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The Work Incentives Planning and Assistance Program: Promoting Employment Among Social Security Disability Beneficiaries¹

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Many Social Security disability beneficiaries want to work, but they often face barriers to doing so. To break down some of these barriers, the Social Security Administration (SSA) has introduced a host of work incentives and other supports to promote employment among disability beneficiaries. However, use of these supports is low; indeed, less than five percent of beneficiaries use the work incentives for which they are eligible (Stapleton et al. 2008). In this issue brief, we describe the Work Incentives Planning and Assistance (WIPA) program, an SSA-sponsored program intended to promote employment by providing beneficiaries with information about SSA work supports.

Background

To be eligible for Social Security Disability Insurance (DI) or Supplemental Security Income (SSI), a person must be deemed unable to engage in substantial gainful activity (SGA) due to a significant and long-lasting health condition. Because of this requirement, once receiving benefits, those who may be willing and able to work are often afraid of losing their benefits if they earn too much. Others are confused by the complex program rules governing benefit receipt for beneficiaries who work. Still others are unaware of the various incentives that SSA provides to encourage beneficiaries to return to work. Despite these barriers, 40 percent of working-age disability beneficiaries report having an employment goal or expecting to work in the future (Livermore et al. 2009).

To raise beneficiaries' awareness, SSA implemented programs such as WIPA

to disseminate information about the supports and work incentives available to them. In this brief, we discuss the ways in which the WIPA program assists work-oriented beneficiaries, the number of beneficiaries served, and the types of services provided. Our statistics are based on a more detailed report by Schimmel et al. (2010) and focus on beneficiaries who first contacted the WIPA program from October 1, 2009, through March 31, 2010.

Purpose of the WIPA Program

The Ticket to Work and Work Incentives Improvement Act of 1999 aimed to reduce barriers to employment through a variety of initiatives, including the Benefits Planning, Assistance, and Outreach (BPAO) program, which SSA modified and renamed as the WIPA program in 2006. These programs were created to educate beneficiaries about work incentives and the effect

of increased earnings on the receipt of benefits. SSA charged the WIPA program with disseminating "accurate information to beneficiaries with disabilities... about work-incentives programs and issues related to such programs," with the ultimate goal of helping beneficiaries successfully return to work (SSA 2006).

A key feature of the WIPA program is its emphasis on ongoing interactions with beneficiaries as they return to work. Cooperative agreements between SSA and the 103 agencies serving as "WIPA projects" lay out a model for WIPA services, which includes (SSA 2006):

- "Ongoing, comprehensive work-incentives monitoring and management assistance to beneficiaries who are employed or seeking employment."

¹ This brief is based on a report prepared for SSA as part of the evaluation of the TTW program, under contract no. 0600-03-60130. All opinions expressed are those of the authors and do not necessarily reflect the views of SSA or Mathematica Policy Research.

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

WIPA projects provide two types of services: (1) information and referral (I&R) services and (2) WIPA services. I&R services, provided first, are used to obtain answers to fairly simple questions about the types of benefits or work supports and individual needs and to determine whether beneficiaries are in need of more intensive, ongoing support. WIPA services, the ongoing services described above, are prioritized based on assessed need and are provided to those requiring more individualized, in-depth services.

How Many Beneficiaries Receive WIPA Services?

Between October 1, 2009, and March 31, 2010, 26,278 beneficiaries first contacted WIPA projects. By the end of this six-month period, slightly less than half (12,610 beneficiaries) were enrolled to receive WIPA services (“WIPA enrollees”), while the remainder (13,668) only received I&R. Since that time, some beneficiaries in the latter group have likely gone on to receive WIPA services; about 14 percent of people who were I&R-only enrollees on December 31, 2009, had enrolled in WIPA by March 31, 2010, a trend that likely continued in subsequent months.

A baseline assessment is conducted for WIPA enrollees to obtain information on their employment status and goals as well as their previous use of work incentives and supports. The remainder of this issue brief focuses on the 11,299 enrollees (89.6 percent) for whom WIPA projects conducted this assessment. One caveat to the results presented here is that, because

of the prevalence of missing data on particular elements, our findings may not be true for all WIPA enrollees. Even among enrollees with a completed baseline assessment, WIPA projects did not collect all data elements for a large proportion of beneficiaries.² We are only able to report information on beneficiaries for whom we have the relevant data, and thus we cannot gauge the representativeness of our findings. More details on the extent of this issue and its implications can be found in the full evaluation report (see Schimmel et al. 2010).

WIPA Enrollees Are Work Oriented

WIPA enrollees tend to be more work oriented than other disability beneficiaries. Indeed, three out of four WIPA enrollees are already working or are actively seeking employment when they first contact a WIPA project: 28 percent have a job, 6 percent have a pending job offer, and 40 percent are actively looking for work (Figure 1). One-quarter are considering employment but have not yet begun a formal job search. Before receiving WIPA services, 75 percent of WIPA enrollees report having employment goals, and 82 percent of those beneficiaries say they have strategies in mind to achieve their goals.

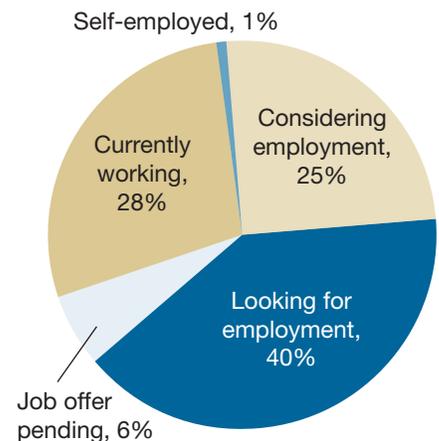
WIPA enrollees are younger on average than beneficiaries overall (42 versus 49 years old), a trait they share with other work-oriented beneficiaries (Livermore et al. 2009). Similarly, WIPA enrollees are relatively healthy; nearly 7 in 10 (68.8 percent) indicated that their health is good or better, a comparable level to that reported by work-oriented beneficiaries but substantially higher than the 27.3 percent of all beneficiaries.

WIPA Services Focus on Increasing Employment

WIPA projects provide valuable information that could help benefi-

² For example, for some of the work incentives described later in this brief, data was missing for as many as 25 percent of eligible beneficiaries with a baseline WIPA assessment.

Figure 1.
Beneficiaries’ Employment Status at the Time of First Contact with a WIPA Project



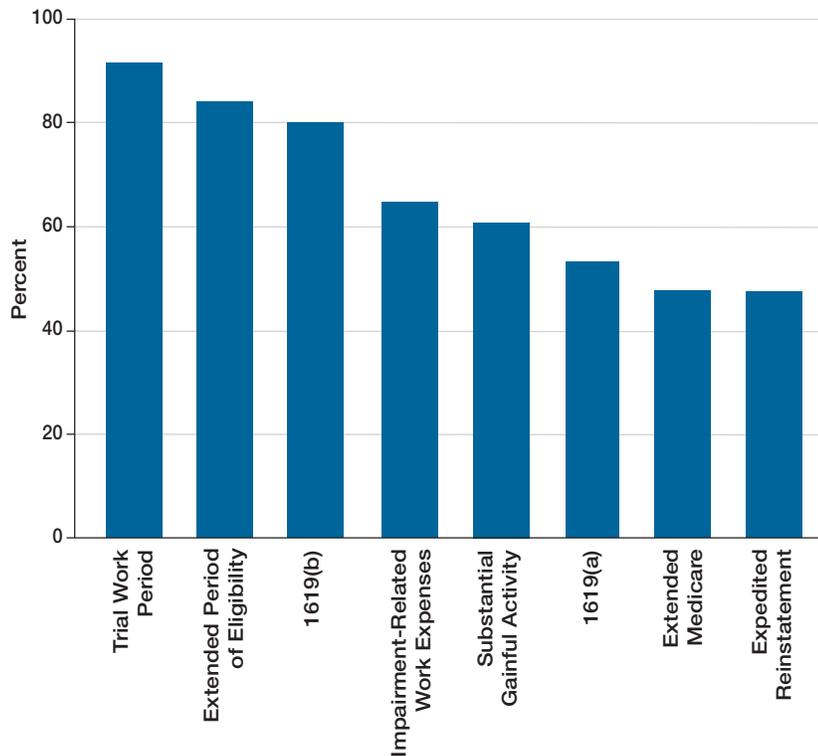
Source: Schimmel et al. (2010), Table IV.3.

ciaries find or maintain employment. For example, when beneficiaries first contact a WIPA project, 73 percent receive information about work incentives. Of these, DI beneficiaries most often discuss the trial work period (TWP) and extended period of eligibility (EPE)—periods during which beneficiaries can have earnings without losing their cash benefits (Figure 2). Enrollees receiving SSI often discuss the program provisions allowing them to keep their health benefits and some or all of their cash benefits while working (1619[a] and 1619[b]). Many beneficiaries also receive information about benefits such as public health insurance or food assistance programs (51 percent), employment (37 percent), and WIPA services (68 percent) (not shown).

The majority of WIPA enrollees have not previously used incentives—perhaps because they are not aware of them—and thus the WIPA program can fill an important information gap. Most WIPA enrollees are advised to take advantage of work incentives if they have not already (Figure 3). For example, only 10 percent of WIPA enrollees who are DI beneficiaries reported using the TWP—the highest utilization rate among any of the work incentives considered. An addi-

Figure 2.

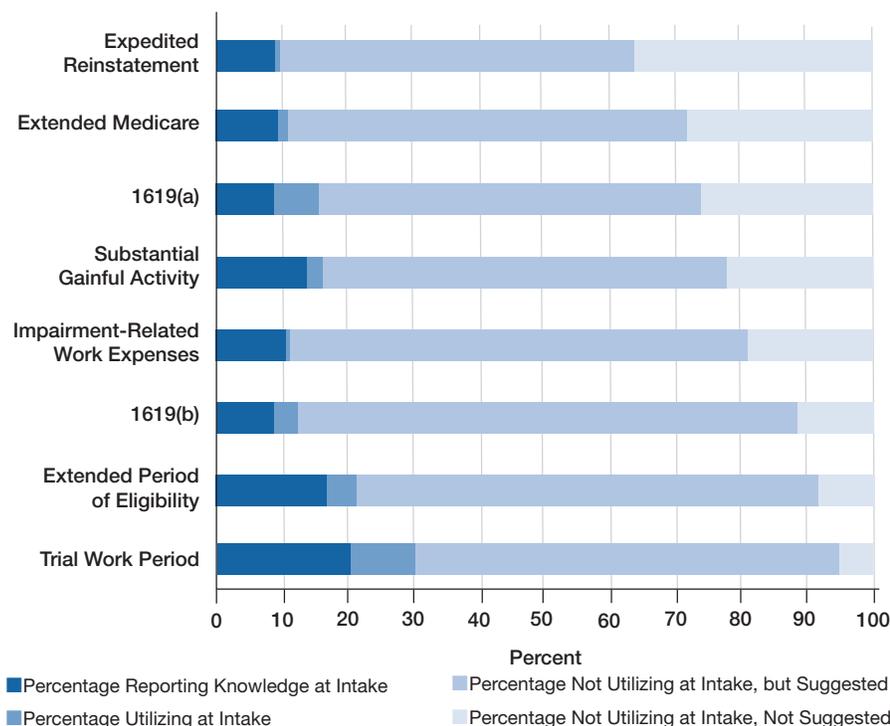
Work Incentives That Beneficiaries Most Frequently Discussed with WIPA Staff During Their First Contact



Source: Schimmel et al. (2010), Table IV.6.
 Note: TWP, EPE, and Extended Medicare are limited to DI beneficiaries. 1619(a) and 1619(b) are limited to SSI beneficiaries.

Figure 3.

Suggestions Made by WIPA Projects to Beneficiaries About Using Work Incentives



Source: Schimmel et al. (2010), Table IV.11.
 Note: TWP, EPE, and Extended Medicare are limited to DI beneficiaries. 1619(a) and 1619(b) are limited to SSI beneficiaries.

tional 20 percent knew about the TWP.³ Of the remaining DI beneficiaries, all but 5 percent were advised by WIPA projects to use the TWP.

Most WIPA Enrollees Receive Ongoing Support, but Many Do Not⁴

WIPA projects provided ongoing support—that is, support that continues after the baseline assessment—to 72 percent of WIPA enrollees. Staff recorded each instance of support as an “effort” in their ongoing relationship with the enrollee.

Although most WIPA enrollees receive ongoing support, the level of assistance is fairly modest. Among beneficiaries who receive at least one effort, the average number of efforts is about three in the year after enrolling in WIPA. A few WIPA enrollees (12.8 percent) receive more than five efforts. Even as the length of time that beneficiaries are enrolled in WIPA increases, the number of efforts does not change substantially, suggesting that most of the ongoing support occurs around the time of the baseline assessment and often does not continue beyond that initial period.

Conclusions

Our findings suggest that the WIPA program is supporting beneficiaries who are working or are attempting to work. WIPA projects provide beneficiaries with valuable information on the work incentives, benefits, and services available to help them achieve their employment goals. Most beneficiaries were not using these work incentives when they first contacted a WIPA project.

A key feature of the WIPA program is its focus on ongoing support for

³ Unfortunately, the data are not recorded in a way to make it known whether knowledge of a work incentive implies that the person previously used it, or whether a person with knowledge of an incentive was advised to use the incentive.

⁴ The statistics in this section apply to WIPA enrollees who first contacted a WIPA project from April 1, 2009, through December 31, 2009, and include all follow-up activity through March 31, 2010. This differs from the October 1, 2009, to March 31, 2010, time period reported in earlier sections to allow sufficient time to observe follow-up activities.

beneficiaries. It is not clear whether the program is providing such support at a sufficient level. WIPA projects are offering more than one-time support to most beneficiaries, but nearly 30 percent of beneficiaries do not receive any assistance after the baseline assessment. Moreover, when additional support is provided, it often occurs close to the time of the baseline assessment and is not spread out over time. However, we cannot assess from the data available whether beneficiaries are satisfied with the current level of involvement or would like more sustained support. Indeed, providing ongoing support requires not only a persistent effort by WIPA projects but also interest from beneficiaries.

The analysis in this brief focuses on a relatively short period of time after WIPA enrollees first made contact with a WIPA project. It therefore does not explore whether use of work

incentives increased over time, as beneficiaries processed information received from WIPA projects and began to use the services and supports available to them. We also were not able to address the extent to which beneficiary employment changes after first contacting a WIPA project. These topics are explored further in a follow-up report (Livermore et al. 2011), the findings of which suggest that WIPA services might be increasing the use of selected work supports and the likelihood of employment.

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