medicaid Infrastructure Grant received supplemental funding to conduct specialized outreach on the Medicare Part D benefit to MIWD clients and other eligible persons with disabilities. The outreach was to make the transition from Medicaid prescription drug benefits to Medicare Part D drug plans for working adults with disabilities as seamless as possible. Ninety-five percent of current clients and 84% of former clients indicated they have enrolled in Part D coverage. The majority that did not enroll in Medicare Part D indicated that they did not because they did not understand the program.

HHS staff and local pharmacists' advice were the most frequently named sources for Medicare Part D information. Other identified informational sources included: website, insurance agency pamphlets, and toll free numbers.

Where did you find Medicare Part D information that was helpful to you? (Check all that apply)	Current Clients	Former Clients
Health & Human Services written & verbal information	38%	28%
Pharmacist's advice	19%	15%
Website	14%	7%
Insurance agencies pamphlets, etc	10%	10%
Toll Free Telephone Number (800 number)	5%	12%
Advocacy Organization's written & verbal information	10%	12%
Physician's advice	5%	3%
No helpful information found		13%
Other (Specify) <ul style="list-style-type: none"> • Family member • Vocational Rehab Counselor • Information mailed to me • Newspaper 	24%	17%

Seventy-eight percent of current MIWD clients and 85% of former clients indicated they did save money by using Medicare Part D when purchasing prescription drugs. However, 47% of

current and 37% of former clients indicated that Medicare Part D did not cover some prescribed drugs, but the pharmacist located a similar medication that was covered.

The majority of current clients (90%) and 88% of former clients indicated they were satisfied or somewhat satisfied with the Medicare Part D program.

Both current and former clients who were dissatisfied with the program cited the following reasons: 1) information on the program was confusing, 2) the cost of the program was high, and 3) drugs not covered.

V. FOCUS GROUP RESULTS

A focus group was held with Medicaid Infrastructure Project Advisory Board members with disabilities in August 2006. Sixteen people participated. The focus group was implemented using targeted open-ended questions. Information was collected for approximately 30 minutes. Two primary questions were asked: 1) Why are people not using MIWD? and 2) What strategies would increase client participation? Below is a summary of comments related to those questions.

Reasons Clients are not Using MIWD

The Medicaid Infrastructure Grant Project Advisory Committee (PAC) members articulated many themes that were identified by the Medicaid Eligibility Workers and clients who had experience with MIWD.

- A lack of public awareness of the program limited clients' enrollment.
- Clients/workers were not aware of MIWD or had misinformation on procedures related to enrollment.
- There was contradictory information provided from various sources so that clients were not sure who to trust. Misinformation could result in a loss of benefits.
- The PAC members also were concerned about MIWD regulations, which they perceived as restrictive, limiting the number of clients that could take advantage of the program.

Strategies to Increase Client Participation

Better Support/Leadership.

- Find more champions of MIWD who could increase the public's awareness and help advocate for clients.
- Facilitate communication among professionals to share information on the program and clarify procedures.
- Recruit agencies (e.g., Independent Living Centers) to help promote MIWD to expand community awareness.

Simplify the Message

- To maximize dissemination of information, the message needs to be simplified. Information currently available is complex and confusing. The message needs to be consistent and client-friendly.

- As noted above there was often conflicting information provided to clients, which made it difficult for the client to make decisions.
- HHS should have a client friendly web site that would let the client complete a pre-assessment on MIWD eligibility before the client formally completes the eligibility process.
- Recommended a number of strategies to educate clients to become well-informed and able to make better decisions.

Information Dissemination

- More training on MIWD for Medicaid Eligibility Workers. The training could support a Medicaid Eligibility Worker attitude change regarding clients' interest in working resulting in Medicaid Eligibility Workers' emphasizing and encouraging employment.
- Distribute pamphlets to agency staff and clients to promote the program.
- Individuals who are self-employed also need to be informed.

Specialist

- Many suggested that a "specialist" as a navigator in this program area would be a helpful resource to clients. Questions could be channeled to that person. The number of people needing the program is very small but the issues to deal with are huge. Regular staff do not have time to know all the details. Need a person who knows the correct information and can help people enroll and not lose benefits. This specialist could also serve as a coach to help people find work and benefits.

VI. KEY FINDINGS

MIWD Client Benefits:

- Current and former clients indicated that MIWD made it possible for them to get a job or increase earnings.
- MIWD provided access to healthcare/prescriptions covered while being able to work.

Common MIWD Client Characteristics for both current and former clients:

- Female
- Single (includes never married, divorced and widowed)
- White
- Completed high school or some college
- Current client age groups are equally represented in the 18-34, 35-44, and 45-64. Former clients are under-represented in the 18-34 year olds as compared to current clients.
- Clients in 2006 are working 30 hours per week or less
- Earns an annual wage below \$10,000 for 2005
- Received information about MIWD from Medicaid Eligibility Workers.
- Many MIWD clients did not recognize the name MIWD, but are aware they are receiving benefits.

VII. RECOMMENDATIONS FOR SYSTEM SUPPORTS TO IMPROVE IMPLEMENTATION OF MIWD

- Identify strategies to simplify and streamline the MIWD eligibility process by eliminating Test A. One strategy is to develop data to show financial impact on Medicaid budget (fiscal impact.) and compare Test A to Federal Poverty Level rather than Federal Benefit Rate.
- Increase training opportunities for Medicaid Eligibility Workers to increase awareness of program requirements and implementation process.
 - Due to the low number of applications for MIWD, implement on-line training opportunities for Medicaid eligibility workers to reinforce program requirements, eligibility criteria and program benefits.
- Explore the feasibility of multi-agency collaboration of an MIWD specialist at the local or state level to serve as an additional resource to local programs.
 - Assign a liaison for each VR area to work with HHS to assist consumers in accessing the MIWD program.
 - Assign an HHS Medicaid Eligibility Worker in each HHS service area to specialize in MIWD utilization and information with the support of Economic Assistance central office.
- Explore stakeholder involvement in legislative changes
 - The Medically Improved Medicaid group runs the risk of losing benefits so they earn below the substantial gainful activity (SGA) to avoid triggering review. Also, they keep earnings below SGA to stop Trial Work Periods.
- Strengthen partnerships between Health and Human Services, Social Security Administration, Vocational Rehabilitation, Department of Labor, Department of Education, Commission for the Blind & Visually Impaired, Commission for the Deaf and Hard of Hearing, Easter Seals Nebraska, Nebraska Hospice & Palliative Care Partnership by cross-training agency personnel on MIWD benefits.
- Explore pilots collaborating with multiple agencies to demonstrate different methods of providing benefits analysis with various levels of intensity.
- Further efforts should focus on increasing awareness about the program among potentially eligible individuals and therefore, MIWD participation would most likely increase.

- Explore the possibility of using computer systems or other electronic tools to enhance awareness of MIWD and increase utilization.
 - N-Focus pop-ups or alerts to Medicaid Eligibility Workers to discuss MIWD eligibility
 - Other innovative/creative ways to appeal to youth and young adults
 - Update MIWD consumer section of nebraskaticketto.org website to include on-line training for individuals
 - Recognize Medicaid Eligibility Workers with the highest numbers of MIWD clients and set goals by office to increase MIWD referrals.
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- Examine MIWD client earnings (*Combination of several votes from PAC*)
 - Many current and former MIWD clients worked below an annual wage of \$10,000 in 2005. This may relate to the number of hours worked on a weekly basis and/or the belief that the client would lose Medicaid benefits if their annual wage exceeds the SGA limit.
 - MIWD clients still relied considerably on SSDI to supplement their earnings.
 - Increase timely client reporting of earnings to HHS and SSA through client training.