UTAH SSDI '1 FOR 2'

BENEFIT OFFSET PILOT DEMONSTRATION
FINAL REPORT

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UTAH BENEFIT OFFSET PILOT DEMONSTRATION (BOPD) FINAL REPORT

Executive Summary

Introduction

There has been an increasing concern in the U.S. that few SSDI (Social Security Disability Insurance) recipients ever increase their earnings to the point of leaving SSDI coverage. One barrier to exit from SSDI is the abrupt loss of benefits once a beneficiary earns more than the limit for eligibility. The experience of the person going from full monthly payments to the complete loss of benefits is referred to as the "cash cliff." A random assignment policy experiment was funded by the Social Security Administration (SSA) to explore implementation of a gradual reduction of cash benefits as earnings rise. SSA funded four state pilot projects prior to launching a large national demonstration to test whether a benefit offset would encourage SSDI beneficiaries to increase employment and earnings without an adverse impact on the Social Security trust fund. This document reports the results of four years of implementation (2005-2008) of the Utah Benefit Offset Pilot Demonstration (BOPD). This report can be useful in informing the Benefit Offset National Demonstration (BOND) as well as other policy innovations designed to support the work effort of individuals with disabilities.

The Utah Benefit Offset Pilot Demonstration, called the "SSDI '1 for 2' Project," was administered by the Utah Department of Health in conjunction with the Work Ability project, a system change initiative funded by a Medicaid Infrastructure Grant through the Center for Medicare and Medicaid Services (CMS). Utah was one of four states to evaluate the implementation of a benefit offset, defined as a $1 reduction in SSDI benefits for every $2 in earnings for beneficiaries who had completed a Trial Work Period of nine months. The benefit offset was implemented for earnings above Substantial Gainful Activity (SGA - which was $830 in 2005) during a 72-month Extended Period of Eligibility.

Overview of Utah Pilot Design

Utah has over 24,000 working-age beneficiaries of SSDI benefits. The goal of Utah's pilot was to recruit 500 individuals who receive SSDI benefits only (not in combination with SSI) to be part of the pilot project. Participants were recruited from among SSDI-only beneficiaries who had recently been involved in one of several employment support programs in Utah. Recruitment sources for pilot participants included: The Utah Benefits Planning Assistance and Outreach (BPAO) program, the Medicaid Disability program, the public Vocational Rehabilitation program, and selected employment programs administered by two community mental health agencies.

The initial research questions framed by SSA addressed challenges in implementing a benefit-offset demonstration, with a primary focus on informing the planned Benefit Offset National Demonstration (BOND) project. Additional questions focused on the impact of the policy, with particular attention on the differential effects on identified subgroups of SSDI recipients.

The design for the implementation evaluation consisted of a baseline survey completed through a face to face interview at intake, a mail survey completed 6 months after enrollment, and a telephone survey completed 12 months after enrollment. Focus groups were conducted with enrollment and benefits counseling staff during the first year of enrollment to ascertain challenges and successes with recruitment and enrollment. Focus groups were held with participants at two points following enrollment.

The design for the outcome evaluation was a random assignment experimental design with pre-intervention earnings used as control variables for greater precision in estimating impact. The control group was subject to the traditional SSDI 'cash cliff' and the intervention group was subject to the $1 for $2 benefit offset for earnings beyond SGA and other waiver rules, including suspension of medical CDRs, and extension of EPE. Thus, the intervention needs to be recognized as a "package" that is more than just the opportunity to increase earnings without confronting the cash cliff of terminated benefits.

Outreach and Recruitment

The Utah BOPD recruited participants from among individuals who appeared to be eligible for SSDI, and who were on the service rolls of the Vocational Rehabilitation program, the Benefits Planning Assistance and Outreach program, the Disability Medicaid program, and two community mental health programs (one urban and one rural) during the previous three years. These agencies sent recruitment letters and response forms to their clients explaining the project. Interested individuals would call the project or return the form which provided permission to contact the participant. Group orientation sessions and one-on-one meetings were held to explain the project.

Enrollment specialists met with the SSDI beneficiaries who responded to the recruitment efforts and obtained informed consent and conducted an intake interview. If consent was granted, the enrollment specialist submitted the participant's project identification number name to the Evaluation Manager who made the random assignment to either the intervention group or control group.

Pilot Implementation

Benefits counseling services were provided for all individuals enrolled in the pilot. The purpose was to inform them about how working would affect their benefits. A written benefits analysis was developed for each participant in the intervention group based on the individual's circumstances at the time of enrollment. A benefits analysis explained the impact that working would have on their eligibility for SSDI and their benefit

amount under the intervention, e.g., the benefit offset. A written benefits analysis was developed for participants in the control group who requested one, or who reported earning near or above SGA at the time of enrollment.

Additional employment supports were made available to many participants, contingent on them meeting eligibility requirements. These were Vocational rehabilitation service, Medicaid health benefits, and mental health employment services. Vocational Rehabilitation services through the Utah State Office of Rehabilitation were available to participants. If an individual did not have a current relationship with a VR counselor, the BOPD staff made a referral, if appropriate. Medicaid access for working individuals with disabilities was available to individuals through the Medicaid Work Incentive (MWI), and Medically Needy. Employment supports through community mental health programs were available for selected individuals living in two catchment areas, one urban and one rural. These individualized supports included case management, job coaching, and opportunity for work contracted through the mental health program.

Process Results

Utah enrolled a total of 503 participants between August 22, 2005 and October 31, 2006. A random assignment process resulted in 253 individuals being assigned to the intervention group and 250 to the control group. Of these, twelve were fund ineligible to participate after enrollment and five withdrew voluntarily from the pilot, resulting in a total of 486 participants being included in analyses (242 intervention and 244 control).

The Utah BOPD learned many lessons regarding effective recruitment and enrollment strategies that will be helpful for the BOND. Collaboration with local support agencies to gain community support for the project was seen as integral to successful project implementation. Community disability and employment organizations are essential for identifying and recruiting participants, and for providing services necessary to support increased work activity.

Recruitment strategies that use sources trusted by the beneficiaries are more effective than “cold calling.” An effective recruitment campaign takes multiple forms of messaging – both direct through mail, email, flyers, but also indirect through word of mouth and encouragement from trusted professionals, neighbors, or community groups.

The enrollment process during which informed consent is obtained provides the opportunity to educate potential participants about their SSDI benefits and work incentives. If the individual is going to work and increase earnings over time so as to benefit from the offset provisions, the person needs to understand the rules. Thus the consent process is not only a component of the research, but it is the beginning of the intervention. Special attention must be paid to providing appropriate accommodations (e.g., interpreters, accessible electronic information, and plain language materials) to ensure effective communication with participants.

Benefits counseling was seen by both the project team and enrollees as important to participants in both intervention and control groups. Our assumption was if participants do not understand the incentives in place to encourage employment, they are less likely to work.

The pilot faced its greatest operational challenge in trying to assist individuals who were eligible for the benefit offset. These were intervention group participants who had completed a Trial Work Period and earned above the Substantial Gainful Activity (SGA) level. Those receiving the benefit offset commonly experienced overpayments which were very discouraging for them. If these operational problems with adjusting benefit payments are not resolved for the national demonstration, it can negatively affect the results of the research.

Policy Impact

The outcome evaluation consisted of analysis elements followed by all four of the BOPD states (Connecticut, Utah, Vermont, & Wisconsin), referred to as the common analyses, as well as state-specific analyses chosen by individual states. For the common analyses, Pilot states agreed to focus on common outcome measures and to use the same analyses for these common measures.

All Participants

Analysis of wages for the entire group of participants revealed strong evidence of a policy impact on the percent of those who earned above Substantial Gainful Activity (Above SGA). The results were statistically significant for five of the nine quarters examined on the Above SGA measure for the aggregate group. This level of earnings would trigger a reduction of benefits if the beneficiary had completed a Trial Work Period, indicating the policy is having the desired impact. A regression analysis that controlled for differences between groups showed intervention group participants were 89.2% more likely than the control participants to earn Above SGA.

Other measures looked at for the entire group were average quarterly earnings and employment status. Average earnings for the intervention group were significantly higher for the last three of nine quarters examined. Results were not statistically significant for the intervention group on the Average Earnings measure on the regression analysis although the intervention group earned at higher levels than the control group in six of the nine quarters. The fact that the strongest impacts are for the last two quarters of available data is encouraging for a possible increase in policy effectiveness over a longer period.

On the measure of employment status there was no evidence of a policy impact. Participants in the control group were just as likely to be employed at some level as those who had the benefit of the policy change. There was no consistent pattern for the intervention group to be more likely to work.

Subgroups

Analysis of subgroups revealed participants who had earnings in the years prior to enrollment (Baseline Earners) showed the greatest effectiveness of the intervention in increasing work effort. In looking at diagnosis groups, participants with Musculoskeletal disabilities showed the most consistent positive impact from the intervention compared with Neurological and Mental Health disabilities which were inconsistent.

Further analysis of subgroups revealed the strongest impact on men who were married or divorced, widowed or separated at enrollment. Single individuals who received the intervention were least likely to earn above SGA or show higher earnings. Younger men (under 45) in the intervention group were more likely to be working, but older men (45 and above) showed higher wages and higher rates of earnings Above SGA. Participation in Utah's Medicaid Buy-in did not have an impact.

In looking at the referral source for the pilot, participants who were referred from Utah's Benefits Planning Assistance and Outreach program were by far the most likely to show a policy impact compared with Vocational Rehabilitation (VR) and mental health agencies. Participants referred by VR, both intervention and control, were equally likely to earn above SGA and increase their earnings.

The timing of enrollment in the pilot affected whether participants showed a policy impact. Those who enrolled in the second half of the recruitment period (Late Enrollees) were more likely to show a positive effect of the intervention compared to Early Enrollees.

While some can take encouragement from the statistically significant positive results of the policy on some measures, the results must be taken with caution. The connection of many participants to the labor force is tenuous because many are in part-time or temporary positions. In a recessionary economy these are workers who are likely to be the last hired and first fired. The level of wages for all participants is relatively low; the greatest post-enrollment difference in average wages between the groups, seen during two quarters and controlling for differences prior to enrollment, was $300 per quarter.

Implications for BOND

Despite the cautions, there are reasons to be optimistic that there are large numbers of beneficiaries with the capacity and desire to work, who would respond to a $1 for $2 benefit reduction policy. The Utah BOPD provides ample evidence that a national demonstration, based on a random assignment experimental design that includes benefits counseling, is a wise step toward improving federal income support policy.

UTAH SSDI BENEFIT OFFSET PILOT DEMONSTRATION (BOPD)

FINAL REPORT

December 18, 2009

Section 1: Introduction and Project Design

Introduction

The Problem

Legislative findings in The Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) indicate that very few beneficiaries of Title II / SSDI benefits ever leave the rolls due to working. One reason that is often cited is the "cash cliff," so-called because of the abrupt termination of all cash benefits once a minimum earnings threshold is reached. Under current policy after beneficiaries complete their trial work period[1] and a short grace period, any month beneficiaries earn over Substantial Gainful Activity[2], they lose their entire cash benefit and any dependent benefits for which they may be eligible. They also lose their Medicare benefits after seven years which is equally critical for many of these individuals. Given the risk of losing cash benefits and Medicare, many individuals appear to limit their income so they remain below SGA.

Utah's efforts to address the problem

Utah was one of four states to evaluate the implementation of a $1 reduction in benefits for every $2 in earnings for SSDI beneficiaries. The Utah SSDI Benefit Offset Demonstration pilot was administered by the Utah Department of Health in conjunction with the Work Ability project, a system change initiative funded by a Medicaid Infrastructure Grant through the Center for Medicare and Medicaid Services (CMS). The purpose of the Work Ability project was to develop work incentives and supports to increase employment for individuals with significant disabilities in Utah. Beginning in 2002, the Work Ability project facilitated several system changes that improved health care coverage and employment supports for individuals with significant disabilities in Utah. Specifically, Utah developed a Medicaid Buy-In program and expanded personal assistance services as a Medicaid State Plan service to individuals with disabilities who

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[1] Trial Work Period or TWP is nine, not necessarily consecutive, months in which an individual earns over $700/month (2009 authorized level).

[2] Substantial Gainful Activity or SGA for 2006 was $860/month and for statutorily blind individuals $1450/month; for 2007, $900 per month and for statutorily blind individuals $1500/month; for 2008, $940/month and for statutorily blind individuals $1570/month; and for 2009 is $980/month and $1,060/month for statutorily blind individuals.

worked. The state also developed the Utah Benefits Planning Assistance and Outreach (UBPAO) program that provided benefits counseling to Social Security disability recipients interested in working. Together these three new programs addressed what were perceived as the most significant barriers to disability beneficiaries in returning to work: fear of loss of health benefits, need for personal assistance at work, and information about what would happen to their benefits if they should increase earnings.

The benefit offset was designed to reduce the disincentives created by the "cash cliff" problem. Many policy analysts have for years wanted to offer a gradual reduction in cash benefits for a beneficiary whose earnings increased and had a continual attachment to health care benefits. The exact starting point (e.g., SGA) and the size of the offset ($1 offset for every $2 in earnings) were not the critical piece in testing an offset, just that there be an offset.

Design of Utah's Pilot

Context

Utah is the fastest growing state, has the highest birth rate, and the lowest per capita income in the U.S. (Governor's Office of Planning and Budget, August 2009). The relatively young population (median age of 28.1 compared to 36.8 in the U.S. U.S. Bureau of the Census, 2008) translates into high demands on the state's schools, health, and social service systems. Because the Utah Constitution requires the state to have a balanced budget every year, publicly funded programs in Utah are lean.

Work is a prominent value in the conservative state of Utah. The State Legislature passed a Medicaid Buy-In in 2001 because it perceived the program would encourage work and self reliance by people with disabilities. The Medicaid Work Incentive (MWI), as it is called, was based on the Balanced Budget Act of 1997. The program provided full Medicaid health care access for individuals with earnings above 100% of poverty and required a premium to "buy in" based on 15% of an individual's countable income. Two years into the implementation of the MWI, the administering agency adjusted the premium to a sliding scale percentage (15-20%), which remains the policy today (Julnes, McCormick, Nolan, Sheen, 2006).

In 2003 the state expanded personal assistance services to working individuals with disabilities through the Medicaid Employment Personal Assistance Service (EPAS) program. This program provides personal care in a person's home or at work if the individual needs the service in order to work, and is working. The EPAS program was the first personal assistance program in the U.S. based on the Medicaid *State Plan* (not a waiver) that could provide personal assistance in the home and/or at the work site (Sheen, Barkdull, Holt, 2005).

A third program created in 2001 addressed the problem of information regarding work by beneficiaries/recipients of Social Security Disability programs. The Utah Benefits Planning Assistance and Outreach (UBPAO) program provided benefits counseling to

individuals who received SSI and/or SSDI beneficiaries. The UBPAO program was started with a combination of funding from the Social Security Administration and other state sources, specifically, the Utah State Office of Rehabilitation and the Utah Department of Workforce Services. Benefits counseling services were intended to inform disability recipients/beneficiaries about how working would affect their benefits. The UBPAO target population is individuals currently receiving Social Security disability benefits and expressing a desire to work (McCormick, Julnes & Liese, 2005).

In addition to these three new programs, significant training and outreach efforts were undertaken through the Work Ability project to inform individuals with disabilities, their families and service providers about these new work related supports. To encourage and develop opportunities for work by individuals with disabilities, Work Ability launched a public awareness campaign entitled: "Work Ability: Opening Doors to Work for People with Disabilities."

The Work Ability project coordinated an effective network of state agencies, service programs, research universities, and employers. A formalized "work group" structure was developed to focus change efforts on specific policies of government and practices of employers. Individuals with disabilities were included as key partners in the work groups. The three new work support programs, the public awareness efforts, and effective agency collaboration enhanced the environment for individuals with disabilities to work. Thus Utah was uniquely positioned in 2005 to implement and evaluate a Benefit Offset Pilot Demonstration for SSA.

Staff from the Work Ability project in the Utah Department of Health implemented the pilot project along with subcontractors from the University of Utah and Utah State University. Work Ability project director Cathy Chambless served as overall Utah project manager and liaison with Social Security Administration for the project. Dr. George Julnes of Utah State University (who moved to University of Baltimore during the project) led the research and evaluation for the pilot assisted by Anne Brown-Reither. Sara McCormick of the University of Utah oversaw implementation of the pilot interventions. Kathy Daley of the Utah State Office of Rehabilitation led the benefits counseling/work incentives planning team and assisted with pilot recruitment, enrollment, and benefits planning services.

Design Features

Utah has over 24,000 working-age beneficiaries of Title II benefits. The goal of Utah's pilot was to recruit 500 individuals who receive SSDI benefits only (not in combination with SSI) to be part of the project. Participants were recruited from among SSDI-only beneficiaries who had recently been involved in one of several employment support programs in Utah.

Recruitment sources for pilot participants included: The UBPAO program, the Medicaid Disability program, the public Vocational Rehabilitation program, and selected employment programs administered by community mental health agencies. These programs were chosen because they provide a variety of employment supports to individuals in the target population of SSDI-only; they serve individuals with various

types and levels of disability; and have clients who represent a range of experience on the SSDI program.

In order to implement the benefit offset pilot within the context of Utah's employment support interventions, the project needed to ensure the appropriate supports were available to pilot participants. Specifically, benefits planning was viewed as an essential support to having an effective pilot project. Thus, funds from SSA were used to increase the capacity of the existing UBPAO program to provide benefits planning services to pilot participants. Other employment supports, such as public vocational rehabilitation services and mental health services, were available without enhancement or supplementation by the pilot.

Benefit Offset Design Features

4 State Pilot Design

Waiver Rules & Payment Decisions

SSA established a waiver (Federal Register (April 14, 2005). 70:71, 19821-19825) to modify SSDI policies for the four state pilot projects. The following waiver rules applied to enrollees in the intervention group:

- A benefit offset of $1 of cash benefits for every $2 of earnings above Substantial Gainful Activity (SGA which was $830 in 2005) was implemented for participants who were within their Extended Period of Eligibility. The offset was to be applied after existing SSA work incentives such as Impairment Related Work Expenses (IRWE) and Plans to Achieve Self Support (PASS) were deducted from earned income.
- The Extended Period of Eligibility (EPE) was doubled from 36 months to 72 months after the Trial Work Period. Beneficiaries whose EPE had expired but who continued to receive cash benefits were eligible for additional EPE months up to 72 months after the Trial Work Period (TWP). Beneficiaries whose benefits were currently suspended because of earnings over SGA and were within their EPE were eligible to participate.
- There was no impact on Trial Work Period (TWP), grace period or Medicare.
- There was no reduction of Dependent Benefits.
- Medical Continuing Disability Reviews (CDRs) would be waived for participants in the intervention group during their EPE.

In addition, SSA decided that offset payments to individuals would be based on an annual estimate of earnings rather than month-by-month calculation. Payments could be adjusted quarterly if income earnings varied by more than an annual amount of $1000, and an annual reconciliation process was used to resolve in over/under payments.

SSA decided to make manual outcome payments to Employment Networks (or VR) under the Ticket to Work and Self Sufficiency program as if the benefit offset didn't exist, i.e., for any month benefits otherwise would not have been paid because of SGA. In Utah, the Vocational Rehabilitation agency is the employment network of record for 99% of Ticket assignments. Since Utah VR agency usually preferred payment on a reimbursement basis, the pilot implementers did not expect Ticket to Work outcome payments would be a complicating issue for Utah.

Target Population

The target population for the pilot was beneficiaries currently receiving SSDI under their own Social Security number. Thus disabled children (CDBs) and disabled widows/ers (DWB) were not eligible for the pilot. Also, individuals who had used up their nine-month Trial Work Period more than 72 months prior to enrollment were not eligible. There was an exception to the 72 month exclusion for beneficiaries who had earned a new Trial Work Period. A new TWP was earned if more than 60 months had elapsed since the last TWP month. Beneficiaries in this circumstance were eligible.

State Intervention Design

Identifying and recruiting participants

The Utah BOPD planned to recruit participants from among SSDI beneficiaries who were on the service rolls of the Vocational Rehabilitation program, the Benefits Planning Assistance and Outreach program, the Disability Medicaid program, and two community mental health programs (one urban and one rural) during the previous three years. These agencies sent recruitment letters and response forms to their clients explaining the project. Interested individuals would call the project or return the form which provided permission to contact the participant.

Outreach and marketing

Outreach and marketing were conducted through training sessions with partner agency staff (both administration and front line staff) to explain the project and potential benefits to their clients. These agencies agreed to contact individuals on their service rolls that appeared to be eligible for SSDI. Individuals would then contact the BOPD project to learn more about the project. Group orientation sessions and one-on-one meetings were held to explain the project.

Implementation team

The Utah Department of Health was the lead agency for this collaborative project. A total of 5.75 Full Time Equivalent (FTE) staff was employed in four organizations during the two year Project. These employees were responsible for design, implementation, and evaluation of the project. A private survey lab conducted a 12-month post-enrollment telephone survey with participants. Agencies conducted recruitment mailings at no charge to the project. (See Appendix for details.)

The Utah BOPD worked closely with Utah's Benefits Planning Assistance and Outreach program administered by the Utah State Office of Rehabilitation. Recruitment and enrollment staff for the BOPD were recruited and hired by the BPAO manager using the same job requirements as for a regular BPAO/WIPA specialist. They were provided the same training as the other specialists received and were supervised by a working BPAO supervisor. Additional training for these staff in the BOPD procedures (e.g., recruitment, enrollment waiver rules, research component) were provided by the BOPD implementation manager.

Employment support programs

The Utah pilot project planned to offer four major kinds of employment supports to the participants: Benefits counseling, Vocational Rehabilitation services, Medicaid access, and employment supports through two community mental health programs.

Benefits counseling services were provided for all individuals enrolled in the Pilot. The purpose was to inform them about how working would affect their benefits. A written benefits analysis was developed for each participant in the intervention group based on the individual's circumstances at the time of enrollment. A benefits analysis explained the impact that working would have on their eligibility for SSDI and their benefit amount under the intervention, e.g., the benefit offset. A written benefits analysis was developed for participants in the control group who requested one, or who reported earning near or above SGA at the time of enrollment.

Vocational Rehabilitation services through the Utah State Office of Rehabilitation were available to participants. If an individual did not have a current relationship with a VR counselor, the BOPD staff made a referral, if appropriate. These services included a broad range of individualized services with a goal of preparing, obtaining and maintaining employment.

Medicaid access for working individuals with disabilities was available to individuals through the Medicaid Work Incentive (MWI), and Medically Needy programs. Depending on a person's income or assets, s/he may have qualified for Medicaid through one of those entry points.

Employment supports through community mental health programs were available for selected individuals living in two catchment areas, one urban and one rural. These individualized supports included case management, job coaching, and opportunity for work contracted through the mental health program.

Evaluation Design

The four evaluation questions that were addressed by the four state Benefit Offset Pilots were (Social Security Administration, 2004):

1. What are the most effective methods of informing participants about the demonstration and obtaining their consent to participate in the project?

2. What are the most effective methods of keeping participants informed of project activities and of maintaining participation in the project?

3. What are the most important problems and issues surrounding both the provision of the state-specific employment supports to project participants, i.e., benefits planning, and the integration of these services with the benefit offset, and the best solutions?

4. For whom does each of the State-specific employment support interventions appear to be the most effective?

The first three of these questions address challenges in implementing a benefit-offset demonstration, in line with the primary focus on informing the planned Benefit Offset National Demonstration (BOND) project. The fourth question is about the impact of the policy, with particular attention on the differential effects on identified subgroups of SSDI recipients. As such, answering the research questions required both a process evaluation (questions 1, 2, & 3) and an outcome evaluation (question 4).

Process Evaluation Design

The process evaluation addresses the majority of questions presented by SSA as the focus of this demonstration pilot. Three process issues were addressed: challenges and successes in implementing the policy intervention; challenges and successes in enrolling and maintaining contact with participants, and challenges and successes in implementing the outcome evaluation of this project. The questions and methods for addressing these issues are described below.

Questions

The first set of questions (section A. below) concerns the successes and challenges in the coordination with other Utah agencies and with SSA and other Federal agencies. The second set (section B. below) concerns the enrollment of and ongoing contact with participants, focusing on problems in explaining the project and unmet information needs of the participants. The third set (section C. below) addresses successes and

problems in conducting the outcome evaluation of the project, including problems obtaining relevant data and problems in interpreting the data collected.

A. Implementation of Policy Intervention at State and Federal Level

1. How, and how effectively, was the offset policy communicated within and across the key State and federal agencies?

2. Were there difficulties in integrating the benefit offset with other State policies and programs?

3. Were there difficulties in coordinating State implementation with the SSA?

4. Were the resources allocated for implementation adequate?

5. What strategies appeared effective in addressing any difficulties or resource limitations?

B. Implementation and Enrollment of and Ongoing Contact with Project Participants

6. How, and how effectively, were potential participants notified about the benefit offset study? Why did some, or many, choose not to apply for participation?

7. How, and how effectively, was the informed consent requirement handled?

8. What were the strengths and weaknesses of the procedure for notifying enrollees of their assignment to either the intervention or control groups?

9. What types and levels of benefits counseling were delivered before and shortly after enrollment?

10. How was contact maintained with different groups of participants, and how did participants feel about these efforts?

11. What was the nature of continued cooperation by members of the intervention and control groups (e.g., completing follow-up surveys), and what factors seemed to influence the degree of cooperation?

12. What strategies appeared effective in addressing any problems with enrollment and maintaining contact with project participants?

C. Implementation of Evaluation

13. Were there difficulties in developing valid measures of the primary outcomes?

14. Were there difficulties in obtaining access to needed State and Federal administrative data?

15. Were there difficulties in identifying the other employment support programs used by participants?

16. Were there difficulties in using the survey procedures to complement administrative measures of outcomes or to identify individuals who benefited more from the benefit offset than others?

17. Were there difficulties in maintaining random assignment to the two groups that threatened the validity of the aggregate comparisons?

18. Did attrition and/or non-cooperation threaten the validity of the aggregate comparisons?

19. What strategies appeared effective in addressing any problems with measurement or with maintaining valid research comparisons?

Implementation Evaluation Methods

The implementation evaluation was based on meetings, focus groups, and surveys conducted in Utah, as well as project-wide discussions and meetings involving the four BOPD states together with SSA project officials.

Evidence for the first set of process questions (section A above; questions 1-5) came from interviews and focus groups with key agency and project staff and review of procedures used. Evidence for the second set (Section B; questions 6-12) came from a review of procedures, survey responses from participants, and interviews or focus groups with selected participants and non-participants. The third set of questions (Section C; questions 13-19) was addressed through discussions among project staff and a review of outcomes.

Focus Groups

Three focus groups were held with the project implementation team in spring 2006, six months after enrollment began. The focus groups were held to identify the most important lessons learned during the first year of the pilot. The questions focused on particular aspects of implementation around recruitment and enrollment processes, staff training, and internal and external communication.

The evaluators also conducted two sets of focus groups with participants. Four of these groups were convened in the fall of 2007, and an additional six were held in the fall of 2008. The first set of focus groups targeted individuals in the control and intervention groups that were earning above SGA or appeared to be 'parking' near the SGA level. (Each group was composed of either control or intervention group members.) The

second set of groups included only intervention group participants in different sets of circumstances. Three of these groups were based on targeted earnings levels (very low earners, individuals earning consistently above SGA, and individuals earning near $0 then increasing to above SGA. The remaining three groups included individuals meeting specific criteria of interest (men, women, and individuals with primary diagnoses of mental illness).

The focus groups were used to obtain greater understanding of the participants' experience with the pilot intervention and other employment supports, and to shed light on their decisions regarding work. The groups also discussed supports used by the group members, and what additional assistance or resources might be needed to achieve or sustain employment.

Survey Methodology

The first telephone survey was conducted in spring of 2006 to gain a better idea of why individuals did not respond to recruitment mailings. Telephone calls were made to a group of individuals eligible for Disability Medicaid population. This group was selected because the team could access to the Disability Medicaid list without violating confidentiality. Out of the 31 people that were contacted 15 people (48%) were reached. See Non-responder Survey in the Appendix.

The second survey was conducted six months after enrollment. It was a brief paper survey designed to capture opinions on the recruitment and enrollment meetings, and obtain updated information on work efforts. It was also intended to update contact information to increase the likelihood of successful contacts for the longer one year survey. Response rates to the six month survey were somewhat low, and differed significantly between the control and intervention groups. Nearly 78% of intervention group members returned surveys as opposed to only 62% of control group members ($p < .001$). See Six Month Survey in the Appendix.

For the third survey, Utah Project participants were surveyed by telephone one year after each participant's enrollment date in the project. Of the 486 participants included in analyses, telephone surveys were completed with 372.[3] Ten contacted participants refused to respond, while an additional two felt physically unable to complete the survey. The remaining efforts at contact resulted in a variety of reasons for incomplete surveys, such as wrong numbers, disconnected lines, and contacts with answering machines. As with the six month survey, members of the intervention group (81%) were slightly more likely to complete telephone surveys than members of the control group (72%) ($p < .10$). See Twelve Month Survey in the Appendix.

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[3] Some participants who could not be reached by telephone or who had hearing loss that could make telephone surveying difficult were provided paper copies of the survey. Data from paper surveys were not included in this analysis because of potential differences in response patterns related to the different administration methods.

Data collected through the 12 month follow-up survey provided self-reported information on a variety of topics. Among these were use of services for work support, attitudes and behaviors related to work effort, health status, and attitudes toward the UBOPD project. The survey also collected data on employment to supplement the administrative data, including job type, employer, and stability of work hours.

Advisory Committee

The Utah pilot established an Advisory Committee to provide input on the design, implementation and evaluation of the project. The Advisory Committee consisted of project team members, representatives from the agencies whose clients were potentially eligible or might be impacted, agencies that served the clients, the Social Security Area Work Incentive Coordinator (AWIC), and national experts. The Advisory Committee served an important role for the project in increasing ties with the community, advising the team on strategies for most effectively reaching the target group, and resolving problems encountered within the community. The Committee also served as a useful conduit for distributing information and for gaining access to agencies to conduct trainings with agency personnel on the importance of the project and the benefits to their clients of enrolling.

4-State Project Discussions

Our understanding of the barriers to effective implementation in Utah, and the strategies to address them, were informed also by discussions with the other three BOPD states and with SSA personnel assigned to this project. The main forum for these discussions was the monthly conference call with the project leaders, evaluators, and staff from the four BOPD states and SSA personnel. The agenda of these calls always included the opportunity to discuss operational issues, including problems with interpreting the Benefit Offset Waiver policy. As the projects went on, evaluation issues came to dominate the discussions.

Utah Weekly Project Meetings

The implementation managers met weekly with recruitment and enrollment staff to track progress and troubleshoot problems. After enrollment ceased, the meetings addressed issues with Benefit Offset policy and procedures for follow up with participants. The evaluation team would meet weekly in the beginning and then semi-monthly to discuss the data collection and analysis issues.

Outcome Evaluation Design

The design for the outcome evaluation was a random assignment experimental design with pre-intervention earnings used as control variables for greater precision in estimating impact. The control group was subject to the traditional SSDI 'cash cliff' and the intervention group was subject to the $1 for $2 benefit offset for earnings beyond SGA and other waiver rules, including suspension of medical CDRs, and extension of EPE. Thus, the intervention needs to be recognized as a "package" that is more than just the opportunity to increase earnings without confronting the cash cliff of terminated

benefits. Conclusions about impact, therefore, concern the causal effect of this complete package.

Random Assignment to Conditions

To ensure, within statistical limits, that the intervention and control groups would be comparable, the 503 volunteers were randomly assigned to either an intervention group or a control group. This randomization was done by setting up lists using a computer random number generator. Project operations staff did not have access to the random assignment lists but sent the names and ID numbers of volunteers to the researchers for assignment according to the lists. Since we expected early enrollees (enrollment continued from August 2005 to October 2006) to be different from later ones and so wanted a balance of intervention and control participants during each enrollment period, random assignment was done in blocks of 50, so that there were 25 intervention and 25 control assignments in each list of 50.

Note that these enrollees were volunteers. As such, while the research design helps ensure that the control and intervention groups are roughly equivalent, participants in both groups are expected to differ on average from the general population of SSDI recipients in Utah. First, that all participants volunteered to be part of this study suggests that they view themselves as in a position to benefit from the opportunity to increase their earnings or from some of the other project policies. Second, as a part of the enrollment process all participants received some form of benefits counseling, something not received by the large majority of SSDI recipients. Finally, most participants were recruited based on their past involvement in employment support programs. This participation indicates a willingness to consider work which probably differs from the population of SSDI recipients.

Common Measures and Analyses

The outcome evaluation consisted of analysis elements followed by all four of the BOPD states (Connecticut, Utah, Vermont, & Wisconsin), referred to as the common analyses, as well as state-specific analyses chosen by individual states. For the common analyses, Pilot states agreed to focus on common outcome measures and to use the same analyses for these common measures.

Common Outcome Measures. As shown in Table 1.1 there were three measures chosen as indicators of the effectiveness of the pilot benefit offset policy, all based on Unemployment Insurance (UI) wage data, provided in Utah by the Utah Department of Workforce Services. The most basic of these measures is what is referred to as Employment and is defined in terms of whether the participant had any UI wages reported in a given quarter. Note that absences of reported wages in the UI file were interpreted as earnings of $0 in that quarter, recognizing that many without reported wages might be self-employed or work for an organization not required to report UI wages.

A more demanding indicator of the effectiveness of the offset is whether participants earned above the monthly Substantial Gainful Activity (SGA) threshold during a

particular quarter. Because this threshold serves as a trigger for SSDI ineligibility in current SSA regulations (and thus impacts the control group) and for the 1 For 2 Offset for the intervention group, this measure is the most targeted indicator of the impact of the benefit offset. Because SGA is defined monthly while the UI data are quarterly, the threshold for the indicator was defined as quarterly wages that were three times the monthly SGA amount (as noted in Table 1.2) the SGA threshold increased from $810 in 2004 to $980 in 2009 for nonblind individuals; for blind individuals SGA increased from $1350 in 2004 to $1640 in 2009). This measure ensured that at least one of the months in the quarter had earnings above SGA.[4]

The third common outcome measure is the dollar amount of the UI quarterly wages. While increased wages are an explicit goal of the benefit offset experiment, changes in averages for this measure do not distinguish between two people increasing wages from $0 to $250 per quarter and one person increasing quarterly wages from $2,700 to $3,200 and thus surpassing the SGA threshold.

These measures are reported as *outcomes* by Utah and the other BOPD states for the quarter of enrollment and the 8 quarters after enrollment. For the analyses described next, these same measures are used as control variables for the four quarters prior to enrollment.

Table 1.1. Common Outcome Measures for the Four States

Outcomes	Operational Definitions of Outcomes
Employment	Coded as 0 if there are no UI wages reported for a given quarter; coded as 1 if there are wages in that quarter.
Earnings Above SGA	Coded as 0 if UI quarterly wages do not exceed 3 times the monthly SGA threshold; coded as 1 if reported wages do exceed 3 times the monthly threshold. SGA in 2004 was $810/month, $830/month in 2005, $860/month in 2006, $900/month in 2007, $940/month in 2008, and $980/month in 2009.
Quarterly Earnings	Coded in dollars as reported in the UI files; where no wages are reported for a quarter, this is coded as $0 in earnings.

Common Aggregate and Subgroup Analyses. There are two approaches to analysis among the four states. The first involves reporting means and percentages for intervention and control groups for the three outcome measures and including t-tests

[4] While the measure of earning above SGA in a given quarter does clearly identify that a participant had earnings above the SGA threshold, it does not necessarily mean that the individual would have had a benefit suspended or offset received due to earnings over SGA. Individuals who were utilizing a trial work month, and therefore had no restrictions on earnings levels, were not isolated or removed in the earnings over SGA analyses.

for statistical significance. In that the groups were established through random assignment, this approach is recognized as providing unbiased estimates of the causal impacts of the policy conditions (meaning that the average result of many such studies is expected to converge on the true causal impacts of the intervention policy package). In addition to the average aggregate comparisons of all intervention and control participants, the same approach was used with agreed-upon dichotomous subgroups: gender (male or female), age at enrollment (under 45 years versus 45 years or older), earnings at enrollment (no quarterly earnings of at least $1,200 in either first or second quarter before enrollment versus quarterly earnings at or above $1,200 in at least one of the first or second quarters before enrollment), completion of the trial work period (TWP) prior to enrollment (those not completing TWP prior to enrollment were not studied), and Medicaid Buy-In coverage sometime before enrollment (those not having MBI coverage prior not studied).

A second approach to analysis sought to control for any pre-enrollment differences that might have resulted from the random assignment process. In statistical terms, control variables are used in random assignment experiments not to yield more unbiased results but more efficient ones in the sense of reducing the variability of results. Specifically, the aggregate analyses in this second approach used multiple regression with the common outcome measures as the dependent variables and the corresponding pre-measures for the four quarters before enrollment. For example, for the outcome measure Employment there were five predictor variables, the intervention variable (coded 0 for those in the control group and 1 for those in the intervention group) and four control variables representing whether the individual had any UI earnings in the first quarter before enrollment, the second quarter before enrollment, the third quarter before enrollment, and the fourth quarter before enrollment. For the two outcome measures with dichotomous values (Employment and Earnings Above SGA), a logistic regression analysis was used; for the continuous Quarterly Earnings variable ordinary least squares regression was used. In all of these analyses, the impact of BOPD intervention was interpreted by the size of the coefficient for the dichotomous intervention variable (again, coded as 0 or 1).

The same regression analytic approach for the three outcome measures was used separately to analyze intervention impacts for the five dichotomous subgroups agreed upon by the four BOPD states and described above (gender, age, baseline earnings, TWP completed prior, and MBI prior).

Section 2: Process Evaluation

Recruitment process and findings

Target populations

Recruitment was conducted with beneficiaries of Social Security Disability Insurance (SSDI) benefits who had accessed services through at least one of five employment support programs. The five programs were: Vocational Rehabilitation, Benefits Planning Assistance and Outreach (BPAO), Disability Medicaid, Valley Mental Health, and Bear River Mental Health.

Outreach & recruitment methodology

The project team partnered with the agencies to obtain their support and opinions on how to target their staff members and their clients. Meetings were held with agency staff (both administration and front line staff) to explain the project and potential benefits to their clients. The agencies used data from their internal databases to identify those individuals that met the criteria, i.e., the individual appeared to be receiving SSDI only. Unfortunately, the data maintained in these systems often did not have accurate status data and in some cases the benefit data was not maintained in a way that names could easily be selected and identification had to be done by hand.

The five agencies sent recruitment letters and response forms to their clients explaining the project. Interested individuals returned the forms directly to the BOPD project which gave permission to the project team to contact the beneficiary. All of the target agencies sent the recruitment letter twice; the second set of mailings excluded individuals that had already responded. In addition, Vocational Rehabilitation's second mailing was sent over their counselor's name and on the local field office letterhead including local address. This was done so the letters would come from a known entity and had a more personal touch.

Group orientation sessions and one-on-one meetings explaining the project were held with interested beneficiaries who had responded to the mailings. During these meetings, current SSDI rules were thoroughly explained as well as the changes the beneficiaries might be eligible for if assigned to the intervention group. The rules were communicated in three ways: verbally, text and a visual diagram (see appendix).

Another recruitment tool was direct outreach from the staff of targeted agencies. Appropriate agency staff members, for example VR counselors, were notified of their client's eligibility and asked to encourage their clients to consider enrolling, if appropriate.

Enrollment process and findings

Enrollment and informed consent process

All enrollments in the pilot occurred during one-on-one meetings with either a benefits counselor or an enrollment specialist (BC/ES). The meetings had three key parts: education about the intervention, signing of the consent documents, and collection of baseline data. If the person agreed to participate, the BC/ES reviewed the three documents needed for informed consent process: a six-page informed consent document; a release of information; and a separate release for income data from IRS. The person needed to sign each document. The BC/ES then collected baseline data from the individual. The data had two purposes: (1) it was used in the benefits planning process and (2) it was used in project evaluation. Although the person was not confirmed as eligible at this point, collecting the baseline data at enrollment streamlined the counseling that was later provided.

After the meeting, the person's SSDI benefit status was verified through a written Benefits Planning Query (BPQY) faxed to the Area Work Incentive Coordinator (AWIC) in the Social Security Administration (SSA) district office. Utah's AWIC provided the BPQY as quickly as possible. This greatly enhanced the team's ability to enroll individuals. When the AWIC was not available due to other assignments, the enrollment process was much slower.

Eligible participants were then randomly assigned to the intervention or control group. Enrollees were notified of their assignment by letter and phone. The letter also reiterated the rules that pertained to the participant (i.e., benefit offset or existing SSA rules, depending upon assignment) and gave them the name and contact information for their benefits counselor.

Focus groups with the implementation team found that orientation meetings were an effective way to communicate with potential enrollees. A benefit to this approach was that it afforded an additional opportunity to explain the complex program prior to enrollment. Repetition was beneficial in increasing program comprehension for both external agencies and potential enrollees. Enrollment meetings were most effective when carried out by trained benefits specialists. An in depth knowledge of the SSDI rules was essential in explaining the pilot and existing rules. Graphs and personal stories were effective communication tools. The content of pre-service training for enrollment staff should include SSDI rules and strategies for building relationships with needed support agencies such as local Social Security, vocational rehabilitation, and workforce programs (Basinger, 2006)

Recruitment & enrollment results

Utah enrolled a total of 503 participants between August 22, 2005 and October 31, 2006. A random assignment process resulted in 253 individuals being assigned to the intervention group and 250 to the control group. See Table 1.2.

The recruitment mailings by the partner agencies resulted in over 11,000 letters being mailed to individuals who were thought to be SSDI beneficiaries; many recipients received more than one letter from an agency, and some likely received letters from more than one agency. In response to the letters, nearly 1,500 individuals responded indicating interest in learning more about participating in the pilot. Among those who responded, 658 individuals (44%) completed the intake process, and 149 of those individuals were screened out as being ineligible and another seven decided not to enroll after the intake but before enrollment. Thus the result was 503 individuals were enrolled during the 14 month enrollment period or 34% of all responses to the letters.

An estimated number of 319 individuals who responded to the recruitment were screened out as being ineligible before the enrollment process was completed. This is an incomplete count as many people were screened out prior to the team instituting a process to track these individuals. In addition, people were screened out over the phone and by partner agencies. In sum, many people were ineligible to enroll and the primary reason was their being 72 months past the end of their TWP or currently receiving other benefits, such as SSI, or receiving benefits based on another person's work record, such as DWB, that made them ineligible.

Table 1.2. Project Orientations, Intakes and Enrollments

Recruitment/Enrollment Activity	Counts	% of all responses received
Total number of letters sent by partner agencies (individuals contacted more than once)	11,350	
Responses received indicating interest	1,495	-
Invited to orientations (some individuals invited to two or more orientations)	1,703	
Orientation sessions held	32	-
Number of people attending a session	261	17%
Found ineligible without intake (estimate)	319	21%
Intakes completed	658	44%
Refused to participate after intake completed	7	-
Found ineligible after intake but before enrollment	149	10%
Maximum Enrolled	503	34%
Intervention Group	253	-
Control Group	250	-
Baseline Enrollment for Analysis	486	96.6%
Intervention Group	242	-
Control Group	244	-

Attrition[5]

Of the 503 people enrolled in the project, twelve were found ineligible after assignment to the intervention or control conditions. Of these, ten had been assigned to the intervention group and were identified as ineligible by SSA OCO staff, while the remaining two had been assigned to the control group and were identified by project staff in Utah.[6]

The intervention group faced greater scrutiny than the control group because the pilot team sent the names of the intervention group participants to Social Security upon enrollment. After SSA received the names, eligibility for the pilot was verified and a work CDR was initiated. Individuals in the control group were not systematically reviewed as were those in the intervention group. This differential treatment explains why so many more participants in the intervention group were found ineligible after enrollment.

In addition to the individuals found ineligible after enrollment, five participants were excluded from analyses due to voluntary withdrawal from the project. These included four participants assigned to the control group and one assigned to the intervention group. Reasons for voluntary withdrawal include dissatisfaction with group assignment and no longer being interested in working.

Participants who died during the project were included in analyses through the quarter of death. Six participants died during the analysis period, resulting in a minimum sample of 480 during the last quarter of analysis. Five of these individuals were in the control group while one was in the intervention group.[7]

Finally, while irrelevant for the analysis strategy used, a number of participants in the intervention group became ineligible to receive the offset during the analysis period because of reaching SSDI-related milestones or failure to participate in required activities. Ten intervention group members lost access to the offset during the analysis period because of reaching the end of the 72 month EPE, reaching retirement age, or noncompliance.

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[5] Attrition statistics are reported for activities occurring during the analysis period. This includes eight full calendar quarters following the quarter of enrollment; therefore, the number of individuals varies across time periods.

[6] It should be noted that ineligible cases were sometimes identified several months after enrollment. The most extreme case in Utah was assigned to the intervention group and identified by SSA as ineligible 17 months after enrolling in the project.

[7] Removing people due to death resulted in 486 participants in the quarter of enrollment, 485 in the first quarter after enrollment, 484 in the second quarter after enrollment, 483 in the third, fourth, and fifth quarters after enrollment, 482 in the sixth quarters after enrollment, and 480 in the seventh and eighth quarters after enrollment.

Table 1.4. Reasons for Exclusion from Analysis

		Intervention	Control	Total
Maximum Enrollment		**253**	**250**	**503**
Found ineligible		10	2	12
	Found DWB/CDB after enrollment	2	1	3
	EXR without new TWP	1	0	1
	Found ineligible	7	1	8
Voluntary withdrawal		1	4	5
	Not happy with assignment	0	1	1
	Chose not to participate	0	2	2
	No longer interested in working	1	0	1
	Other	0	1	1
Baseline Analysis Group		**242**	**244**	**486**
Deaths		1	5	6
Minimum Analysis Group		**241**	**239**	**480**
Became ineligible for offset		10	0	10
	72 month EPE expired	7	0	7
	Reached retirement age	2	0	2
	Noncompliance	1	0	1

Baseline characteristics of enrollees

To ascertain the effectiveness of the randomization process for the analysis group, control and intervention group participants were compared on a number of characteristics at baseline. For most of these, the randomization process had equalized the groups. However, in four areas, significant differences at baseline existed at the $p < .10$ level between the intervention and control groups.

Two of the differences were related to the socio-demographic make up of the groups. The age composition of the intervention group was slightly older than that of the control group. The control group had significantly more participants in the 34 and younger age range than the intervention group ($p < .10$). In addition, the intervention group had significantly more participants in the 35-44 age range than the control group ($p < .10$).

The groups also differed significantly in educational attainment. Members of the intervention group were more likely than members of the control group to have less than a high school degree ($p < .10$). Members of the control group were more likely than

members of the intervention group to have more than a high school degree ($p < .10$). Given the interactions of age and education with likelihood of employment, these differences may have negative implications for the success of the intervention group.

The groups also differed significantly on earnings levels prior to enrollment. Members of the intervention group were significantly more likely to have earnings two quarters prior to enrollment than members of the control group ($p < .10$). Members of the intervention group also had higher mean earnings than members of the control group two and three quarters prior to enrollment ($p < .10$). As with the socio-demographic differences, these characteristics could establish more of an uphill battle for the intervention group to achieve measurable results.

Table 1.5. Baseline Descriptive Statistics of Beneficiaries, by Group

	Control Group			Intervention Group			Difference		
	X	Estimate	Std. Err.	X	Estimate	Std. Err.	Estimate	Std. Err.	2-tail p
Female	110	45.08%	3.19%	101	41.74%	3.17%	-3.35%	4.49%	0.456
Male	134	54.92%	3.19%	141	58.26%	3.17%	3.35%	4.49%	0.456
Ages 34 and younger	43	17.62%	2.44%	29	11.98%	2.09%	-5.64%	3.21%	0.079
Ages 35 to 44	52	21.31%	2.62%	68	28.10%	2.89%	6.79%	3.90%	0.082
Ages 45 to 54	101	41.39%	3.15%	97	40.08%	3.15%	-1.31%	4.46%	0.769
Ages 55 and up	48	19.67%	2.54%	48	19.83%	2.56%	0.16%	3.61%	0.964
Race Non-White	25	10.25%	1.94%	20	8.26%	1.77%	-1.98%	2.63%	0.451
Race Unknown	1	0.41%	0.41%	4	1.65%	0.82%	1.24%	0.92%	0.175
Years since entitlement: <= 2	24	9.84%	1.91%	27	11.16%	2.02%	1.32%	2.78%	0.635
Years since entitlement: > 2 & < 5	92	37.70%	3.10%	78	32.23%	3.00%	-5.47%	4.32%	0.205
Years since entitlement: >= 5 & < 8	48	19.67%	2.54%	60	24.79%	2.78%	5.12%	3.77%	0.174
Years since entitlement: >= 8	84	34.43%	3.04%	87	35.95%	3.08%	1.52%	4.33%	0.725
Impairment type: Musculoskeletal	38	15.57%	2.32%	39	16.12%	2.36%	0.54%	3.31%	0.870
Impairment type: Neurological	37	15.16%	2.30%	37	15.29%	2.31%	0.13%	3.26%	0.969
Impairment type: Mental - Mental Retardation	4	1.64%	0.81%	4	1.65%	0.82%	0.01%	1.15%	0.991
Impairment type: Mental - Not Mental Retardation	94	38.52%	3.12%	103	42.56%	3.18%	4.04%	4.45%	0.364
Impairment type: All Others	69	28.28%	2.88%	59	24.38%	2.76%	-3.90%	3.99%	0.329

	Control Group			Intervention Group			Difference		
	X	Estimate	Std. Err.	X	Estimate	Std. Err.	Estimate	Std. Err.	2-tail p
Education less than HS	7	2.87%	1.07%	15	6.20%	1.55%	3.33%	1.88%	0.077
Education HS	39	15.98%	2.35%	48	19.83%	2.56%	3.85%	3.47%	0.268
Education more than HS	198	81.15%	2.50%	179	73.97%	2.82%	-7.18%	3.77%	0.057
Earner ($1200/quarter in at least one of 4 quarters before enrollment)	82	33.61%	3.02%	94	38.84%	3.13%	5.24%	4.35%	0.229
TWP completed before enrollment	47	19.26%	2.52%	54	22.31%	2.68%	3.05%	3.68%	0.407
Medicaid Buy-In participant before enrollment	57	23.36%	2.71%	66	27.27%	2.86%	3.91%	3.94%	0.321
Any earnings t-4	70	28.69%	2.90%	78	32.23%	3.00%	3.54%	4.17%	0.396
Any earnings t-3	74	30.33%	2.94%	87	35.95%	3.08%	5.62%	4.26%	0.187
Any earnings t-2	77	31.56%	2.98%	95	39.26%	3.14%	7.70%	4.32%	0.075
Any earnings t-1	91	37.30%	3.10%	102	42.15%	3.17%	4.85%	4.43%	0.274
SGA earnings t-4	16	6.56%	1.58%	17	7.02%	1.64%	0.47%	2.28%	0.838
SGA earnings t-3	15	6.15%	1.54%	22	9.09%	1.85%	2.94%	2.40%	0.221
SGA earnings t-2	17	6.97%	1.63%	21	8.68%	1.81%	1.71%	2.44%	0.482
SGA earnings t-1	23	9.43%	1.87%	27	11.16%	2.02%	1.73%	2.76%	0.530
Mean earnings t-4	n/a	$614.21	$126.97	n/a	$721.13	$129.11	$106.92	$181.08	0.555
Mean earnings t-3	n/a	$554.11	$88.45	n/a	$825.72	$122.44	$271.60	$151.05	0.072
Mean earnings t-2	n/a	$593.51	$86.75	n/a	$849.70	$114.53	$256.19	$143.68	0.075
Mean earnings t-1	n/a	$761.12	$99.82	n/a	$959.45	$126.90	$198.32	$161.46	0.219

Although the randomization process was reasonably successful at equalizing differences between the control and intervention groups, Utah's SSDI '1 for 2' Project participants should not be considered fully representative of SSDI beneficiaries nationwide or even within Utah. The eligibility criteria for pilot participation differ from those for SSDI participation overall. In addition, the recruitment process and the participants' motivation toward work may further skew the pilot sample from the general population of SSDI beneficiaries.

For example, in 2006, the primary year of enrollment in the benefit offset pilot, the average age of disabled workers receiving SSDI benefits was 52.1 years.[8] The average age of Utah '1 for 2' participants was somewhat younger at 45.8 years. Men were also over-represented in the Utah '1 for 2' Project compared to SSDI disabled workers nationally. Nearly 57% of Utah pilot participants were men, as compared to 54% of SSDI disabled workers nationally. The numbers are even further skewed when looking specifically at Utah, where men comprise 53% of disabled worker beneficiaries.[9]

The profile of disabling conditions was also considerably different than that of the SSDI disabled worker population as a whole. Considerably more pilot participants had diagnostic conditions related to mental illness (40.5%) than among SSDI disabled workers (28.6%). Likewise, neurological disorders were over-represented in the pilot (15.2% v 9.5%). By contrast, there were fewer participants with musculoskeletal disorders and mental retardation than among the broader population of SSDI disabled workers (15.8% v. 25.9% and 1.6% v. 4.8%, respectively).[10]

Finally, it should be noted that the work activity of pilot participants prior to enrollment is considerably higher than one who expect of SSDI beneficiaries. Studies have indicated that the number of SSDI beneficiaries who work is around 10%.[11] In the quarter prior to pilot enrollment, approximately 40% of future enrollees were working, 10% at levels high enough to put them over the SGA limit if they were within the EPE. This contrast in particular speaks to the atypical composition of the group of pilot participants.

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[8]Data obtained from the Annual Statistical Report on the Social Security Disability Program, 2006, Table 19; available at http://www.ssa.gov/policy/docs/statcomps.

[9]Data derived from the Annual Statistical Report on the Social Security Disability Program, 2006, Table 27; available at http://www.ssa.gov/policy/docs/statcomps.

[10]Data obtained from the Annual Statistical Report on the Social Security Disability Program, 2006, Table 21; available at http://www.ssa.gov/policy/docs/statcomps.

[11]Livermore, Gina A. 2008. "Disability Policy Research Brief Number 08-01: Earnings and Work Expectations of Social Security Disability Beneficiaries." Washington, DC: Center for Studying Disability Policy, Mathematica Policy Research, Inc. and Kennedy, Jae, and Olney, Marjorie F. 2006. "Factors Associated with Workforce Participation among SSDI Beneficiaries, Journal of Rehabilitation, 72 (4). pp. 24-30.

Participants' experience with the recruitment process

To capture participants' experience with the recruitment and enrollment process, two questions were included on a short survey mailed to pilot participants six months after enrollment. These questions addressed the perceived usefulness of the group orientation meetings and the individual enrollment meetings.

While group assignment should not make any difference in the actual experience of either the orientation meeting or the enrollment meeting since random assignment occurred after meetings were completed, it is clear that the retrospective nature of the data collection strategy affected participants perspectives. In both cases, pilot participants assigned to the intervention group were significantly more positive about the utility of the orientation and enrollment meetings, with substantially higher numbers of individuals reporting that the meetings had been very useful ($p < .001$).[12] Figures 2.1 and 2.2 below illustrate the differences.

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[12] It is worth noting that survey return rates varied significantly between the control and intervention groups. Nearly 78% of intervention group members returned surveys as opposed to only 62% of control group members ($p < .001$).

Figure 2.1. Usefulness of Group Orientation Meetings

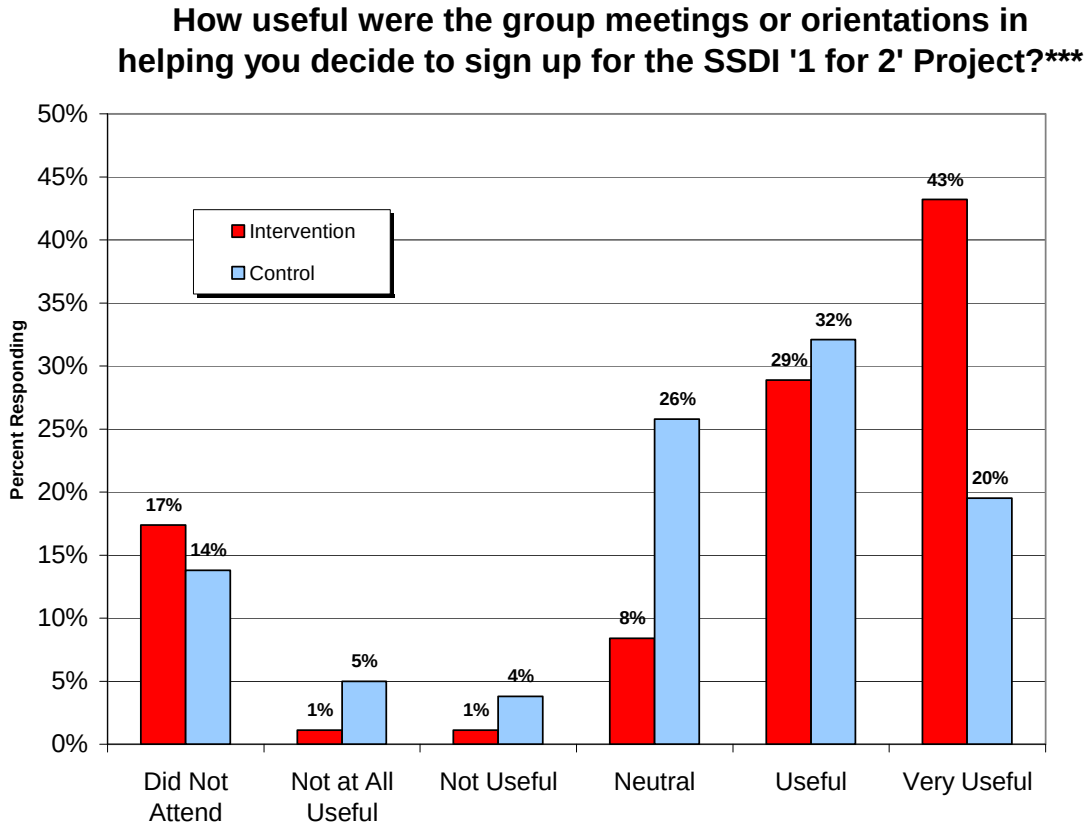
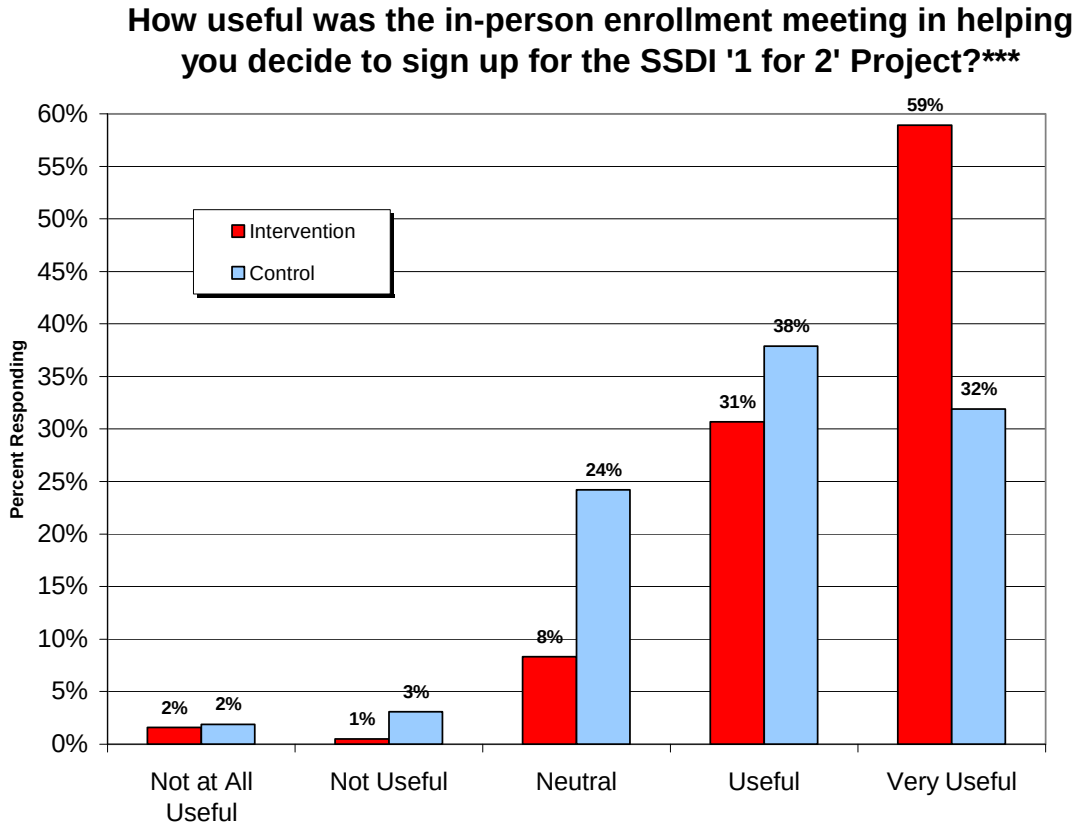


Figure 2.2. Usefulness of In-person Enrollment Meeting



Participants experience with enrollment process

Non-responder survey

To gain a better idea of why individuals did not respond to recruitment mailings, telephone calls were made to a group of individuals eligible for Disability Medicaid population. This group was selected because the team could access to the Disability Medicaid list without violating confidentiality. Out of the 31 people that were contacted 15 people (or 48%) were reached. All but one all of the individuals contacted remembered receiving the recruitment letter.

The reasons given for not responding varied and some individuals gave more than one reason. In summary, the reasons were:

- Four were worried about their benefits;
- Four were screened as not likely to be eligible for the project;
- Three individuals did not want to work more;
- One did not believe the recruitment letter was from Social Security;
- Two gave other reasons.

At the end of the call, 27% (4 individuals) indicated that they were interested in learning more about the project and wanted to meet with an enrollment specialist. The team

followed up with these individuals. Since a large percentage of the individuals were worried about benefits and/or wanted to learn more about the project, the team decided to mail a recruitment announcement to the Disability Medicaid group for a third time.

What worked well in recruitment & enrollment

Educating individuals on current SSDI rules regarding work throughout the enrollment process was essential. The enrollment team observed that most individuals did not understand the current SSDI rules related to employment. This lack of knowledge appeared to be a major detriment to individuals' willingness to work. Through the recruitment and enrollment process we were able to increase their understanding and potentially their willingness to consider working. Understanding the rules helped them understand the benefit of the work incentives whether they enrolled or not.

Personal contact between project staff and potential enrollees was necessary to explain the new rules and related benefits and risks in order to achieve the enrollment targets. Support from VR counselors and other agencies increased the likelihood of participants signing up for the project. It appeared that having a trusted source encourage enrollment enhanced the likelihood of people enrolling.

The project needed to communicate the message to beneficiaries multiple times using different approaches to achieve their understanding and consent. The project used various approaches to explain the complex rules to potential participants, such as, initial letters inviting participation, group orientation meetings, one-on-one meetings which included a detailed explanation of the Pilot, the written informed consent, charts illustrating the process, and promising written benefits summaries after enrollment.

To ensure participants were able to give true informed consent, the nature of their disability needs to be considered. For example, accommodations for low vision, blindness, deafness, low literacy, and cognitive impairments require assessment and individualized response to ensure effective communication. This involved a moderate level of skill on the part of the enrollment staff to assess an individual's need and respond effectively. This also required conscientious project support to develop the appropriate accommodations (such as Braille, audio recording of informed consent documents, use of interpreters and Relay system, etc.).

Acceptance and support for the UBOPD from collaborating agencies helped with recruitment. When recruitment was slow and we were not reaching our targets, the project Advisory Committee proposed a new recruitment strategy. The new strategy, adopted about halfway through the recruitment period, tailored the recruitment materials coming from VR counselors who were already known to the beneficiaries. This approach was only used with the VR program because the BPAO program had already used a personalized approach, and the mental health and Medicaid agencies were not structured in the same way with individual caseloads. The VR counselors were given a list of names that were sent the recruitment letters and therefore counselors could follow up with individuals encouraging them to enroll if appropriate.

<u>Utah VR Agency perception of pilot</u>. Don Uchida, the executive director of the Utah State Office of Rehabilitation, attributes the Utah VR agency's rising rate of reimbursements from Social Security as evidence that the targeted employment initiatives for people on Social Security disability are successful. Utah received $1.83 million in VR reimbursements from Social Security in 2007, which was the 15th rank among all the states receiving reimbursement; Utah is 40th rank in the number of SSDI beneficiaries. Director Uchida states: "The ['1 for 2', BPAO, Ticket to Work and MIG] programs have to convince the clients to work above SGA or nothing else we [VR] do will make a difference. We are doing quite well in this area."

Utah had a close working relationship with the Social Security Administration Area Work Incentive Coordinator (AWIC) for the state. A quick response from SSA to the BPQY verifying the enrollee's receipt of SSDI was very helpful in ensuring a correct decision of eligibility prior to enrollment. The AWIC researched several data sources in SSA to ensure accuracy of information prior to returning the BPQY form to the project.

What didn't work well

Since lists of beneficiaries from SSA were not available to the UBOPD team, the five target agencies databases were used to identify individuals who might be eligible. The data were inadequate for various reasons to effectively target recruitment. For example, approximately 50% of those receiving recruitment letters from VR were not eligible for SSDI only and therefore were not eligible for the Pilot Project. Also the converse of this issue is that some clients that appeared to be joint SSI/SSDI recipients were probably SSDI-only recipients but did not receive recruitment letters.

In the first month of recruitment, approximately 4700 recruitment letters had been sent and almost 750 individuals had returned the response form indicating interest in enrolling. The sheer quantity of responses overwhelmed the operations staff resulting in slower turn around time in contacting some individuals. Sending out recruitment letters in smaller waves would have allowed the team to respond more quickly which might have been more effective. For the second round of recruitment mailings, a staggered approach was used and the process was smoother.

Initially, many individuals did not show up for enrollment meetings. Traveling to meetings and waiting consumed a considerable amount of staff time. Reminder letters for the meetings and calls were instituted more consistently but did not eliminate the problem. Individuals have no incentive to meet or enroll unless they are already interested in working. Since many individuals did not understand current rules, the ramifications of what was being offered was not understood.

Obtaining Informed Consent. The explanation of the informed consent document with the beneficiary was very time intensive; taking from one-and-half to two hours. The length of time it will take to enroll and obtain informed consent needs to be evaluated and planned for carefully.

Information on the Benefit Planning Query (BPQYs) was not always accurate. As a result, individuals were enrolled that were not eligible. This resulted in confusion on the client's part and additional work for the team. One specific example is that after a year of being enrolled in the project, it was discovered that an enrollee was not eligible for the project because they were a Childhood Disability Beneficiary (CDB). Careful review of these documents by Utah's Area Work Incentive Coordinator (AWIC) greatly improved the quality of the information received.

Protracted period to complete CDR. During the enrollment phase, work continuing disability reviews (Work CDRs) took a long time to complete for some individuals. This impacted some individual's willingness to enroll because they do not know what the outcome of the CDR will be. If the CDR is not completed prior to enrollment, some individuals were unwilling to increase their work effort until the CDR was completed. In addition, some individuals were enrolled but it was later discovered were not eligible. Given the larger scale of the national demonstration, the back log of cases that do have not current work CDRs and the length of time they take to complete, the work CDRs process could dramatically impact the project's effectiveness. (Work CDRs are discussed at more length in the Administration of the Intervention section below).

Summary of lessons learned for BOND – Recruitment & Enrollment

Build relationships with established organizations to increase support for the program and to build program legitimacy. Collaborative relationships contributed to the success of the Utah Pilot. The project manager's experience with constructing effective relationships and Utah's culture of interagency collaboration increased the willingness of agencies to partner on projects. The BOND team will need to work on identifying the likely partners in each region that will help them be successful.

Communicating with potential enrollees and participants. The enrollment process should be constructed to ensure there is quick follow up with interested individuals. Use multiple methods to communicate information to participants. This includes oral, written and visuals such as diagram. Simple, reader-friendly language should be used in all communications. This is critical to ensure understanding. Participants moved frequently. By contacting participants by mail once a quarter or at least twice a year, mail will be forwarded by the US Postal Service and if address correction is requested, the new address will be provided to the project.

Establish a process for enrollment. Ensure the process is reviewed and understood by the team and adhered to. Stagger the enrollment timeline so the system is not overwhelmed with responses and enrollment staff can attend to the responders without delay. Recruitment was more effective when people were contacted quickly after they indicated interest.

Education on SSDI rules related to employment. Participants should be educated on the current SSDI policies related to work. It will be critical to the success of the BOND that the current rules as well as the demonstration rules are communicated in a simple and clear method. Reducing the amount of incorrect information and personalizing information as much as feasible will help individuals understand the implications for their personal circumstances and how the demonstration could benefit them.

Informed consent and authorization to disclose documents. Two areas that were not addressed in the Utah document that should be considered for inclusion are the likelihood of the client incurring an overpayment due to enrollment and authorization for obtaining a Work CDR.

The Work CDR process was a significant problem throughout the enrollment and the administration of the project. The issues with this will be discussed at more length in the Administration of the Benefit Offset section below.

Administration of the Intervention

Infrastructure for pilot implementation

Benefits counseling Services

Participants in both the intervention and current rules groups were assigned to a benefits specialist at the time of enrollment and were sent a letter with the name and contact information for the specialist. Priority for benefits analyses was given to intervention participants.

A written benefits summary was developed for each participant in the intervention group based on the individual's circumstances at the time of enrollment and any new data the participant provided. A benefits summary explained the impact that working would have on their eligibility for SSDI and their benefit amount under the offset, if applicable. The analysis was presented in person by the benefit specialist, unless the participant was not willing or able to meet. In that case, the written document was mailed to them.

A written benefits summary was developed for participants in the Current Rules group who requested one, or who reported earning near or above SGA at the time of enrollment. Once again the document was presented to the enrollee in person or by

mail based on the person's preference. A written summary of the benefits analysis was found to be very helpful.

While the project design called for all participants to receive a written benefits summary, first priority was given to those in the intervention group due to limited staff resources for providing benefits counseling, This resulted in some Control group participants not receiving a written benefits summary until months after enrollment, and much later than intervention group participants enrolled at the same time. An exception to this was if it became apparent during enrollment that someone who was ultimately assigned to the Control group needed immediate assistance.

A benefits technician corresponded with participants by phone, email and postal mail regarding their responsibility to report earned income to SSA through the project. Attempts to contact enrollees were made quarterly by postal mail to remind them of their responsibility to report earnings, and included a handout with an explanation of the SSDI benefit offset work rules.

Medical CDR Waivers

The prospect of having a medical CDR "triggered" because of employment is a work disincentive for some beneficiaries. Therefore, this provision in the benefit offset waiver was an attraction for many individuals who enrolled in the Pilot. Despite the attractiveness of this provision, the Utah BOPD has no way of knowing if any participants were exempted from receiving a Medical Continuing Disability Review because of their participation in the Pilot. The Benefit Specialist noted that one person did call to report that a Medical CDR was initiated while they were enrolled in the UBOPD. The Specialist contacted OCO and the problem was resolved. The Benefit Specialist also noted that several people removed from the Pilot due to the policy change in December 2008 called and expressed concern about now being eligible for the Medical CDR again.

In the 2008 focus groups with intervention participants, one participant with psychiatric disability was "excited . . . to have six years of not having to complete medical CDRs."

> **Medical CDR. Craig enrolled in the UBOPD in October 2006. One year later it was discovered that a Medical CDR had been initiated in 2005 but the beneficiary had not been notified that it was in process. There was no indication on his BPQY that the CDR had been initiated and OCO made no note of it when they were notified of his enrollment. Ultimately, the client was medically ceased and should never have been enrolled in the project. Luckily in his case, an incorrect payment or overpayment was not incurred.**

Benefit Offset

The Benefit Offset Waiver (the gradual reduction of the cash benefit) was implemented once individuals completed their trial work period (TWP) as verified by a work CDR, used their Cessation and Grace months, and started their Extended Period Eligibility (EPE). After this point, if their reported annualized earnings exceeded SGA, their cash benefit was adjusted.

The UBOPD staff tracked reported earnings from the intervention group and notified OCO quarterly of the names and earnings amounts of anyone in the Pilot who had:

- Not completed their TWP and their income had exceeded the TWP level for a month;
- Completed their TWP, were already receiving the benefit offset, and their annualized income increased or decreased during the quarter more than $1,000 for the entire year;
- Already started their EPE and increased their work over the SGA level, and became eligible for the Benefit Offset.

Initially, the earnings reports were sent monthly to OCO of all individuals in these categories. OCO could not keep up with these reports and, as a result, the projects moved to a quarterly reporting scheme. Unfortunately, the quarterly reporting resulted in delays in adjustments to cash offsets resulting in incorrect payments. This will be discussed at more length below.

All decisions on status – completion of TWP or eligibility for the benefit offset waivers – were administered by the Social Security Office of Central Operations (OCO).

The focus groups held in 2008 informed us about participants' perceptions of being eligible for the benefit offset. The intervention group participants were generally positive about the opportunities they had by being in the intervention group. One mentioned she felt "safer" to work. Several participants admitted they had limited their work hours before enrolling in the project and being assigned to the intervention group. They were happy they did "not have to work under the limit," i.e., SGA.

Others said that an important benefit to them was maintaining Medicare eligibility. Several participants mentioned a key reason they had previously limited their hours of working was to keep health insurance (Medicare and/or Medicaid). One person expressed relief in "knowing I could keep insurance no matter how much I make."

> **Success Story. "Kathy" began working, by her own account, as a result of the encouragement from the BOPD team. After a job search she started working at a job in Utah State government at a salary of around $50,000 per year. Her income level meant she would be in "non-pay status" for her SSDI cash benefit. Kathy stated that having extended Medicare benefits available has been an important reassurance to her. She feels that the pilot project has contributed to her success in entering the workforce again. She hopes the benefit offset can continue and be available to help other people.**

But there was still some reluctance on the part of some participants to risk a change in working: "Despite [having the benefit offset] I still worry about losing my checks." Several admitted to intentionally limiting work hours and refusing pay increases because they didn't want to earn over SGA. One participant stated she was unwilling to use all her Trial Work months because she wanted to save the 5 months she had remaining for a "career job." Still another participant limited his hours despite being eligible for the benefit offset because he would lose payments from private insurance (MetLife).

Trial Work Period and Work CDRs

The 4-state pilots were implemented under a "do no harm" philosophy. Due to the lengthy Work CDR process used to verify trial work months, beneficiaries were harmed by having incorrect payments and overpayments and benefit checks being unexpectedly suspended due to the wrong payments.

SSDI recipients are entitled to a Trial Work Period (TWP) during which clients can earn any amount and still get their full cash benefits. During the TWP, clients use a trial work month any time they earn over $700/month (2009 level). Once a client uses nine trial work months, their TWP is ended. At the completion of the TWP, the recipient begins their Extended Period of Eligibility (EPE). The first time they earn over SGA after the TWP they are given a three-month cessation and grace period in which their cash benefit is not impacted no matter what their income level is. After cessation and grace, if they earn more than SGA in a month, they are not eligible for a cash benefit for that month; however, if they are in the intervention group of the BOPD they are eligible for the offset.

To establish that a TWP has been used, a work continuing disability review must be completed. This includes an approximately 20 page form – a work activity report or "821" – the client must complete and sign. The document requests information about their employment and gives SSA authorization to contact the person's employers to verify their earnings. Earnings verifications are obtained from each employer using a form called a "725." An alternative is that if the employer submits employment earnings to the "Work Number" [a third party entity that offers employment and income verifications], then SSA and other entities that obtain authorization can verify earnings. This process would be much quicker but the UBOPD did not have access to the system.

> **Verifying employment. "Frank" worked for FedEx Ground Package system. An Employment verification form (or 725) was sent by OCO to the Utah BPOD with an address listed for FedEx in Moon Township, Pennsylvania. After doing some research, the benefits technician determined that FedEx uses the Work Number, a income verification company. OCO has access to the Work Number and therefore could get the employment information without sending an 725 form.**

A timely work CDR process is important for minimizing the possibility of overpayments at the start of the offset eligibility. The Utah BOPD assisted OCO in the work CDR process by (1) Helping the client complete the 821, if they need it, and return to OCO; and (2) facilitating the mailing of the employer work reports (725s); and (3) returning the employer reports to OCO if sent to UBOPD. OCO initiated the 725s and completed the forms with the company name and address to which the 725 should be mailed. But frequently the address listed by SSA was incorrect due to companies having multiple locations. As a result, sending the 725s required research by the Utah BOPD team to determine the correct location to which the form should be sent. For example, someone might work in Salt Lake City but the national headquarters are in another state where the form must be sent.

> **Locating addresses of employers. "Hannah" worked for BBSI-Strategic Staffing. A 725 (Employment verification form) was sent to the project by OCO. The address listed on the the 725 was in Vancouver, Washington. After doing some research, the technician found a local Strategic Staffing and sent the form there for completion.**

The work CDR process takes anywhere from a month to more than a year, delaying decisions on whether a TWP had been completed and the benefit offset should be initiated. This delay frequently resulted in large over- or incorrect-payments. As discussed above it also impacted the enrollment of beneficiaries.

In two cases, individuals were enrolled in the project and it was later discovered that they were not eligible for SSDI when they enrolled. In both cases, the BPQYs were reviewed prior to enrollment but because work had not been developed through the CDR process there was no information regarding their status. It is unclear why this occurred but it appears both individuals had not reported their wages consistently to SSA, if at all.

Income Reporting and Benefit Adjustment.

The most significant problems encountered by the UBOPD related to income reporting and the benefit adjustment for the intervention group. The problems which are detailed below included: delays in adjusting SSDI payments; adjustments for incorrect payments or overpayments[13]; inconsistencies of notices received from OCO; language used in OCO letters; inconsistent application of offset rules; and annual estimate and reconciliation.

Delays in adjusting SSDI payments. SSA/OCO did not adjust the beneficiary's check immediately upon learning of the potential offset eligibility, but initiated a work CDR process, discussed above, to document the use of Trial Work Period (TWP)

[13] Incorrect payments were over or under payments made and identified in the same calendar year. Over or Underpayments are payments made and then discovered in subsequent years.

months. If the beneficiary continued to work above SGA while a determination was made regarding completion of their TWP, the person would begin accumulating an incorrect/overpayment.

> **Stopping benefit checks at end of EPE. "Marcos" was receiving the benefit offset when his 72 month EPE expired in February, 2008. The Utah implementation team requested SSA cease his benefit checks to prevent an overpayment. Marcos continued to receive a full benefit check through July 2008, even though many attempts were made by the local SSA office to get it stopped. Because the information system had the case marked as a Benefit Offset case, the local office did not have authority to take action on the case. The backlog at OCO and the low priority of the problem prevented action on the issue until August. Meanwhile the beneficiary spent the money.**

Incorrect or over-payments. Once OCO verified the TWP had been used, and the beneficiary was reported to be earning above SGA, the benefit offset would begin. The beneficiary's SSDI check was adjusted based on the annualized earnings estimate while in the offset period and any incorrect or overpayments that might have been made in the interim. Individuals with overpayments would have their benefit checks "suspended" until the amount of incorrect payments (within the same calendar year) was paid back. For overpayments, Social Security decided that beneficiaries in the Pilot project could contact their local field office to request a re-payment plan for overpayments, under the same rules for any other beneficiary who has an overpayment. Under those rules, if the beneficiary does not request a repayment plan or respond to SSA's offer of a repayment plan within a 90 day window, then the person's cash benefit may be suspended.

In many cases the beneficiary knew s/he was being overpaid. Beneficiary's reactions to being overpaid varied. Some were quite distressed that they had received money they would need to pay back; while others were nonplussed. Some spent the funds on their current needs, while others placed the funds in a separate account to hold until asked to repay an overpayment. Still others did not know they were being overpaid and were shocked to learn several months later of large overpayments due.

> **Overpayments. "John" tried for more than a year and a half to resolve an overpayment from SSA which resulted from the case being reworked by someone at SSA without taking his involvement in the '1 for 2' project into account. This individual finally withdrew from the UBOPD because he felt the project was causing him more problems than benefiting him. By withdrawing, this individual's benefits ceased, he would no longer receive a benefit offset, and still had an overpayment.**

Inconsistencies of notices received from OCO. Individuals in the intervention group typically received two notices from OCO every time their benefit check was

adjusted, and in most cases one letter indicated a different amount from the other. The first letter was from a Disability Examiner (DE) and indicated their monthly benefit amount before Medicare B is taken out. The next letter sent by a Benefits Authorizer (BA) indicated the Benefit amount after Medicare was taken out and after any adjustments for under- or overpayment and the adjusted monthly amount if appropriate. OCO explained that their processes required these two steps. Unfortunately, the dollar amounts noted in the two letters do not tie to one another so the reader can understand the different amounts. We suggest a simple resolution would be the BA letter could refer to the amount in the DE letter, for example, "your benefit amount is $1000; after Medicare B is deducted your monthly benefit is $903.60. Your benefit offset amount is $200; therefore your new monthly benefit amount is $703.60."

Language used in OCO letters. The letters were often confusing to recipients and in some cases alarming. Letters to SSA enrollees informing them of the end of their TWP state that the person's disability has ended due to substantial work. The offset letters frequently use this language as well. The receipt of these letters causes great distress for the recipient and some individuals consider quitting their job(s). Clarifying this language would be very beneficial. For example, the letters could be worded to indicate that the person may still be disabled but their benefits may/will be reduced due to earnings. In addition, the overall language used in SSA letters needs to be simplified.

Inconsistent application of offset rules. The early experiences with implementing the benefit offset were difficult for the UBOPD team and the participants because of the long delays and the lack of understanding of the calculation methods that were used. OCO staff inconsistently applied the calculation rules which could be attributed to the staff being on temporary assignment to the project for 120 days. Clear documentation of the rules and processes for determining the offset is needed.

As the process became more streamlined and staff at OCO caught up with a backlog of benefit adjustments, the lag time between initial offset eligibility and check adjustment was shortened. However, because of the time needed to verify TWP use, it is impossible to make the transition to a benefit offset *without* incurring an overpayment. We recommend that the likelihood of having an overpayment be explained to the beneficiary as part of informed consent.

Suspension of benefits. Because of the delay in implementing the benefit offset many individuals had incorrect payments and to adjust for these at the end of the year, their checks were suspended for one to three months. At the end of 2008, eleven individuals in the intervention group were affected by this. Participants were not aware that their checks would be withheld and were very surprised. In addition, checks were not reinstated as appropriate in the new year so people experienced additional problems.

Annual earnings estimates and year-end reconciliation. Each year the Pilot staff submit to OCO the annual estimates of earnings for each beneficiary who is thought to be eligible for a benefit adjustment, either at the end of the calendar year or the beginning of the next. Sometimes OCO did not adjust the payment at the beginning of the year because they perform the year end reconciliation and the adjustment at the

same time – sometimes as late as March or April. These two actions should be performed separately in cases where the beneficiary has a large change in earnings from one year to next. By separating these two processes and implementing new estimates at the beginning of the calendar year -- not waiting for the reconciliation -- OCO would dramatically reduce the likelihood of an incorrect payment.

> **Delays in adjusting benefit payments. "Larry," a participant in the intervention group, did not have a job at the beginning of 2009 thus his annual estimate of earnings was $0. Larry got a job in September earning $2000/month. This increased his 2009 yearly estimate from $0 to $8000, which is still under SGA and no offset was needed for 2009. For 2010, Larry's earnings of $2000/month would result in an estimate of $24,000 for the year, which would result in a significant reduction in benefits due to the offset. However, OCO's system continues to pay benefits based on the most recent annual estimate of $8000 until they receive the client's W-2's and/or paycheck stubs from 2009 and an annual estimate for 2010. Due to normal delays in receipt of documentation and the time it takes OCO to work the case, Larry will likely be incorrectly paid for four or five months of 2010 while waiting for his benefits to be recalculated.**

OCO must reconcile the amount of SSDI the beneficiary received for a calendar year with the amount they should have received, based on actual earnings to assess if the person had an over- or underpayment. OCO obtains information about the amount and timing of earnings based on paystubs or a W-2 form. SSA policy counts the month and year the earnings were *earned*, not *paid*. This distinction is especially pertinent for income earned at the end of the year and paid at the beginning of the next year. A W-2 reflects earnings paid in a calendar year and pay stubs reflect dates earned. If a W-2 is used for 2008 annual reconciliation and December 2007 pay stubs are not subtracted, the client will have the earnings for that month double counted. To ensure equity and reduce confusion, clearer policies for calculating the offset should be established. The BOPD-POMS does not reference the problem with using the different methods. Therefore, with no direction regarding the method, it is left to the discretion of the BE and/or BA.

Increasingly, many employees are receiving their paystubs and W-2's electronically. In some cases that is the only way they are available. If the individual does not have Internet access they cannot easily retrieve and submit them. This has been an increasing problem with the benefit specialist obtaining the W-2's and pay stubs for income reporting.

The income reporting process was very time consuming for UBOPD staff. The specialist and technician worked as case managers at many points to try and resolve the discrepancies. Given the magnitude of the national demonstration this will require a significant amount of time unless the problems are resolved.

<u>Period income was earned vs. when paid</u>. W-2 vs. December pay stub. "Sue" earns $2000 per month in 2007 and then $1500 per month in 2008. In 2007, pay stubs, which show when wages were earned, are used to calculate her annualized earnings for 2007 of $24000 and her annualized offset amount equals $13200. In 2008, paystubs are not available for her annual reconciliation so her W-2 is used. The 2008 W-2 reflected $500 in earnings she was paid in January of 2008 that was already counted in her 2007 annual reconciliation. The inconsistent use of pay stubs versus W-2s resulted in Sue having $500 in wages being counted twice and her offset amount being $250 less than she was eligible for. This may not appear to be a significant amount of money for an individual but when the methods vary from year to year, the impact is multiplied.

Relationship between state pilot staff and SSA staff

A team at SSA dedicated to processing the offset cases was essential for expediting and ensuring accuracy. SSA implemented such a unit mid-way into implementation of the pilots. The effectiveness of the unit was compromised by the fact that the BA and BE staff were rotated in and out of the unit every 120 days. The supervisor and one other individual remained on the project throughout and this helped when case decisions were appealed by the UBOPD.

The Utah BOPD was not consistently notified by SSA of actions taken impacting intervention group participants. Copies of notifications were requested throughout the project but frequently were not received. This resulted in the team not being able to resolve problems until they had festered. The receipt of notifications by the Utah team became more consistent when the dedicated team was established.

Utah's Pilot team had numerous cases of beneficiaries eligible for the offset having their cases reworked by a payment center not involved in the pilot. A payment center staff person (i.e. someone outside the dedicated unit) as part of sending an Automatic Earnings Reappraisal Operation (AERO)[14] letter reworked the cases without taking into account that the person was eligible for the benefit offset. As a result, several individuals had large incorrect payments deposited to their accounts. For example, one person received a $16,000 incorrect payment - another person $6,000. The OCO dedicated unit supervisory team has been proactive in resolving these problems. But these errors increase the workload for everyone and have a very negative effect on participant and team morale.

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[14] Automatic Earnings Reappraisal Operation (AERO) is the process that automatically screens Earning Records (ERs) that have changes in earnings information and computes the necessary changes.

Secure Email System. The ability to communicate with SSA team via the secure SSA email was critical to project functioning. Given the AWIC's role in providing information on clients, it would have been beneficial if she had been allowed access to the system as well especially during the enrollment period.

Issues with phase-out process specified by SSA

SSA did not officially notify UBOPD of the policy change effective December 16, 2008 but the staff were aware the change was pending in the middle of October. As a result, for clients who had not completed their EPE and it appeared that they might be able to complete it, the Utah BPOD called the clients on the telephone and/or sent them a notification of the pending change starting in late October 2008. The pilot project had less than 3 months to work with enrollees on the change in pilot eligibility. With additional warning, more individuals could have incorporated this change into their decision making.

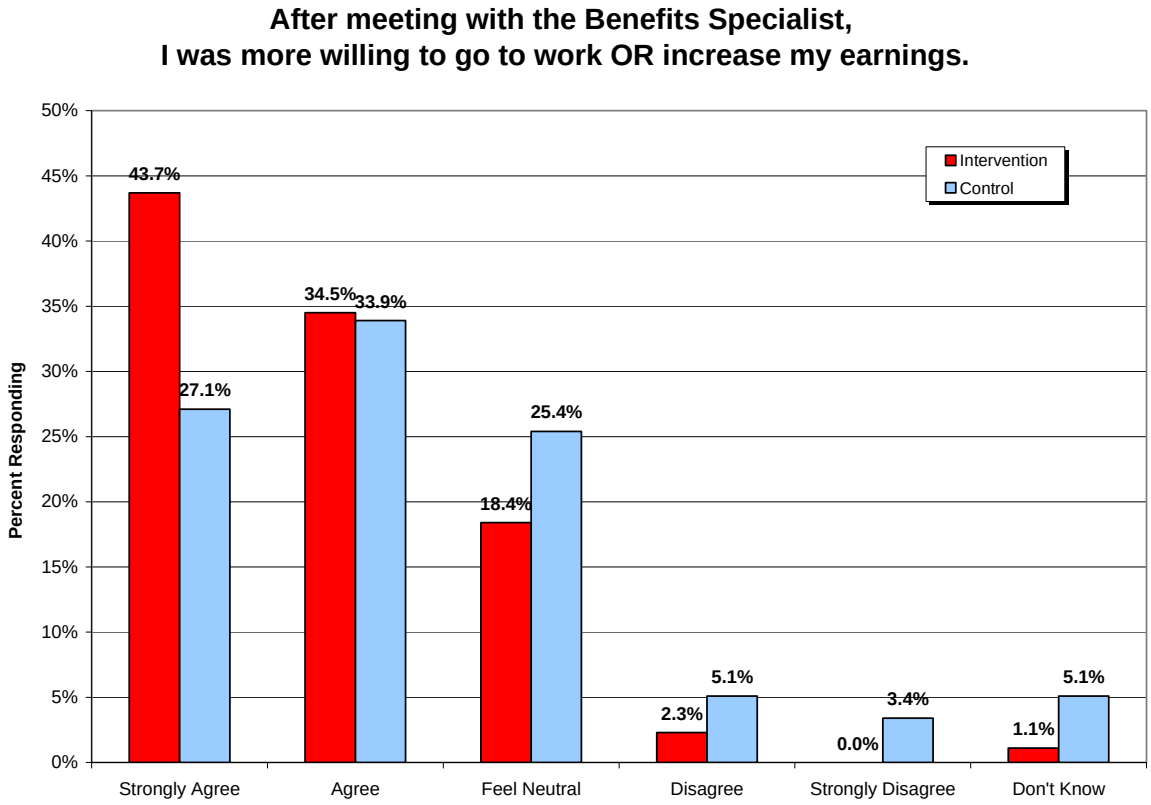
The UBOPD staff sent all participants a cover letter along with SSA's official notice of policy change December 16, 2008. We received a variety of responses to the letters. A number of participants expressed fear that they would need to quit their jobs. This presented the opportunity for us to explain current rules and encourage participants to meet with a Benefits Specialist to better understand the rules of SSDI. Others apologized for not being able to work and fully participate in the project and asked to meet with us to reconsider our decision to end their participation. One or two clients expressed concern that this change meant that they would no longer be on SSDI benefits. Many clients expressed disappointment because they could see the value in the project and had hoped to be able to continue utilizing these benefits.

What worked well during Administration of Intervention

Benefits Counseling.

The 12 month survey asked all participants (both intervention and control) whether they had received benefits counseling. Those who said they had received it were then asked if they agreed with the statement, “After meeting with the benefits specialist I was more willing to go to work or increase my earnings.” Seventy eight percent of the intervention group and 61% of the control group indicated they strongly agreed or agreed with that statement. What was remarkable was there was no statistical difference between the groups and both indicated a strong interest in work. It was unexpected that so many of the control group would be interested in going to work or increasing earnings as a result of their benefits counseling.

Figure 2.3 Attitude toward work after meeting with a Benefits Specialist



Data from participants who completed the one year follow up survey and reported receiving benefits planning: N=146, n for intervention = 87 and n control = 59

The focus groups conducted in the fall of 2008 with intervention group participants added qualitative data to the 12 month survey data. In regard to benefits counseling many of the focus group participants felt the benefits counseling they had received at enrollment helped them to clarify their options and gave them a better understanding of what could happen. Some comments were, that they became aware of work rules for the first time, liked the "personalization of the information, "definitely understand things better," and said they were more likely to work. One person mentioned the benefits counselor helped him "become aware of how the '1 for 2' feeds in to retirement"; that is, continued contributions into the FICA system would lead to higher benefits at retirement.

Maintaining contact with intervention participants. Reiterating the Pilot Rules in every communication to the intervention group probably led to increased understanding and therefore willingness to increase their work effort.

Close working relationship with the AWIC. Enrollees wanted a person at SSA that they could contact. Although the BOPDs are supposed to serve as the point of contacts for enrollees, individuals want to be able to contact SSA themselves. A contact was not initially established but ultimately this was resolved.

Reporting substantial changes in earnings quarterly. OCO settled on a schedule of updating the earnings estimates quarterly. Utah BOPD staff reported them to OCO if the changes amounted to more than $1,000 annualized. This seemed to be a reasonable compromise between monthly and annually.

Facilitating the obtaining of 821's and 725's. A timely work CDR process is important to minimizing the possibility of overpayments at the start of the offset eligibility. OCO alerted the UBOPD at the start of the Work CDR process, and pilot staff worked the beneficiary to complete the Work Report form (821). Pilot staff also researched the correct and most appropriate mailing address for the employers and mailed the Verification of Work form (725) to all relevant employers.

Overpayment amnesty. The policy of local SSA offices routinely to forgive overpayments that are less than $1000 was helpful in resolving fairly small overpayments. Raising this limit should be considered.

Website. Utah spearheaded the creation of the BOPD website, (http://benefitoffset.org/). The website provided an overview of the project and a simple calculator for figuring an offset amount. In addition, all four states submitted operational documents for posting. From its launch in August 2007 to October 15, 2009, the site has had visits from 3163 unique visitors for a total of 4864 visits on its various web pages.

Figure 2.4 Screen Shot of BOPD Website

What didn't work well

Access to benefits counseling

A few intervention group participants in the 2008 focus groups could not remember receiving benefits counseling, or said they did not receive it. These focus group participants were all in the intervention group, and should have received a benefits analysis and written summary. In most cases, the analysis was presented face to face, but in some cases because of travel distances or difficulty scheduling, the benefits counselor mailed the written summary to the participant and did not meet face to face. Participants may not have known what was being referred to as "benefits counseling."

Another issue with timely access to benefits counseling was the limitation of staff resources. Enrollment specialists also performed the role of benefits counseling. At the height of the enrollment rush the benefits counselors were over-taxed. Project management decided to establish a "triage" provision for benefits counseling that gave priority to intervention participants and control participants who were working. This strategy potentially compromised the equivalence between intervention and control, because the control group differed in access to benefits counseling as well as access to the offset.

Access to BOPD Cases. SSA Payment Centers that were not involved in the Pilot were able to access and rework the cash benefit of cases without taking the individual's eligibility for the benefit offset into account. This resulted in individuals enrolled in the Pilot being given large payments (for example, $16,000 as recently as September 2009). The understanding of Utah BOPD staff was that SSA decided not to block access to these cases. SSA workers in Payment Centers (and other workers at SSA) with no training in the offset procedures should have limited access to benefit offset cases in the main SSA data system.

Inform enrollees of Likelihood of Overpayments. We recommend that the likelihood of having an overpayment at the start of the benefit offset be explained to the beneficiary as part of informed consent.

Wording of SSA Letters. Letters to enrollees should use people friendly language and the dollar amounts used in the various letters should reconcile to each other so recipients are not confused.

Work CDRs. The work CDR process is time consuming and yet timeliness is important in preventing overpayments once offset eligibility begins. It would be beneficial to look at ways to expedite the process. One idea is to provide the BOND site access to the "Work Number" so earnings can be verified more quickly and easily.

Quarterly reporting of income changes created many problems with overpayments or incorrect payments when individuals experienced a significant change in their income. More frequent reporting and adjustment of benefits or adopting a retrospective monthly accounting (RMA) process, as used in the SSI program, or another method for the national demonstration should be considered. In addition, the annual earnings estimate process that is being used for the Pilots currently has many problems that create disincentives for participants.

Annual Reconciliation. Policies for the annual reconciliation and calculating the offset should be implemented consistently. If, for example, a W-2 is used for 2009 annual reconciliation and December 2008 pay stubs are not subtracted, the client will have the earnings for a portion of that month double counted. To ensure equity and reduce confusion, clearer policies for calculating the offset should be established. The BOPD-POMS does not reference the problem with using different methods. Therefore, no direction is provided on action to take and it appears it is left to the discretion of the BE and/or BA.

Suspension of Benefits. OCO places beneficiaries in the offset into a non-pay status to prevent incorrect payments. In some cases they are not moved back to pay status at the beginning of the following year and cash payments are delayed. There should be a trigger in the system to remind/force a beneficiary to be moved back to pay status.

Lessons for BOND on Administration of Intervention

Training for benefits counselors

SSA policies are complex as are the interrelationships of various federal and state benefit programs. A training program that provides this information as well as hands-on experience in applying them will be critical.

Regional SSA-BOND liaison. Establish a liaison between BOND implementation staff and the Social Security Administration office for the region. The position of Area Work Incentives Coordinator, if it exists in the region, has responsibilities that could assist with information exchange in needed areas. Common issues that require local interaction include obtaining BPQYs for enrollment eligibility and/or benefits counseling, and resolving overpayments or suspensions.

Verifying Work for CDR process. It would be beneficial to look at ways to expedite the earnings verification process. One idea is to provide the BOND site access to the "Work Number" so earnings can be verified more quickly and easily.

Notify of possibility of suspension. Participants in the offset should be informed of the possibility that their benefit check(s) may be suspended at the end of the calendar year if incorrect payments are estimated. There should be a reminder in the system to remind/force a beneficiary to be moved back to pay status at the beginning of the new year.

Use W-2's for annual reconciliation. We recommend w-2s be used for the income reconciliation process. It would eliminate many of the errors and would be much simpler. This would be an exception to SSDI policy to count earnings in the period earned, but given that this is a pilot they may be able to use this method.

Letters from SSA. Work with SSA to re-word letters to enrollees to use plain language and make communication about benefits clear. If multiple letters are sent, ensure dollar amounts used are consistent and clear.

Section 3: Impacts of Benefit Offset on Beneficiary Earnings

Although the primary focus of the Utah study as a pilot demonstration project was to identify challenges in implementing a benefit offset program and its evaluation, one of the four questions posed by SSA to the four states was to establish for whom the benefit offset policy was most effective. Developing estimates of effectiveness involved an impact evaluation based on a random assignment experimental design that made use of two sets of analyses, reported here as the Common Analyses that were consistent across the four BOPD states as well as some State-Specific Analyses. In line with the impact question posed by SSA, both the common and state-specific analyses go beyond the aggregate impacts to assess the contextual question of what works for whom, and under what circumstances.

Common Analyses

The four 1 For 2 Benefit Offset Pilot Demonstration states agreed to conduct common analyses to facilitate identification of general patterns as well as differences across the states. These analyses involve consensus on three outcome variables (Employment, Earning Above SGA, and Quarterly Earnings). There was also agreement that to understand the process by which some participants make arrangements to increase their work efforts we would conduct the common analyses in terms of quarters relative to enrollment. For example, in reporting the earnings for participants four full quarters after enrollment, this would be earnings in the first quarter of 2007 for those enrolling in the first quarter of 2006 whereas it would be earnings in the third quarter of 2007 for those enrolling in the third quarter of 2006.

Impact on Earnings: Aggregate Results

The impact of the experimental policy intervention was assessed with three outcome measures based on Unemployment Insurance (UI) wage data. The first was whether the participants had any earnings in a particular quarter. No data for a participant in a quarter was interpreted as representing $0 in that quarter.[15] A second measure was whether the participant earned above the Substantial Gainful Activity (SGA) threshold that applied in a particular quarter (ranged from $810 to $980 per month in quarters studied). In that the UI wages are quarterly, the monthly SGA threshold was multiplied by three, meaning that those above the quarterly threshold earned above SGA in at least one of the three months of the quarter. The third outcome measure was the dollar amounts reported in the UI wage file.

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[15] Recognize that UI data do not capture earnings from a variety of sources, including self-employment, employment out-of-state, federal employees, and small non-profits – including religious organizations, railroad workers, and agricultural enterprises.

The results indicated that the benefit offset had minimal impact on whether participants had any earnings (the Employment measure reported in Table 1a), with a difference reaching statistical significance ($p<0.10$, two-tailed; this is the level used in this report, with results reaching this level presented in bold font) only for the second quarter after enrollment. In this quarter, 49.2% of the intervention group was employed and 41.7% of the control group, leading to a difference of 7.5 percentage points. There was also a large, though non-significant, intervention advantage of 7.0 percentage points in the sixth quarter after enrollment, but this decreased to 2.6 percentage points by the eighth quarter after enrollment.

For the other two measures, however, the offset proved more effective, with statistically significant positive results for five of the nine quarters examined (second, third, sixth, seventh, and eighth quarters after enrollment) for the SGA measure and for three of the nine quarters (sixth, seventh, and eighth quarters after enrollment) for the measure of average quarterly earnings. The average quarterly earnings were at least $400 higher for the intervention group in the last three quarters reported (statistically significant at the $p<0.10$, two-tailed), and the advantage of the intervention group in earning above SGA was above 6 percentage points for the five quarters with statistically significant results ($p<0.10$, two-tailed). These results indicate that the benefit offset is having a substantial impact that is larger than expected due to the chance of random assignment and, further, does not diminish during the period of study.

Table 3.1 All Participants

Table 3.1a. Percentage of Beneficiaries with Any Earnings, All Participants										
	Intervention			Control			Difference			
Quarter	N	%	S.E.	n	%	S.E.	Diff.	S.E.	1-tail p	2-tail p
Enroll	242	47.9	3.21	244	43.0	3.17	4.9	4.51	0.139	0.277
+1	242	45.9	3.20	243	44.4	3.19	1.5	4.52	0.370	0.740
+2	242	49.2	3.21	242	41.7	3.17	7.5	4.51	0.048	0.097
+3	242	50.8	3.21	241	45.2	3.21	5.6	4.54	0.109	0.217
+4	242	50.4	3.21	241	47.7	3.22	2.7	4.55	0.276	0.553
+5	242	46.7	3.21	241	47.3	3.22	-0.6	4.54	0.447	0.895
+6	241	48.1	3.22	241	41.1	3.17	7.0	4.52	0.061	0.121
+7	241	44.0	3.20	239	39.3	3.16	4.7	4.50	0.148	0.296
+8	241	43.6	3.19	239	41.0	3.18	2.6	4.51	0.282	0.564

Table 3.1b. Percentage of Beneficiaries Earning Above SGA, All Participants											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	242	15.7	2.34	244	12.7	2.13		3.0	3.16	0.172	0.343
+1	242	14.9	2.29	243	14.4	2.25		0.5	3.21	0.438	0.876
+2	**242**	**19.8**	**2.56**	**242**	**13.6**	**2.20**		**6.2**	**3.38**	**0.033**	**0.067**
+3	**242**	**21.1**	**2.62**	**241**	**13.7**	**2.21**		**7.4**	**3.43**	**0.016**	**0.031**
+4	242	21.1	2.62	241	17.4	2.44		3.7	3.58	0.151	0.302
+5	242	17.8	2.46	241	17.8	2.46		0.0	3.48	0.500	1.000
+6	**241**	**20.7**	**2.61**	**241**	**14.1**	**2.24**		**6.6**	**3.44**	**0.028**	**0.055**
+7	**241**	**22.4**	**2.69**	**239**	**13.8**	**2.23**		**8.6**	**3.49**	**0.007**	**0.014**
+8	**241**	**21.6**	**2.65**	**239**	**13.3**	**2.20**		**8.3**	**3.44**	**0.008**	**0.016**

Table 3.1c. Mean Quarterly Earnings, All Participants											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	n	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	242	1114	1935	244	964	1791		150	169	0.189	0.377
+1	242	1121	2227	243	1038	1817		83	185	0.327	0.653
+2	242	1280	2051	242	1054	2056		226	187	0.114	0.228
+3	242	1383	2251	241	1130	2092		253	198	0.101	0.202
+4	242	1434	2396	241	1272	2220		162	210	0.221	0.442
+5	242	1381	2634	241	1332	2368		49	228	0.415	0.829
+6	**241**	**1566**	**2739**	**241**	**1166**	**2126**		**400**	**223**	**0.037**	**0.074**
+7	**241**	**1569**	**2757**	**239**	**1118**	**2065**		**451**	**222**	**0.022**	**0.043**
+8	**241**	**1572**	**2671**	**239**	**1136**	**2178**		**436**	**223**	**0.026**	**0.051**

Figure 3.1 Percentage Employed by Group

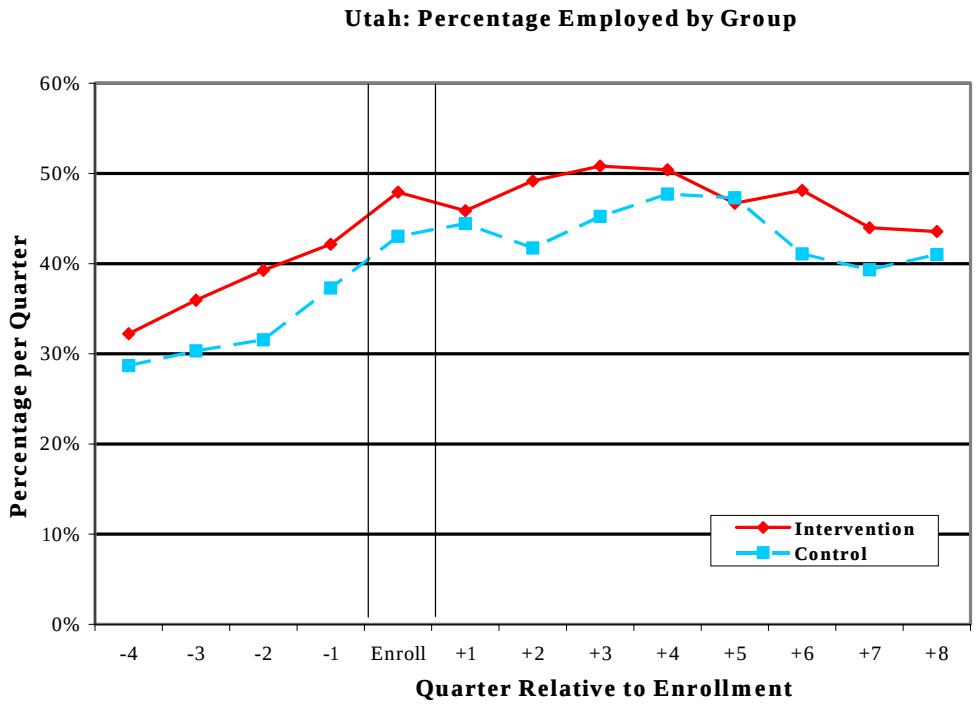


Figure 3.2 Percentage of Beneficiaries Earning Over SGA

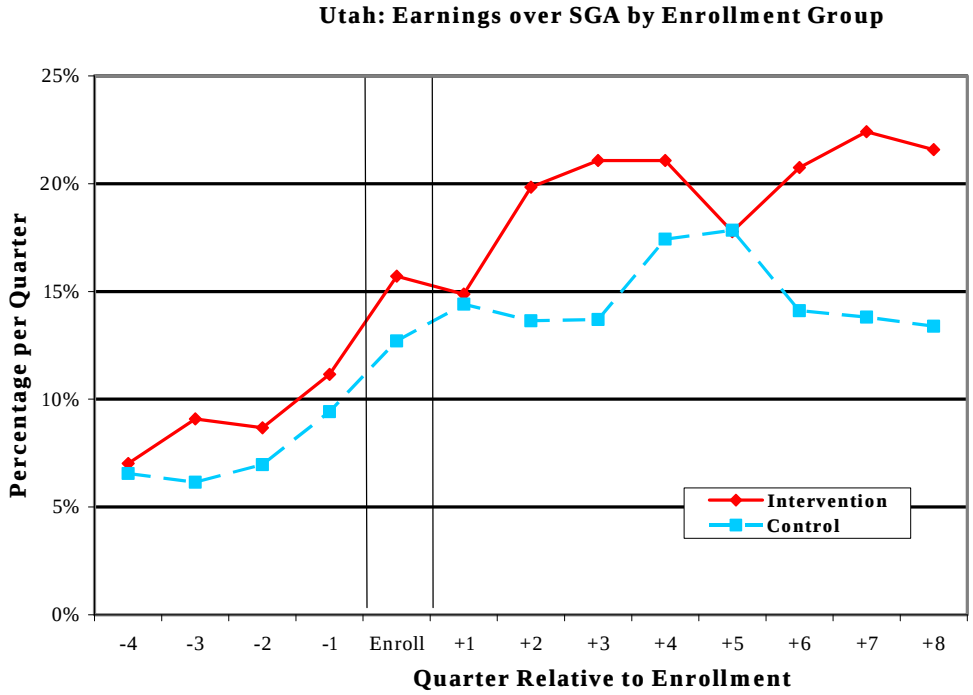
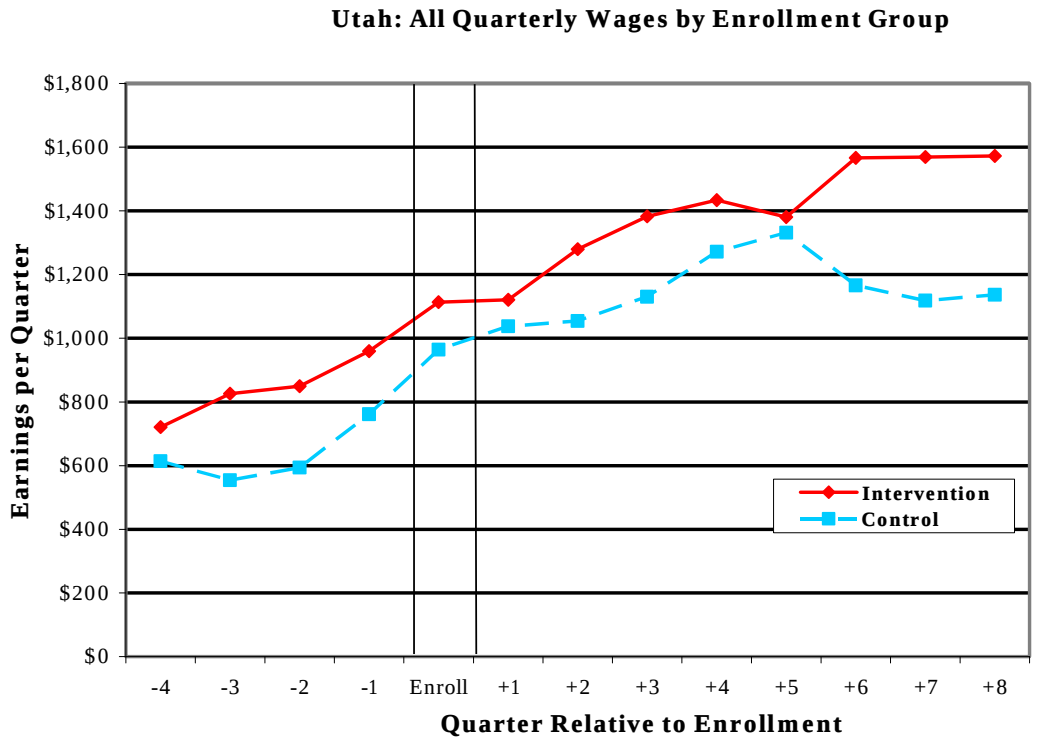


Figure 3.3 All Quarterly Wages by Enrollment Group



Impact On Earnings: Subgroup Analyses

In that the benefit offset policy was not expected to help all SSDI recipients increase their work efforts, it is important to consider its impact on relevant subgroups. The four states agreed on five sets of subgroups to distinguish: Baseline earners, Males-Females, Young-Old, MBI participants at enrollment, and TWP completion at enrollment.

Baseline Earners.

The group most expected to benefit from the opportunity provided by the benefit offset policy consists of those earning the most in the quarters right before enrollment in the BOPD project. In order to have a group for analyses with sufficient numbers, the four states distinguished those who had earned $1,200 or more in at least one of the four quarters prior to enrollment (i.e., an average of at least $400 per month for one of these quarters). There were 174 people (94 intervention; 80 Control) who met this criterion in Utah.

Tables 3.2 and 3.2 and Figures 3.4 to 3.9 show that almost all of the policy impact in Utah occurred with those defined as Baseline Earners. Whereas all of the outcome measures showed statistically significant positive impacts in several of the quarters after

enrollment, there were no such positive impacts for those defined as non-earners. Indeed, most of the results for this group that approached significance were negative outcomes for the intervention group relative to the control group.

The positive results for the Baseline Earners were most notable in the first, second, third, sixth, seventh, and eighth quarters after enrollment (statistically significant at $p<0.05$, one-tailed, for the third, sixth, seventh, and eighth quarters for the Above SGA measure and for the first, second, third, sixth, and seventh quarters after enrollment for the Employment measure). For the Above SGA measure, this involved the intervention group earning above SGA at a rate that was 14 percentage points higher than the control group for the last three quarters studied, a strong indicator of policy effectiveness.

Table 3.2 Baseline Earners

Table 3.2a Percentage of Beneficiaries with Any Earnings, Baseline Earners											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	94	86.2	3.56	80	80.0	4.47		6.2	5.72	0.140	0.280
+1	**94**	**83.0**	**3.88**	**80**	**71.3**	**5.06**		**11.7**	**6.37**	**0.033**	**0.066**
+2	**94**	**83.0**	**3.88**	**80**	**70.0**	**5.12**		**13.0**	**6.42**	**0.022**	**0.043**
+3	**94**	**83.0**	**3.88**	**80**	**72.5**	**4.99**		**10.5**	**6.32**	**0.049**	**0.097**
+4	94	75.5	4.43	80	72.5	4.99		3.0	6.68	0.325	0.650
+5	94	75.5	4.43	80	73.8	4.92		1.8	6.62	0.394	0.788
+6	**94**	**75.5**	**4.43**	**80**	**61.3**	**5.45**		**14.3**	**7.02**	**0.021**	**0.042**
+7	**94**	**74.5**	**4.50**	**79**	**59.5**	**5.52**		**15.0**	**7.12**	**0.018**	**0.036**
+8	94	69.1	4.76	79	62.0	5.46		7.1	7.25	0.163	0.326

Table 3.2b. Percentage of Beneficiaries Earning Above SGA, Baseline Earners											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	94	33.0	4.85	80	33.8	5.29		-0.8	7.17	0.457	0.914
+1	94	29.8	4.72	80	26.3	4.92		3.5	6.82	0.302	0.604
+2	94	36.2	4.96	80	28.8	5.06		7.4	7.08	0.147	0.295
+3	**94**	**42.6**	**5.10**	**80**	**25.0**	**4.84**		**17.6**	**7.03**	**0.006**	**0.013**
+4	94	34.0	4.89	80	28.8	5.06		5.3	7.04	0.226	0.452
+5	94	29.8	4.72	80	26.3	4.92		3.5	6.82	0.302	0.604
+6	**94**	**36.2**	**4.96**	**80**	**22.5**	**4.67**		**13.7**	**6.81**	**0.022**	**0.045**
+7	**94**	**38.3**	**5.01**	**79**	**24.1**	**4.81**		**14.2**	**6.95**	**0.020**	**0.040**
+8	**94**	**35.1**	**4.92**	**79**	**20.3**	**4.52**		**14.9**	**6.68**	**0.013**	**0.026**

Table 3.2c. Mean Quarterly Earnings, Baseline Earners											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	N	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	94	2367	1935	80	2299	257		68	358	0.425	0.849
+1	94	2229	2227	80	1792	230		436	393	0.127	0.255
+2	94	2335	2051	80	2014	283		321	371	0.196	0.391
+3	94	2457	2251	80	2085	276		372	398	0.174	0.348
+4	94	2254	2396	80	2201	294		53	401	0.447	0.895
+5	94	2285	2634	80	2101	297		184	446	0.338	0.677
+6	94	2558	2739	80	1984	294		574	444	0.095	0.191
+7	**94**	**2657**	**2757**	**79**	**1848**	**284**		**809**	**449**	**0.034**	**0.068**
+8	94	2528	2671	79	1902	313		627	438	0.076	0.152

Figure 3.4 Percentage of Baseline Earners Employed

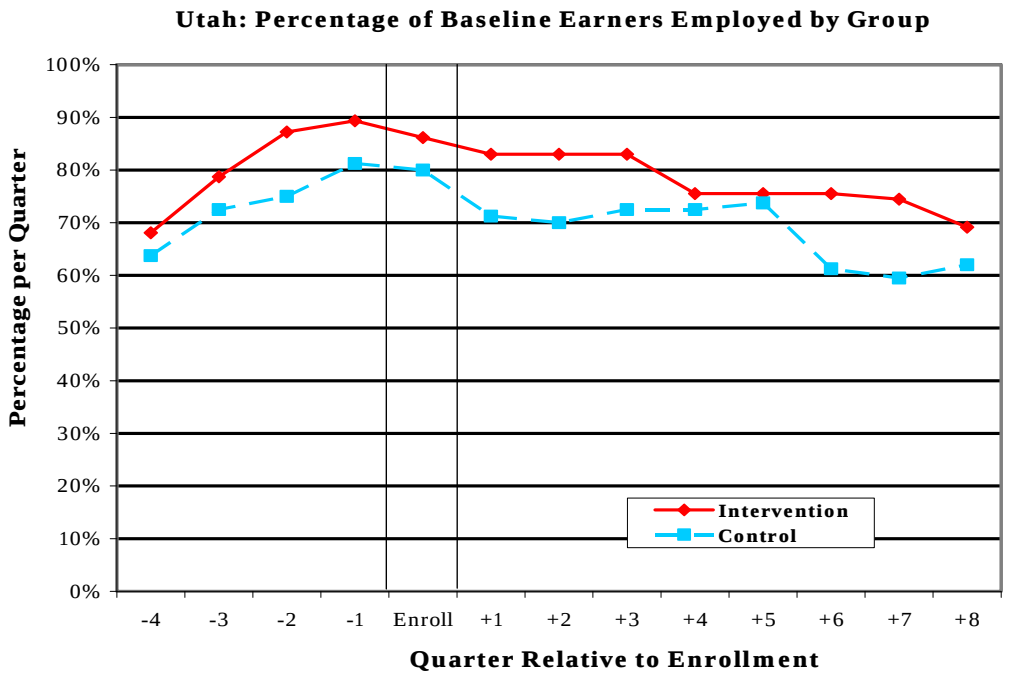


Figure 3.5 Percentage of Baseline Earners Over SGA

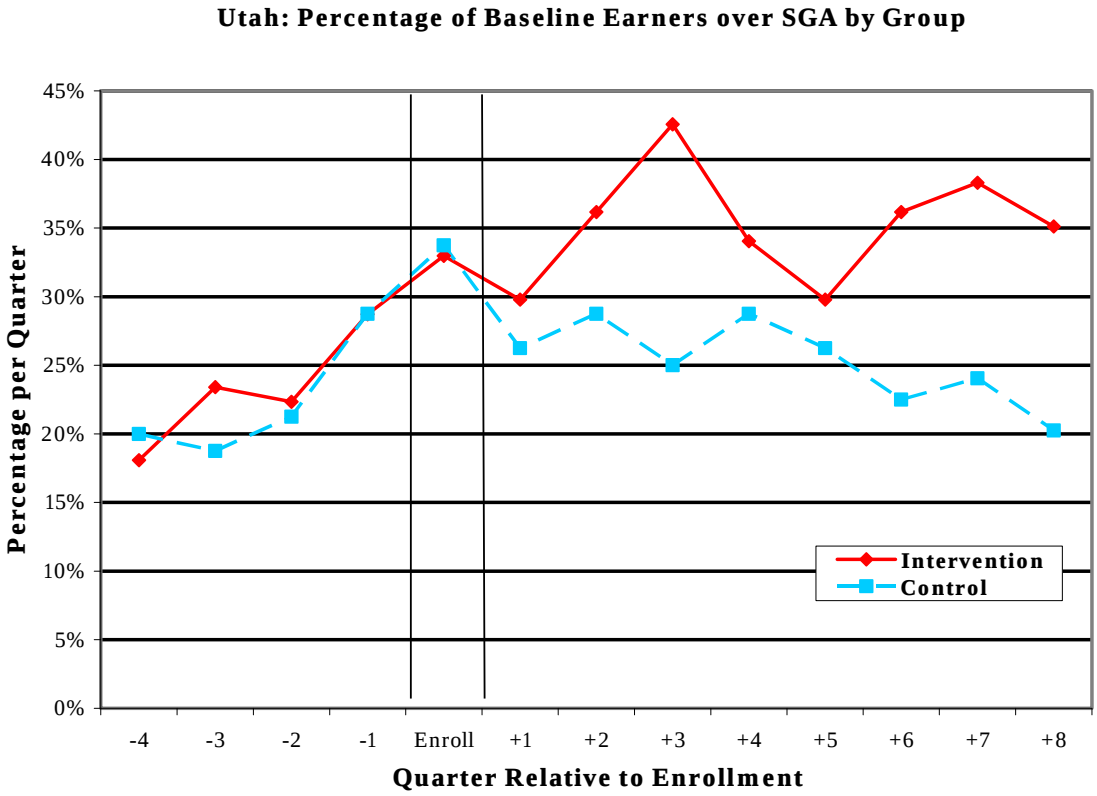


Figure 3.6 Wages of Baseline Earners

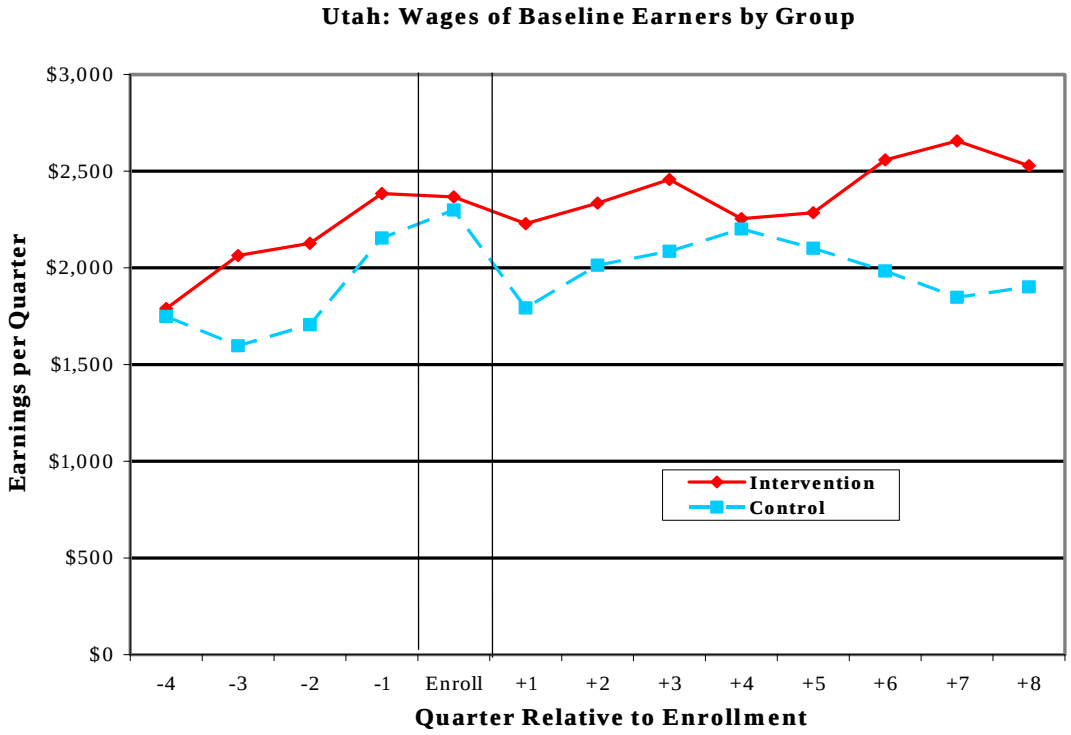


Table 3.3 Baseline Non-Earners

Table 3.3a. Percentage of Beneficiaries with Any Earnings, Baseline Non-Earners											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	N	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	148	23.6	3.49	164	25.0	3.38		-1.6	4.86	0.391	0.781
+1	**148**	**22.3**	**3.42**	**163**	**31.3**	**3.63**		**-8.9**	**4.99**	**0.036**	**0.072**
+2	148	27.7	3.68	162	27.8	3.52		-0.1	5.09	0.494	0.988
+3	148	30.4	3.78	161	31.7	3.67		-1.3	5.27	0.405	0.809
+4	148	34.5	3.91	161	35.4	3.77		-0.9	5.43	0.431	0.862
+5	148	28.4	3.71	161	34.2	3.74		-5.8	5.26	0.136	0.272
+6	147	30.6	3.80	161	31.1	3.65		-0.4	5.27	0.466	0.933
+7	147	24.5	3.55	160	29.4	3.60		-4.9	5.05	0.167	0.334
+8	147	27.2	3.67	160	30.6	3.64		-3.4	5.17	0.255	0.509

Table 3.3b. Percentage of Beneficiaries Earning Above SGA, Baseline Non-Earners											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	N	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	148	4.7	1.74	164	2.4	1.20		2.3	2.12	0.140	0.280
+1	148	5.4	1.86	163	8.6	2.19		-3.2	2.88	0.134	0.268
+2	148	9.5	2.41	162	6.2	1.89		3.3	3.06	0.141	0.283
+3	148	7.4	2.16	161	8.1	2.15		-0.6	3.04	0.416	0.833
+4	148	12.8	2.75	161	11.8	2.54		1.0	3.75	0.391	0.782
+5	148	10.1	2.48	161	13.7	2.71		-3.5	3.67	0.168	0.336
+6	147	10.9	2.57	161	9.9	2.36		0.9	3.49	0.393	0.786
+7	147	12.2	2.70	160	8.8	2.23		3.5	3.51	0.160	0.319
+8	147	12.9	2.77	160	10.0	2.37		2.9	3.64	0.211	0.422

Table 3.3c Mean Quarterly Earnings, Baseline Non-Earners											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	N	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	148	318	77	164	313	75		5	107	0.483	0.965
+1	148	417	95	163	667	122		-250	157	0.054	0.107
+2	148	610	122	162	581	124		29	175	0.434	0.869
+3	148	700	126	161	656	134		44	184	0.404	0.809
+4	148	912	171	161	810	144		102	222	0.324	0.647
+5	148	807	170	161	949	167		-143	238	0.275	0.549
+6	147	932	185	161	760	133		172	225	0.225	0.451
+7	147	874	175	160	758	134		116	218	0.299	0.599
+8	147	961	189	160	758	134		202	229	0.191	0.383

Figure 3.7 Employment Percentage of Baseline Non-earners

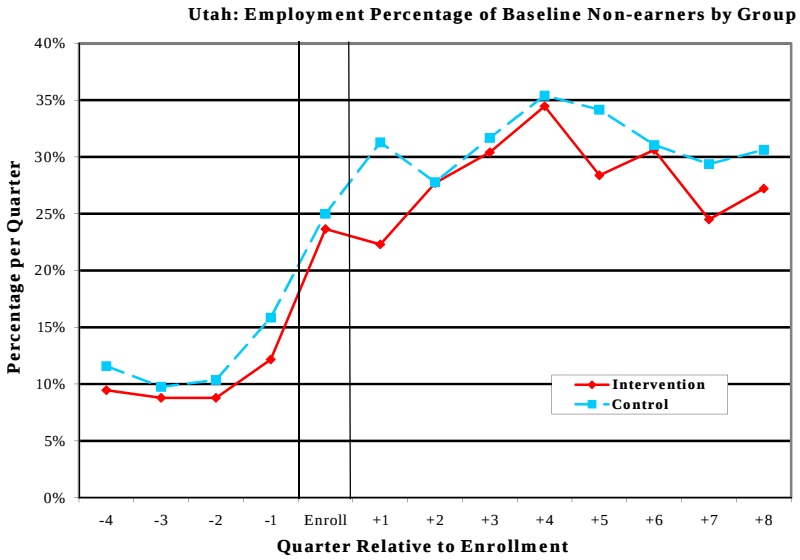


Figure 3.8 Percentage of Baseline Non-earners over SGA

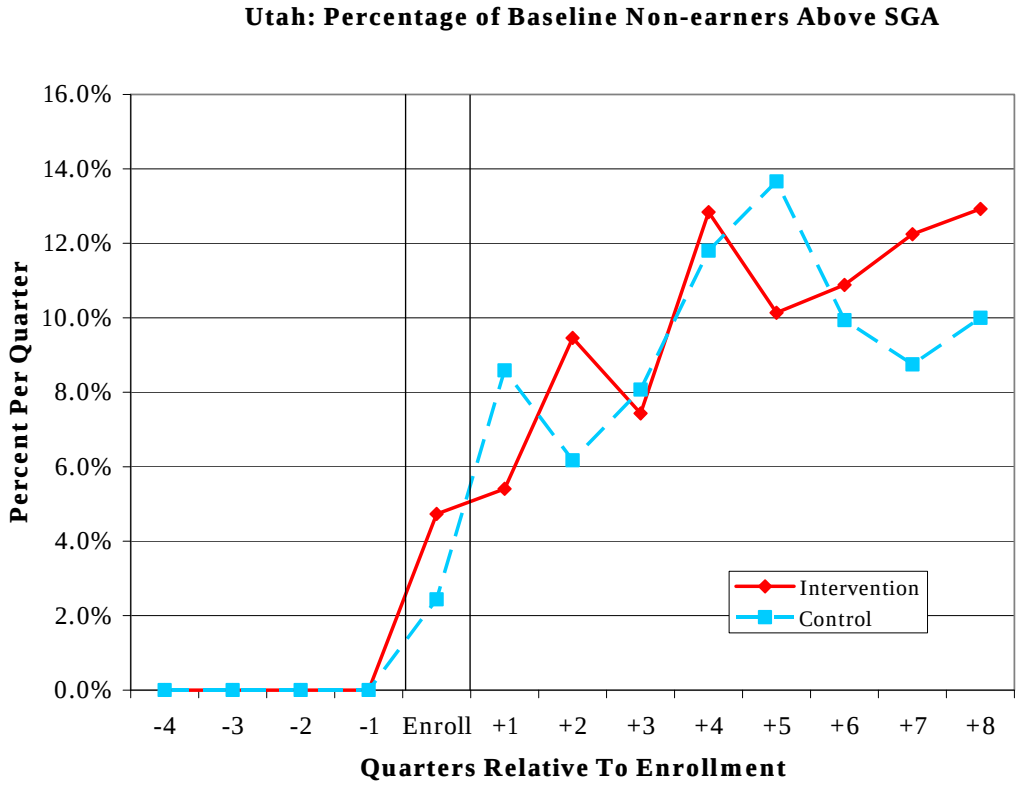
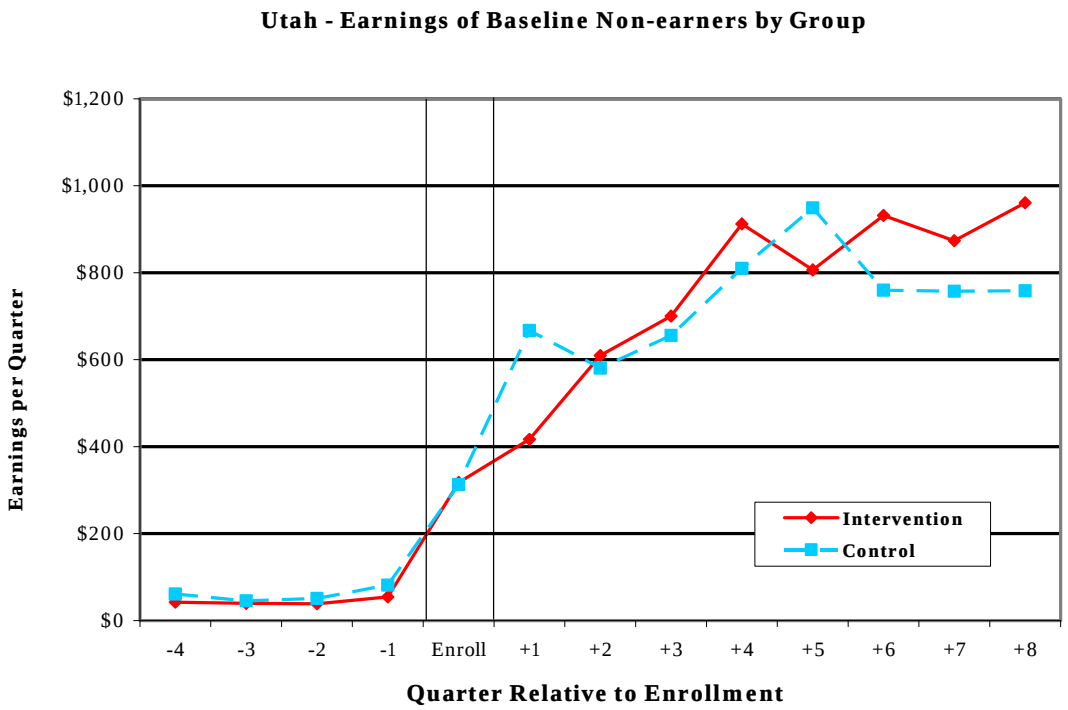


Figure 3.9 Earnings of Baseline Non-earners



Male & Female Participants.

As with the findings above showing policy effectiveness only for those earning above $1,200 in one of the four quarters before enrollment, in Utah only men showed a strong advantage in the intervention group. For example, the Above SGA measure showed that men in the intervention group earned above SGA at a rate of around 10 percentage points or more higher than for the control group in the second, third, sixth, seventh, and eighth quarters after enrollment (all statistically significant, $p<0.05$, two-tailed). Women, in contrast, were almost as likely to have the intervention group with lower earning outcomes as higher ones. There was some evidence, however, that the women were beginning to show benefits from the offset policy towards the end of the period studied, with the intervention group women earning above SGA at a rate six percentage points higher than control group women in the eighth quarter after enrollment.

Table 3.4 Male Participants

Table 3.4a. Percentage of Beneficiaries with Any Earnings, Males											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	N	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	142	47.9	4.19	134	39.6	4.22		8.3	5.95	0.081	0.163
+1	**142**	**46.5**	**4.19**	**133**	**36.8**	**4.18**		**9.6**	**5.92**	**0.052**	**0.103**
+2	**142**	**51.4**	**4.19**	**133**	**38.3**	**4.22**		**13.1**	**5.95**	**0.014**	**0.028**
+3	**142**	**54.9**	**4.18**	**132**	**42.4**	**4.30**		**12.5**	**5.99**	**0.018**	**0.037**
+4	142	52.1	4.19	132	46.2	4.34		5.9	6.03	0.164	0.328
+5	142	49.3	4.20	132	46.2	4.34		3.1	6.04	0.305	0.609
+6	141	49.6	4.21	132	41.7	4.29		8.0	6.01	0.092	0.184
+7	141	45.4	4.19	130	40.0	4.30		5.4	6.00	0.185	0.369
+8	141	44.7	4.19	130	40.8	4.31		3.9	6.01	0.258	0.515

Table 3.4b. Percentage of Beneficiaries Earning Above SGA, Males											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	N	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	**142**	**17.6**	**3.20**	**134**	**10.4**	**2.64**		**7.2**	**4.15**	**0.042**	**0.084**
+1	142	15.5	3.04	133	14.3	3.03		1.2	4.29	0.389	0.779
+2	**142**	**23.2**	**3.54**	**133**	**11.3**	**2.74**		**12.0**	**4.48**	**0.004**	**0.008**
+3	**142**	**26.1**	**3.68**	**132**	**12.9**	**2.92**		**13.2**	**4.70**	**0.003**	**0.005**
+4	142	25.4	3.65	132	18.2	3.36		7.2	4.96	0.074	0.148
+5	142	20.4	3.38	132	19.7	3.46		0.7	4.84	0.440	0.881
+6	**141**	**24.8**	**3.64**	**132**	**15.2**	**3.12**		**9.7**	**4.79**	**0.022**	**0.044**
+7	**141**	**25.5**	**3.67**	**130**	**13.1**	**2.96**		**12.5**	**4.71**	**0.004**	**0.008**
+8	**141**	**22.0**	**3.49**	**130**	**12.3**	**2.88**		**9.7**	**4.52**	**0.016**	**0.032**

Table 3.4c Mean Quarterly Earnings, Males											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	n	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	142	1,140	169	134	905	159		235	233	0.156	0.312
+1	142	1,220	219	133	948	163		271	276	0.161	0.322
+2	**142**	**1,471**	**197**	**133**	**1,002**	**188**		**469**	**273**	**0.043**	**0.087**
+3	**142**	**1,619**	**214**	**132**	**1,133**	**201**		**487**	**295**	**0.049**	**0.098**
+4	142	1,692	230	132	1,389	221		303	320	0.172	0.344
+5	142	1,574	254	132	1,567	244		7	353	0.492	0.984
+6	141	1,804	260	132	1,277	208		527	336	0.057	0.115
+7	**141**	**1,803**	**262**	**130**	**1,109**	**186**		**694**	**326**	**0.016**	**0.032**
+8	**141**	**1,703**	**244**	**130**	**1,143**	**195**		**559**	**315**	**0.037**	**0.074**

Table 3.5 Female Participants

Table 3.5a Percentage of Beneficiaries with Any Earnings, Females											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	100	48.0	5.00	110	47.3	4.76		0.7	6.90	0.460	0.919
+1	100	45.0	4.97	110	53.6	4.75		-8.6	6.88	0.105	0.209
+2	100	46.0	4.98	109	45.9	4.77		0.1	6.90	0.493	0.985
+3	100	45.0	4.97	109	48.6	4.79		-3.6	6.90	0.300	0.600
+4	100	48.0	5.00	109	49.5	4.79		-1.5	6.92	0.412	0.824
+5	100	43.0	4.95	109	48.6	4.79		-5.6	6.89	0.207	0.414
+6	100	46.0	4.98	109	40.4	4.70		5.6	6.85	0.205	0.411
+7	100	42.0	4.94	109	38.5	4.66		3.5	6.79	0.305	0.609
+8	100	42.0	4.94	109	41.3	4.72		0.7	6.83	0.458	0.917

Table 3.5b Percentage of Beneficiaries Earning Above SGA, Females											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	100	13.0	3.36	110	15.5	3.45		-2.5	4.82	0.305	0.610
+1	100	14.0	3.47	110	14.5	3.36		-0.5	4.83	0.455	0.910
+2	100	15.0	3.57	109	16.5	3.56		-1.5	5.04	0.382	0.764
+3	100	14.0	3.47	109	14.7	3.39		-0.7	4.85	0.444	0.889
+4	100	15.0	3.57	109	16.5	3.56		-1.5	5.04	0.382	0.764
+5	100	14.0	3.47	109	15.6	3.48		-1.6	4.91	0.373	0.745
+6	100	15.0	3.57	109	12.8	3.20		2.2	4.80	0.327	0.653
+7	100	18.0	3.84	109	14.7	3.39		3.3	5.12	0.258	0.517
+8	100	21.0	4.07	109	14.7	3.39		6.3	5.30	0.116	0.233

Table 3.5c Mean Quarterly Earnings, Females											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	n	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	100	1,077	183	110	1,037	165		40	246	0.436	0.872
+1	100	980	152	110	1,146	165		-166	226	0.231	0.462
+2	100	1,008	151	109	1,119	183		-110	240	0.322	0.643
+3	100	1,046	171	109	1,127	172		-81	243	0.369	0.739
+4	100	1,067	176	109	1,130	168		-63	243	0.398	0.796
+5	100	1,106	192	109	1,046	160		60	248	0.406	0.812
+6	100	1,231	212	109	1,031	168		200	269	0.231	0.462
+7	100	1,239	214	109	1,128	193		111	287	0.350	0.700
+8	100	1,388	232	109	1,128	204		260	308	0.200	0.401

Figure 3.10. Employment by Gender

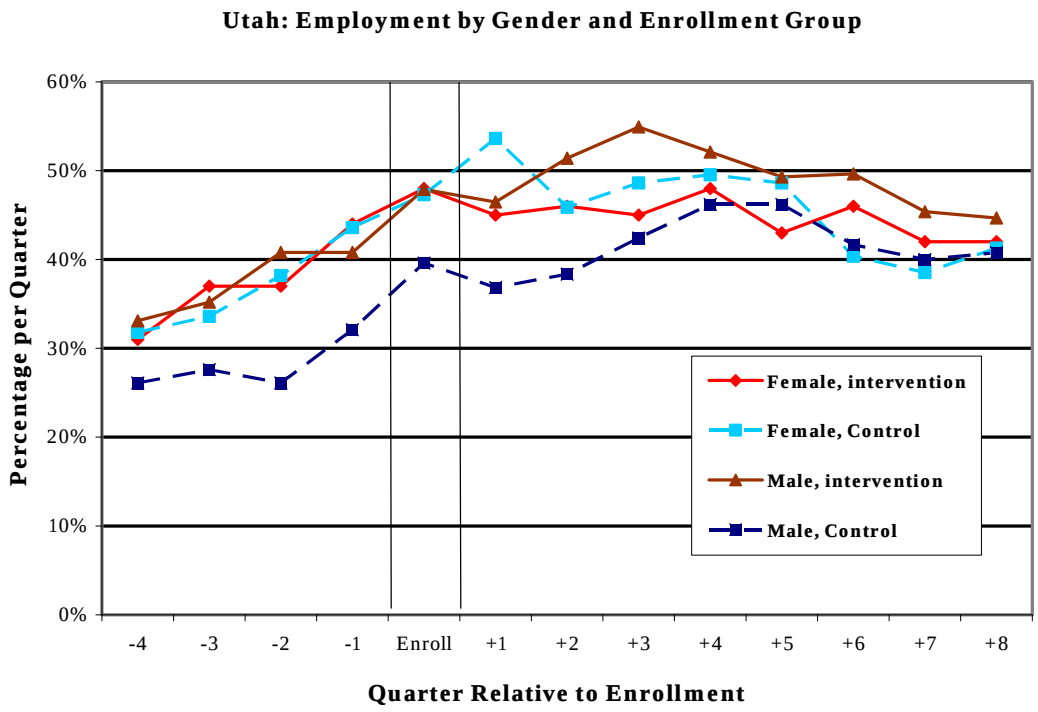


Figure 3.11. Percentage over SGA by Gender

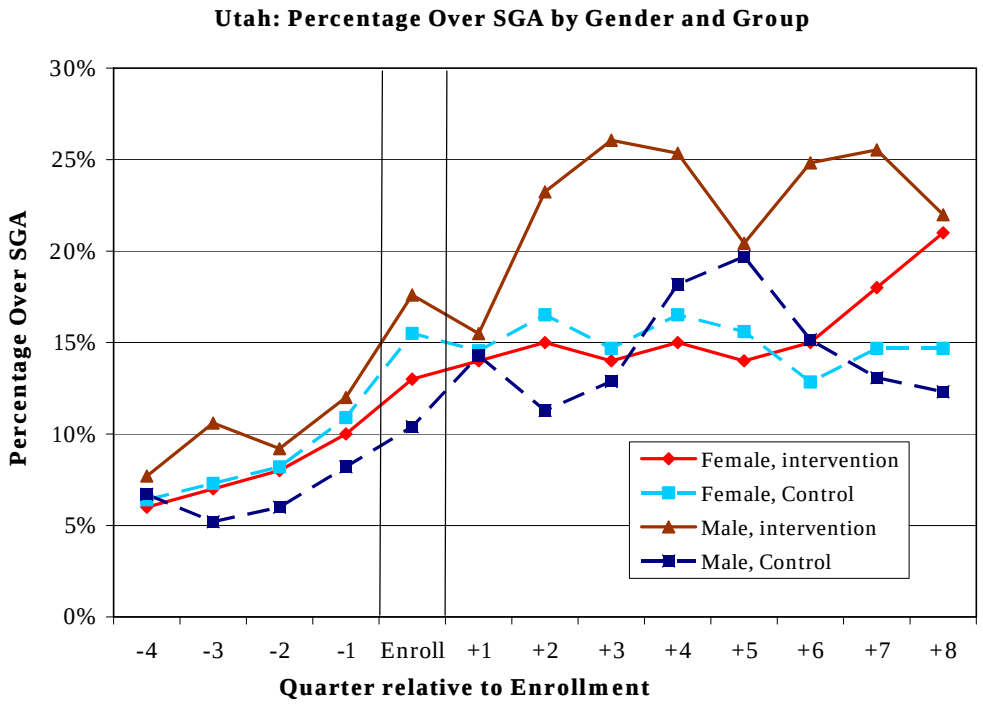
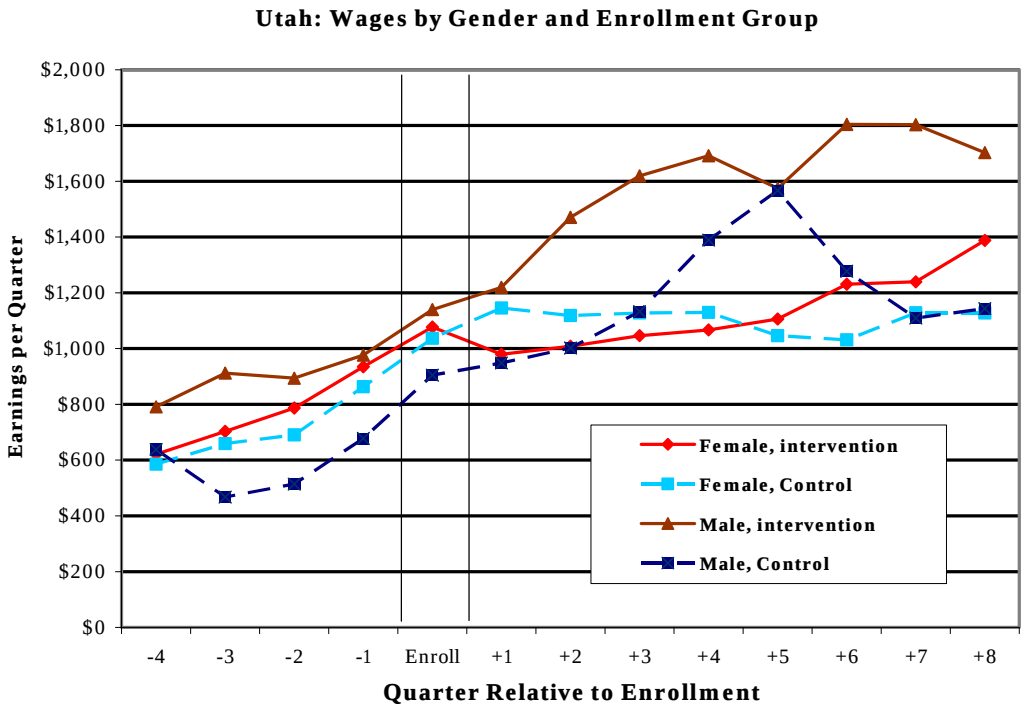


Figure 3.12. Wages by Gender



Younger and Older Participants

With some previous evidence suggesting the value of supporting employment for those with many earning years ahead of them, the four states distinguished participants as being younger (under 45 years old at enrollment) or older (45 or older at enrollment).

For the younger participants, the intervention appeared most effective for the Employment measure (significant advantage for the intervention group at $p<0.10$ one-tailed for the third and sixth quarters after enrollment). Earning above SGA and Average Earnings showed some potential intervention impact towards the end of the quarters observed (advantages of at least five percentage points and at least $300 for the seventh and eighth quarters after enrollment), though none of these positive impacts was statistically significant and other quarters showed advantages for the control group.

For the older participants (45 and older) there were no large effects for the Employment outcome as seen with the younger participants, but the Above SGA and Average Wage outcomes showed greater positive impacts, particularly in the last three quarters of data. For example, whereas the impacts on earning above SGA for the younger participants were positive in the sixth (1.3 percentage points greater for the intervention group), seventh (7.4 percentage points greater), and eighth (5.4 percentage points) quarters after enrollment, the impacts for the older participants were greater, around 10 percentage points (10.1, 9.2, and 9.9). Much of the advantage of the intervention group

for older participants, however, must be recognized as due to their higher earnings prior to enrollment (see Figures 3-13 to 3-15).

Table 3.6. Percent of Beneficiaries with any earnings

Table 3.6a Percentage of Beneficiaries with Any Earnings, Young (under 45)											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	98	53.1	5.04	94	48.9	5.16		4.1	7.21	0.284	0.567
+1	98	48.0	5.05	94	52.1	5.15		-4.2	7.21	0.282	0.563
+2	98	54.1	5.03	94	43.6	5.11		10.5	7.18	0.072	0.145
+3	**98**	**59.2**	**4.96**	**94**	**46.8**	**5.15**		**12.4**	**7.15**	**0.042**	**0.084**
+4	98	58.2	4.98	94	54.3	5.14		3.9	7.16	0.293	0.585
+5	98	50.0	5.05	94	50.0	5.16		0.0	7.22	0.500	1.000
+6	98	53.1	5.04	94	42.6	5.10		10.5	7.17	0.071	0.143
+7	98	49.0	5.05	94	42.6	5.10		6.4	7.18	0.185	0.371
+8	98	46.9	5.04	94	48.9	5.16		-2.0	7.21	0.391	0.782

Table 3.6b Percentage of Beneficiaries Earning Above SGA, Young (under 45)											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	98	16.3	3.73	94	17.0	3.88		-0.7	5.38	0.449	0.897
+1	98	14.3	3.53	94	20.2	4.14		-5.9	5.45	0.138	0.276
+2	98	20.4	4.07	94	17.0	3.88		3.4	5.62	0.273	0.547
+3	98	20.4	4.07	94	17.0	3.88		3.4	5.62	0.273	0.547
+4	98	23.5	4.28	94	21.3	4.22		2.2	6.01	0.358	0.715
+5	98	17.3	3.82	94	23.4	4.37		-6.1	5.81	0.148	0.297
+6	98	19.4	3.99	94	18.1	3.97		1.3	5.63	0.409	0.817
+7	98	25.5	4.40	94	18.1	3.97		7.4	5.93	0.105	0.210
+8	98	22.4	4.21	94	17.0	3.88		5.4	5.73	0.172	0.343

Table 3.6c Mean Quarterly Earnings, Young (under 45)											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	n	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	98	1,086	165	94	1,179	200		-93	258	0.360	0.720
+1	98	1,005	145	94	1,292	221		-287	263	0.140	0.280
+2	98	1,219	160	94	1,224	236		-5	283	0.494	0.987
+3	98	1,413	173	94	1,427	270		-14	318	0.483	0.965
+4	98	1,544	222	94	1,709	286		-165	360	0.324	0.649
+5	98	1,425	229	94	1,770	317		-344	389	0.190	0.381
+6	98	1,629	244	94	1,405	258		223	354	0.265	0.530
+7	98	1,635	247	94	1,255	256		381	336	0.128	0.257
+8	98	1,596	245	94	1,293	219		303	330	0.179	0.358

Table 3.7 Percent of Beneficiaries with any earnings – 45 and older

Table 3.7a Percentage of Beneficiaries with Any Earnings, 45 years and Older											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	144	44.4	4.14	150	39.3	3.99		5.1	5.75	0.187	0.374
+1	144	44.4	4.14	149	39.6	4.01		4.8	5.76	0.200	0.400
+2	144	45.8	4.15	148	40.5	4.04		5.3	5.79	0.180	0.361
+3	144	45.1	4.15	147	44.2	4.10		0.9	5.83	0.437	0.874
+4	144	45.1	4.15	147	43.5	4.09		1.6	5.82	0.392	0.783
+5	144	44.4	4.14	147	45.6	4.11		-1.1	5.83	0.423	0.846
+6	143	44.8	4.16	147	40.1	4.04		4.6	5.80	0.213	0.426
+7	143	40.6	4.11	145	37.2	4.01		3.3	5.74	0.282	0.563
+8	143	41.3	4.12	145	35.9	3.98		5.4	5.73	0.173	0.346

Table 3.7b Percentage of Beneficiaries Earning Above SGA, 45 Years and Older											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	144	15.3	3.00	150	10.0	2.45		5.3	3.87	0.086	0.173
+1	144	15.3	3.00	149	10.7	2.54		4.5	3.93	0.124	0.248
+2	**144**	**19.4**	**3.30**	**148**	**11.5**	**2.62**		**8.0**	**4.21**	**0.029**	**0.059**
+3	**144**	**21.5**	**3.43**	**147**	**11.6**	**2.64**		**10.0**	**4.32**	**0.011**	**0.021**
+4	144	19.4	3.30	147	15.0	2.94		4.5	4.42	0.155	0.311
+5	144	18.1	3.21	147	14.3	2.89		3.8	4.31	0.191	0.382
+6	**143**	**21.7**	**3.45**	**147**	**11.6**	**2.64**		**10.1**	**4.34**	**0.010**	**0.020**
+7	**143**	**20.3**	**3.36**	**145**	**11.0**	**2.60**		**9.2**	**4.25**	**0.015**	**0.030**
+8	**143**	**21.0**	**3.40**	**145**	**11.0**	**2.60**		**9.9**	**4.29**	**0.010**	**0.020**

Table 3.7c Mean Quarterly Earnings, 45 Years and Older											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	n	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	144	1,132	177	150	830	138		303	223	0.089	0.178
+1	144	1,199	220	149	877	128		322	252	0.103	0.206
+2	144	1,321	194	148	947	156		374	248	0.067	0.133
+3	144	1,362	213	147	941	137		421	252	0.049	0.097
+4	144	1,358	211	147	992	143		366	254	0.076	0.152
+5	144	1,351	239	147	1,052	143		299	277	0.142	0.283
+6	143	1,523	247	147	1,013	152		510	288	0.040	0.080
+7	143	1,524	247	145	1,029	165		494	296	0.049	0.098
+8	143	1,556	237	145	1,035	184		521	299	0.042	0.083

Figure 3.13 Employment by Age Categories

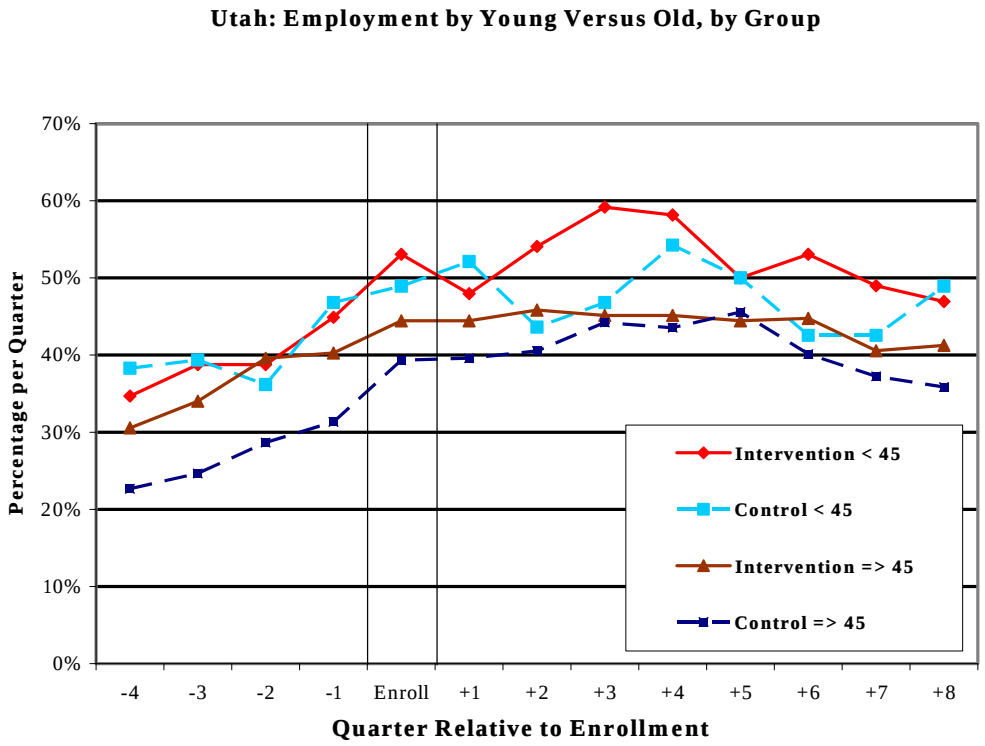


Figure 3.14: Over SGA by Age Groupings

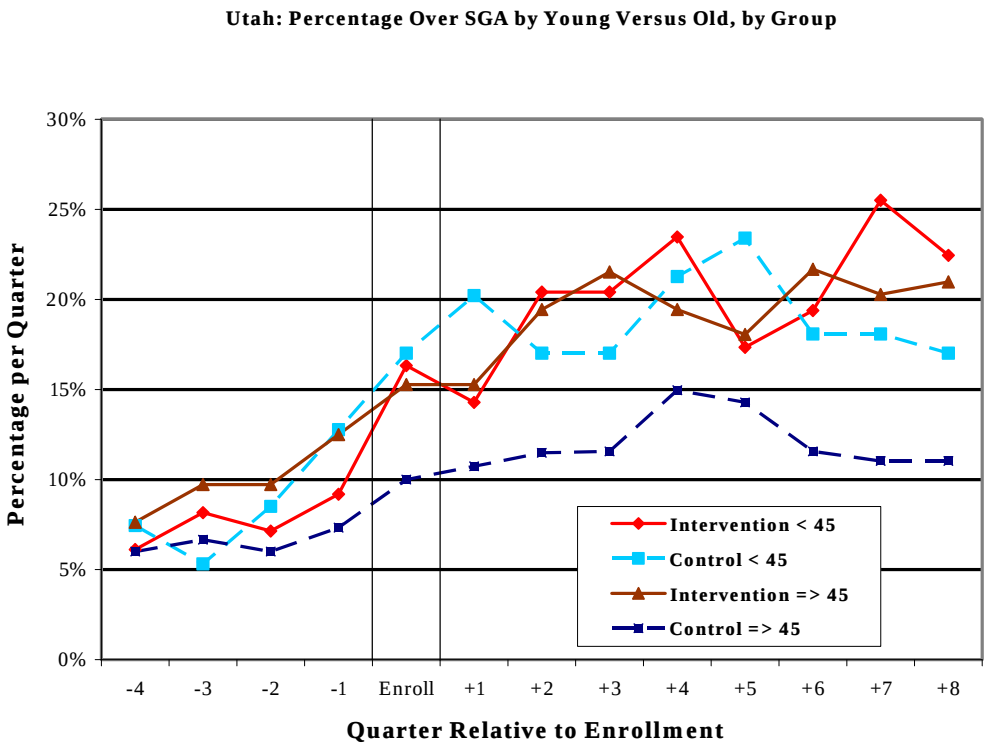
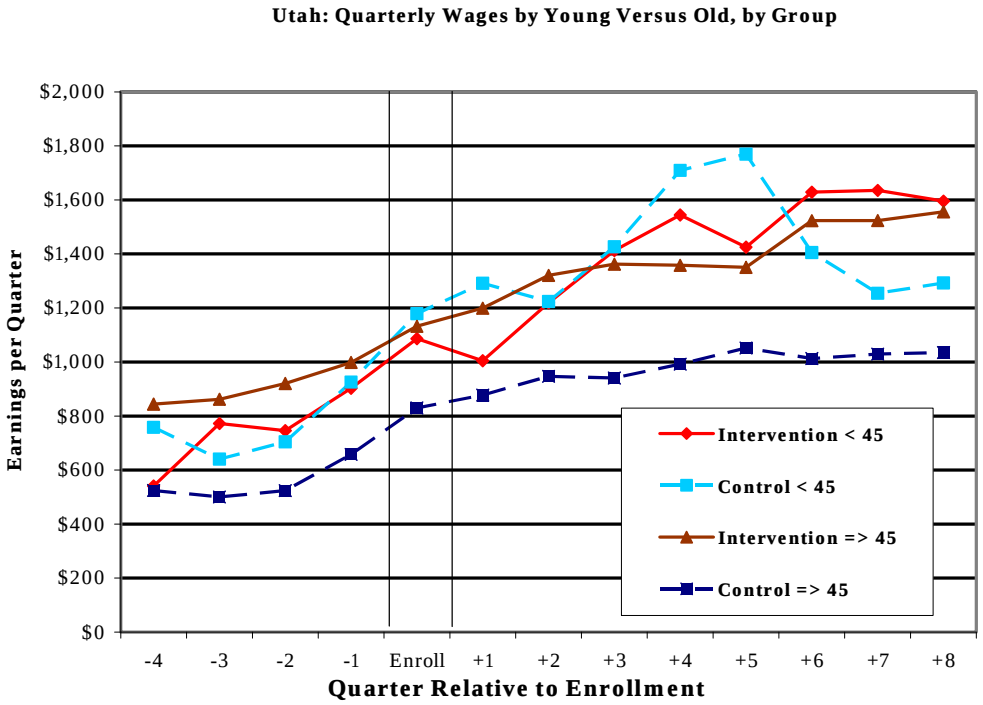


Figure 3.15 Quarterly Wages by Age Groupings



Medicaid Buy-In Participants

In that the Medicaid Buy-In (MBI) program is intended as a work support program (referred to as the Medicaid Work Incentive program in Utah), the four states examined the outcomes of people who had participated in the MBI program in any manner prior to enrollment in the Benefit-Offset project. There were 123 participants (66 intervention and 56 control) who had been enrolled in the Utah MBI program before enrolling in the BOPD project.

The Employment measure (any earnings in a particular quarter) showed some advantages for the intervention group, with employment rates at least 17 percentage points higher than the control Group for the enrollment quarter through the third quarter after enrollment. This advantage dropped for the fourth and fifth quarters after enrollment but increased for the sixth quarter after enrollment (over 13 percentage point advantage) before decreasing again for the seventh and eighth quarters after enrollment.

The outcomes were less positive for the Earning Above SGA measure, with the intervention group showing a meaningful advantage only in the third quarter after enrollment (over 11 percentage points) and a significant disadvantage in the fifth quarter after enrollment (over 13 percentage points lower than the control group).
The Average Earnings measure showed less advantage than the Employment measure but more than the Above SGA measure, with higher intervention group averages in all quarters except the fourth and fifth after enrollment. For all of these measures, however,

it is important to note that the MBI intervention had higher pre-enrollment earnings than did the control group (see Figures 3-16 to 3-18).

Table 3.8 Percent of beneficiaries with any earnings, MBI Prior

Table 3.8a Percentage of Beneficiaries with Any Earnings, MBI Prior											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	**66**	**78.8**	**5.03**	**57**	**61.4**	**6.45**		**17.4**	**8.18**	**0.017**	**0.034**
+1	**66**	**77.3**	**5.16**	**57**	**59.6**	**6.50**		**17.6**	**8.30**	**0.017**	**0.034**
+2	**66**	**75.8**	**5.28**	**57**	**54.4**	**6.60**		**21.4**	**8.45**	**0.006**	**0.011**
+3	**66**	**78.8**	**5.03**	**57**	**61.4**	**6.45**		**17.4**	**8.18**	**0.017**	**0.034**
+4	66	71.2	5.57	57	70.2	6.06		1.0	8.23	0.450	0.900
+5	66	71.2	5.57	57	66.7	6.24		4.5	8.37	0.294	0.587
+6	66	71.2	5.57	57	57.9	6.54		13.3	8.59	0.061	0.121
+7	66	63.6	5.92	57	57.9	6.54		5.7	8.82	0.258	0.515
+8	66	62.1	5.97	57	56.1	6.57		6.0	8.88	0.250	0.501

Table 3.8b Percentage of Beneficiaries Earning Above SGA, MBI Prior											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	66	16.7	4.59	57	15.8	4.83		0.9	6.66	0.448	0.895
+1	66	19.7	4.90	57	17.5	5.04		2.2	7.02	0.380	0.759
+2	66	22.7	5.16	57	17.5	5.04		5.2	7.21	0.236	0.472
+3	66	27.3	5.48	57	15.8	4.83		11.5	7.31	0.058	0.116
+4	66	21.2	5.03	57	22.8	5.56		-1.6	7.50	0.416	0.832
+5	**66**	**16.7**	**4.59**	**57**	**29.8**	**6.06**		**-13.2**	**7.60**	**0.042**	**0.083**
+6	66	21.2	5.03	57	24.6	5.70		-3.3	7.60	0.330	0.660
+7	66	22.7	5.16	57	22.8	5.56		-0.1	7.58	0.496	0.992
+8	66	21.2	5.03	57	21.1	5.40		0.2	7.38	0.491	0.983

Table 3.8c Mean Quarterly Earnings, MBI Prior											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	n	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	66	1,759	303	57	1,223	218		536	384	0.077	0.154
+1	66	1,912	400	57	1,256	243		655	486	0.082	0.164
+2	66	1,839	290	57	1,259	230		580	379	0.060	0.120
+3	66	2,058	362	57	1,452	288		606	473	0.097	0.193
+4	66	1,712	310	57	1,804	331		-93	454	0.419	0.839
+5	66	1,871	408	57	1,977	361		-106	553	0.423	0.846
+6	66	1,999	409	57	1,761	296		238	519	0.319	0.639
+7	66	2,004	426	57	1,566	256		438	517	0.190	0.380
+8	66	1,919	362	57	1,539	262		380	459	0.199	0.397

Figure 3.16 Employment Percent for Enrollees on MBI Prior

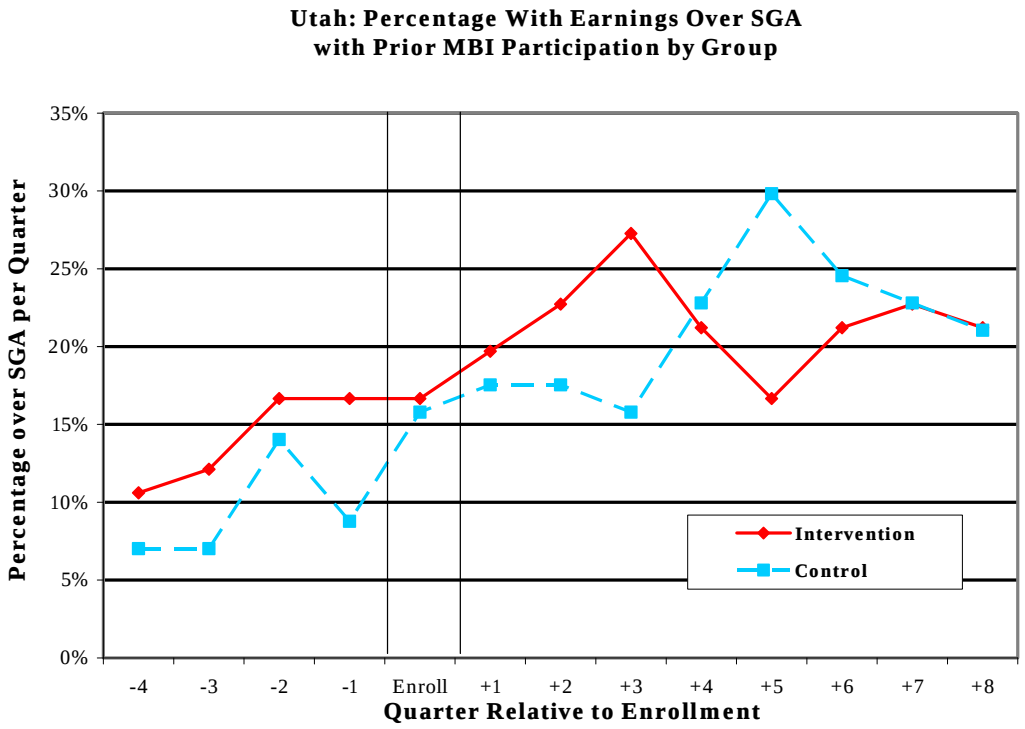


Figure 3.17 Percent of Enrollees w. Earnings Over SGA–Prior MBI

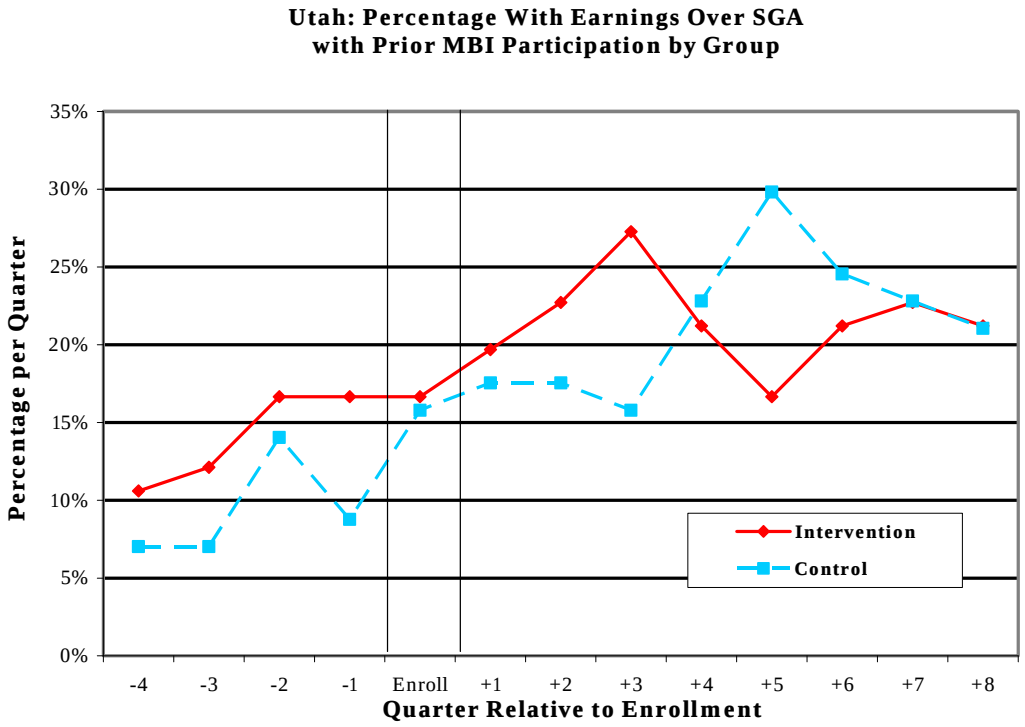
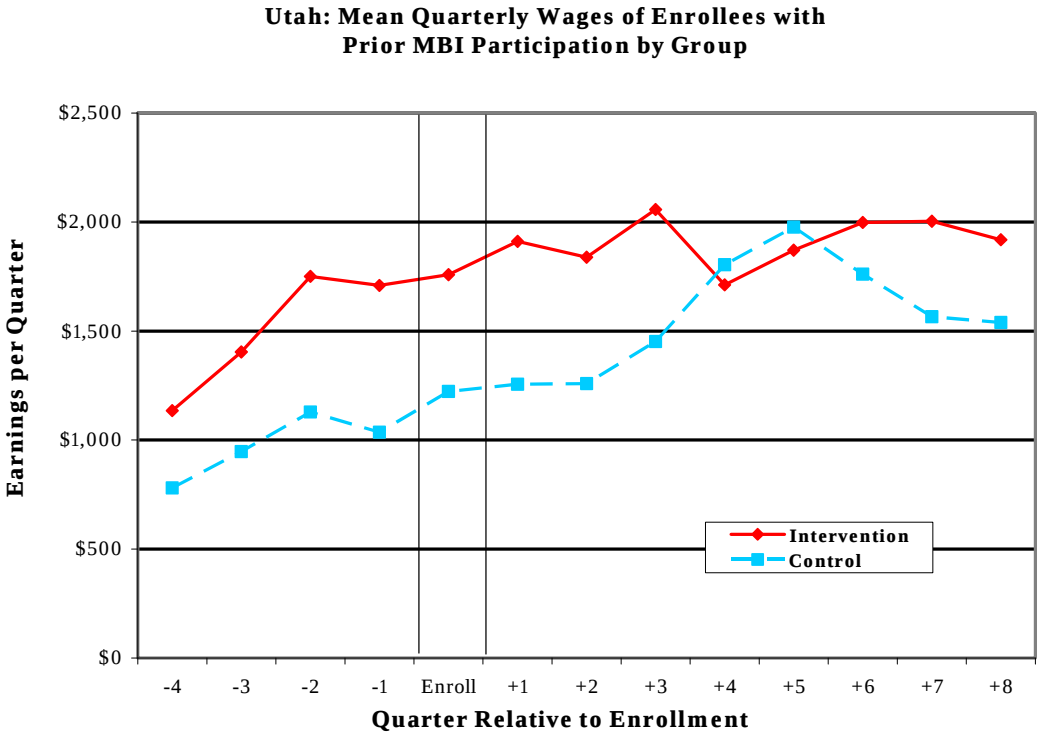


Figure 3.18 Mean Quarterly Wages of Enrollees with Prior MBI



Trial Work Period Completion Participants

The last subgroup to be examined is defined as project participants who completed their Trial Work Period (TWP) prior to BOPD project enrollment. There were 101 (54 intervention; 47 Control) of these TWP completions among the Utah participants at enrollment.

The intervention group had lower earnings on all three outcome measures for the first quarter after enrollment, but higher earnings in the third ($p<0.10$, one-tailed for employment and earning above SGA), sixth, and seventh ($p<0.10$, one-tailed for earning above SGA) quarters after enrollment. In that this group has direct potential (after completing the Extended Period of Eligibility) to benefit from the higher household income that results from the gradual reduction of benefits when earning above SGA, it is noteworthy that Earning Above SGA was the outcome measure showing the greatest policy impact in the sixth and seventh quarters after enrollment. However, this positive outcome decreased substantially for the eighth quarter after enrollment.

Table 3.9 Percent of Enrollees with any earnings – TWP Completed Prior

Table 3.9a Percentage of Beneficiaries with Any Earnings, TWP Complete Prior											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	54	75.9	5.82	47	74.5	6.36		1.5	8.62	0.433	0.866
+1	54	70.4	6.21	47	76.6	6.18		-6.2	8.76	0.239	0.477
+2	54	74.1	5.96	47	61.7	7.09		12.4	9.27	0.091	0.182
+3	54	75.9	5.82	47	61.7	7.09		14.2	9.17	0.060	0.121
+4	54	66.7	6.42	47	66.0	6.91		0.7	9.43	0.470	0.940
+5	54	63.0	6.57	47	72.3	6.52		-9.4	9.26	0.156	0.311
+6	54	61.1	6.63	47	57.4	7.21		3.7	9.80	0.354	0.708
+7	54	61.1	6.63	46	54.3	7.34		6.8	9.90	0.247	0.494
+8	54	55.6	6.76	46	60.9	7.20		-5.3	9.87	0.295	0.590

Table 3.9b Percentage of Beneficiaries Earning Above SGA, TWP Complete Prior											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	54	29.6	6.21	47	31.9	6.80		-2.3	9.21	0.402	0.804
+1	**54**	**22.2**	**5.66**	**47**	**38.3**	**7.09**		**-16.1**	**9.07**	**0.038**	**0.076**
+2	54	35.2	6.50	47	29.8	6.67		5.4	9.31	0.281	0.562
+3	54	31.5	6.32	47	19.1	5.74		12.3	8.54	0.074	0.149
+4	54	31.5	6.32	47	23.4	6.18		8.1	8.84	0.180	0.361
+5	54	25.9	5.96	47	27.7	6.52		-1.7	8.84	0.422	0.845
+6	54	33.3	6.42	47	23.4	6.18		9.9	8.90	0.132	0.265
+7	54	31.5	6.32	46	19.6	5.85		11.9	8.61	0.083	0.166
+8	54	27.8	6.10	46	26.1	6.47		1.7	8.89	0.425	0.849

Table 3.9c Mean Quarterly Earnings, TWP Complete Prior											
	Intervention			Control				Difference			
Quarter	n	$	S.E.	n	$	S.E.		Diff.	S.E.	1-tail p	2-tail p
Enroll	54	2,399	392	47	2,316	351		83	532	0.438	0.875
+1	54	2,147	504	47	2,261	326		-114	620	0.427	0.855
+2	54	2,308	380	47	1,998	361		310	528	0.278	0.555
+3	54	2,371	461	47	1,957	416		414	628	0.253	0.507
+4	54	2,083	407	47	1,838	407		245	578	0.336	0.671
+5	54	2,342	515	47	2,168	454		174	696	0.400	0.800
+6	**54**	**2,516**	**515**	**47**	**1,507**	**314**		**1009**	**625**	**0.049**	**0.098**
+7	**54**	**2,463**	**523**	**46**	**1,434**	**303**		**1030**	**633**	**0.046**	**0.092**
+8	54	2,337	459	46	1,545	302		792	570	0.076	0.153

Figure 3.19 Employment for Enrollees – TWP Completed Prior

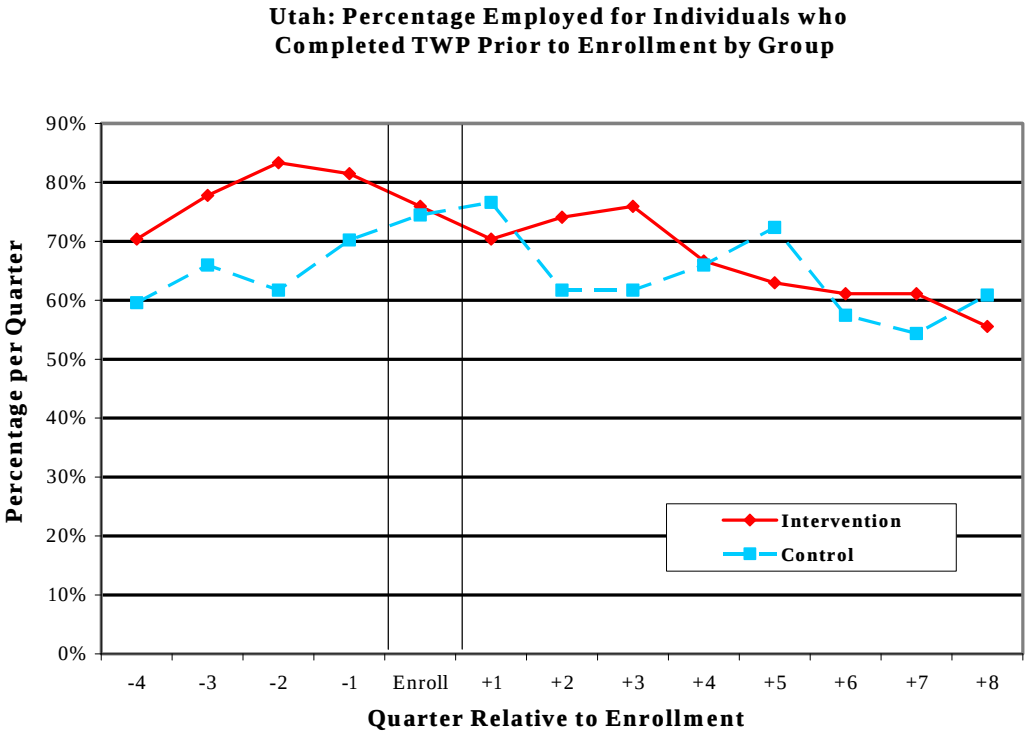


Figure 3.20 Wages over SGA - TWP Completed Prior

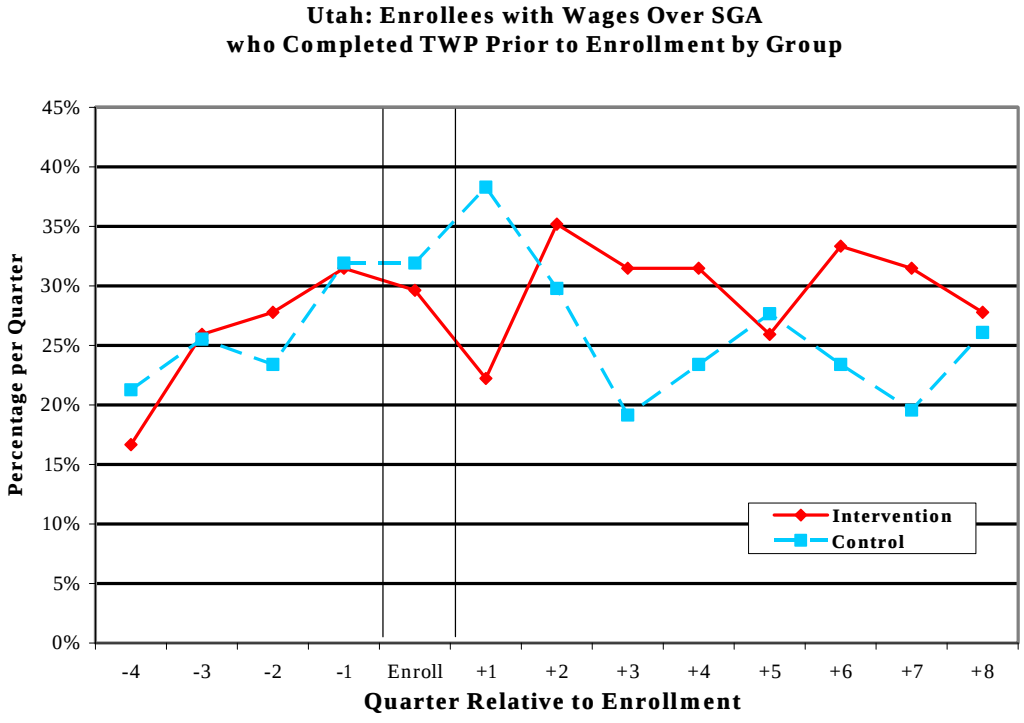
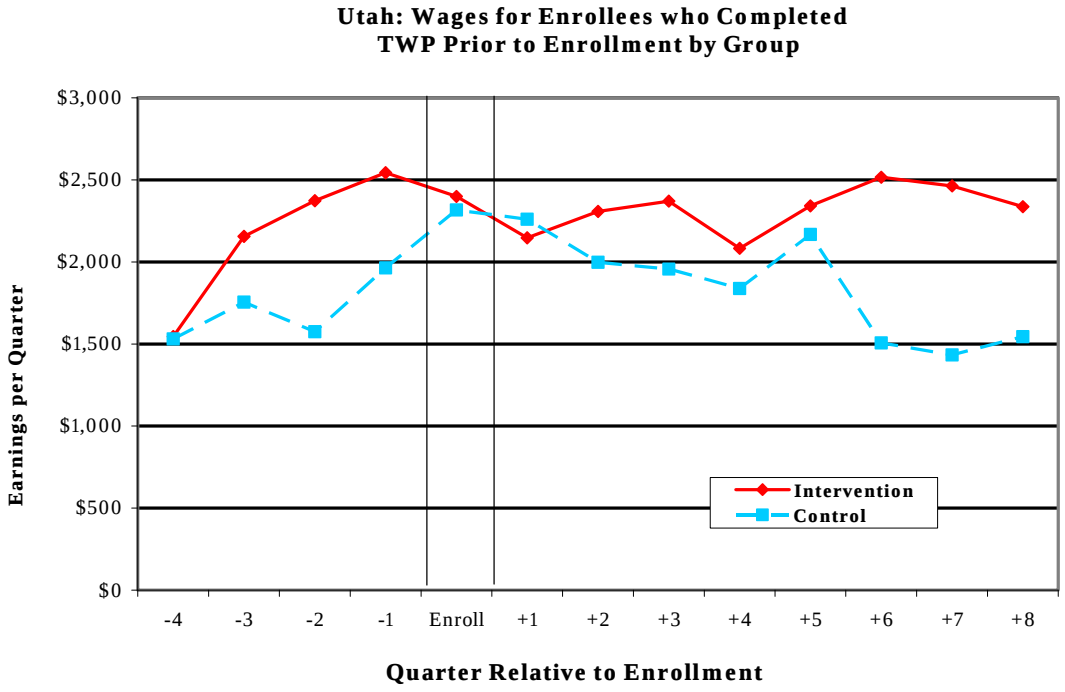


Figure 3.21 Wages for Enrollees – TWP Completed Prior



Estimated Policy Impacts, Controlling For Pre-Enrollment Earnings

The discussion of Table 3.1 to 3.9 presented above highlighted the positive employment outcomes of the pilot intervention group. One concern, however, is that the Pilot participants had somewhat higher wages prior to enrollment (see the pre-enrollment quarters on the left side of Figure 3.1 to 3.3 and 3.10 to 3.21). Even though random assignment controls for bias within statistical limits, it is often useful to increase the efficiency of the analyses by controlling for whatever pre-assignment differences might have resulted in spite of the random assignment process. For this purpose of increasing efficiency, variations of regression analysis were used with employment indicators for the four quarters prior to enrollment used as control variables and a dummy variable (0 or 1) used to estimate the impact of the Benefit Offset policy innovation. Tables 3.10 to 3.12 show the results of these analyses, with variations of apparent impact across the eight quarters after enrollment, among the various subgroups, and in terms of the three outcome indicators used.

Aggregate Impacts

Because of the differences in outcome measures, two types of regression analysis were used. As noted in the Methodology section, for the two outcomes with dichotomous measures for each quarter (employed or not employed; earning above SGA or not),

logistic regression was used, with odds ratios indicating the greater likelihood of an intervention participant having a positive employment outcome, controlling for pre-enrollment outcomes. For the quarterly wages as a continuous variable, OLS regression was used and the coefficients reported indicate the increased, or decreased for negative numbers, dollars earned by intervention participants in a given quarter, controlling for pre-enrollment earnings.

Table 3.10 Logistic Odds Ratios for Employment Outcome Measure

Table 3.10: Logistic Odds Ratios for Employment Outcome Measure										
		Enroll	+1	+2	+3	+4	+5	+6	+7	+8
ALL										
	Odds Ratio	1.08	0.90	1.26	1.14	0.99	0.83	1.22	1.09	1.00
	2-tailed	0.770	0.642	0.271	0.538	0.947	0.373	0.322	0.678	0.997
	1-tailed	0.385	0.321	0.135	0.269	0.474	0.187	0.161	0.339	0.498
	n =	486	485	484	483	483	483	482	480	480
MEN										
	Odds Ratio	1.05	1.28	1.50	1.40	1.00	0.88	1.09	0.98	0.96
	2-tailed	0.894	0.420	0.161	0.224	0.988	0.640	0.749	0.934	0.866
	1-tailed	0.447	0.210	0.080	0.112	0.494	0.320	0.374	0.467	0.433
	n =	276	275	275	274	274	274	273	271	271
BASELINE EARNERS										
	Odds Ratio	1.03	1.68	1.78	1.66	1.04	0.89	**1.81**	**1.83**	1.25
	2-tailed	0.955	0.188	0.133	0.184	0.920	0.749	0.084	0.078	0.504
	1-tailed	0.477	0.094	0.067	0.092	0.460	0.375	0.042	0.039	0.252
	n=	174	174	174	174	174	174	174	173	173
YOUNG										
	Odds Ratio	1.53	0.87	**1.74**	**1.86**	1.19	0.98	1.61	1.36	0.91
	2-tailed	0.264	0.696	0.097	0.064	0.591	0.945	0.145	0.355	0.754
	1-tailed	0.132	0.348	0.049	0.032	0.296	0.473	0.072	0.178	0.377
	n =	192	192	192	192	192	192	192	192	192
TWP PRIOR										
	Odds Ratio	0.54	**0.30**	1.11	1.45	0.58	**0.31**	0.75	0.91	0.60
	2-tailed	0.358	0.064	0.853	0.480	0.296	0.041	0.548	0.846	0.261
	1-tailed	0.179	0.032	0.426	0.240	0.148	0.020	0.274	0.423	0.131
	n =	101	101	101	101	101	101	101	100	100
MBI PRIOR										
	Odds Ratio	1.97	1.92	**2.34**	1.96	0.76	0.95	1.62	0.97	1.03
	2-tailed	0.226	0.170	0.058	0.132	0.542	0.901	0.270	0.948	0.948
	1-tailed	0.113	0.085	0.029	0.066	0.271	0.450	0.135	0.474	0.474
	n =	123	123	123	123	123	123	123	123	123

Table 3.11 Logistic Odds Ratios for Above SGA Outcome Measure

Table 3.11: Logistic Odds Ratios for Above SGA Outcome Measure										
		E	+1	+2	+3	+4	+5	+6	+7	+8
ALL										
	Odds Ratio	1.21	0.91	**1.59**	**1.77**	1.23	0.94	**1.58**	**1.89**	**1.80**
	2-tailed	0.590	0.729	0.091	0.032	0.406	0.804	0.077	0.015	0.026
	1-tailed	0.295	0.364	0.046	0.016	0.203	0.402	0.039	0.008	0.013
	n =	486	485	484	483	483	483	482	480	480
MEN										
	Odds Ratio	1.73	0.93	**2.48**	**2.57**	1.43	0.98	**1.82**	**2.43**	**2.01**
	2-tailed	0.272	0.844	0.016	0.008	0.253	0.941	0.071	0.011	0.054
	1-tailed	0.136	0.422	0.008	0.004	0.126	0.470	0.036	0.006	0.027
	n =	276	275	275	274	274	274	273	271	271
BASELINE EARNERS										
	Odds Ratio	0.90	1.13	1.48	**2.57**	1.29	1.17	**2.12**	**2.29**	**2.45**
	2-tailed	0.797	0.755	0.276	0.009	0.463	0.649	0.043	0.025	0.023
	1-tailed	0.398	0.378	0.138	0.004	0.232	0.324	0.021	0.013	0.011
	n=	174	174	174	174	174	174	174	173	173
YOUNG										
	Odds Ratio	1.06	0.70	1.49	1.61	1.33	0.74	1.29	**1.91**	1.68
	2-tailed	0.908	0.387	0.320	0.258	0.447	0.424	0.526	0.093	0.194
	1-tailed	0.454	0.194	0.160	0.129	0.224	0.212	0.263	0.047	0.097
	n =	192	192	192	192	192	192	192	192	192
TWP PRIOR										
	Odds Ratio	0.65	**0.31**	1.59	**2.84**	1.87	0.87	1.75	**2.52**	1.11
	2-tailed	0.569	0.030	0.373	0.065	0.235	0.771	0.252	0.089	0.838
	1-tailed	0.284	0.015	0.186	0.033	0.118	0.386	0.126	0.045	0.419
	n =	101	101	101	101	101	101	101	100	100
MBI PRIOR										
	Odds Ratio	0.54	1.04	1.19	1.76	0.89	**0.41**	0.70	0.89	0.87
	2-tailed	0.377	0.942	0.717	0.239	0.796	0.055	0.431	0.799	0.777
	1-tailed	0.189	0.471	0.359	0.120	0.398	0.027	0.216	0.399	0.388
	n =	123	123	123	123	123	123	123	123	123

Table 3.12 Regression Coefficients for Quarterly Wage Measure

Table 3.12: Regression Coefficients for Quarterly Wage Outcome Measure										
		Enroll	+1	+2	+3	+4	+5	+6	+7	+8
ALL										
	Coef-ficient	-38.99	-125.15	61.27	88.05	20.05	-140.24	228.10	310.04	312.07
	2-tailed	0.684	0.361	0.683	0.592	0.914	0.485	0.251	0.122	0.125
	1-tailed	0.342	0.180	0.341	0.296	0.457	0.242	0.126	0.061	0.063
	n =	486	485	484	483	483	483	482	480	480
MEN										
	Coef-ficient	-40	-74	207	212	78	-321	257	483	395
	2-tailed	0.767	0.716	0.348	0.380	0.785	0.298	0.394	0.102	0.176
	1-tailed	0.384	0.358	0.174	0.190	0.392	0.149	0.197	0.051	0.088
	n =	276	275	275	274	274	274	273	271	271
BASELINE EARNERS										
	Coef-ficient	-160.62	91.99	96.53	134.19	-148.49	-144.39	303.73	630.08	478.80
	2-tailed	0.405	0.724	0.730	0.676	0.661	0.694	0.431	0.122	0.231
	1-tailed	0.203	0.362	0.365	0.338	0.331	0.347	0.216	0.061	0.115
	n=	174	174	174	174	174	174	174	173	173
YOUNG										
	Coef-ficient	-40.07	-250.13	99.06	109.4	-46.62	-339.6	266.4	432.7	345.6
	2-tailed	0.826	0.301	0.706	0.708	0.892	0.361	0.438	0.194	0.287
	1-tailed	0.413	0.151	0.353	0.354	0.446	0.181	0.219	0.097	0.144
	n =	192	192	192	192	192	192	192	192	192
TWP PRIOR										
	Coef-ficient	-409.87	**-802.38**	-16.95	-68.39	-151.03	-453.88	405.87	513.28	359.04
	2-tailed	0.106	**0.034**	0.965	0.886	0.739	0.413	0.414	0.331	0.472
	1-tailed	0.053	0.017	0.482	0.443	0.370	0.207	0.207	0.166	0.236
	n =	101	101	101	101	101	101	101	100	100
MBI PRIOR										
	Coef-ficient	-93.33	29.97	175	86.17	-526.6	-584.9	-162.4	100	31.64
	2-tailed	0.537	0.892	0.501	0.798	0.142	0.179	0.700	0.814	0.936
	1-tailed	0.268	0.446	0.250	0.399	0.071	0.090	0.350	0.407	0.468
	n =	123	123	123	123	123	123	123	123	123

Adjusted for 4 quarters prior to enrollment
bold indicates $p < .05$, two-tailed

Employment. As shown in the top section of Table 3.10, there is little apparent aggregate impact of the Benefit Offset on whether project participants are employed. The largest estimated impact, for the second quarter after enrollment, comes from an odds ratio of 1.264, which indicates that intervention participants were around 25 percent (26.4%) more likely than control participants to be employed in that quarter, controlling for higher levels of pre-enrollment employment. This result was not significant at even the 0.10% two-tailed level. The sixth quarter after enrollment also shows some positive impact on intervention participants (0.219, or about 20% more likely to be employed), but the other quarters have odds ratios closer to 1.0, and some are even below 1.0, indicating intervention participants were less likely than control participants to be employed.

Percent Earning Above SGA. In that one goal of the Benefit Offset policy is to encourage SSDI recipients to increase their earnings to the point that the offset is applied and SSDI payments are reduced, it is particularly relevant to know if the policy innovation encourages intervention participants to earn above SGA. The results for this outcome are for the most part more positive than for the employment outcome measure (see the top of Table 3.11). More of the odds ratios are above 1.0 (for 7 of the 9 quarters, in contrast to only 4 of 9 for the employment measure), and three are statistically significant at the 0.05% two-tailed level (third, seventh, and eighth quarters after enrollment; the second and sixth quarters are significant at the 0.10% level)). The largest of these odds ratios, 1.892 for the seventh quarter after enrollment, indicates that intervention participants are about 90 percent (89.2%) more likely to earn above SGA in that quarter than are control participants. This is not quite high enough to say that intervention participants are twice as likely to earn above SGA, but it is close. In sum, except for a decline in the fourth and fifth quarters after enrollment, the impact of the Benefit Offset policy appears strong for facilitating earnings above SGA.

UI Quarterly Wages. The final outcome measure was the quarterly wages as recorded in the Unemployment Insurance (UI) wage files. This measure was intermediate between the 'employment' and 'above SGA' measures in that the regression coefficients were positive in six of the nine quarters but none were statistically significant at the 0.10% two-tailed level (see the top of Table 3.12). The largest coefficients, $310 in the seventh quarter and $312 in the eighth quarter after enrollment, indicate that intervention participants are earning around $300 more per quarter than control participants, controlling for the higher pre-enrollment earnings of the intervention participants. That these strongest impacts are for the last two quarters of available data is encouraging for a possible long-term increase in policy effectiveness.

Subgroup Analyses

Understanding the impact of the Benefit Offset requires recognizing that some people seem more inclined or more able to take advantage of the opportunity to increase household income through the offset. While some of the factors influencing use of the Benefit Offset are likely specific to unique circumstances, there are some patterns.

As shown in Table 3.11, both males and those who had earned at least $1,200 in one of the four quarters prior to enrollment (Baseline Earners) showed above average responses to the Benefit Offset option. That men in Utah might be more responsive to the work opportunity of the Benefit Offset was not unexpected; looking at the results with statistical significance, men in the intervention group were around two and a half times more likely to earn above SGA than men in the control group for the second (2.477), third (2.574), and seventh quarters (2.432) after enrollment and close to two times more likely in the sixth (1.82) and eighth (2.01) quarters after enrollment.

Similarly, those with substantial earnings prior to enrollment (Baseline Earners, defined as having quarterly wages of at least $1,200, controlled for inflation, in terms of the third quarter of 2005), in any of the four quarters prior to enrollment, were much more likely to benefit from the Offset by earning above SGA. For the last three quarters with data reported, Baseline Earners in the intervention group were at least twice as likely to earn above SGA than those in the control group, with statistically significant odds ratios in the third (2.57), sixth (2.12), seventh (2.29), and eighth (2.45) quarters after enrollment.

For the other subgroups used, the results were not as positive for the intervention group. Indeed, for the Medicaid Buy-In (defined as having been enrolled in the Buy-In at some point prior to project enrollment) and TWP (having completed their trial work periods prior to project enrollment) subgroups, the effect of being in the intervention group was largely mixed, with for example, statistically significant negative results for the TWP subgroup in the first (for Above SGA and Wages measures) and fifth (for the Employment measure) quarters after enrollment and positive impacts in the third and seventh quarters after enrollment.

Summary of Common Outcome Analyses

The comparison of averages and percentages for the intervention and control groups, shown in Tables 3.1 to 3.3 and the regression analyses Tables 3.10 to 3.10, support the conclusion that the benefit offset policy has little aggregate impact on whether people are employed (earnings of at least $1 per quarter), but it is showing an impact on average earnings for the last three quarters after enrollment studied (6th through 8th) and an even more notable impact on increasing the percentage of participants who are earning above SGA ($\underline{p}<0.10$, two-tailed for the 2nd, 3rd, 6th, 7th, and 8th quarters after enrollment). That these results are statistically significant, including when pre-enrollment earnings are used as control variables, indicates that a random process, such as the random assignment to intervention conditions, is not expected (within the statistical limits reported) to have caused the differences observed between groups.

There remains the possibility that attrition or some other dynamic (e.g., demoralization of those assigned to the control group) is making the intervention look more effective than it would if adopted as a national program with a similar group of beneficiaries. The subgroup analyses, however, provide additional evidence in support of policy

effectiveness as the groups that were expected to show the greatest impact of the benefit offset opportunity did so. In particular, those defined as Baseline Earners (earning above $1,200 in at least one of the four quarters before enrollment) showed the greatest effectiveness of the intervention in increasing work effort. In addition, in Utah it was expected that men would feel more pressure to increase earnings, though the degree of differentiation of impact such that only men showed a policy impact was not expected.

State-Specific Analyses

Utah chose to conduct additional analyses to highlight issues important in this state and to yield additional insights into the question of for whom the benefit offset program is most effective. To do this, the Utah team first used the Above SGA outcome measure to distinguish outcomes for additional subgroups. For one of these subgroups we distinguished those who enrolled in the first three quarters of the enrollment period (August 2005 to March 2006; Early Enrollees) from those who enrolled in the last three quarters (April 2006 to October 2006). Other subgroups were based on marital status at enrollment, disability diagnosis, years of SSDI participation prior to enrollment, and the agency that referred the participant to the BOPD project. For these analyses we used only the 480 participants still active in the project by the eights quarter after enrollment.

Other Utah-specific analyses included examining the Above SGA outcome for calendar quarters to assess possible program effects and the effects of the economy. We also examined work-related behaviors reported in a telephone survey one year after enrollment (372 of the 486 participants completed surveys for an overall response rate of 77%)[16] to note differences between control and intervention participants on efforts to increase earnings and health status.

Finally, the Utah data and analyses involved the use of focus groups that addressed barriers to employment and strategies and other factors that supported increased earnings. Four of these groups were convened in the fall of 2007, and an additional six were held in the fall of 2008. The first set of focus groups targeted individuals in the control and intervention groups that were earning above SGA or appeared to be 'parking' near the SGA level. (Each group was composed of either control or intervention group members.) The second set of groups included only intervention group participants in different sets of circumstances. Three of these groups were based on targeted earnings levels (very low earners, individuals earning consistently above SGA, and individuals earning near $0 then increasing to above SGA. The remaining three groups included individuals meeting specific criteria of interest (men, women, and individuals with primary diagnoses of mental illness).

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[16] Response rates between the control and intervention groups differed. Members of the intervention group (81%) were slightly more likely to complete telephone surveys than members of the control group (72%) ($p < .10$).

Marital Status. The common analyses included an examination of gender, showing that men benefited more from the offset in Utah than did women. This may have reflected the greater expectations, in Utah and perhaps elsewhere, for men to be employed. A related question is whether marital status is associated with differential effects of the benefit offset. Figure 3.22 shows this to be true. Married individuals in the intervention group were almost equally likely to be earning above SGA as were intervention participants who had been married but were divorced, separated, or widowed at enrollment. Only in the seventh and eighth quarters after enrollment did married individuals begin to show a notable effect of the policy. The greatest impact of the benefit offset (difference between intervention and control groups) was for the divorced, separated, widowed group, due to the low levels of earning above SGA for that control group.

Table 3.13 Percent Above SGA of Married Participants

Table 3.13a. Percentage Above SGA, Married Participants											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	90	10.0	3.16	90	7.8	2.83		2.2	4.24	0.302	0.604
-3	90	6.7	2.64	90	6.7	2.64		0.0	3.73	0.500	1.000
-2	90	10.0	3.16	90	7.8	2.83		2.2	4.24	0.302	0.604
-1	90	12.2	3.45	90	11.1	3.31		1.1	4.78	0.409	0.818
enroll	90	18.9	4.13	90	16.7	3.93		2.2	5.70	0.350	0.700
+1	90	14.4	3.70	90	16.7	3.93		-2.3	5.40	0.335	0.670
+2	90	20.0	4.22	90	21.1	4.30		-1.1	6.02	0.428	0.855
+3	90	23.3	4.46	90	20.0	4.22		3.3	6.13	0.295	0.591
+4	90	23.3	4.46	90	23.3	4.46		0.0	6.30	0.500	1.000
+5	90	20.0	4.22	90	22.2	4.38		-2.2	6.08	0.359	0.717
+6	90	22.2	4.38	90	17.8	4.03		4.4	5.95	0.230	0.460
+7	90	23.3	4.46	90	16.7	3.93		6.6	5.94	0.133	0.267
+8	90	22.2	4.38	90	17.8	4.03		4.4	5.95	0.230	0.460

Table 3.14 Percent Above SGA of Divorced/Separated/Widowed

Table 3.14a. Percentage Above SGA, Divorced/Separated/Widowed Participants											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	85	4.7	2.30	95	5.3	2.30		-0.6	3.25	0.427	0.853
-3	85	10.6	3.34	95	5.3	2.30		5.3	4.05	0.096	0.191
-2	85	11.8	3.50	95	6.3	2.49		5.5	4.30	0.100	0.200
-1	**85**	**17.6**	**4.13**	**95**	**7.4**	**2.69**		**10.2**	**4.93**	**0.019**	**0.038**
enroll	85	16.5	4.03	95	11.6	3.29		4.9	5.20	0.173	0.346
+1	85	18.8	4.24	95	10.5	3.15		8.3	5.28	0.058	0.116
+2	**85**	**22.4**	**4.52**	**95**	**9.5**	**3.01**		**12.9**	**5.43**	**0.009**	**0.018**
+3	**85**	**25.9**	**4.75**	**95**	**9.5**	**3.01**		**16.4**	**5.62**	**0.002**	**0.004**
+4	85	21.2	4.43	95	13.7	3.53		7.5	5.67	0.093	0.186
+5	85	20.0	4.34	95	11.6	3.29		8.4	5.44	0.061	0.123
+6	**85**	**23.5**	**4.60**	**95**	**10.5**	**3.15**		**13.0**	**5.57**	**0.010**	**0.020**
+7	**85**	**25.9**	**4.75**	**95**	**10.5**	**3.15**		**15.4**	**5.70**	**0.003**	**0.007**
+8	**85**	**27.1**	**4.82**	**95**	**8.4**	**2.85**		**18.7**	**5.60**	**0.000**	**0.001**

Table 3.15 Percent Above SGA of Never Married Participants

Table 3.15 Percentage Above SGA, Never Married Participants											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	66	6.1	2.95	54	7.4	3.56		-1.3	4.62	0.389	0.779
-3	66	10.6	3.79	54	5.6	3.13		5.0	4.91	0.154	0.309
-2	66	3.0	2.10	54	7.4	3.56		-4.4	4.14	0.144	0.287
-1	**66**	**1.5**	**1.50**	**54**	**11.1**	**4.27**		**-9.6**	**4.53**	**0.017**	**0.034**
enroll	66	10.6	3.79	54	9.3	3.95		1.3	5.48	0.406	0.812
+1	66	10.6	3.79	54	16.7	5.08		-6.1	6.33	0.168	0.336
+2	66	16.7	4.59	54	9.3	3.95		7.4	6.06	0.111	0.222
+3	66	12.1	4.01	54	11.1	4.27		1.0	5.86	0.432	0.865
+4	66	18.2	4.75	54	14.8	4.83		3.4	6.78	0.308	0.616
+5	66	12.1	4.01	54	22.2	5.66		-10.1	6.94	0.073	0.145
+6	66	15.2	4.42	54	14.8	4.83		0.4	6.55	0.476	0.951
+7	66	16.7	4.59	54	14.8	4.83		1.9	6.67	0.388	0.776
+8	66	13.6	4.22	54	14.8	4.83		-1.2	6.42	0.426	0.852

Figure 3.22 Earnings Above SGA by Marital Status: Married or Divorces, Separated, Widowed

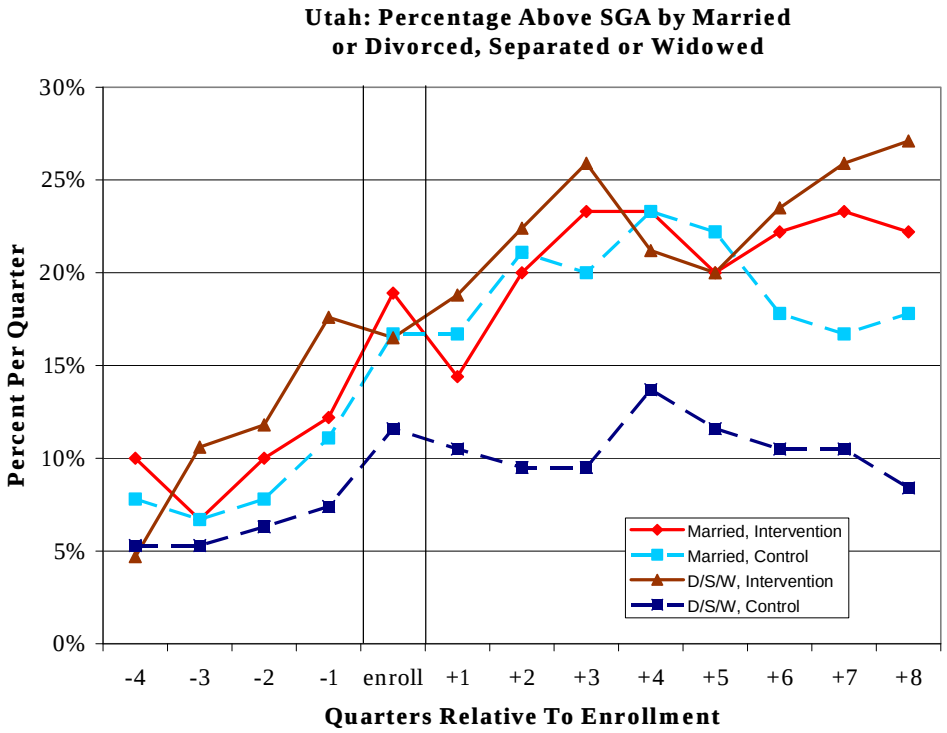
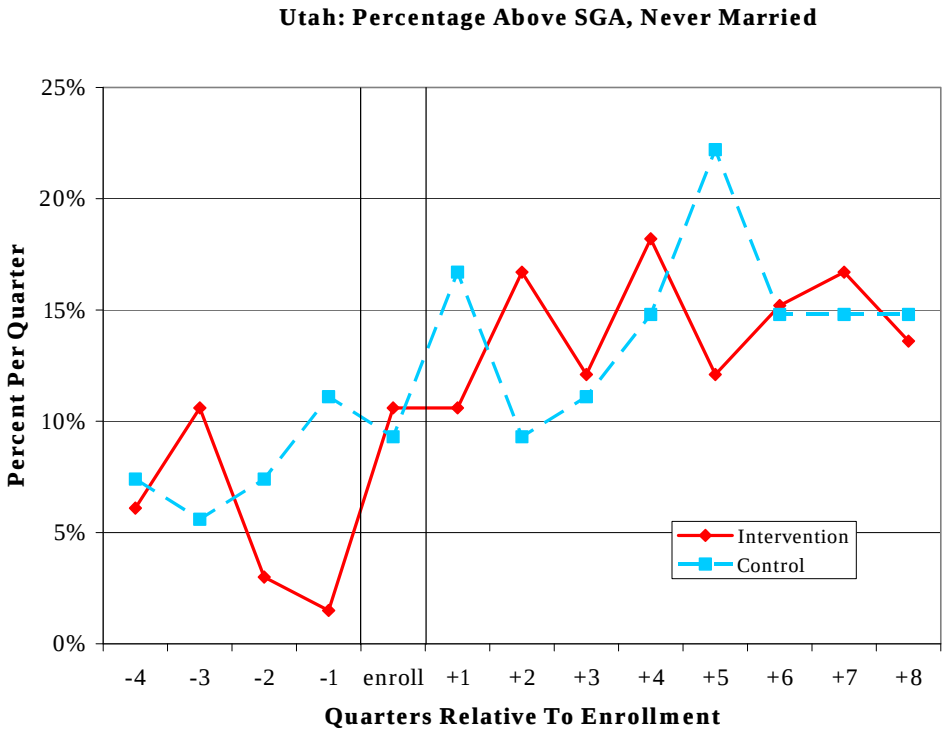


Figure 3.23 shows that people who had never been married at enrollment were least likely to earn above SGA and that the Benefit-Offset policy had little impact on the earning of intervention participants. Combining these effects with those for gender, it is

worth noting that for each of the marital status categories at enrollment, men showed a greater impact of the offset.

Figure 3.23: Earnings Above SGA, Never Married



Diagnosis Group. One of the issues for the pilot study was whether the policy impact would be greater for some disability types. While there are always concerns about data distinguishing types of disabilities, we were asked by SSA to use four large groupings from the Master Beneficiary Record in categorizing participants—musculoskeletal, neurological, mental retardation, and other mental disorders. All other SSA diagnosis categories were grouped into an 'other' category. In that the sample size for mental retardation was small (n=8), we report results only for musculoskeletal, neurological, and mental health disabilities.

Figures 3.25 to 3.27 show that disability type is related to the impact of the policy. The greatest impact of the Benefit-Offset was with the musculoskeletal group. Indeed, this was the only of the three disability groups reported to show a consistent policy impact.

The neurological (e.g., multiple sclerosis) and mental health groups showed evidence of both positive and negative impacts that warrant comment. First, the suggestion of a policy impact for the mental health group in the last two quarters of data, the seventh and eighth quarters after enrollment, deserves further study with additional follow-up data. Second, the neurological and mental health groups show the control group with higher earnings in the fifth quarter after enrollment. After noting this decrease in the

aggregate data for the fifth quarter after enrollment, this is the first disaggregation that localizes the decrease to be the result of particular groups.

Table 3.16 Percent Above SGA – Musculoskeletal Disabilities

Table 3.15 a. Percentage Above SGA, Musculoskeletal Disabilities											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	43	7.0	3.89	42	7.1	3.96		-0.1	5.55	0.493	0.986
-3	43	9.3	4.43	42	7.1	3.96		2.2	5.94	0.356	0.711
-2	43	7.0	3.89	42	4.8	3.30		2.2	5.10	0.333	0.666
-1	43	11.6	4.88	42	11.9	5.00		-0.3	6.99	0.483	0.966
enroll	43	23.3	6.45	42	19.0	6.05		4.3	8.84	0.313	0.627
+1	43	18.6	5.93	42	16.7	5.76		1.9	8.27	0.409	0.818
+2	43	16.3	5.63	42	19.0	6.05		-2.7	8.27	0.372	0.744
+3	43	20.9	6.20	42	14.3	5.40		6.6	8.22	0.211	0.422
+4	43	25.6	6.66	42	14.3	5.40		11.3	8.57	0.094	0.187
+5	**43**	**23.2**	**6.44**	**42**	**4.8**	**3.30**		**18.4**	**7.23**	**0.005**	**0.011**
+6	**43**	**18.6**	**5.93**	**42**	**2.4**	**2.36**		**16.2**	**6.39**	**0.006**	**0.011**
+7	**43**	**20.9**	**6.20**	**42**	**4.8**	**3.30**		**16.1**	**7.02**	**0.011**	**0.022**
+8	**43**	**23.3**	**6.45**	**42**	**4.8**	**3.30**		**18.5**	**7.24**	**0.005**	**0.011**

Table 3.17 Percent Above SGA – Neurological Disabilities

Table 3.17. Percentage Above SGA, Neurological Disabilities											
	Treatment			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	32	9.4	5.16	31	6.5	4.43		2.9	6.80	0.335	0.670
-3	32	3.1	3.06	31	9.7	5.32		-6.6	6.14	0.141	0.282
-2	32	6.3	4.30	31	9.7	5.32		-3.4	6.83	0.309	0.619
-1	32	9.4	5.16	31	9.7	5.32		-0.3	7.41	0.484	0.968
enroll	32	6.3	4.30	31	16.1	6.60		-9.8	7.88	0.107	0.213
+1	32	15.6	6.41	31	12.9	6.02		2.7	8.80	0.379	0.759
+2	32	18.8	6.91	31	12.9	6.02		5.9	9.16	0.260	0.520
+3	32	12.5	5.85	31	12.9	6.02		-0.4	8.39	0.481	0.962
+4	32	18.8	6.91	31	19.4	7.10		-0.6	9.91	0.476	0.952
+5	32	15.6	6.41	31	29.0	8.15		-13.4	10.37	0.098	0.196
+6	32	18.8	6.91	31	16.1	6.60		2.7	9.55	0.389	0.777
+7	32	21.9	7.31	31	16.1	6.60		5.8	9.85	0.278	0.556
+8	32	21.9	7.31	31	22.6	7.51		-0.7	10.48	0.473	0.947

Table 3.18 Percent Above SGA – Mental Health Disabilities

Table 3.18 Percentage Above SGA, Mental Health Disabilities											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	99	2.0	1.41	91	6.6	2.60		-4.6	2.96	0.060	0.120
-3	99	7.1	2.58	91	4.4	2.15		2.7	3.36	0.211	0.422
-2	99	4.0	1.97	91	6.6	2.60		-2.6	3.26	0.213	0.426
-1	99	8.1	2.74	91	12.1	3.42		-4.0	4.38	0.181	0.361
enroll	99	12.1	3.28	91	9.9	3.13		2.2	4.53	0.314	0.627
+1	99	12.1	3.28	91	14.3	3.67		-2.2	4.92	0.327	0.655
+2	99	20.2	4.04	91	13.2	3.55		7.0	5.37	0.096	0.193
+3	99	20.2	4.04	91	15.4	3.78		4.8	5.53	0.193	0.386
+4	99	18.2	3.88	91	20.9	4.26		-2.7	5.76	0.320	0.639
+5	99	15.2	3.61	91	19.8	4.18		-4.6	5.52	0.202	0.405
+6	99	20.2	4.04	91	20.9	4.26		-0.7	5.87	0.453	0.905
+7	99	21.2	4.11	91	16.5	3.89		4.7	5.66	0.203	0.406
+8	99	20.2	4.04	91	15.4	3.78		4.8	5.53	0.193	0.386

Table 3.19 Percent Above SGA – "Other" Disabilities

Table 3.19 Percentage Above SGA, "Other" Disabilities											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	**63**	**14.3**	**4.41**	**69**	**5.8**	**2.81**		**8.5**	**5.23**	**0.052**	**0.104**
-3	**63**	**14.3**	**4.41**	**69**	**2.9**	**2.02**		**11.4**	**4.85**	**0.009**	**0.019**
-2	**63**	**17.5**	**4.79**	**69**	**7.2**	**3.11**		**10.3**	**5.71**	**0.036**	**0.071**
-1	**63**	**15.9**	**4.61**	**69**	**4.3**	**2.44**		**11.6**	**5.21**	**0.013**	**0.026**
enroll	63	19.0	4.94	69	10.1	3.63		8.9	6.13	0.073	0.147
+1	63	17.5	4.79	69	11.6	3.86		5.9	6.15	0.169	0.337
+2	**63**	**23.8**	**5.37**	**69**	**10.1**	**3.63**		**13.7**	**6.48**	**0.017**	**0.034**
+3	**63**	**28.6**	**5.69**	**69**	**10.1**	**3.63**		**18.5**	**6.75**	**0.003**	**0.006**
+4	**63**	**25.4**	**5.48**	**69**	**13.0**	**4.05**		**12.4**	**6.82**	**0.034**	**0.069**
+5	63	20.6	5.10	69	15.9	4.40		4.7	6.73	0.243	0.485
+6	**63**	**23.8**	**5.37**	**69**	**10.1**	**3.63**		**13.7**	**6.48**	**0.017**	**0.034**
+7	**63**	**25.4**	**5.48**	**69**	**11.6**	**3.86**		**13.8**	**6.70**	**0.020**	**0.040**
+8	**63**	**22.2**	**5.24**	**69**	**10.1**	**3.63**		**12.1**	**6.37**	**0.029**	**0.057**

Figure 3.24: Percentage Above SGA - Musculoskeletal Disabilities

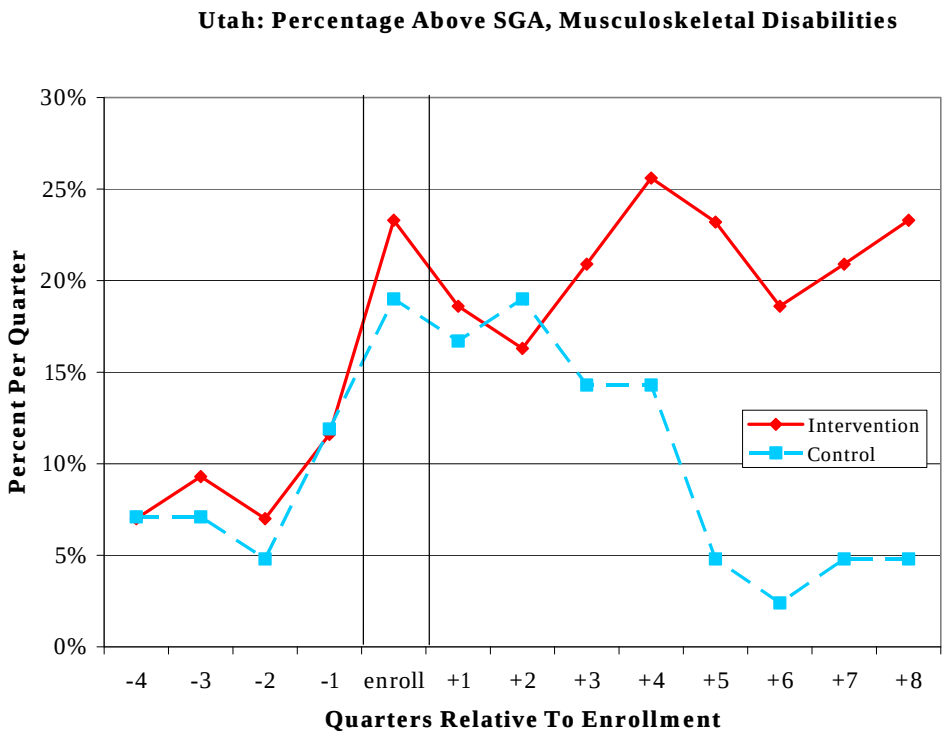


Figure 3.25: Percentage Above SGA - Neurological Disabilities

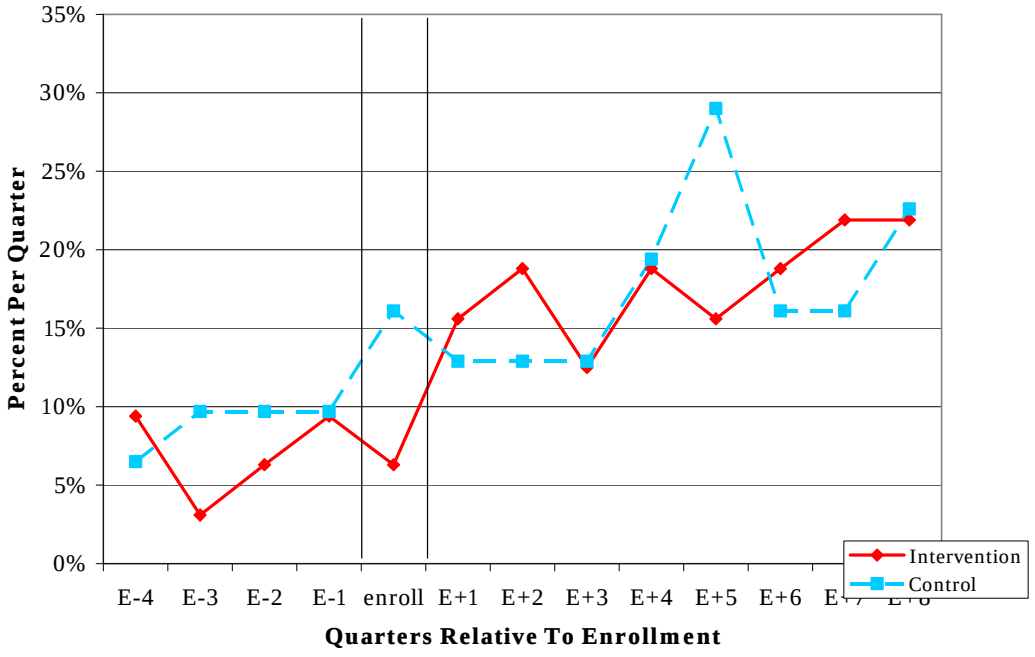


Figure 3.26: Percentage Above SGA - Mental Health Disabilities

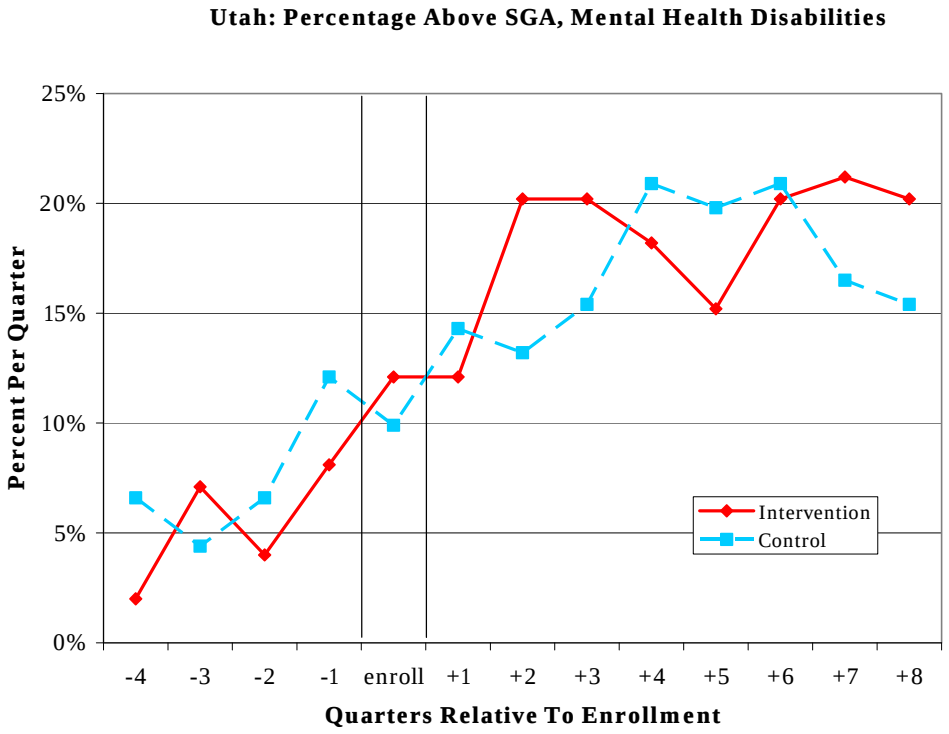
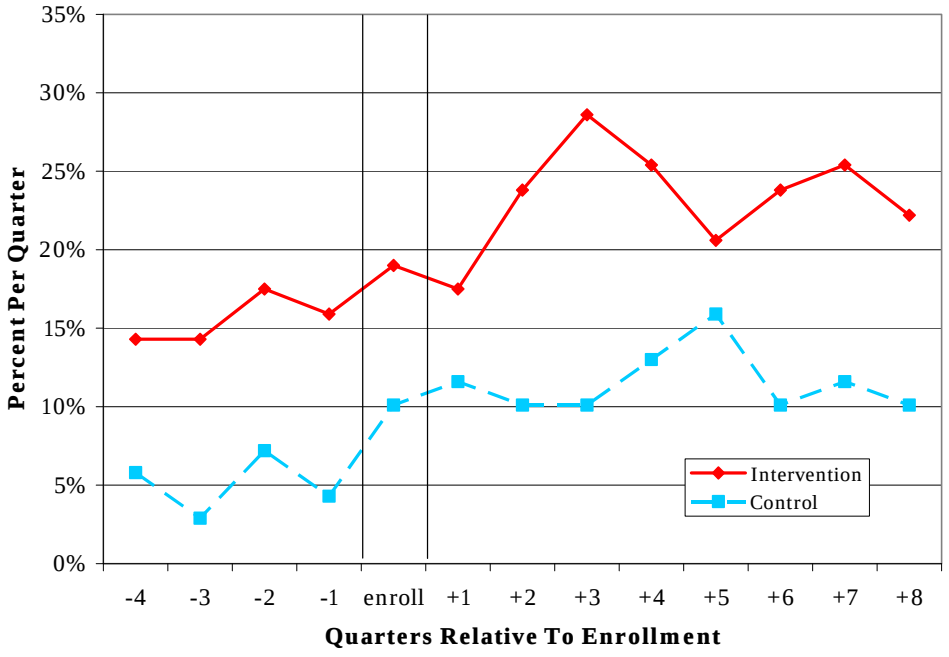


Figure 3.27: Percentage Above SGA - Other Disabilities



Years Receiving SSDI Benefits Prior to Enrollment. Another characteristic of SSDI recipients believed to be related to responsiveness to work incentives is the length of time they have been receiving SSDI cash assistance. Specifically, the hope is that those who began receiving SSDI assistance most recently might be better able or more inclined to increase their work efforts. For this analysis we used length of SSDI entitlement categories requested by SSA—those receiving benefits for two years or less, those receiving benefits more than two years but less than five, those receiving benefits more than five years but less than eight, and those receiving benefits for eight or more years prior to enrollment.

Figures 3.28 and 3.29 provide some support for the hypothesis that length of time on SSDI impacts the policy effectiveness. Overall, the highest average percentage earning above SGA was for the intervention participants most recently on SSDI (on for 0 to 2 years). As shown in Figure 3.28, however, by the seventh and eighth quarters after enrollment, the intervention participants receiving SSDI for 2 to 5 years matched the work effort of those receiving benefits for 0 to 2 years, at about 26 percent earning above SGA. In contrast, those receiving SSDI for 5 to 8 and more than 8 years ended with rates of earning above SGA around 20 percent.

Table 3.20 Percent Above SGA – Two or Less Years on SSDI (Recent)

Table 3.19a. Percentage Above SGA, Two or Less Years on SSDI [Recent]											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	27	14.8	6.83	24	12.5	6.75		2.3	9.61	0.405	0.811
-3	27	11.1	6.05	24	12.5	6.75		-1.4	9.06	0.439	0.877
-2	27	3.7	3.63	24	12.5	6.75		-8.8	7.67	0.126	0.251
-1	27	3.7	3.63	24	12.5	6.75		-8.8	7.67	0.126	0.251
enroll	27	14.8	6.83	24	16.7	7.61		-1.9	10.23	0.426	0.853
+1	27	18.5	7.47	24	16.7	7.61		1.8	10.67	0.433	0.866
+2	27	22.2	8.00	24	8.3	5.63		13.9	9.78	0.078	0.155
+3	27	22.2	8.00	24	16.7	7.61		5.5	11.04	0.309	0.618
+4	27	25.9	8.43	24	16.7	7.61		9.2	11.36	0.209	0.418
+5	27	18.5	7.47	24	29.2	9.28		-10.7	11.92	0.185	0.369
+6	27	22.2	8.00	24	16.7	7.61		5.5	11.04	0.309	0.618
+7	27	25.9	8.43	24	20.8	8.28		5.1	11.82	0.333	0.666
+8	27	25.9	8.43	24	16.7	7.61		9.2	11.36	0.209	0.418

Table 3.21 Percent Above SGA – Two to Five Years on SSDI (Short)

Table 3.20a. Percentage Above SGA, Two to Five Years on SSDI [Short]											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	77	6.5	2.81	88	5.7	2.47		0.8	3.74	0.415	0.831
-3	77	9.1	3.28	88	3.4	1.93		5.7	3.80	0.067	0.134
-2	77	10.4	3.48	88	8.0	2.89		2.4	4.52	0.298	0.596
-1	77	11.7	3.66	88	8.0	2.89		3.7	4.67	0.214	0.428
enroll	**77**	**26.0**	**5.00**	**88**	**9.1**	**3.07**		**16.9**	**5.86**	**0.002**	**0.004**
+1	77	14.3	3.99	88	14.8	3.79		-0.5	5.50	0.464	0.928
+2	77	20.8	4.63	88	18.2	4.11		2.6	6.19	0.337	0.674
+3	77	19.5	4.52	88	15.9	3.90		3.6	5.97	0.273	0.546
+4	77	19.5	4.52	88	18.2	4.11		1.3	6.11	0.416	0.831
+5	77	15.6	4.14	88	22.7	4.47		-7.1	6.09	0.122	0.243
+6	77	20.8	4.63	88	17.0	4.00		3.8	6.12	0.267	0.535
+7	**77**	**26.0**	**5.00**	**88**	**14.8**	**3.79**		**11.2**	**6.27**	**0.037**	**0.074**
+8	**77**	**26.0**	**5.00**	**88**	**12.5**	**3.53**		**13.5**	**6.12**	**0.014**	**0.027**

Figure 3.28: Percentage Above SGA: Recent v. Short Time on SSDI

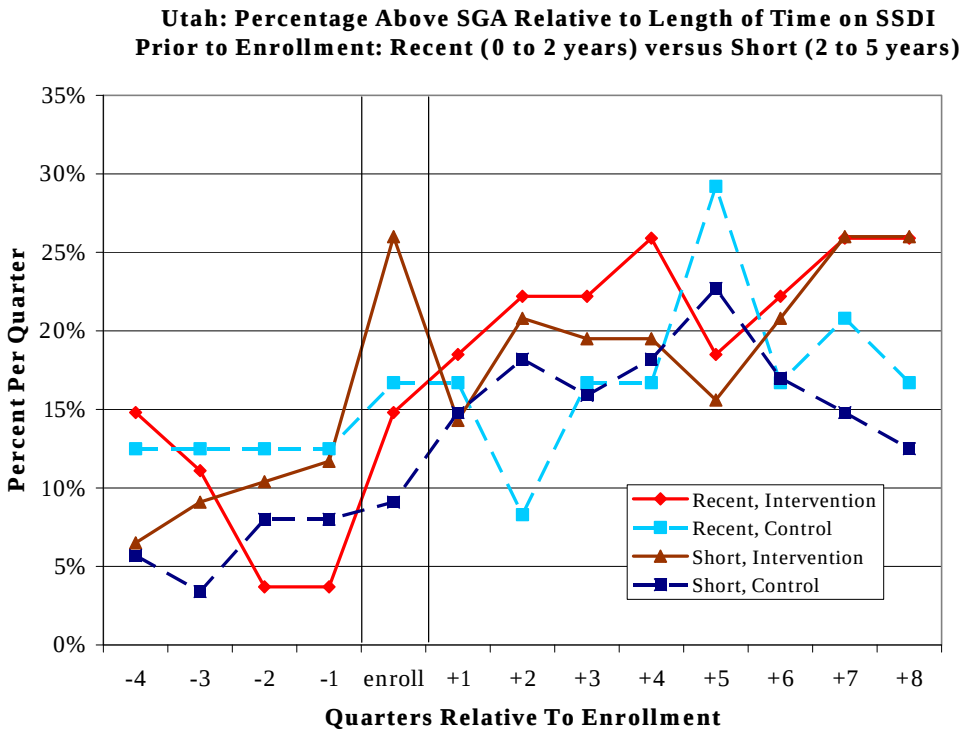


Figure 3.29 contrasts those receiving SSDI benefits for 5 to 8 years with those receiving them for more than 8 years. From this we see that while there is little apparent policy impact for those receiving SSDI for more than 8 years, it is not because the intervention participants in this group do not work but rather that the work effort of the control

group is equally high. In contrast, the same percent earning above SGA for those receiving SSDI between 5 and 8 years yields a much bigger apparent impact because of the low rate of earning above SGA for the control group

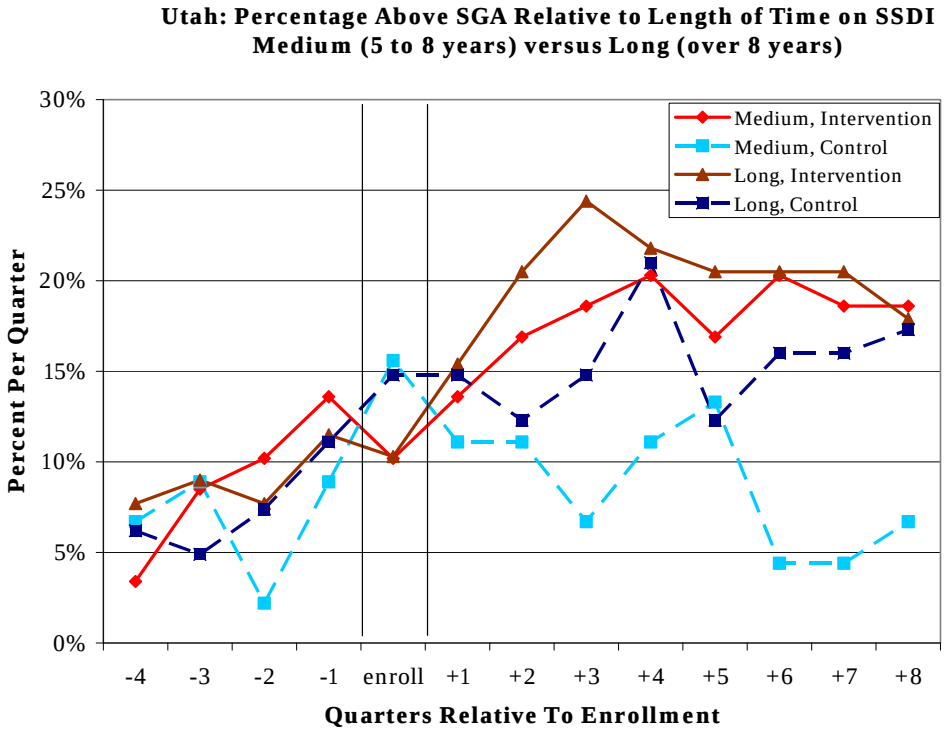
Table 3.22 Percent Above SGA – Five to Eight Years on SSDI (Medium)

Table 3.21. Percentage Above SGA, Five to Eight Years on SSDI [Medium]											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	59	3.4	2.36	45	6.7	3.73		-3.3	4.41	0.227	0.454
-3	59	8.5	3.63	45	8.9	4.24		-0.4	5.59	0.471	0.943
-2	**59**	**10.2**	**3.94**	**45**	**2.2**	**2.19**		**8.0**	**4.51**	**0.038**	**0.076**
-1	59	13.6	4.46	45	8.9	4.24		4.7	6.16	0.223	0.445
enroll	59	10.2	3.94	45	15.6	5.41		-5.4	6.69	0.210	0.420
+1	59	13.6	4.46	45	11.1	4.68		2.5	6.47	0.350	0.699
+2	59	16.9	4.88	45	11.1	4.68		5.8	6.76	0.196	0.391
+3	**59**	**18.6**	**5.07**	**45**	**6.7**	**3.73**		**11.9**	**6.29**	**0.029**	**0.058**
+4	59	20.3	5.24	45	11.1	4.68		9.2	7.03	0.095	0.190
+5	59	16.9	4.88	45	13.3	5.06		3.6	7.03	0.304	0.609
+6	**59**	**20.3**	**5.24**	**45**	**4.4**	**3.06**		**15.9**	**6.06**	**0.004**	**0.009**
+7	**59**	**18.6**	**5.07**	**45**	**4.4**	**3.06**		**14.2**	**5.92**	**0.008**	**0.016**
+8	**59**	**18.6**	**5.07**	**45**	**6.7**	**3.73**		**11.9**	**6.29**	**0.029**	**0.058**

Table 3.23 Percent Above SGA – Over Eight Years on SSDI (Long)

Table 3.22. Percentage Above SGA, Over Eight Years on SSDI [Long]											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	78	7.7	3.02	81	6.2	2.68		1.5	4.04	0.355	0.710
-3	78	9.0	3.24	81	4.9	2.40		4.1	4.03	0.155	0.309
-2	78	7.7	3.02	81	7.4	2.91		0.3	4.19	0.471	0.943
-1	78	11.5	3.61	81	11.1	3.49		0.4	5.02	0.468	0.937
enroll	78	10.3	3.44	81	14.8	3.95		-4.5	5.24	0.195	0.390
+1	78	15.4	4.09	81	14.8	3.95		0.6	5.68	0.458	0.916
+2	78	20.5	4.57	81	12.3	3.65		8.2	5.85	0.080	0.161
+3	78	24.4	4.86	81	14.8	3.95		9.6	6.26	0.063	0.125
+4	78	21.8	4.68	81	21.0	4.53		0.8	6.51	0.451	0.902
+5	78	20.5	4.57	81	12.3	3.65		8.2	5.85	0.080	0.161
+6	78	20.5	4.57	81	16.0	4.07		4.5	6.12	0.231	0.462
+7	78	20.5	4.57	81	16.0	4.07		4.5	6.12	0.231	0.462
+8	78	17.9	4.34	81	17.3	4.20		0.6	6.04	0.460	0.921

Figure 3.29 Percentage Above SGA: Medium v. Long Time on SSDI



Referral Agency. Focusing more on programmatic features, we wanted also to examine whether participants referred from the major support programs differed from each other in terms of the impact of the policy innovation. The three programs considered were Benefits Planning and Outreach (BPAO), Vocational Rehabilitation (VR), and Disability Medicaid (MBI). Participants who were referred from BPAO show the greatest policy effect for the Above SGA measure. Individuals who were referred from BPAO were more likely to have had some benefits counseling prior to enrollment and to have understood the benefit offset rules. Intervention participants showed a strong trend to work above SGA soon after enrollment (significant for the second and third quarters after enrollment), while the control participants did not as much.

Further, there were large differences between the intervention and control groups for the BPAO Referral group in the last three quarters studied. For example, in the seventh quarter after enrollment, 35 percent of the intervention group was earning above SGA whereas fewer than 12 percent of the control group achieved this. This difference of 23.5 percentage points represents a 200 percent increase over the control group rate of 11.8 percent. In contrast, the intervention advantage for the VR referrals was only around 4 percentage points in the last two quarters studied, or a 27 percent increase. The advantage for the MBI intervention group was also around 4 to 5 percentage points in the last two quarters studied, though there was a significant intervention advantage in the third and fourth quarters after enrollment.

Table 3.24 Percent Above SGA – BPAO Referrals

Table 3.23. Percentage Above SGA, BPAO Referrals											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	**34**	**20.6**	**6.93**	**34**	**5.9**	**4.04**		**14.7**	**8.02**	**0.033**	**0.067**
-3	34	17.6	6.54	34	8.8	4.86		8.8	8.15	0.139	0.279
-2	34	11.8	5.53	34	5.9	4.04		5.9	6.84	0.195	0.390
-1	34	11.8	5.53	34	8.8	4.86		2.9	7.36	0.345	0.690
enroll	34	20.6	6.93	34	17.6	6.54		2.9	9.53	0.379	0.758
+1	34	17.6	6.54	34	14.7	6.07		2.9	8.92	0.371	0.742
+2	**34**	**26.5**	**7.57**	**34**	**8.8**	**4.86**		**17.6**	**8.99**	**0.025**	**0.050**
+3	**34**	**26.5**	**7.57**	**34**	**8.8**	**4.86**		**17.6**	**8.99**	**0.025**	**0.050**
+4	34	23.5	7.27	34	11.8	5.53		11.8	9.14	0.099	0.198
+5	34	23.5	7.27	34	17.6	6.54		5.9	9.78	0.274	0.548
+6	**34**	**32.4**	**8.02**	**34**	**8.8**	**4.86**		**23.5**	**9.38**	**0.006**	**0.012**
+7	**34**	**35.3**	**8.20**	**34**	**11.8**	**5.53**		**23.5**	**9.88**	**0.009**	**0.017**
+8	**34**	**29.4**	**7.81**	**34**	**11.8**	**5.53**		**17.6**	**9.57**	**0.033**	**0.065**

Table 3.25 Percent Above SGA – Vocational Rehabilitation Referrals

Table 3.24. Percentage Above SGA, Vocational Rehabilitation Referrals											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	155	5.2	1.78	164	6.1	1.87		-0.9	2.58	0.358	0.717
-3	155	5.8	1.88	164	4.9	1.68		0.9	2.52	0.356	0.713
-2	155	5.2	1.78	164	6.1	1.87		-0.9	2.58	0.358	0.717
-1	155	8.4	2.23	164	10.4	2.38		-2.0	3.26	0.272	0.544
enroll	155	13.5	2.75	164	12.2	2.56		1.4	3.75	0.359	0.718
+1	155	13.5	2.75	164	15.9	2.85		-2.3	3.96	0.280	0.561
+2	155	18.1	3.09	164	15.9	2.85		2.2	4.21	0.300	0.599
+3	155	19.4	3.17	164	17.7	2.98		1.7	4.35	0.350	0.701
+4	155	18.7	3.13	164	20.7	3.17		-2.0	4.45	0.325	0.650
+5	155	17.4	3.05	164	18.9	3.06		-1.5	4.32	0.366	0.731
+6	155	16.8	3.00	164	15.9	2.85		0.9	4.14	0.412	0.824
+7	155	19.4	3.17	164	15.2	2.81		4.1	4.24	0.166	0.332
+8	155	19.4	3.17	164	15.2	2.81		4.1	4.24	0.166	0.332

Table 3.26 Percent Above SGA – MBI Referrals

Table 3.25. Percentage Above SGA, MBI Referrals											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	37	2.7	2.67	27	7.4	5.04		-4.7	5.70	0.205	0.409
-3	37	16.2	6.06	27	7.4	5.04		8.8	7.88	0.132	0.264
-2	37	18.9	6.44	27	18.5	7.48		0.4	9.87	0.484	0.968
-1	37	18.9	6.44	27	11.1	6.05		7.8	8.83	0.188	0.377
enroll	37	18.9	6.44	27	11.1	6.05		7.8	8.83	0.188	0.377
+1	37	18.9	6.44	27	7.4	5.04		11.5	8.18	0.080	0.159
+2	37	18.9	6.44	27	7.4	5.04		11.5	8.18	0.080	0.159
+3	**37**	**21.6**	**6.77**	**27**	**0.0**	**0.00**		**21.6**	**6.77**	**0.001**	**0.001**
+4	**37**	**27.0**	**7.30**	**27**	**11.1**	**6.05**		**15.9**	**9.48**	**0.047**	**0.093**
+5	37	16.2	6.06	27	18.5	7.48		-2.3	9.62	0.405	0.811
+6	37	21.6	6.77	27	14.8	6.84		6.8	9.62	0.240	0.479
+7	37	18.9	6.44	27	14.8	6.84		4.1	9.39	0.331	0.662
+8	37	16.2	6.06	27	11.1	6.05		5.1	8.56	0.275	0.551

Figure 3.30: Percentage above SGA for BPAO Referrals

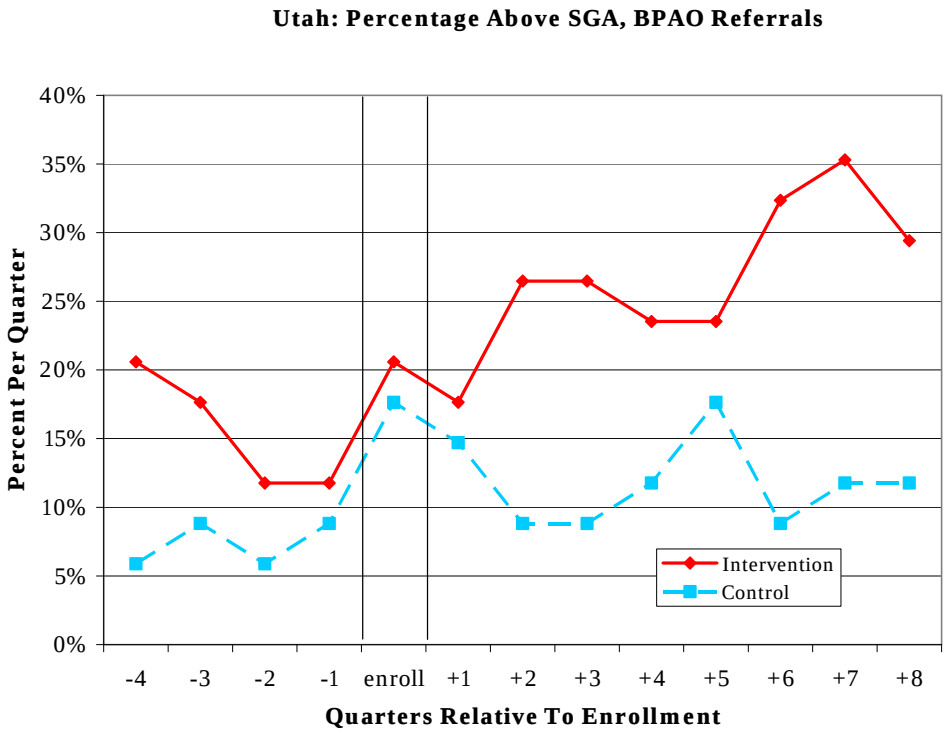


Figure 3.31: Percentage above SGA for VR Referrals

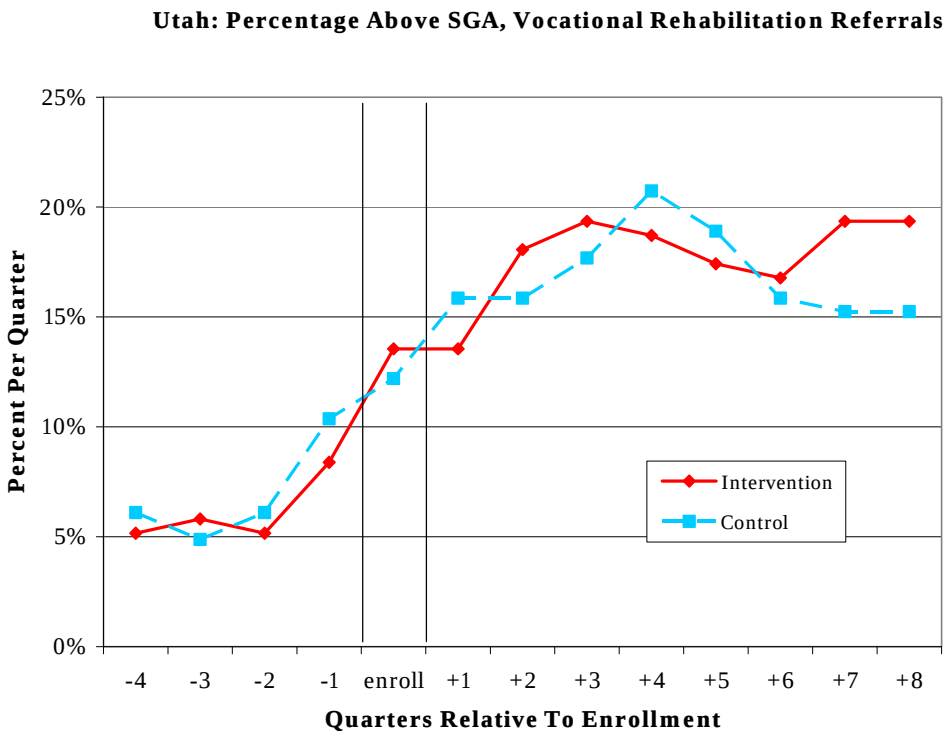
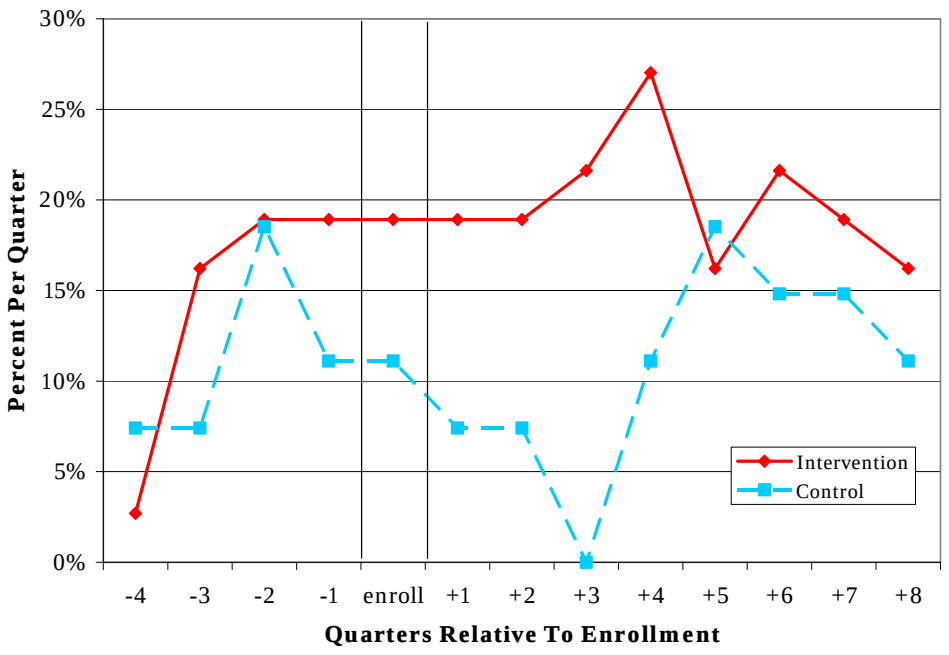


Figure 3.32: Percentage above SGA for MBI Referrals



Timing of Enrollment. Another programmatic question was whether people enrolling at the beginning of the project (defined as the first three of the six quarters of enrollment, August 2005 to March 2006) responded differently to employment opportunities and to the policy change than those enrolling closer towards the end of the project (the last three quarters of enrollment, April 2006 to October 2006). Figure 3.33 shows that there is little difference in most quarters after enrollment in earning above SGA for the control and intervention participants enrolling during the first half of project enrollment. There is, however, some apparent impact in the last quarters studied, which is of some importance in that this group allows us to report on additional quarters after enrollment (9th through 11th) and so provides some reassurance that the policy impact will continue to be notable with continued follow-up.

Figure 3.34 shows the much larger difference for those enrolling in the second half of project enrollment. What is interesting about the larger impact among the latter enrollees is that it is the result of both higher rates of earning above SGA for the intervention group and lower rates for the control group. For the intervention group this suggests that the policy implementation may have improved over time, with a better understanding of policy opportunities among intervention participants. For the control group it seems likely that the early enrollees were those most prepared to increase their work efforts and ended up doing so regardless of which experimental group they were assigned.

Table 3.27 Percent Above SGA – Early Enrollees

Table 3.26. Percentage Above SGA, Early Enrollees											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	123	8.1	2.46	120	3.3	1.63		4.8	2.95	0.052	0.104
-3	123	5.7	2.09	120	4.2	1.83		1.5	2.78	0.295	0.589
-2	123	5.7	2.09	120	2.5	1.43		3.2	2.53	0.103	0.206
-1	123	8.9	2.57	120	10.8	2.83		-1.9	3.82	0.310	0.619
enroll	123	16.3	3.33	120	10.8	2.83		5.5	4.37	0.104	0.208
+1	123	13.0	3.03	120	14.2	3.19		-1.2	4.40	0.392	0.785
+2	123	18.7	3.52	120	15.0	3.26		3.7	4.79	0.220	0.440
+3	123	22.0	3.74	120	18.3	3.53		3.7	5.14	0.236	0.472
+4	123	17.1	3.39	120	19.2	3.60		-2.1	4.95	0.336	0.671
+5	123	14.6	3.18	120	19.2	3.60		-4.6	4.80	0.169	0.338
+6	123	18.7	3.52	120	15.8	3.33		2.9	4.84	0.275	0.549
+7	123	22.0	3.74	120	18.3	3.53		3.7	5.14	0.236	0.472
+8	123	20.3	3.63	120	15.8	3.33		4.5	4.92	0.180	0.361
+9	123	22.8	3.78	120	15.8	3.33		7.0	5.04	0.083	0.167
+10	123	17.9	3.46	120	13.3	3.10		4.6	4.64	0.163	0.326
+11	123	21.1	3.68	120	15.8	3.33		5.3	4.96	0.141	0.282

Table 3.28 Percent Above SGA – Later Enrollees

Table 3.27. Percentage Above SGA, Later Enrollees											
	Intervention			Control				Difference			
Quarter	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
-4	118	5.9	2.17	119	10.1	2.76		-4.2	3.51	0.116	0.232
-3	118	12.7	3.07	119	7.6	2.43		5.1	3.91	0.096	0.192
-2	118	11.9	2.98	119	11.8	2.96		0.1	4.20	0.490	0.981
-1	118	13.6	3.16	119	8.4	2.54		5.2	4.05	0.100	0.199
enroll	118	15.3	3.31	119	15.1	3.28		0.2	4.66	0.483	0.966
+1	118	16.9	3.45	119	14.3	3.21		2.6	4.71	0.291	0.581
+2	**118**	**21.2**	**3.76**	**119**	**12.6**	**3.04**		**8.6**	**4.84**	**0.038**	**0.076**
+3	**118**	**20.3**	**3.70**	**119**	**9.2**	**2.65**		**11.1**	**4.55**	**0.007**	**0.015**
+4	**118**	**25.4**	**4.01**	**119**	**16.0**	**3.36**		**9.4**	**5.23**	**0.036**	**0.072**
+5	118	21.2	3.76	119	16.8	3.43		4.4	5.09	0.194	0.387
+6	**118**	**22.9**	**3.87**	**119**	**12.6**	**3.04**		**10.3**	**4.92**	**0.018**	**0.036**
+7	**118**	**22.9**	**3.87**	**119**	**9.2**	**2.65**		**13.7**	**4.69**	**0.002**	**0.003**
+8	**118**	**22.9**	**3.87**	**119**	**10.9**	**2.86**		**12.0**	**4.81**	**0.006**	**0.013**

Figure 3.33: Percentage Above SGA for Early Enrollees

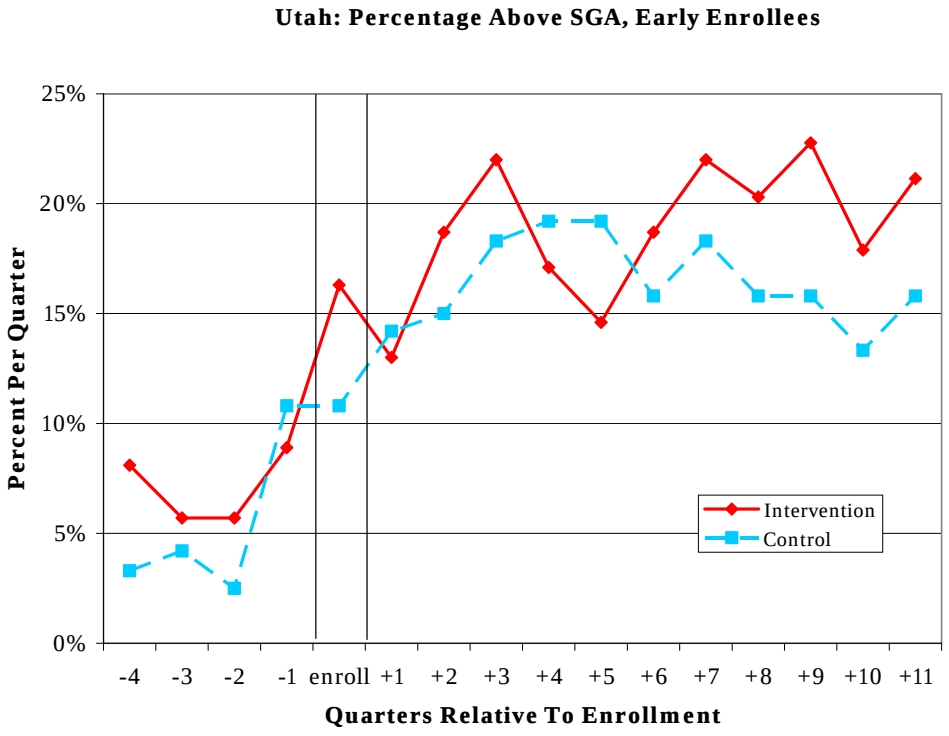
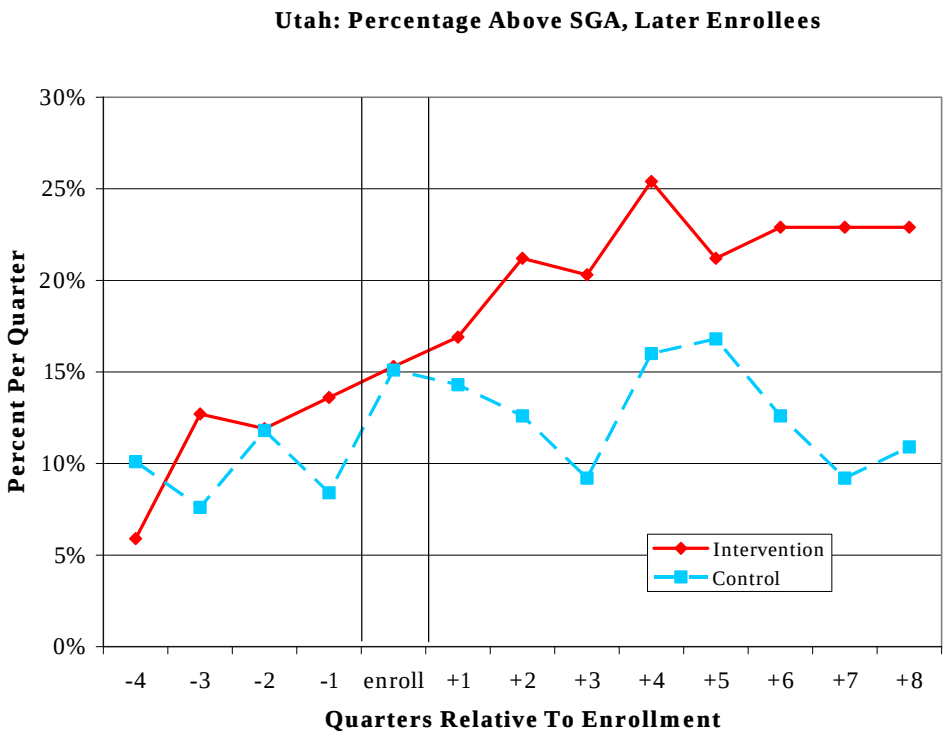


Figure 3.34: Percentage Above SGA for Late Enrollees



Analysis by Calendar Quarters.

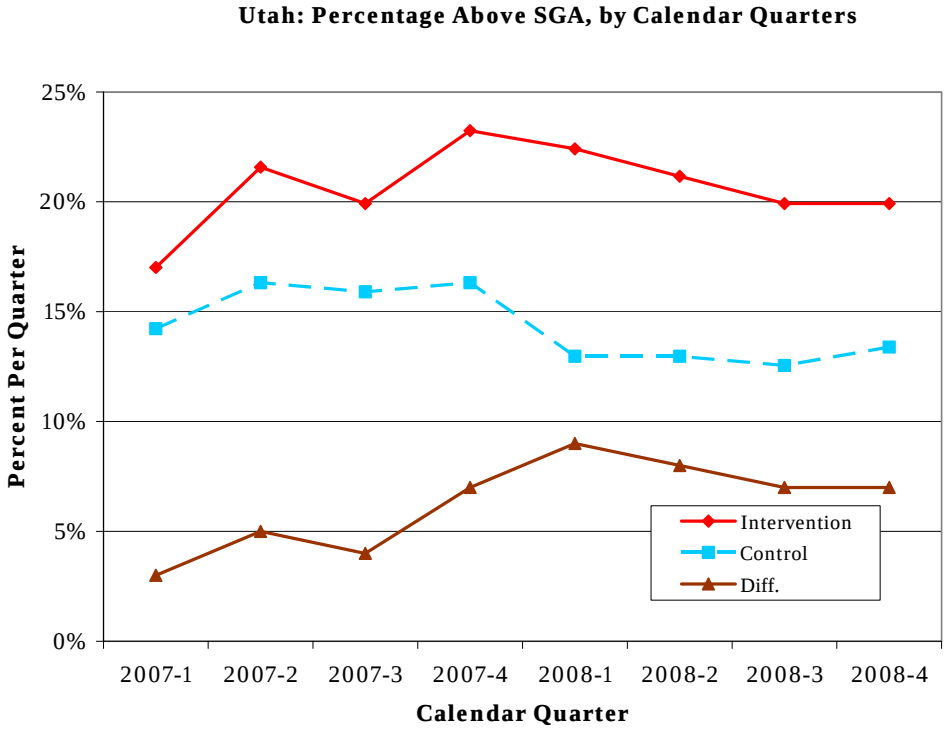
Finally, Figure 3.35 deviates from the focus on quarters relative to enrollment to present the outcomes of earning above SGA for the eight quarters for which all participants were already enrolled. This presentation in calendar quarters does not address the developmental process of participants adjusting to the program and planning to increase their work efforts. Instead, this calendar perspective addresses longitudinal patterns taking place in real time.

One development occurring in real time is the continuing refinement of the Utah project. As mentioned, our view is that the project became more effective in its implementation over time. A second pattern, however, relates to the economy. Given the drastic changes in the U.S. economy over the past two or three years, it is worth noting that the greatest advantage of the intervention group (the intervention minus the control group for the calendar quarters is represented by the bottom line with triangles in Figure 3.35) is the first quarter of 2008. Since the beginning of 2008, when the health of the economy began to deteriorate, the apparent impact of the benefit offset policy has decreased.

Table 3.29 Percent Above SGA – by Calendar Quarters

Table 3.28. Percentage Above SGA, by Calendar Quarters											
	Intervention			Control				Difference			
Calendar Quarters	n	%	S.E.	n	%	S.E.		Diff.	S.E.	1-tail p	2-tail p
2007-1	241	17.0	2.42	239	14.2	2.26		2.8	3.31	0.200	0.400
2007-2	241	21.6	2.65	239	16.3	2.39		5.3	3.57	0.070	0.141
2007-3	241	19.9	2.57	239	15.9	2.37		4.0	3.49	0.125	0.250
2007-4	**241**	**23.2**	**2.72**	**239**	**16.3**	**2.39**		**6.9**	**3.62**	**0.028**	**0.056**
2008-1	**241**	**22.4**	**2.69**	**239**	**13.0**	**2.17**		**9.4**	**3.46**	**0.003**	**0.006**
2008-2	**241**	**21.2**	**2.63**	**239**	**13.0**	**2.17**		**8.2**	**3.41**	**0.008**	**0.016**
2008-3	**241**	**19.9**	**2.57**	**239**	**12.6**	**2.14**		**7.4**	**3.35**	**0.014**	**0.028**
2008-4	**241**	**19.9**	**2.57**	**239**	**13.4**	**2.20**		**6.5**	**3.39**	**0.027**	**0.054**

Figure 3.35: Percentage Above SGA by Calendar Quarters



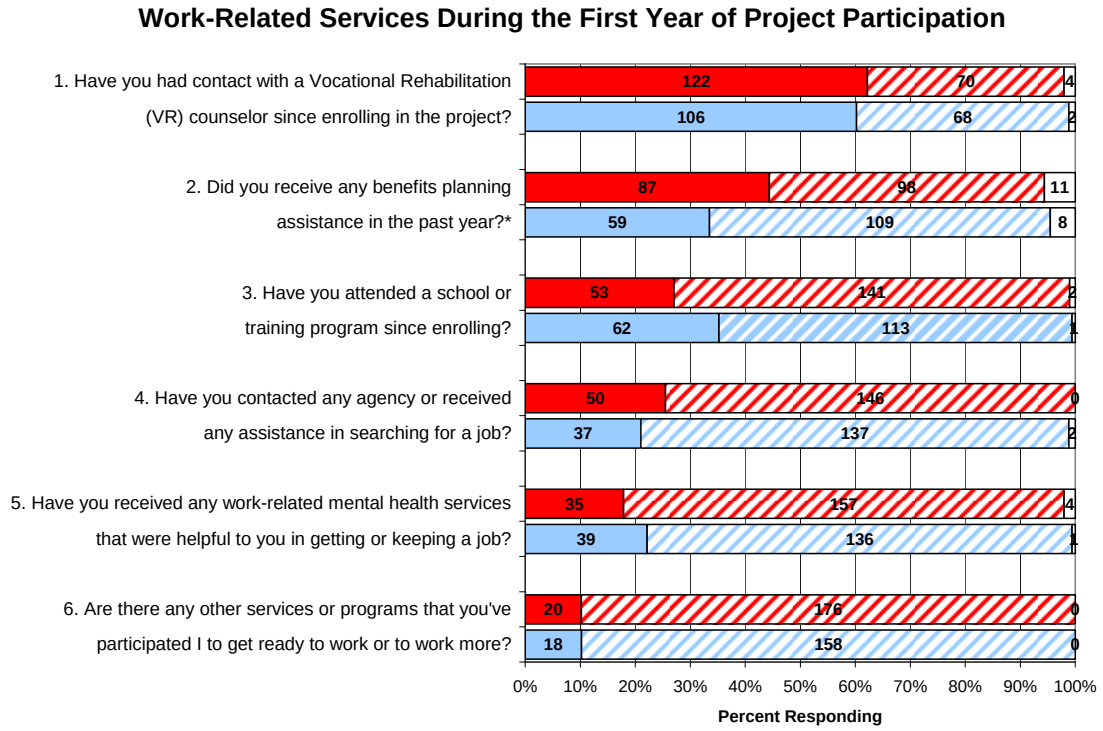
Survey Outcome Findings

While the UI data provide the most credible evidence of earnings outcomes, data collected through the 12 month follow-up survey provided self-reported information on other outcomes associated with the policy intervention. These are organized below in terms of use of work support services, work-related attitudes and behaviors, perceived impact of the BOPD on willingness to increase earnings, and overall health outcomes.

Use of work support services

Participants assigned to the intervention and control groups exhibited nearly equal tendencies to receive services from a variety of work support agencies in the year following enrollment in the Utah 1:2 Project (see Figure 3.36). By far, the most participants received services from the Vocational Rehabilitation agency, with nearly two-thirds of Pilot Rules and Current Rules participants reporting the use of VR services. This is not surprising, given that large numbers of participants that had been recruited through the VR agency.

Figure 3.36: Work Related Services Received During First Year in Project



From survey data collected 12 months after enrollment (Overall N = 372; n = 196; n = 176)
Red lines show intervention (n=196); Blue lines show control (n=176).
*$p < .10$

A substantial number also reported receiving benefits planning assistance in the year following Project enrollment. This is the only type of service to differ significantly between groups, with 45% of intervention participants reporting the receipt of benefits planning assistance compared to 34% of control participants ($p < .10$). While benefits planning services were supposed to be available to both groups, priority was given to members of the intervention group to better accommodate their needs related to planning for and managing the offset. As a result, the difference in reported receipt of services is not surprising.

What is somewhat surprising is the relatively low proportion of participants who reported receiving benefits planning assistance services. According to administrative records, 30% of control and more than 92% of intervention participants received a written benefits summary, at minimum, after enrolling in the project. While the 30% of control participants is comparable to the 35% who reported receiving benefits assistance, only about half of intervention participants who received benefits services reported having received benefits assistance.

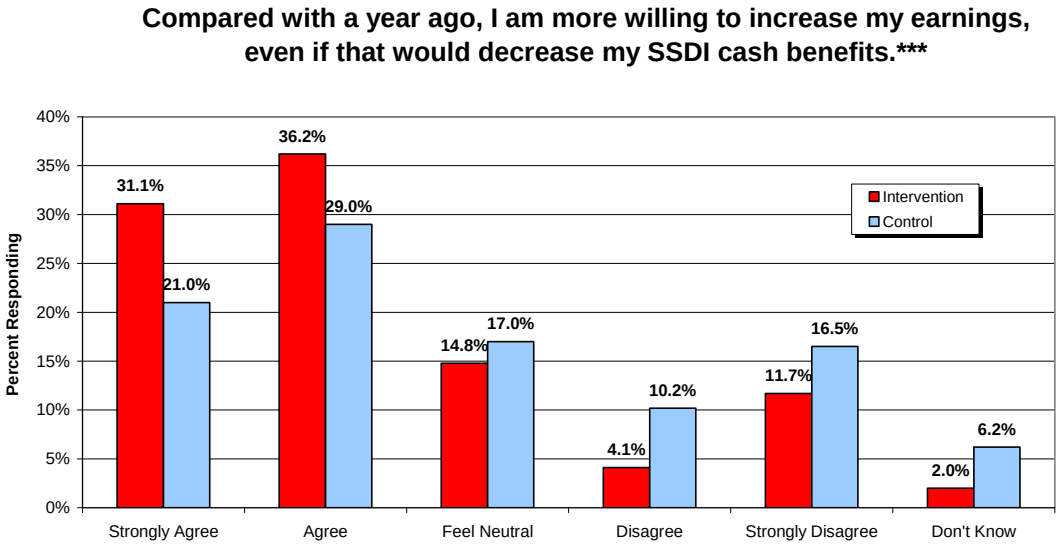
Focus group discussions with participants also revealed that many did not recall having received benefits planning services, and some did not realize that the service was available to them. This may, in part, be the result of most benefits support services being received very early in the project, and participants perceiving these services as having been offered prior to enrollment. Another explanation may be that a written benefits summary was mailed to some participants rather than being presented in a face to face meeting. The benefit specialist was not required to present the benefit analysis in person if the participant did not choose to make a follow-up appointment, or long distance travel was necessary. Project records do not show how many benefits summaries were sent by mail rather than in-person.

Work support services other than benefits planning were accessed at comparable levels for intervention and control group participants. Approximately 30% received vocational schooling or training, and slightly more than 20% contacted a job service agency. Around 20% of participants received work-related mental health services, while about 10% accessed other work support services.

Work-Related Attitudes and Behaviors

One year after enrollment, participants in both the intervention and control groups tended to agree that they would be more likely to increase earnings, even if SSDI cash benefits would decrease (see Figure 3.37). About 50% of control group members agreed, while more than 67% of intervention group members indicated that they would be willing to increase earnings. Not surprisingly, the difference between groups in response patterns is significant ($p < .01$).

Figure 3.37: More Willing to Increase Earnings

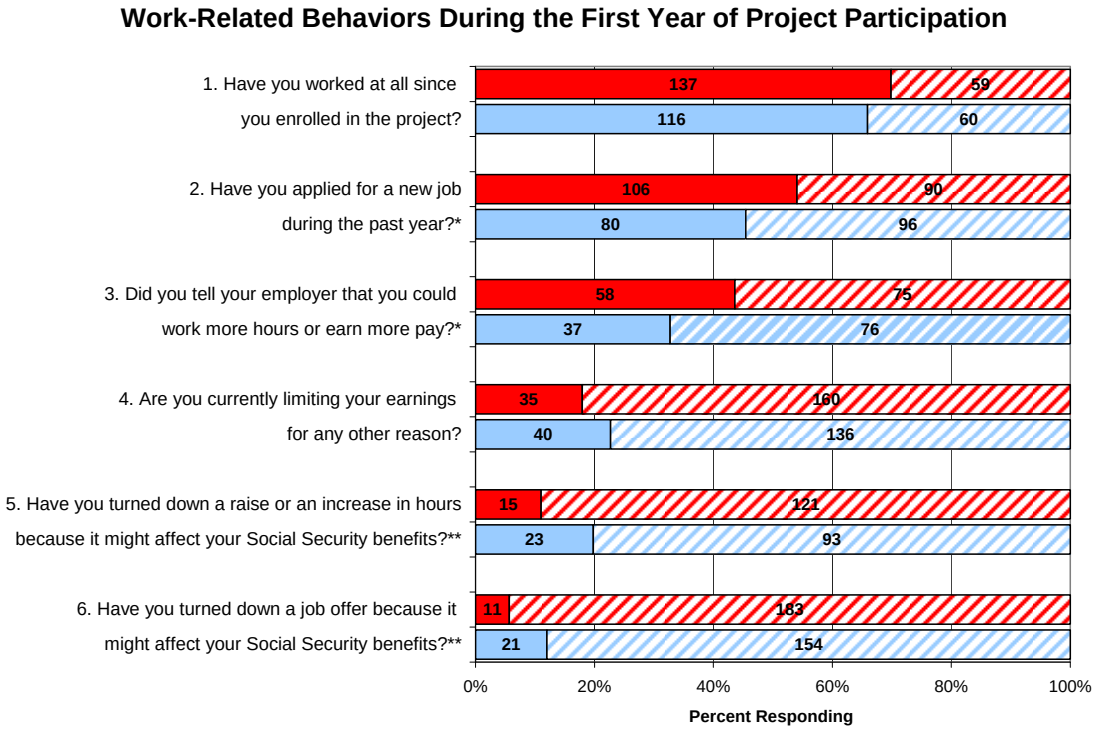


From survey data collected 12 months after enrollment (Overall N = 372; n = 196; n= 176).
***p < .01

This indicated willingness to increase earnings was also demonstrated in work-related behaviors reported 12 months after enrollment (see Figure 3.38). Seventy percent of intervention participants and 66% of control participants reported having worked during the first year of enrollment in the Utah 1:2 Project. Around 50% of participants reported having applied for a new job. Intervention participants showed a tendency to apply for new jobs at higher rates than control participants (54%:46%); this difference was marginally significant (p < .10).

Intervention participants differed significantly from control participants on other behaviors related to increasing work effort. Forty-four percent of employed intervention participants had told an employer that they could work more as compared to 36% of control participants (p < .10). Intervention participants were also *less* likely than control participants to have turned down an offer of a raise or increase in hours (10%:20%) or a job offer (5%:12%) (p < .05).

Figure 3.38: Work Related Behaviors During First Year of Participation



From survey data collected 12 months after enrollment (Overall N = 372; n= 196; n= 176)
Red lines show intervention (n=196); Blue lines show control (n=176).
*$p < .10$, **$p < .05$

While both groups of participants reported increased tendencies to engage in work related behaviors in the survey, focus group discussions can add to our understanding of factors that limit work effort. These focus groups revealed that apprehensions about work activity remained. In focus groups where participants had been recruited based on work activity at moderate or high levels, all reported some concerns about how their work activity would affect benefit eligibility, even if their goals were to stop receiving SSDI benefits.[17]

All but one of the participants in the focus groups with moderate earnings levels indicated they were intentionally monitoring and limiting their earnings levels (aka

[17] Focus groups held in 2007 targeted four types of working participants: intervention group working at high levels, intervention working at moderate levels (parking), control working at high levels, and control working at moderate levels (parking). Two of the focus groups held in 2008 also targeted working participants: intervention group working at high levels, and intervention group who had increased earnings from $0 to over SGA.

'parking').[18] Members of the control group reported that they were keeping earnings below the Substantial Gainful Activity (SGA) level because they did not wish to lose eligibility for SSDI benefits. One individual reported maintaining an earnings level below the trial work threshold until he obtained a better job that would allow him to maximize his work effort during trial work months.[19]

Even within the intervention group, efforts to restrict earnings were reported. Although intervention group members were eligible to receive a benefit offset and a longer EPE, one individual expressed reluctance to earn at a level high enough to begin the EPE and implementation of the offset. The individual's hesitance was related to concerns about errors in administration of the offset that could result in overpayments or incorrect payments and loss of a benefit check.

Intervention participants who were working at high levels also expressed concern about potential implications of work activity. Some had experienced difficulty with administration of the benefit offset. Others who had 'smooth sailing' so far were concerned about potential problems with benefit checks related to offset participation. There were also concerns about how work activity performed during the project would be considered in determining eligibility for SSDI benefits in the future.

Focus group participants reported several reasons for their concerns about work effort. Individuals who were currently feeling particularly healthy were concerned about potential health setbacks that would require them to limit work effort or receive costly medical services in the future. Most reported family responsibilities that made them cautious about putting themselves into a precarious situation if their medical needs increased. Some indicated that if they were on their own, they would be willing to go off of benefits; but with obligations to spouses, children, or aging parents, they felt that they needed to protect SSDI eligibility.

Attitudes toward Utah Pilot

As a part of the 12 month follow-up survey, Utah BOPD participants were asked about the effectiveness of the project for encouraging them to increase earnings. Not surprisingly, responses differed between the intervention and control groups. Nearly 80% of participants assigned to the intervention group felt that the project was at least somewhat effective in encouraging them to increase earnings as compared to only 40% of control participants ($p < .01$) (see Figure 3.39). Forty percent of control group members reported that the project was not at all effective for encouraging them to increase earnings.

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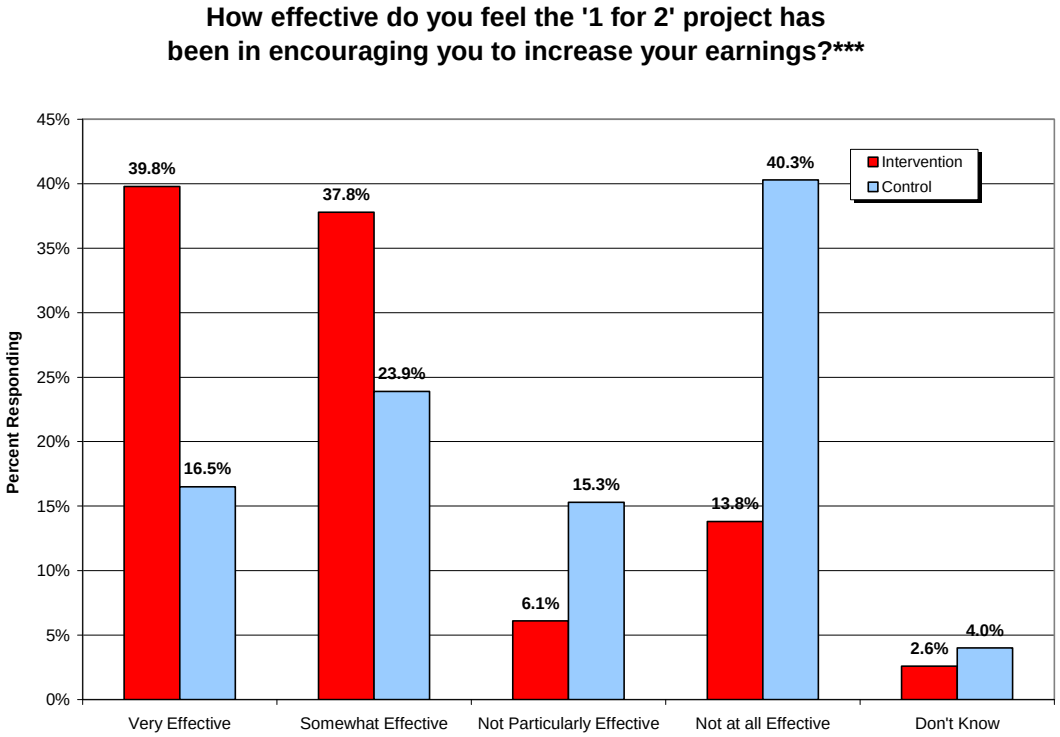
[18] The remaining individual was a member of the intervention group who had changed jobs and had health-related restrictions that prevented working at the levels he preferred.

[19] Individuals such as this potentially lost access to the benefit offset due to the abrupt change in SSA rules that discontinued offset eligibility for those who had not completed the TWP by December 31, 2008.

Figure 3.39: Perceptions of Project Effectiveness In Encouraging Increases in Earnings

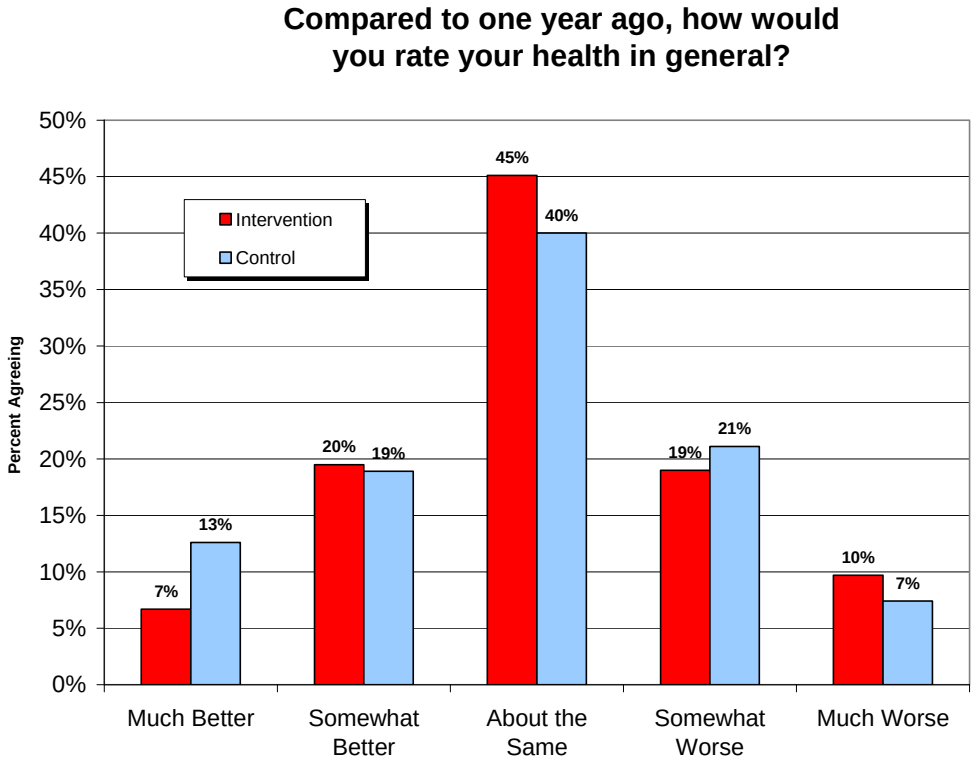


From survey data collected 12 months after enrollment (Overall N = 372; n = 196; n= 176)
***$p < .01$

Health Outcomes

A final outcome addressed is whether participation in the intervention group had any impact of the health of participants. Of the several health questions asked on the 12-month survey the most encompassing asked respondents to compare their current health to what it was a year prior. While there are known limitations to retrospective recall of health conditions, it was important to assess whether participation in the intervention group might lead to poorer health outcomes if participants tried to work beyond the constraints of any disability related limitations. As shown in Figure 3.40, there were few major differences in self-assessments between groups, providing some reassurance that the intervention group experienced poorer health outcomes, though the intervention respondents were less likely to report that they were much better in health and more likely to say they were much worse. Also notable, however, the findings highlight the variability of health conditions of both intervention and control group participants, with over half reporting some change from the previous year and close to 30% reporting being much worse off.

Figure 3.40: Health Compared to One Year Ago (at enrollment)



From survey data collected 12 months after enrollment (Overall N = 370; Intervention = 195; Control = 175)

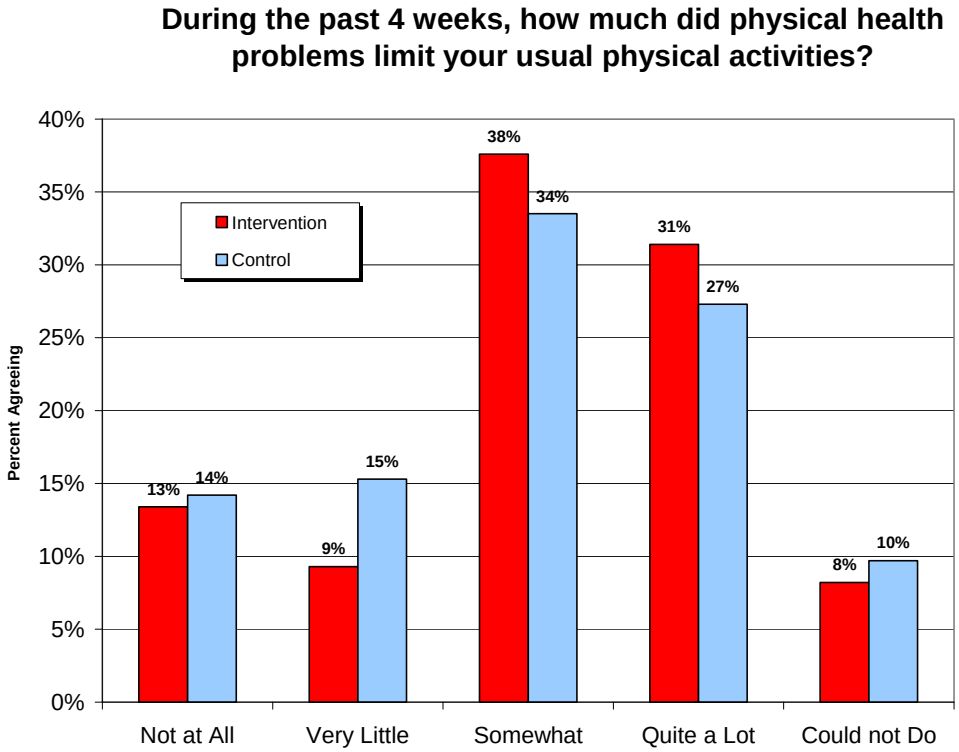
In focus groups, individuals also expressed concerns about whether their health would allow them to work at levels high enough to support themselves without benefits, particularly when considering medical expenses. Many reported that not working at all was not an option because they needed some work income to support themselves. However, the demands of working, even at part-time levels, were taxing for some who experienced symptoms or side effects, such as fatigue or pain.

These concerns about achieving a balance among the demands of work and other obligations while managing health are not surprising. Consistent with what would be expected for a population receiving SSDI benefits, 86% of participants reported current problems with physical health that were significant enough to limit activities (see figure 3.41). Sixty-four percent also reported having mental health problems that affected their activities (see figure 3.42), suggesting that most participants struggle with more than one health limitation to some degree.

While individuals in the intervention group expressed gratitude that the project allowed them to truly test their ability to work at high levels, they were uncertain about their long term ability to work. Many also reported that work activity was often contingent on the right combination of circumstances, such as a flexible employer, supportive family

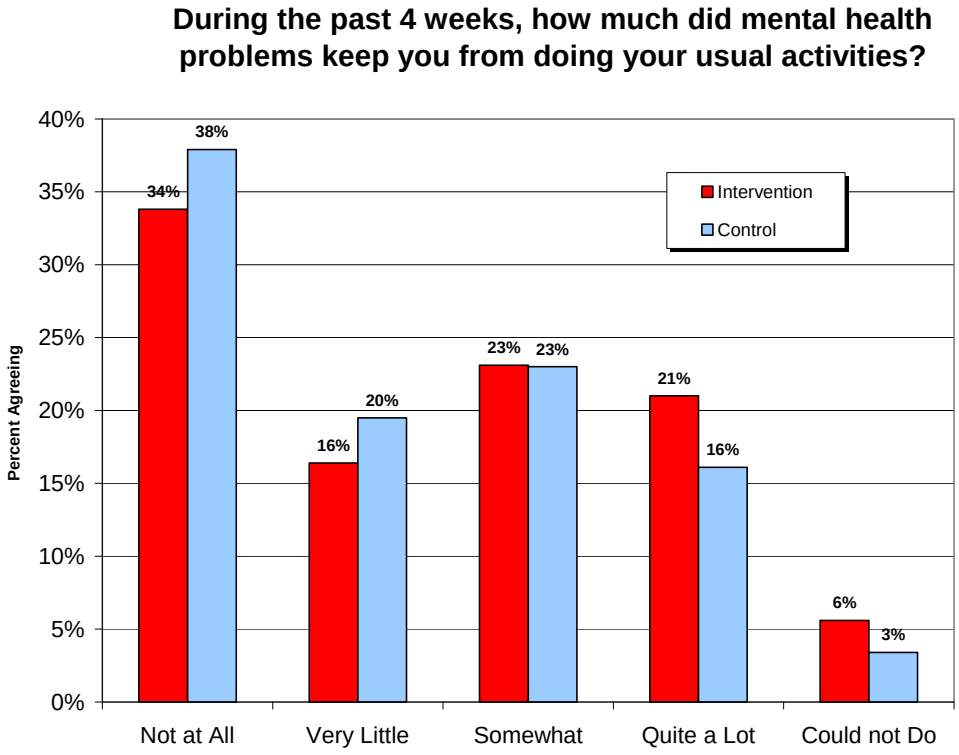
members or friends who could help out, and the availability of needed support services. Loss of any one of these factors could upset the balance needed to work successfully.

Figure 3.41: Physical Health Limited Usual Physical Activities



From survey data collected 12 months after enrollment (N = 370; n= 194; n = 176)

Figure 3.42: Mental Health Limited Usual Activities



From survey data collected 12 months after enrollment (N = 369; intervention = 195; control = 174)

While individuals in the intervention group expressed gratitude that the project allowed them to truly test their ability to work at high levels, they were uncertain about their long term ability to work. Many also reported that work activity was often contingent on the right combination of circumstances, such as a flexible employer, supportive family members or friends who could help out, and the availability of needed support services. Loss of any one of these factors could upset the balance needed to work successfully.

Section 4: Summary and Conclusions

It is notable that the Utah pilot demonstration saw 22% of the intervention group (54 of 241) earn above the SGA level sometime after enrolling in the pilot and prior to January 1, 2009. Even if not representative of the entire population of SSDI beneficiaries, this shows the willingness and capacity of a significant percentage of this volunteer group to earn above a substantial level. A more nuanced policy could be informed by this pilot that recognizes the different capacities and potential for working among the diverse population of beneficiaries. Subsequent research can explore additional characteristics of, for example, baseline earners, men, and individuals with neuromuscular disabilities so that more targeted policies can be developed. Furthermore, research is needed to explore various models of supports including benefits counseling that can be effective. We have opened up many doors for further fruitful exploration.

Implementation Lessons

The Utah Pilot learned many lessons regarding effective recruitment and enrollment strategies that will be helpful for the BOND. Collaboration with local support agencies to gain community support for the project was seen as integral to successful project implementation. Each community has a unique mix of public and private employment and health-related providers that are part of a network of supports that can be tapped to partner with the demonstration. These community organizations are essential for identifying and recruiting participants, and for providing services necessary to support increased work activity.

Recruitment strategies that use sources trusted by the beneficiaries are more effective than "cold calling." Beneficiaries are more likely than the general population to feel vulnerable. They, their families, and close supporters are often wary of schemes that promise to "help" but may jeopardize the person's benefit status. This is especially true after they have gone through the disability determination process and, typically, lengthy appeals to document their disability status. The application process for SSDI strongly reinforces a message that they are "unable to work." And hence when they receive information that suggests they consider work an option, these same individuals may not be receptive. Trust and credibility are indispensable qualities of the people and organizations conveying the recruitment message.

A lesson we learned in the recruitment process is that an effective campaign takes multiple forms of messaging – both direct through mail, email, flyers, but also indirect through word of mouth and encouragement from trusted professionals, neighbors, or community groups. The Utah pilot worked with the public vocational rehabilitation agency, mental health and Medicaid agencies because those were identified in the original project design. But there are other organizations that should be approached to become partners, depending on the prominent characteristics of the SSDI population in a community. The Veteran's Administration vocational rehabilitation program,

worker's compensation rehabilitation, and other private disability service agencies such as Independent Living Centers are a few that should be considered.

The enrollment process during which informed consent is obtained provides the opportunity to educate potential participants about their SSDI benefits and work incentives. In order to give consent the person must understand and weigh the possible risks to him/her by participating in the demonstration. These risks are real despite assurances that the demonstration project will "do no harm." The enrollment workers must understand, and ethically take care to ensure the enrollee understands the risks of greater scrutiny, of overpayments, underpayments or suspensions from having a benefit offset.

The consent process is also an opportunity to inform the beneficiary about the SSDI work rules – those that have been in place for years, and those that are being changed by the demonstration waiver. For if the individual is going to work and increase earnings over time so as to benefit from the offset provisions, the person needs to understand the rules. Thus the consent process is not only a component of the research, but it is also the beginning of the intervention.

Special attention must be paid to providing appropriate accommodations (e.g., interpreters, accessible electronic information, and plain language materials) to ensure effective communication with participants. "Effective communication" with people with disabilities is required by the Americans with Disabilities Act. It can be expected that there will be more demand for accommodations with a group of SSDI beneficiaries than there would be with the general population. The communication needs of people may not be known prior to a contact with the demonstration project so the accommodation options must be anticipated and available. Creating plain language materials and locating physical facilities in easily accessible locations can be considered universal design planning. Plans should include strategies for creating a website accessible to the visually impaired or obtaining Sign Language or foreign language interpreters at the appropriate times.

The Utah pilot has learned valuable lessons in regard to administering the benefit offset intervention. The experiences of intervention group participants with frequent, almost inevitable, overpayments have been very discouraging for them. Communication among potential demonstration participants about any problems the project has with administering the benefit adjustments will likely spread by "word of mouth" and social networking among participants. Unless the numerous problems described in this report with determining accurate payments and adjusting benefit amounts are remedied, these issues are likely to diminish the policy effects of the national demonstration.

The people who will be participating in the national demonstration will be in a position to make life altering choices. They need accurate and timely information as they make decisions about working. The decisions they make will not only affect their SSDI benefits, but a whole host of other public benefits they and other family members may be receiving. The service of Benefits Counseling appears to be an effective model for providing these kinds of essential information to beneficiaries and their families. It will

be important for the BOND to monitor and ensure high quality benefits counseling during the period of the demonstration. BOND could also make a contribution to the state of knowledge by keeping data and evaluating the effectiveness of various approaches to benefits counseling, because there will be variations around the country.

Policy Impact

All Enrollees

The impact of the Benefit Offset policy was evaluated primarily with UI wage data by looking at earnings in first eight quarters after people enrolled in the Utah project. The results indicate that the benefit offset is having a substantial impact that is larger than expected due to chance and, further, does not diminish during the period of study. Indeed, the impact is largest for the last two quarters studied, the seventh and eighth quarters after enrollment. Though this finding is relevant for policy decisions, it is important to remember that participants in this pilot were volunteers who had expressed interest in working. As such, these findings are not presented as representative of the broad group of SSDI beneficiaries.

The strongest evidence of policy impact for the aggregate group was shown by the Above SGA outcome measure, which is defined as enrollees earning above a monthly amount to trigger a benefit offset if they had completed their Trial Work. Since one of the goals of the Benefit Offset policy is to encourage SSDI recipients to increase their earnings to the point that SSDI payments are reduced, it is important to know if the policy change encourages participants to earn above SGA. The offset proved effective for the entire group with statistically significant positive results for five of the nine quarters examined on the Above SGA measure.

The strength of the impact can be quantified by looking at the odds ratios that result from regression analyses that control for pre-enrollment earnings. For example, in the seventh quarter after enrollment intervention participants are about 90 percent (89.2%) more likely to earn above SGA – almost twice as likely as control participants to earn above SGA. This impact of the Benefit Offset policy appears robust; although there was no significant impact in the fourth and fifth quarters after enrollment, most quarters did show a significant impact that increased during the final quarters studied.

Evidence of policy impact was also seen in the average quarterly earnings from the Unemployment Insurance (UI) wage files. The regression coefficients were positive in six of the nine quarters, though only the final two quarters were even loosely statistically significant ($p<0.10$, one-tailed). The largest coefficients indicate that intervention participants are earning around $300 more per quarter than control participants, controlling for the higher pre-enrollment earnings of the intervention group. That the strongest impacts are for the last two quarters of available data is encouraging for a possible long-term increase in policy effectiveness.

While it is promising that the pilot produced evidence of a positive policy impact, it is important to remember that we are still looking at fairly low average wages for the people in the intervention group. The $300 difference in average quarterly wages (when controlling for pre-enrollment differences) is only a $100 per month difference between the groups. Yet the timeframe of two years (8 quarters) after having access to a benefit offset is a short period and the differences may widen over time as people make plans for increasing education or career moves.

The relatively low level of wages and the fluctuations observed in the patterns of quarterly wages also are indicative of the tenuous connection many individuals with significant disabilities have to the workforce. Many pilot participants held part-time and/or temporary jobs that were not stable over time. These circumstances may be attributed to economic fluctuations, or to pervasive employment discrimination, as well as to changes in the person's health status. This is particularly important in that analyses by calendar quarters (rather than by quarters after enrollment) showed the impact of the Benefit Offset policy peaking in the first quarter of 2008 and then declining as economic conditions in the U.S. and Utah worsened.

Impacts for Sub-Groups of Participants

Even more interesting than the overall impacts were the differences found for different subgroups of the SSDI population. This focus on differential impacts was an explicit focus of the BOPD projects and is important both because the results confirm that the offset policy worked in the manner expected and because national policies will need to be informed by the observed subgroup differences.

Baseline Earners

The policy was most effective for the groups for which it is most directly targeted. The Baseline Earners (earning above $1,200 in at least one of the four quarters before enrollment) showed the greatest effectiveness of the intervention in increasing work effort. Indeed, almost all of the policy impact in Utah occurred with those defined as Baseline Earners. Whereas all three outcome measures showed statistically significant positive impacts in several of the quarters after enrollment for Baseline Earners, there were no such positive impacts for those defined as Non-earners (those not earning $1,200 for at least a quarter before enrollment). These findings justify a conclusion that there is a substantial group of SSDI recipients who will not respond to a benefit offset policy initiative, at least not within the eight quarter follow-up period described in this report.

Diagnosis group

The impact of the policy on increasing earnings was strongest for those who appear to have disabilities that are most stable and with the greatest potential for improvement. Specifically, those with Musculoskeletal disabilities were responsible for most of the

positive impact of the policy. Not only were the results for those with Neurological and Mental Health disabilities inconsistent (intervention group with higher earnings than the control group in some quarters but lower in other quarters), but these two groups were solely responsible for the negative impacts seen in the fourth and fifth quarters after enrollment. It is quite possible that intervention participants with neurological and mental health disabilities experienced disability-related problems after attempting to increase earnings in the first three quarters after enrollment. This suggests the importance of supports and easy re-enrollment in SSDI if people with less stable disabilities are to take advantage of a benefit offset policy.

Marital status

Married individuals in the intervention group were almost equally likely to be earning above SGA as were intervention participants who had been married but were divorced, separated, or widowed at enrollment. However, the greatest impact of the benefit offset was for the divorced, separated, widowed group, due to the low levels of earning above SGA for that control group. Only in the seventh and eighth quarters after enrollment did married individuals begin to show a notable effect of the policy. Participants who had never been married at enrollment were least likely to earn above SGA and the benefit offset policy had little impact on the earnings of those intervention group participants. Combining these effects with those for gender, it is worth noting that for each of the marital status categories at enrollment, men showed a greater impact of the offset.

Referral Agency.

Of the three main agencies referring enrollees for the Utah project (BPAO, USOR, & MBI), the policy impact was by far the greatest for those referred by the Utah BPAO office. Members of this group were likely the best informed about the opportunity provided by the benefit offset policy, and perhaps the benefits specialists encouraging them to enroll were particularly aware of the types of clients who might benefit the most from the policy.

Timing of Enrollment

Those who enrolled in the first nine months (3 quarters) of the Utah enrollment period were much less likely to show a policy impact than those who enrolled in the final nine months. This difference in impact of early and later enrollees was due to both the high earnings of the control group for early enrollees and the higher earnings of the intervention group for the later enrollees. This suggests that the project may have become more effective in its second half, perhaps better at communicating the opportunity provided by the offset policy to agencies, or better at earning the trust of participants. These possibilities in turn emphasize the importance of long-term follow-up for policy evaluations of this kind.

Gender

Men showed a strong advantage over women in the intervention group in demonstrating the policy impact. Women were almost as likely to have lower earnings as higher ones.

There was some evidence, however, that the women were beginning to show benefits from the offset policy towards the end of the period studied. The women's behavior may have reflected lower social expectations that they should work, and discouragement due to discrimination in pay and job status. It is possible that the women were slower to respond to the policy, and their wage changes were not evident during the time period of this study.

Age

For the younger (under 45) participants, the intervention appeared most effective for the Employment measure. For the older participants (45 and older) there were no large effects for the Employment outcome seen with the younger participants, but the Above SGA and Average Wage outcomes showed greater positive impacts, particularly in the last three quarters.

Medicaid Buy-In

Participation in the Medicaid Buy-In in Utah did not enhance the impact of the policy on the any of the measures with consistency. The Utah Medicaid Buy-In policy does not incentivize its recipients to maintain consistent employment, and the premium structure has a disincentive for participants to increase wages beyond 150% of the poverty level.

TWP Completers

The TWP Completion group showed the greatest policy impact on the Earning Above SGA outcome measure in the sixth and seventh quarters after enrollment. On the Earnings measure, the TWP Completion intervention group showed higher earnings in the third, sixth, and seventh quarters after enrollment; however, this difference decreased substantially for the eighth quarter after enrollment.

Implications for BOND

Despite the cautions, there are reasons to be optimistic that there are large numbers of beneficiaries with the capacity and desire to work who would respond to a $1 for $2 benefit reduction policy. The Utah BOPD provides ample evidence that a national demonstration, based on a random assignment experimental design, that includes benefits counseling, is a wise step toward improving federal income support policy. If the lessons from the 4-state pilots are heeded, the much larger national demonstration has a much better chance of achieving valid results. Individuals with significant work disabilities will benefit, as will their families, neighbors, and all taxpayers.

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