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Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations

Process Evaluation of the Work Incentives Planning and Assistance Program

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ACRONYMS

AWIC	Area Work Incentives Coordinators
BARC	Benefits Assistance Resource Center
BPAO	Benefits Planning, Assistance and Outreach Program
BPQY	Benefits Planning Query
BS&A	Benefits Summary & Analysis
Buy-In	Medicaid Buy-In
CESSI	Name of company contracted by SSA to provide PMRO Outreach services
CILs	Centers for Independent Living
CWIC	Community Work Incentives Coordinators
DoL	Department of Labor
DPN	Disability Program Navigator
EN	Employment Network
IRWE	Impairment-Related Work Expense
I&R	Information and Referral
MIG	Medicaid Infrastructure Grants
MIS	Management Information System
OESP	Office of Employment Support Programs
One-Stops	Department of Labor One-Stop Career Centers
NTC	National Training Center
P&A	Protection and Advocacy
PASS	Plan for Achieving Self-Support
PII	Personal Identifying Information
PMRO	Program Manager for Recruitment and Outreach
POM	Program Operations Manual System
RFA	Request for Applications

SSA	Social Security Administration
SSDI or DI	Supplemental Security Disability Insurance
SSI	Supplemental Security Income
SVRA	State Vocational Rehabilitation Agency
TA	Technical Assistance
TTW	Ticket to Work program
TWP	Trial Work Period
VCU	Virginia Commonwealth University
VR	Vocational Rehabilitation
WIL	Work Incentives Liaisons
WIP	Work Incentives Plan
WIPA	Work Incentive Planning and Assistance
WISE	Work Incentives Seminars

ABSTRACT

This report presents a process evaluation of the Work Incentives Planning and Assistance (WIPA) program. It is the first in a series of reports that make up the fifth Ticket to Work evaluation report.

The WIPA program is a grant initiative established by the Social Security Administration (SSA) in 2006 to provide beneficiaries with disabilities information and guidance on effective use of SSA work incentives to begin or increase their employment. The evaluation has three objectives: (1) to capture stakeholder experiences with the program during start-up, (2) to identify early opportunities for program improvement so that changes can be implemented quickly, and (3) to inform future program data collection, evaluation, and outcomes analyses, ensuring that such activities are based upon an accurate understanding of program operations.

Evaluation findings were based on telephone interviews and site visits with 12 of the 104 WIPA projects, selected to ensure diversity in service area, geography, benefits planning history, funding levels, and parent organizations. We interviewed staff of WIPAs and national and local partner agencies, conducted beneficiary focus groups, and conducted an expert review of 49 cases from these projects. The evaluation assessed the current state of WIPA program implementation, service provision, community partnerships, data collection, and the training and technical assistance received by WIPA staff.

We conclude that the WIPA program has rolled-out essentially as intended and appears to be operating relatively smoothly, with most key components in place. However, data collection and outcomes reporting, Employment Network and other partnerships, and case quality monitoring tools and processes are still under development. The findings also indicate that WIPA program goals and budget seem to be misaligned. There is tension between the desire to provide intensive long-term supports aimed at encouraging beneficiaries to increase their earnings and the available staffing and budget levels of the WIPA projects. SSA has established clear goals for the WIPA program but its program budget implies a much lower intensity of service. SSA's challenge is to continue to implement a strong program, monitor it closely, and refine it as program interactions, operational successes, and overall SSA priorities become clearer.

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EXECUTIVE SUMMARY

INTRODUCTION

The Work Incentives Planning and Assistance (WIPA) program is a grant initiative established by the Social Security Administration (SSA) in 2006. It provides SSA beneficiaries with disabilities information and guidance about work incentives and how to effectively use them to begin or increase their employment. There are currently 104 WIPA projects operating throughout the country, funded through an annual congressional appropriation of $23 million.

SSA contracted with Mathematica Policy Research, Inc. (MPR) to conduct a qualitative evaluation of the WIPA program. This evaluation, conducted in two phases during the onset of WIPA program implementation, has three objectives. First, it captures stakeholder experiences with the program during start-up, before memories of those experiences fade. Second, it identifies early opportunities for improvement so the program can implement changes quickly and before they become institutionalized. Third, it informs future program data collection, evaluations, and outcomes analyses, ensuring that such activities are based upon an accurate understanding of program operations. This report is expected to lay the groundwork for a more comprehensive study that quantifies the long-term outcomes of the WIPA program; it may also inform SSA regarding any needed programmatic changes.

This report presents Phase II of the two-part evaluation of the WIPA program. Phase I, conducted in fall 2007 and presented in a memorandum to SSA (Buschmann et al., 2008), explored the WIPA rollout and its transition from the Benefits Planning Assistance and Outreach (BPAO) program—the WIPA program's predecessor—to WIPA. Phase II, completed in September 2008, assessed the current state of WIPA program implementation, how WIPA projects provide services to beneficiaries, partnerships with community agencies, data collection, and the training and technical assistance (TA) WIPA staff receive.

Evaluation findings were based upon telephone interviews and site visits with 12 of the 104 WIPA projects: telephone interviews with 6 WIPA projects for Phase I and site visits to 6 different projects for Phase II. We selected WIPA projects to ensure diversity in service area, geography, benefits planning history, funding levels, and parent organizations. For

example, some WIPA projects we selected served the entire state, while others served only part of their state. Some served predominantly urban areas, some served suburban areas, and others focused upon rural areas. Most WIPA projects we selected had provided services under a BPAO contract, and others were new benefits planning providers. The WIPA projects were housed within various types of parent agencies, including Centers for Independent Living (CILs), One-Stop Career Centers, and Protection and Advocacy (P&A) Programs. These WIPA projects constitute about 12 percent of all WIPA projects and are not a representative sample.

During Phase II site visits to WIPA projects, we interviewed the program's project directors, community work incentive coordinators (CWICs), and other WIPA project staff, as well as representatives of WIPA partners. In addition, we conducted an expert review of 49 cases from these projects. For both phases of research, we interviewed the following staff: officials of the Program Manager for Recruitment and Outreach (PMRO), which recruits employment networks (ENs) and organizes work incentive seminars (WISE) for beneficiaries; staff of the Virginia Commonwealth University (VCU) National Training Center (NTC), which provides CWIC training and TA under contracts with SSA; and staff of SSA's Office of Employment Support Programs (OESP), which administers the WIPA program.

The WIPA program is rooted in the Ticket to Work and Work Incentives Improvement Act (Ticket Act), which created several new programs to help DI and SSI beneficiaries enter or return to the workforce. The Act's major program is Ticket to Work (TTW), which gives each SSA beneficiary a "Ticket" that can be redeemed for services that help him or her return to work. In turn, the agency providing the services, such as one that provides supported employment, can become an employment network (EN) and receive payments for assisting the beneficiary to become employed. To inform beneficiaries about how SSA and other program work incentives can be used when a beneficiary begins earning wages, the Ticket Act included the BPAO program to disseminate "accurate information to disabled beneficiaries on work incentives programs and issues related to such programs."[1] The BPAO program consisted of 116 organizations throughout the country that hired benefits specialists to inform beneficiaries about benefits and work incentives, generally within one or two interactions. Benefits specialists met with beneficiaries to discuss the impact of wages on their benefits and how to use work incentives to retain benefits and increase earnings. By 2006, SSA personnel determined that beneficiaries needed more than a one-time intervention if they were to maximize the use of work incentives. SSA renamed the BPAO program to WIPA and redesigned it to emphasize beneficiary employment, accomplished through a longer-term work incentives planning and management function. The focus of the program changed from providing basic information and advice about benefits to providing more in-depth, long-term assistance to (1) encourage beneficiaries to pursue employment by helping them optimize their work incentives over time and throughout changing situations and (2) connect them with supports to increase their employment options.

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[1] Public Law 106-170 (Ticket to Work and Work Incentives Improvement Act of 1999), Section 121.

SSA has tasked the WIPA program with delivering four broad categories of services: work incentives planning; work incentives assistance; work incentives education, marketing, and recruitment of beneficiaries; and outreach services (SSA 2006). The lynchpin of the WIPA program is the CWIC, who delivers accurate and comprehensive information on disability benefit programs and current work incentives. When an individual requests services, SSA requires the CWICs to determine (1) whether an individual is eligible for WIPA services; e.g., whether they receive SSI or DI benefits and are interested in employment, (2) the priority level of eligible beneficiaries who request service, and (3) whether the individual requires information and referral (I&R) or individualized planning and assistance. Beneficiaries who need I&R can usually be provided with general information on benefits or work supports. Individualized assistance generally requires the CWIC to gather specific information about the individual and the benefits he or she receives through an intensive intake process.

HOW WIPA PROJECTS OPERATE

The WIPA project staff we interviewed in fall 2007 understood the program's new philosophy and goals, mentioning in particular the focus on work incentives and community linkages, but they had not universally adopted this new outlook and staff appeared to have different interpretations of how the national program's goals should be implemented. By spring 2008, all of the new CWICs we interviewed had completed WIPA training and former BPAO staff was undergoing CWIC recertification. They could clearly articulate WIPA goals and philosophy. When asked to describe the shift in emphasis from the BPAO to the WIPA program, CWICs described a "narrowing of the program to focus on employment," or said the WIPA program's goal was to "help people understand how to use work incentives to obtain long term employment and live independently—to get people out of poverty." For some WIPA staff, their strong commitment to using work incentives to support increased employment grew from their own personal or family experience with disability.

But it appears that the new WIPA goals are being implemented only partially. Our interviews and review of case files reveals little evidence of the intensive and long-term work incentives planning that the SSA envisioned. In most sites we visited, we noted a relatively high number of beneficiaries served and a relatively low level of services per beneficiary. Although intensive services appear to be targeted to beneficiaries who are seeking or engaging in work, most projects appear to be providing a more limited, short-term service rather than in-depth work incentives planning. The case review highlighted evidence of the gap between program intent and service delivery. Based on case documentation alone, there appeared to be little focus on referral to other agencies and long-term follow-up.

Despite the shortcomings in documentation, beneficiaries who participated in focus groups and service providers indicated that the WIPA helped eliminate beneficiaries' fears about returning to work, losing benefits, and dealing with SSA, often based upon misinformation from friends, family, and service providers. Other feedback indicates that WIPA projects also appear to be reducing misinformation about working while receiving other benefits. However, the need for long-term work incentives planning and case management, either from CWICs or others who have basic knowledge of work incentives, is apparent.

The WIPA projects have been successful developing innovative partnerships with agencies that already provide employment services to beneficiaries. Our site visits indicated that partnerships with community organizations are crucial to the WIPA project's outreach and operations. Partners referred beneficiaries to WIPA projects; provided office space to enable CWICs to meet with beneficiaries away from the WIPA project's main office; participated in training on work incentives provided by CWICs and passed their knowledge onto agency clientele; and expanded WIPA project capacity by screening potential WIPA beneficiaries, conducting intake, and sometimes providing basic benefits information before referring high-priority or complex cases to the CWICs; or providing additional funding.

Community outreach is another important aspect of the program. Most site-directed outreach events are aimed at strengthening ties with current or potential partners. In addition to networking, WIPA staff hold outreach events for beneficiaries and service providers that accomplish three purposes: (1) provide basic information about work incentives and other employment supports to beneficiaries, (2) encourage service providers to share this information with their beneficiaries and refer beneficiaries to the WIPA project, and (3) encourage beneficiaries who need more intensive assistance to make an appointment with a CWIC. Community outreach appears to be an effective mechanism WIPA projects use to efficiently reach multiple audiences with general information about work incentives

Through WISE events, WIPA projects receive assistance with building partnerships and beneficiary outreach. These events provide beneficiaries with the opportunity to learn about work incentives, get connected to local ENs and other employment support providers, and meet SSA field office staff. Under contract to SSA, the PMRO recruits ENs, encourages beneficiary participation in TTW, and provides logistical support. But attendance was disappointing. The unavailability of ENs to attend these events and work with beneficiaries appeared to be a crucial missing piece that negatively affected the WISE success. As more employment service providers become ENs, attendance at WISE may rise. Even so, SSA may wish to explore other avenues for helping WIPA projects develop strong partnerships with ENs and other employment service providers through ongoing training on how strong partnerships can be developed and maintained.

Training and TA for staff members and partners is provided by the NTC. Trainers and WIPA staff reported fairly positive experiences with CWIC initial trainings, though all agree that there is too much information to cover in the four-day training session. CWICs who attended found the experience positive and helpful. WIPA staff were uniformly and overwhelmingly positive about their experiences with their TA liaisons, and grateful for their degree of expertise, willingness to help, and speed of response. Though CWICs often research questions on their own or with coworkers before seeking help from their TA liaisons, when they do request formal help they are pleased with both the content and speed of response.

The BPAO national data collection system ceased operation with the close of the VCU contract in September 2006. In September 2007, SSA awarded MPR a contract to design and implement a new secure web-based system, meant to be useful to WIPA staff for case management and to SSA program officers for evaluation and monitoring. The system was

implemented in October 2008 and enables WIPA project staff to enter and store outcomes data, track client contacts, and when fully developed, will generate agency and outcome reports for analysis. The system captures information related to the characteristics of the beneficiary such as demographics and types of benefits received, WIPA staff recommendations regarding use of work incentives or other employment supports, follow-up actions required and taken, and beneficiary education and employment outcomes. All interviewees agreed that data collection is necessary to prove to Congress that the WIPA program is important and worth funding and anxiously await full implementation of the national data system.

CONCLUSIONS

We draw three conclusions, based upon interviews and site visits with representatives of WIPA projects, their partners and beneficiaries, staff of SSA and its contractors, and representatives of national organizations.

The Program Has Rolled Out As Planned

The WIPA program has rolled-out essentially as intended and appears to be operating relatively smoothly. Most of the key program components, including establishing WIPA projects that cover every state and territory, VCU NTC training and TA, and the PMRO, are essentially in place.

Some Elements Are Still Under Development

The WIPA program is still developing in three important ways. First, although the data system for the program that will let SSA track overall activity and performance was implemented in late October 2008, the outcomes reporting function is still under development. Second, SSA may wish to reconsider its approach to helping WIPA project staff build partnerships with ENs and other employment support providers, particularly given the major redesign of the TTW program. Finally, case quality-monitoring tools and processes need to be developed and implemented.

WIPA Program Goals and Budget Are Misaligned

There is tension between the desire to provide intensive long-term supports aimed at encouraging beneficiaries to increase their earnings and the available staffing and budget levels of the WIPA projects. SSA has established clear goals for the WIPA program but its program budget implies a much lower intensity of service. The $23 million in congressional funding WIPA projects receive has not increased since the BPAO program was initiated in 2000.

The WIPA program is designed to provide a valuable service to beneficiaries in helping them use work incentives to increase their employment. WIPA projects assist SSA field office staff by helping beneficiaries understand complex disability programs and work incentives, teaching them how to report earnings and avoid potential overpayments. The program also provides a valuable service to the taxpayer by helping beneficiaries decrease their dependence on government benefits. The fundamental design elements to make the

program successful are in place, but SSA and Congress need to reconcile a key ambiguity—that the program goals are not in sync with current funding levels. SSA established clear direction when it redesigned the WIPA program, but the financing remains consistent with the original BPAO approach.

During the next year, SSA and Congress must make a decision about the program's future. The variation in WIPA project approaches combined with innovations by various states, information from the new data system, and the information being gathered in surveys and other evaluation efforts outside of the WIPA program, will help to inform that decision. SSA's challenge is to continue to implement a strong program, monitor it closely, and refine it as program interactions, operational successes, and overall SSA priorities become clearer.

CHAPTER I

INTRODUCTION

The Work Incentives Planning and Assistance (WIPA) program is a grant program initiated by the Social Security Administration (SSA) in 2006 that provides SSA beneficiaries with disabilities information about work incentives and assistance on using these incentives to begin or increase their employment. One hundred and four WIPA projects operate throughout the country; many were formerly known as Benefits Planning Assistance and Outreach (BPAO) projects. The WIPA program is rooted in the Ticket to Work and Work Incentives Improvement Act of 1999 (Ticket Act), which created several new programs to help Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries increase work and earnings. Under the Ticket to Work (TTW) program, beneficiaries receive a "Ticket" or voucher they can bring to a service provider to receive help preparing for or finding employment. Agencies who provide employment support services to individuals with disabilities can apply to SSA to become employment networks (ENs), which enables them to receive payments from SSA in return for assisting beneficiaries to go to work and leave the benefit rolls. The BPAO program, also sponsored by SSA and authorized in the Ticket Act, funded benefits specialists in community-based organizations to disseminate accurate information on work incentives and how wages affect Social Security and other public benefits to DI and SSI beneficiaries. The BPAO program operated nationwide from 2000 to 2006, with an annual appropriation of $23 million.

In 2006, SSA shifted the program's goals from providing basic information about benefits and work incentives to emphasizing beneficiary employment by providing long-term case management and in-depth assistance on using work incentives. This decision was based upon six years of experience operating the BPAO program and evidence from their State Partnership Initiative evaluation (Peikes et al. 2005) that suggested that benefits counseling might reduce earnings. Additionally, SSA required work incentive programs to work with ENs and other providers of employment services to assist beneficiaries to increase their employment. To reflect these new purposes and increase the focus on promoting work, SSA changed the name of the program to Work Incentives Planning and Assistance (WIPA). Today, WIPA projects assist beneficiaries to use SSA work incentives and understand exactly how various levels of earnings will affect their Social Security benefits as well as other federal, state, and local benefits. WIPA projects also coordinate activities with community agencies that assist beneficiaries to prepare for, find, and retain employment. By October

2009, the U.S. Congress will decide whether to reauthorize the program, and, if so, make any changes that will improve its ability to promote employment among beneficiaries.

SSA contracted with Mathematica Policy Research, Inc. (MPR) to conduct a qualitative evaluation of the WIPA program. This evaluation, conducted during the early stages of WIPA program implementation, has three objectives. First, it captures stakeholder experiences with the program during start-up before memories of those experiences fade. Second, it identifies early opportunities for improvement so the program can implement changes quickly. Third, it informs future program data collection, evaluations, and outcomes analyses, insuring that such activities are based upon an accurate understanding of program operations. This report is expected to lay the groundwork for a more comprehensive study quantifying the long-term outcomes of the WIPA program; it may also inform SSA regarding any needed programmatic changes.

The WIPA program is still in its infancy and should be regarded as a work in progress. First, the program's training and technical assistance (TA) components were instituted in late 2007 and have been fully operational for less than a year. The Virginia Commonwealth University (VCU) WIPA National Training Center (NTC) developed a training curriculum for community work incentives coordinators (CWICs, the WIPA program's front-line service providers) and began training in late 2007. New CWICs and former BPAO staff are required to pass a certification examination based upon the training curriculum; certifications were completed by fall 2008. Mathematica's evaluation was conducted before certifications were fully completed and therefore does not reflect the implementation of concepts and methods learned through the training. Second, the data collection and reporting systems are still under development; to date the WIPA program has lacked a uniform system for collecting, tracking, and monitoring services. Third, one of a WIPA project's major responsibilities is to assist beneficiaries to use their Tickets by referring them to ENs who can help them find and keep work. This proved impossible because few agencies signed up to be ENs and are providing services under TTW. In response, SSA revised regulations implementing the Ticket Act in July 2008. To improve EN participation SSA increased financial incentives and has undertaken a national recruitment campaign. WIPA staff members have only recently received training on how to work with ENs under the new regulations and have not had the opportunity to implement what they have learned. Therefore, the evaluation results should be seen as a way to guide the WIPA program as it continues to mature and develop.

This report presents Phase II of a two-part process evaluation of the WIPA program. Phase I, summarized in a memorandum to SSA (Buschmann et al. 2008) and incorporated into this report, described the transition from the BPAO program to the WIPA program and focused on the following research topics:

- WIPA program history, goals, and design

- WIPA program rollout and transition from BPAO to WIPA

- Early training and TA to projects

I: Introduction

- Pilot of the Work Incentive Seminars (WISE)

- Early data collection

In this Phase II report, completed in September 2008, we assess the current state of WIPA program implementation, how WIPA projects provide services to beneficiaries, and the training and TA they receive. We address the following research topics in this report:

- WIPA project characteristics and environments

- WIPA project service delivery

- Partnerships with agencies that provide employment services and supports

- Training and TA to WIPA projects provided by the VCU NTC

- WIPA project data collection

- Stakeholder perceptions including representatives of ENs, state vocational rehabilitation agencies (SVRAs), and other WIPA partners and their suggestions for program improvements

Evaluation findings were based upon telephone interviews and site visits with 12 of the 104 WIPA projects: telephone interviews with 6 WIPA projects for Phase I and site visits to 6 different projects for Phase II. We selected WIPA projects to ensure diversity in service area, geography, benefits planning history, funding levels, and parent organizations. For example, some WIPA projects we selected served the entire state, while others served only part of their state. Some served predominantly urban areas, some served suburban areas, and others focused upon rural areas. Most WIPA projects we selected had provided services under a BPAO contract, and others were new benefits planning providers. The WIPA projects were housed within various types of parent agencies, including Centers for Independent Living (CILs), One-Stop Career Centers, and Protection and Advocacy (P&A) Programs. These WIPA projects constitute about 12 percent of all WIPA projects and are not a representative sample. (See Appendix A for an overview of the WIPA projects where interviews were conducted.) These WIPA projects, constituting about 12 percent of WIPAs but not representative of all 104 projects, were selected to provide an overview of the program rollout, start-up, and daily operations.

In fall of 2007, we conducted telephone interviews for Phase I and in spring 2008, in-person site visits for Phase II. During Phase II, we spent two days on site and interviewed WIPA project directors, CWICs and other staff, representatives of WIPA partners including ENs, SVRAs, and One-Stop Career Center staff such as disability program navigators (DPNs), as well as beneficiaries. We also conducted an expert review of 49 cases from the WIPA projects visited during Phase II. For both phases of research, we interviewed the following staff: officials of the Program Manager for Recruitment and Outreach (PMRO), which recruits ENs and organizes WISE for beneficiaries; staff of the VCU NTC, which

provides CWIC training and TA under contracts with SSA; and staff of SSA's Office of Employment Support Programs (OESP), which administers the WIPA program. (See Appendix B for a description of our methodology.)

Chapter II provides an overview of the WIPA program including history, goals, funding, and the implementation timeline. It also describes the services WIPA offices provide and the environmental context in which they operate. The chapter closes with a discussion of a logic model we created to show how WIPA staff and their partners work with beneficiaries to provide work incentives planning and assistance with the goal of increasing employment. Chapter III presents our evaluation findings, describing in detail WIPA operations, including formation of partnerships, providing services, and conducting outreach. We also describe the training and TA they receive from the NTC and how they collect and store their data. Chapter IV summarizes our findings and conclusions.

CHAPTER II

OVERVIEW OF THE WIPA PROGRAM

A. WIPA HISTORY, GOALS, AND POLICY CONTEXT

The Ticket Act created several new programs to help DI and SSI beneficiaries enter or return to the workforce. The major program created by the act was the TTW program, which gave each SSA beneficiary a "Ticket" that can be redeemed for services that help him or her return to work. In turn, the agency providing the services, such as one that provides supported employment, can become an EN and obtain milestone and outcome payments if the beneficiary becomes employed. To inform beneficiaries about how SSA and other program work incentives can be used when a beneficiary begins earning wages, the Ticket Act included the BPAO program to disseminate "accurate information to disabled beneficiaries on work incentives programs and issues related to such programs."[2] The BPAO program consisted of 116 organizations throughout the country that hired benefits specialists to inform beneficiaries about benefits and work incentives, generally within one or two interactions. BPAO services fell into five main categories: providing information and referrals to service providers, problem solving and advocacy, benefits analysis and advisement, benefits support planning, and benefits management (Kregel and Head 2001). Generally, benefits specialists met with beneficiaries to discuss the impact of wages on their benefits and how to use work incentives to retain benefits and increase earnings.

The limited evidence available on the BPAO program suggested that it had mixed results on beneficiary employment. A customer satisfaction survey conducted by SSA in 2004 found that beneficiaries rated the BPAO program highly in providing accurate and understandable information about the effects of work on benefits and available work incentives. The program also succeeded in serving individuals with disabilities of all ages, both genders, varied impairments, and who spoke different languages (Bruyere et al. 2007). However, low rates of employment-related referrals as well as utilization of some work incentives and a decline in others suggested that the BPAO program may have been less

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[2] Public Law 106-170 (Ticket to Work and Work Incentives Improvement Act of 1999), Section 121.

successful in supporting the goals of TTW: helping people with disabilities make the transition into employment and, for some, off of benefits.[3]

In addition, the BPAO program operated fairly autonomously from SSA's TTW. Overall, few beneficiaries used their Tickets to obtain services whether they were served by this program or not.[4] According to the latest TTW statistics, only 1.6 percent of beneficiaries who were mailed a Ticket assigned it to either a SVRA or an EN. The low participation rate may have resulted from low agency enrollment by ENs as well as low levels of service by ENs who did enroll. It could also reflect the fact that the program was relatively new and it takes a while for beneficiaries to learn about new resources and deposit their Tickets. In any case, SSA produced draft regulations in late 2005, with final regulations in May 2008,[5] to encourage more ENs to participate and facilitate agency partnerships.

By 2006, SSA personnel realized that beneficiaries needed more than a one-time intervention if they were to deposit their Tickets, maximize the use of work incentives, and go to work. This meant that WIPA projects needed to work in partnership with other organizations providing employment services. It was at this time that SSA renamed the BPAO program to WIPA and redesigned it to emphasize a longer-term work incentives planning and management function—assisting beneficiaries to use work incentives to enter or increase employment and other incentives as their earnings grew. As part of this effort, SSA added requirements to strengthen working relationships between benefits specialists— now called CWICs—and SVRAs, One-Stop Employment Centers, ENs, and other community partners. SSA also altered the program application to stress these long-term planning and assistance priorities. Through its CWICs, WIPA projects must now advise beneficiaries:

> …whether or when to assign their Ticket to Work, as well as how available work incentives can facilitate their transition into the workforce. The ultimate goal of the work incentives planning and assistance projects is to assist SSA beneficiaries with disabilities to succeed in their return to work efforts (SSA 2006).

In short, the focus of the program changed from providing basic information and advice about benefits to (1) encouraging employment by providing more in-depth, long-term assistance to help individuals optimize their work incentives over time and throughout changing situations and (2) connecting individuals with supports to increase their employment options. The programmatic shift from BPAO to WIPA was also accompanied

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[3] See the analysis in Bruyere et al., pp 75-76. SSA's customer satisfaction survey noted that less than half of beneficiaries had their BPAO case worker actually contact someone on their behalf, while utilization rates of 1619(b) provisions, which enable beneficiaries to retain their Medicaid benefits when they lose their SSI, decreased during the BPAO program's existence.

[4] In the fifth Ticket to Work Evaluation, MPR will conduct a more thorough analysis of whether BPAO beneficiaries deposited their Tickets or used work incentives
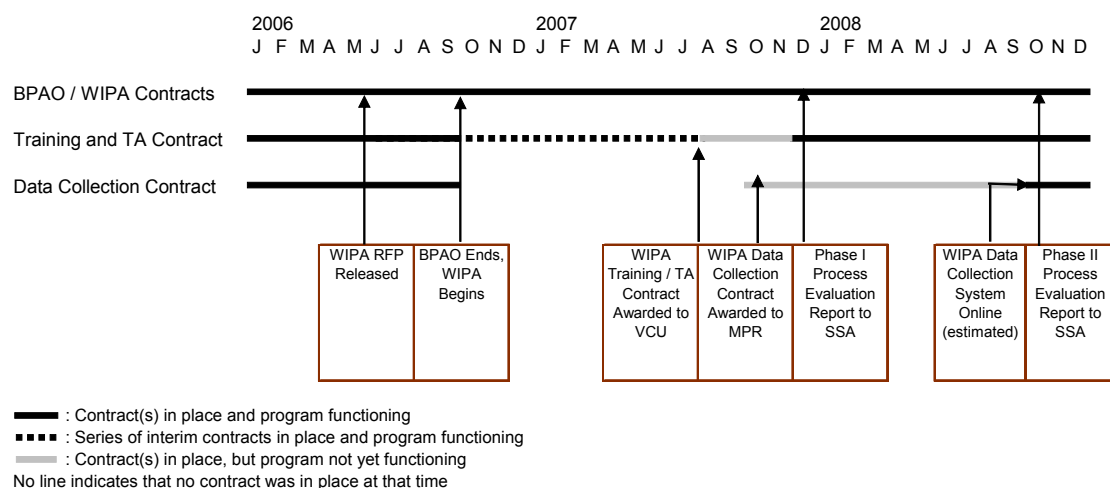
[5] See the Federal Code of Regulations available at www.ssa.gov/OP_Home/cfr20/411/411-0000.htm.

by a new emphasis on strategic outreach, work incentive utilization, and long-term case management (especially timely and appropriate referrals) to give beneficiaries the necessary resources to begin and maintain working (Bruyere et al 2007). These changes reinforced WIPA's role as the linchpin of TTW, supporting beneficiaries during the transition to work.

During 2005 and early 2006, SSA initiated contacts with the Rehabilitation Services Administration (RSA), the Department of Labor (DOL), and other federal agencies to obtain financial support for the WIPA program. If successful, these initiatives would have enabled WIPA projects to serve these agencies' beneficiaries more effectively, and would have fostered a broader-based coordinated effort to promote employment for people with disabilities. However, these negotiations were unsuccessful and caused delays in the request for applications (RFA) releases and contract award for WIPA projects and the training and TA coordinator. As a result, essential supports were not in place during WIPA rollout.

Beginning in 2000, three BPAO training and TA contractors (VCU, the University of Missouri at Columbia, and Cornell University) offered required training and certification of benefits specialists and TA to BPAO projects based in their geographic locations. VCU also created a national BPAO data system through its Benefits Assistance Resource Center (BARC). All of these contracts ended on September 30, 2006. To take their place, SSA awarded a series of short-term contracts to several individuals who previously had provided BPAO training and TA. Finally, on August 1, 2007, VCU was awarded the single WIPA training and TA contract, and is now offering training and TA to WIPA staff. The BARC data system was discontinued when VCU's contract expired. A new data system is being developed under a contract with MPR, and is expected to be in place by late October 2008. A timeline summarizing these events is shown in Exhibit 1.

Exhibit 1:   Timeline of Transition from the BPAO to the WIPA Program

: Contract(s) in place and program functioning
: Series of interim contracts in place and program functioning
: Contract(s) in place, but program not yet functioning
No line indicates that no contract was in place at that time

B. WIPA PROGRAM CHARACTERISTICS AND FUNDING

SSA launched the WIPA program on September 30, 2006 by awarding cooperative agreements to 99 organizations in 49 states. Five additional agreements were awarded in early 2007, increasing the total number of WIPA projects to 104 and enabling the program to cover every state and territory of the U.S.

A variety of organizations provide WIPA services. More than one-third are disability service organizations that provide employment supports to individuals with disabilities, such as United Cerebral Palsy, Easter Seals, and Goodwill Industries. Thirty percent are CILs, 14 percent are SVRAs, and 7 percent are organizations offering legal assistance. The remaining providers include universities, state workforce boards, disability coalitions, medical centers, and state or local mental health agencies. About 82 percent of the WIPA organizations operated BPAOs under prior contracts.

WIPA projects receive $23 million in congressional funding—an amount that has not increased since the BPAO program was initiated in 2000. Funding is provided to each WIPA project according to a formula based upon the number of beneficiaries in each zip code or county that it serves. SSA funded the WIPA projects for an 8-month, followed by a 10-month, followed by a 12-month contract. The final contract under the current authorization will extend from April 1 to September 30 2009; the program is scheduled for reauthorization on October 1 2009. (See Exhibit 2 for WIPA funding levels.)

Exhibit 2:   Types of WIPA Organizations and Funding Levels

	% of WIPAs
Types of WIPA Organizations	
Center for independent living	29.8
Disability service organization	34.6
State vocational rehabilitation agency	13.5
Legal aid	6.7
University	4.8
Workforce investment board or state workforce agency	3.8
Other	2.9
Disability coalition	1.9
Medical center	1.9
Funding Levels	
$100,000	11.5
$100,001-200,000	33.7
$200,001-299,999	35.6
$300,000	19.2
Has been a BPAO*	82.4

*This information is missing for two WIPAs.

II: Overview of the WIPA Program

C. ENVIRONMENTAL CONTEXT

Several agencies and organizations play an important role in assisting WIPA projects to provide benefits planning and employment support for people with disabilities. SSA intends for WIPA projects to coordinate with these entities to insure that beneficiaries receive a comprehensive system of employment support services. A brief description of the most important programs is provided below.

1. **SSA**: The Office of Employment Support Programs (OESP) oversees the WIPA and TTW programs, as well as other employment supports. Each WIPA is assigned a project officer within OESP who serves as a liaison between the WIPA and SSA and monitors WIPA progress in meeting its contract objectives.

   SSA is divided into 58 area offices that cover all states and territories in the U.S. These are further divided into local field offices, which generally serve as the point of beneficiary face-to-face contact. Each area office contains an area work incentives coordinator (AWIC) who assists SSA field office personnel in implementing work incentives. The AWICs provide outreach to community agencies and organizations to educate them about work incentives. They also provide training and TA to the field offices on implementing SSA work incentives and other employment initiatives, assist WIPA staff to resolve beneficiary problems that cannot be solved at the field office level, and monitor field office progress in processing reports of beneficiary earnings that will affect cash benefits, called work reports. Each field office contains a work incentives liaison that is the local work incentives specialist. In addition, SSA has designated a group of its employees to approve and manage Plans to Achieve Self-Support (PASS), called PASS specialists. A PASS is a work incentive that enables beneficiaries to save a portion of their earnings for training, equipment, or other services that will enhance their employment.

2. **SVRAs**: SVRAs are funded by the U.S. Department of Education's Rehabilitation Services Administration as well as state funds. SVRAs provide rehabilitation services that help clients identify and reach their vocational goals. Services include, but are not limited to, assessment and evaluation, educational and medical services, job placement, and assistive technology. SVRAs are an important source of support for WIPA beneficiaries who need education or training and are seeking work.

3. **DOL's One-Stop Career Centers**: The Workforce Investment Act of 1998 (WIA) established a system of 3,000 One-Stop Career Centers across the U.S. that integrate several employment and training programs (including SVRAs) into a single service delivery system. Individuals may access job listings, career or job preparation support (i.e., on interviewing or resume writing), and limited job training. Over time, the One-Stop system has increased its capacity to address the needs of people with disabilities, often using grant or other special funding. For example, DOL and SSA jointly fund DPNs, who assist individuals with disabilities to access the complex system of employment programs.

4. ***State Medicaid Agencies***: While not providing employment support directly, state Medicaid agencies assist working individuals with disabilities by operating health insurance programs. Under Section 1619 of the Social Security Act, individuals on SSI who begin working may continue to be eligible for Medicaid as long as their earnings remain below a threshold established by the state. In addition, 38 states operate a Medicaid Buy-In program that enables beneficiaries to purchase Medicaid coverage based upon a percentage of their income. Forty-two states receive a Medicaid Infrastructure Grant (MIG) to modify the health care delivery system to support individuals with disabilities who work.[6] In addition to planning and development of health system improvements, MIGs may also fund consumer training and outreach on return-to-work issues.

5. ***ENs***: SSA initiated TTW in 2001 to help SSI and DI beneficiaries over age 18 find gainful employment that would enable them to leave the benefit rolls. SSA beneficiaries receive Tickets that they can assign to ENs, to receive training and employment assistance. SSA pays ENs according to one of two schedules over a period of three to five years or longer. For the EN to receive the maximum payment under either schedule, the beneficiary must return to work and leave the rolls. In effect, the EN receives a portion of program savings for helping beneficiaries move off benefits. Through the VCU NTC, SSA is currently training the WIPA staff on new TTW regulations that alter the payment schedule for ENs, provide opportunities for partnership between SVRAs and ENs, and make other changes to encourage beneficiary and EN participation.

6. ***Other Employment Providers***: A multitude of private for-profit and nonprofit agencies operate employment programs that specifically serve adults with disabilities. Agencies generally specialize in a particular disability group, such as people with psychiatric or intellectual disabilities, or type of service, such as assessment, supported or customized employment, assistance with finding and keeping competitive jobs, or facility-based, sheltered employment. Many of these organizations are funded by contracts through state agencies such as the SVRA or agencies that serve people with developmental or psychiatric disabilities, so WIPA staff help beneficiaries access these services through referrals to the appropriate state agency.

D. WIPA PROGRAM SERVICES

SSA has tasked the WIPA program with delivering four broad categories of services: work incentives planning; work incentives assistance; work incentives and Ticket education,

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[6] Calculations by MPR based upon Center for Medicare and Medicaid Services data.

marketing, and recruitment of beneficiaries; and outreach services (SSA 2006), discussed below.[7]

1. Work Incentives Planning and Assistance

The lynchpin of the WIPA program is the CWIC, the service provider that delivers accurate and comprehensive information on disability benefit programs and current work incentives. In addition to providing intensive services to individual beneficiaries, CWICs are required to actively partner with local service providers and employment support organizations, serving as a resource to a beneficiary's key stakeholders and support teams throughout the employment process. In addition to benefits planning, new CWIC responsibilities include:

- Targeting services to beneficiaries who are employed or actively seeking work by prioritizing requests for service

- Participating actively in SSA's employment initiatives, including TTW

- Working in close collaboration with community partners who provide employment assistance and supports, including the programs mentioned above

- Providing outreach services in collaboration with the PMRO, including collaboration on WISE

- Providing long-term case management services to insure maximum use of work incentives throughout the course of a beneficiary's employment

- Conducting ongoing quality assurance to insure the program's success

To accomplish these objectives, CWICs must expand their counseling skills beyond those needed to inform beneficiaries on SSA work incentives. CWICs must possess the skills to assist beneficiaries to identify and clarify career goals; help beneficiaries to determine what training, supports, technology or accommodations are necessary to reach their goals and refer them to appropriate service providers; explain TTW and other employment support programs and connect beneficiaries with those programs; and assist beneficiaries to solve problems related to ongoing use of work incentives. When an individual requests services, SSA requires the CWICs to determine (1) whether an individual is eligible for WIPA services; e.g., whether they receive SSI or DI benefits and are interested in employment, (2) the priority level of eligible beneficiaries who request service, and (3) whether the individual requires information and referral (I&R) or individualized planning and assistance. Beneficiaries who need I&R can usually be provided with general information on benefits or work supports. Individualized assistance generally requires the CWIC to gather specific

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[7] Information for this section was taken from the CWIC Training Manual, available at www.vcu-ntc.org/resources/index.cfm.

information about the individual and the benefits he or she receives through an intensive intake process. After completion, the CWIC must verify this information with an authoritative source. For example, CWICs must request a benefits planning query (BPQY) from the local SSA field office or AWIC to verify Social Security benefits. Other benefits that may need to be verified include health insurance such as Medicare and Medicaid, subsidized housing, food stamps, or private disability insurance benefits—each of which can be affected by earnings.

After the relevant information has been obtained and verified, CWICs develop a Benefits Summary and Analysis (BS&A), a formal report that summarizes current benefits and offers case-specific options on use of work incentives to support a beneficiary's employment objective. (See Appendix C for a BS&A form.) The BS&A provides a tailored benefits summary and analyzes the work incentives that might be used at present or in the future, such as impairment-related work expenses (IRWE), a PASS, or a state's Medicaid Buy-In program. The BS&A must be given to the beneficiary and may be given to other employment support personnel, such as the VR counselor, with the beneficiary's consent. SSA also requires that CWICs conduct periodic follow up to insure that the BS&A remains complete and up-to-date.

After the BS&A has been completed and reviewed, the CWIC must develop a Work Incentives Plan (WIP) that details specific actions that will be taken, by whom, and by what target date. It lays out a plan of actions the beneficiary, the CWIC, or other stakeholders should take to manage finances during the transition to work and as their earnings increase. Actions might include reporting earnings to SSA or gaining approval of IRWEs. WIPs may also include action steps to obtain employment supports, such as depositing a Ticket or approaching a SVRA for employment related equipment. (See Appendix C for a WIP form.) WIPs must be periodically reviewed, revised and updated to reflect changes in the beneficiary's situation.

2. Outreach, Marketing, and Education

WIPA staff also educates beneficiaries about work incentives, markets TTW, and recruit beneficiaries to participate in their programs. To assist WIPA projects with these activities and to encourage beneficiaries to assign their Tickets, use SSA work incentives, and return to work, SSA initiated WISE. These seminars provide beneficiaries the opportunity to learn about work incentives from WIPA staff, hear about local ENs and other employment support providers, and meet SSA field office staff. Also, the WISE assist WIPA projects with outreach, enabling them to focus their limited resources on direct assistance to beneficiaries.
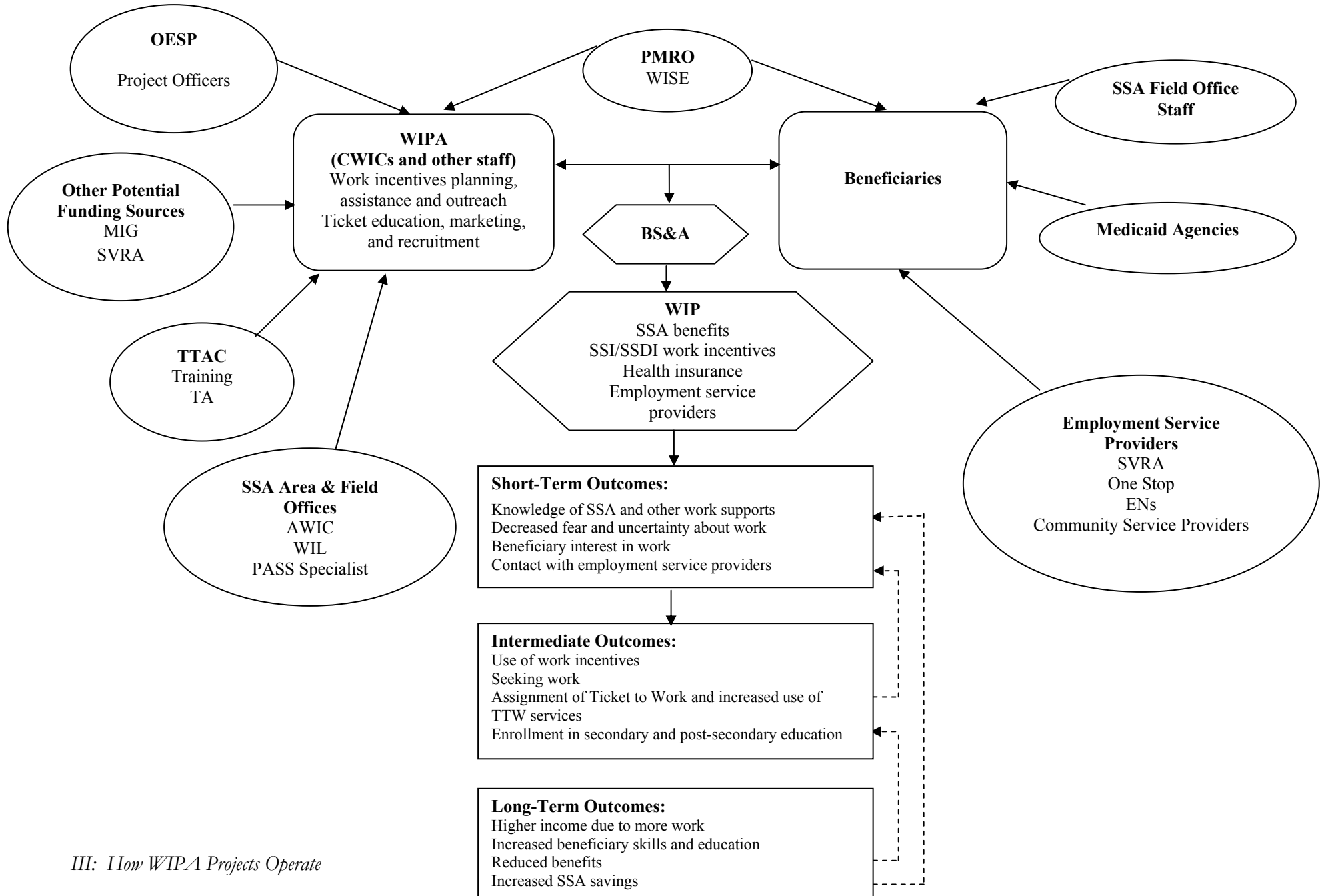
WIPA staff also conducts regular community educational and outreach events, often in conjunction with community agencies, where they provide basic information about work incentives to beneficiaries and disability service agency representatives. SSA now requires that WIPA projects spend no more than 10 percent of their resources on outreach activities.

E. LOGIC MODEL

We developed a logic model (Exhibit 3) illustrating how WIPA projects and their partners work with beneficiaries to help them learn about and use work incentives and other supports to increase their employment. Through CWICs and other staff, WIPA projects provide the services described above, and shown in the WIPA box (Exhibit 3). CWICs work with beneficiaries to develop the BS&A and the WIP. These documents provide information and action steps related to SSA benefits, work incentives, health insurance, and employment training and support. Beneficiaries learn how to use these benefits and services to support their work efforts, as listed in the WIP. The double-sided arrow connecting beneficiaries to CWICs indicates that the relationship is ongoing and the documents must be updated as the beneficiary's situation changes. Beneficiaries receive employment and other supports, listed on the right-hand side of the model, that assist them in reaching their employment goals. Local, state, and national partners increase the effectiveness of the WIPA program and are shown on the left side of the model. Most of these entities interact primarily with the WIPA staff. National partners provide oversight, training, and assistance with outreach and include SSA's OESP, particularly the WIPA project officers; the PMRO, which assists WIPA staff in conducting the WISE events; and the NTC, which trains and certifies CWICs. Beneficiaries attend the WISE, indicated by arrows between the PMRO and both the WIPA project and the beneficiary. Additionally, a cadre of program experts at SSA provides TA and answers CWIC questions about work incentives and other matters. State partners include the SVRA and the state Medicaid agency, generally through the MIG, each of which may provide funding to assist WIPA staff with outreach or services.

The logic model divides WIPA program outcomes into short-, interim-, and long-term outcomes. Short-term outcomes include increased knowledge about SSA work incentives and other work supports, decreased fear and uncertainty about work, increased interest in work, and contact with employment supports. Beneficiaries begin to achieve short-term outcomes when they receive I&R, outreach, or attend a WISE and continue to achieve the outcomes throughout WIPA service provision. Work incentives assessment and planning focus on intermediate and long-term goals, such as increased use of work incentives, employment, increased income, and eventually, decreased dependence upon SSA cash assistance. The dotted lines indicate that the process of achieving the intermediate and long-term outcomes is generally more iterative than linear—a beneficiary may progress to an intermediate outcome and encounter a health problem or other barrier, requiring a new beginning. WIPA staff is available to support this ongoing process.

Exhibit 3:   WIPA Logic Model

OESP

Project Officers

PMRO
WISE

SSA Field Office Staff

**WIPA
(CWICs and other staff)**
Work incentives planning, assistance and outreach
Ticket education, marketing, and recruitment

Beneficiaries

Other Potential Funding Sources
MIG
SVRA

BS&A

Medicaid Agencies

TTAC
Training
TA

WIP
SSA benefits
SSI/SSDI work incentives
Health insurance
Employment service providers

SSA Area & Field Offices
AWIC
WIL
PASS Specialist

Short-Term Outcomes:

Knowledge of SSA and other work supports
Decreased fear and uncertainty about work
Beneficiary interest in work
Contact with employment service providers

Employment Service Providers
SVRA
One Stop
ENs
Community Service Providers

Intermediate Outcomes:
Use of work incentives
Seeking work
Assignment of Ticket to Work and increased use of TTW services
Enrollment in secondary and post-secondary education

Long-Term Outcomes:
Higher income due to more work
Increased beneficiary skills and education
Reduced benefits
Increased SSA savings

III: How WIPA Projects Operate

CHAPTER III

HOW WIPA PROJECTS OPERATE

This evaluation describes how WIPA projects implement the requirements, philosophy, services, and partnerships SSA envisioned for the WIPA program (described in Chapter II). Site visits to six WIPA projects conducted in spring 2008, supplemented by interviews conducted in fall 2007 for Phase I, form the basis of this evaluation. This chapter is divided into seven sections: (A) Philosophy and Goals of the WIPA Program; (B) Structure; Staffing and Funding; (C) Service Provision and Documentation; (D) Partnerships; (E) Community Outreach and Public Education; (F) Training; (G) Technical Assistance; and (H) Data Collection. A brief sketch of each WIPA program we visited is provided in Appendix A.

A. PHILOSOPHY AND GOALS OF THE WIPA PROGRAM

SSA's project offices and WIPA NTC staff affirmed the shift in emphasis from the BPAO program's goal of providing benefits information and advice to the WIPA program's goal of proactively encouraging individuals to use work incentives and employment supports to increase employment and wages. SSA project officers noted evidence that returning to work was an incremental process, with beneficiaries making a series of small decisions—finding out about work incentives, contacting an employment support provider, working a few hours per week, using work incentives, and increasing work hours. Intensive case management, including frequently updated written benefits plans, could help beneficiaries at each decision point. SSA staff also stated their hope that the requirement to collaborate with local agencies would encourage CWICs to refer beneficiaries to appropriate employment supports and become an integral part of the service team. CWICs could then help beneficiaries address issues related to long-term use of work incentives as they arise.

WIPA NTC training staff incorporated the new WIPA philosophy throughout its training curricula. Several sections of the manual discuss SSA's objective of increasing employment for people with disabilities and the role of the CWIC in achieving that end. The first paragraph of the CWIC training manual sets the tone for the new WIPA program:

> The primary objective of the WIPA initiative is to assist SSA beneficiaries with transitioning from dependence on public benefits to paid employment and

greater economic self-sufficiency. This represents a paradigm shift in which CWICs form an integral part of the vocational services system instead of merely providing a peripheral benefits counseling service. To actively promote employment outcomes, CWICs must have a solid understanding of SSA's Ticket to Work program and various other work incentives, as well as the full array of vocational services available to individuals with disabilities…[8] (See Section F for a discussion of WIPA NTC training.)

Adoption of the new WIPA goals emphasizing work increased over the course of the study. The WIPA project staff we interviewed in fall 2007 understood this shift in emphasis, mentioning in particular the focus on work incentives and community linkages, but the WIPA philosophy had not yet been universally adopted. Staff appeared to have different interpretations of how the national program's goals should be implemented. Some respondents said they had integrated the new case management focus into their programs and confirmed this through responses to program implementation questions. Staff at one program misinterpreted the employment goal and served only beneficiaries who were "absolutely sure that they were ready to work" rather than offering services to those who were actively seeking employment. Other CWICs disagreed with the new focus altogether and served all callers, irrespective of their immediate employment plans. Staff at another WIPA project disagreed with SSA's requirement that CWICs assist beneficiaries to assign their Tickets, asserting that this aspect of service was being over emphasized. This project defined success as "informing a beneficiary's decisions about work and increasing satisfaction"—goals more reminiscent of the old BPAO program. Lack of training may have been a factor in the misinterpretation of program goals because only new CWICs had received the updated WIPA training by our fall 2007 interviews; former BPAO staff may have had less exposure to the new WIPA program goals. By spring 2008, WIPA staff had made great progress in understanding the new WIPA philosophy and requirements.

Staff of five of the six sites we visited in spring 2008 clearly articulated the new WIPA goals. By that time, all of the new CWICs we interviewed had completed CWIC training and certification and former BPAO staff was undergoing recertification, which SSA required of all former benefits planners. When asked to describe the shift in emphasis from the BPAO to the WIPA program, one CWIC described a "narrowing of the program to focus on employment." Another said the WIPA program's goal was to "help people understand how to use work incentives to obtain long term employment and live independently—to get people out of poverty." A WIPA director described the program's goal as, "to get as many beneficiaries to go to work as possible." She said her program's role was "to educate beneficiaries, case managers, and families about work incentives, encourage employment, and reduce [beneficiary] fears and anxieties about working…the focus is to sell work incentives." A CWIC from another program described WIPA as a "U-turn from the BPAO program. She said, "The WIPA program's goal is to get people into employment, utilizing TTW programs. BPAO was more, 'let us tell you how much you can earn before you lose your benefits.' If it was not the spoken rule to help beneficiaries maximize earnings without

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[8] See page 1 of the CWIC Training Manual, available at www.vcu-ntc.org/resources/cwicmanual.cfm.

losing benefits, it was the undercurrent. Now it is, 'let's use benefits to become employed.'" Another WIPA project director said that the program's major strength was the ability to work individually with beneficiaries, giving them personalized attention and advice about going to work.

Two former BPAO project directors who now have WIPA projects said they provided essentially the same services under the WIPA program as they had under BPAO, having already emphasized employment-focused case management under the old program. These project directors said that their strong commitment to using work incentives to support increased employment grew from their staffs' personal or family experience with disability. One of these staff members said that knowing how different benefits, such as housing and DI, would be affected by earnings helped her make decisions about increasing her hours. Another staff member, who had worked in several jobs and faced SSA overpayment and tax issues prior to joining the WIPA staff, said, "I didn't have anyone like me to talk to and I kept getting different answers when I called SSA's 800 number.... A lot of beneficiaries just want to subsidize their income and don't want to take the leap of faith to really go and work full time. I share my experience with having a disability and try to encourage them to push themselves to go beyond just subsidizing their Social Security benefits with minimal earnings."

WIPA staff at the Advocacy Center in New Orleans described how Hurricane Katrina had created severe hardships for beneficiaries but had influenced a shift in attitude among staff to promote the WIPA project's employment goals. Beneficiaries have found they can no longer live on their benefits because of the rising cost of living and the WIPA has been a major force in assisting them to pursue employment. One beneficiary, who staffs a WIPA information line, said, "If we want to help New Orleans recover, we need people to take ownership of the city, which means taking ownership of their lives, which means working. People with disabilities are probably overachievers, I would hire them over able-bodied people just for that fact."

Some former BPAO projects appear to have had more difficulty with the switch in emphasis. One project director, as well as several CWICs, said that the goal of the WIPA program was the same as the BPAO program—dissemination of correct information about work incentives to beneficiaries who would not otherwise receive it. This former BPAO staff member focused on work incentives information rather than employment. "If you provide the information people will see going to work is a better option."

WIPA staff had varying views of how to define program success—from reduction of benefits due to higher wages to increasing beneficiaries' knowledge about work incentives. One CWIC said she felt she had done a good job if she helped "the beneficiary do something that makes them feel productive, such as working or volunteering." One CWIC, who enthusiastically embraced the WIPA goals of increasing employment, said her program "pushed" working beneficiaries to consider increasing their hours. A service provider said her local CWIC asks people, "Why can't you work more hours?" She said, "This is very motivating to people who have been told all their life they can't do it." Other programs were positive about the focus on employment but less so about encouraging beneficiaries to earn

enough to lose benefits. One program described success as "improving beneficiaries' economic status, increasing their sense of self-worth, or making the transition from dependence to self-sufficiency." This program's staff stressed the importance of establishing intermediate milestones and realistic expectations, but added that work is crucial to meeting these goals. A CWIC in another program said that leaving the benefit rolls was not an appropriate goal for many beneficiaries. She said, "Some can't survive on what they can make and need to retain benefits."

We asked WIPA partners, such as DPNs from the One-Stop Career Centers and vocational rehabilitation counselors from the SVRAs, their perceptions of their WIPA project's goals. Although many were able to articulate the new employment focus, a few partners who had worked with the BPAO program saw no change with the WIPA program's mission—stating that the WIPA program's goal was to provide accurate information about benefits and work incentives to beneficiaries.

B. PROJECT STRUCTURE, STAFFING, AND FUNDING

The six WIPA projects selected for study reflect the variety of organizational characteristics identified among the 104 WIPA projects in the program. Below we discuss the type of sponsoring agency, service area, staffing levels and funding. Exhibit 4 shows the characteristics of the WIPA projects we visited.

1. Sponsoring Agency

The WIPA projects we selected were located in various types of agencies; three of the ones we visited, in Arizona, Montana, and South Carolina, are operated by CILs. The SVRA operates the WIPA in Delaware. Iowa Workforce Development, which oversees the One-Stop Career Centers, operates the Iowa WIPA. The WIPA in New Orleans is operated by The Advocacy Center, a Protection and Advocacy (P&A) Program.[9]

Staff at each WIPA program cited advantages to being located within their particular agency, but there appears to be no specific organizational type that is more advantageous. CIL representatives cited the ease of beneficiary referral to other CIL services and the role models that CIL employees, who are often individuals with disabilities, can provide. The Delaware WIPA staff found it easy to refer beneficiaries to vocational rehabilitation counselors for employment services because they were located within the same agency. Staff at the Iowa WIPA, located within Iowa Workforce Development, successfully leveraged office space from a One-Stop Center as well as video-conferencing from Iowa Workforce Development to serve beneficiaries throughout the state. However, Iowa and Delaware WIPA directors mentioned issues related to being a part of state government, which limited their flexibility in hiring, salary and benefits, and other aspects of program operation.

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[9] Protection and Advocacy Programs provide legal assistance to individuals with disabilities using vocational rehabilitation, TTW, or residential services. They are funded from a variety of federal agencies, including SSA, RSA and the Administration on Developmental Disabilities.

Exhibit 4:   WIPA Site Characteristics, Spring 2008

WIPA Grantee	City, State	Former BPAO	Whole State Coverage	Urban/ Suburban/Rural	Satellite Offices or Subcontracts	Funding	Regional Office	Parent Organization
Arizona Bridge to Independent Living	Phoenix, AZ	√	√	R	yes	278,787	San Francisco	CIL
Walton Options	North Augusta, SC	√	half	S	no	100,000	Atlanta	CIL
Delaware Division of Vocational Rehabilitation	Wilmington, DE		√	S	yes	100,000	Philadelphia	SVRA
The Advocacy Center	New Orleans, LA		half	U	no	210,466	Dallas	P&A
North Central Independent Living Services, Inc.	Black Eagle, MT		half	R	yes	100,000	Denver	CIL
Iowa Workforce Development	Des Moines, IA		√	U	yes	162,212	Kansas City	Workforce investment board

III: How WIPA Projects Operate

2. Service Area

Three of the six WIPA locations we visited provided services throughout the whole state (Arizona, Iowa, and Delaware). In South Carolina, WIPA services are split between a SVRA and a CIL. Two nonprofit organizations provide services in Louisiana; a CIL and a university provide services in Montana. Each WIPA we visited had a central or primary office, located in the largest city in its service area.

Exhibit 5 shows the potential caseload of WIPA projects for the states we visited by displaying the square mileage of the service area, the number of full-time equivalent (FTE) CWICs funded by SSA in each state, and the average number of square miles each CWIC must cover. The exhibit also indicates the number of SSI and DI beneficiaries in each state and an estimate of the number of people who are interested in employment, based upon the percentage of beneficiaries who indicated a strong interest in employment in the National Beneficiary Survey (NBS).[10] (In states with two WIPA offices, we include the total number of CWICs, number of beneficiaries, and square mileage in the entire state, not just for the WIPA we visited.) While only a gross estimate of the service area and potential demand for each CWIC, the exhibit shows that each CWIC faces a potential demand of thousands of beneficiaries over a vast service area, in some cases 42,000 square miles, and that the potential demand and geographic dispersion varies from project to project. Those with large geographic areas had CWICs working in satellite offices or from their homes to cover the state. Two WIPA projects (Arizona and Montana) contracted with additional CILs to serve other portions of their states.

Even with multiple office locations, WIPA staff needed to be creative to reach remote portions of their service area. All CWICs said they conducted initial I&R by telephone, and those who served rural areas said they conducted much of their benefits assessment and advisement by telephone as well. The Iowa WIPA used video conferencing and the Montana and Delaware WIPA projects traveled to local disability service providers and worked with them to arrange face-to-face meetings with multiple clients in one day. (See Section C for a discussion of how WIPA services are provided.)

3. Staffing

The WIPA projects used other staff besides CWICS to stretch their limited resources. Each of the six offices had one director and at least two full-time CWICs. The Montana WIPA has a director who splits her time between director and CWIC duties but employs a number of part-time CWICs stationed at CILs around the state to cover its large, rural service area. (See Box 1.) The Louisiana and Arizona WIPA projects use non-CWIC staff to conduct the initial I&R and intake. The Iowa and Delaware CWICs use partner organization staff as "service extenders," training them to provide basic benefits information to their

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[10] Calculated by multiplying the number of WIPA eligible beneficiaries by the number of beneficiaries that say their goals include work or career advancement (31 percent, from the 2005 National Beneficiary Survey, in Stapleton, et al. (2008) "Ticket to Work at the Crossroads: A Solid Foundation with an Uncertain Future").

Exhibit 5:   Potential Number of Beneficiaries and Service Area of Each CWIC

	Approximate Number of WIPA Eligible Beneficiaries[a]	Approximate Number of WIPA Eligible Beneficiaries Interested in Work[b]	Land Area (Sq. Miles)[c]	Approximate FTE CWICs[d]	Approximate Number of Eligible Beneficiaries per FTE CWIC[e]	Approximate Square Miles per CWIC[f]
Arizona	165,051	51,166	113,635	9	5,700	13,000
Delaware	26,899	8,339	1,954	3	2,800	650
Iowa	83,291	25,820	55,869	2	13,000	28,000
Louisiana	206,831	64,118	43,562	4	16,000	11,000
Montana	28,711	8,900	145,552	3.5	2,500	42,000
South Carolina	182,350	56,529	30,109	6	9,400	5,000

[a]Calculated by adding SSDI and SSI, then subtracting concurrent beneficiaries. Concurrent beneficiary data for December 2004 from www.socialsecurity.gov/policy/docs/statcomps/ssi_asr/2004/sect04.html#table18. Accessed August 3, 2007. This does not include WIPA eligible beneficiaries who are between ages 14 and 17.
[b]Calculated by multiplying the number of WIPA eligible beneficiaries by the number of beneficiaries that say their goals include work or career advancement (31%, from the 2005 NBS)
[c]Source: http://quickfacts.census.gov/qfd/index.html
[d]4 of the Arizona CWICs are funded by RSA
[e]Author's calculation. It is the rounded result of the number of WIPA eligible beneficiaries in the state divided by the number of FTE CWICs.
[f]Author's calculation. It is the rounded result of Land Area of the state divided by the number of FTE CWICs.

clients and to refer more complex cases to the CWICs. In Iowa, CWICs trained more than 200 SVRA counselors, DPNs, and case managers as "benefits liaisons;" Delaware used the disability navigators to extend their services. (See Section D for more detail on partnerships.)

Box 1

BEST PRACTICES: SERVING A LARGE RURAL STATE

North Central Independent Living Services, a Montana WIPA, contracts with other CILs to reach beneficiaries throughout about half of this large, rural state. Some CILs have multiple locations and have trained CWICs in each location. Montana has a landmass of 145,552 square miles, and WIPA staff calculated that there are fewer than 0.2 WIPA-eligible Montanans per square mile. The WIPA supplements its resources with funds from CILs. Many of its CWICs spend as little as one-quarter of their time on WIPA activities. This structure greatly reduces geographic barriers to service provision.

Most WIPA projects serve smaller geographic territories than Montana, but nonetheless struggle to reach beneficiaries throughout their service area. Some WIPA projects may find that the benefits of full-time CWICs outweigh the advantages of an expanded geographical reach, but they would do well to consider the costs and benefits of Montana's structure.

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4. Funding

SSA released the WIPA RFA about a year later than originally intended, close to the end of the BPAO program funding cycle. The delay resulted in problems for both SSA and WIPA projects. First, it created a very short three-month window for SSA to evaluate more than 100 applications and inform applicants of its decisions; they were notified only a day or two before they were expected to begin operation. According to WIPA staff that we interviewed in fall 2007, this was only a nuisance to organizations for which the WIPA program was a small portion of their overall funding or who provided similar services with other funds. For other WIPA projects, the late notice created serious staffing problems; we spoke with several former BPAO managers who lost staff due to the uncertainty of continued funding. These problems have been resolved but they may resurface if WIPA reauthorization remains uncertain as September 30, 2009 draws closer.

Annual funding levels for WIPA projects we visited in spring 2008 ranged from $100,000 to $300,000; three WIPA projects received $100,000 and only one received $300,000 (See Exhibit 4). Although funding is provided to each WIPA project according to a formula based upon the number of beneficiaries in each zip code or county it serves, WIPA representatives said the level of SSA funding was insufficient to serve all beneficiaries who requested service or to meet SSA's requirements outlined in the WIPA RFA. All but one of the interviewed WIPA staff said they needed at least one more CWIC to effectively reach and educate beneficiaries. For some WIPA projects, their service area is too large for so few

CWICs to visit all beneficiaries who need assistance. For others, referrals from outreach they conduct are quickly outstripping available CWIC time and they must curtail their outreach, or limit the intensity and duration of the services they could provide. At four of the six locations, both full- and part-time CWICs said they worked extensive overtime to keep up with the demand for services. Although resource limitations appeared to be less of a concern at the other two WIPA locations, CWICs said they could more adequately cover their geographic areas with another CWIC. They expressed concern that referrals would pile up as they improved their outreach and they would have insufficient capacity to serve them.

CWICs must make hard choices—severely limit the number of beneficiaries they serve or limit the intensity of services they provide. One CWIC said he wants to provide more intensive work incentives planning but simply has no time. Another took time off to complete her certification, only to find a list of 100 beneficiaries who had requested service during her absence. The case review we conducted revealed significant deficits in case documentation; lack of time may be a major factor. (See Section C for a more detailed discussion.)

Staff of partner agencies echoed the need for more CWICs. A DPN said that the "size of [the CWICs] caseload is a barrier for consumers," and another partner stated simply, "There are insufficient CWICs to deal with the volume of people who want to work and need the information." Another partner representative said the CWICs, "do a great job, but SSA expects too much from so few people. It looks like 60 hours a week to meet the paperwork requirements, without seeing a person." A partner of another WIPA project said the CWIC "is still answering the phone during dinner…and she sometimes works 12 hour days. There just aren't enough of them."

To expand their funding, many of the locations we visited leveraged funding and resources from other agencies. For example, the Arizona SVRA contracts with the local WIPA to provide benefits planning services to SVRA clients. After determining eligibility for service and whether the beneficiary receives SSA cash benefits, VR counselors refer clients to the WIPA project, which is paid for each BS&A and WIP the CWIC develops. This enables the WIPA project to use SSA funding for non-VR clients. The Delaware WIPA uses DPNs to stretch limited resources. Medicaid agencies in Arizona, Iowa, and Louisiana collaborate with their local WIPA to fund outreach, training, and education activities through their MIG. (See Section D for additional information on partnerships.)

C. SERVICE PROVISION AND DOCUMENTATION

This section focuses on how WIPA projects are implementing their new service provision requirements, as outlined in the RFA. WIPA staff must now prioritize beneficiaries who are working or actively considering work and use case management techniques to help beneficiaries understand how they can use their entire benefits package and employment support services to become employed. CWICs must draft BS&As and WIPs, personalized benefits and work-related documents that offer advice on using SSA work incentives and other cash or in-kind supports such as subsidized housing, food stamps, and Medicaid, as well as employment supports, such as One-Stop Career Centers or SVRAs.

CWICs must also follow up with beneficiaries to help them implement their work incentives plans (WIPs) and assist them with using additional work incentives as their earnings change.

To obtain information for the sections below, we interviewed 14 CWICs, 6 project directors (one of whom also serves as a CWIC), and several other WIPA staff members. We also interviewed representatives from agencies that collaborate with the project, including AWICs and representatives of ENs, SVRAs, and One-Stop Career Centers. Additionally, we conducted a review of 49 full-service cases chosen by the six sites. The cases represent the work of at least 12 different CWICs throughout the six sites. The purpose of the case review is to provide readers with an overview of how individual services are being provided and documented based upon information recorded in the case files. (See Appendix B for more information on our methodology.)

1. Information and Referral

CWICs provide I&R to beneficiaries who are not currently working or actively seeking work. Some CWICs spend a great deal of time providing I&R; one CWIC estimated that she provides I&R to half of the people who contact her. Some CWICs provide only I&R to beneficiaries who are considering going back to work but not actively pursuing employment, while others offer a broad overview of how working will impact benefits.

The Arizona WIPA staff holds weekly informational sessions throughout the Phoenix metropolitan area to cut down on individual I&R calls and to educate beneficiaries about work incentives. Callers are referred to an informational session in their geographic area where they receive general information about how working affects benefits. They are also given referrals to employment service providers (see Section E for more information about this and other outreach activities.) CWICs encourage callers to contact the WIPA office when they are ready to return to work. When non-beneficiaries call, CWICs clarify the project's purpose and refer them to appropriate organizations. Most referrals come from partners. CWICs report spending less time on I&R when partners refer only beneficiaries who are actively seeking work. (See Section D for more information on how WIPA projects educate partners to refer beneficiaries to their project.) Additionally, some WIPA projects conserve valuable CWIC time by training partners or non-CWIC staff to assist with intake and provide I&R services. (See Section C for more discussion on intakes.)

2. Assigning Case Priority

All interviewed WIPA staff appear to follow the SSA directive to prioritize services to individuals who are working or actively seeking work. Some sites use a standardized prioritization system; for example, intake staff or CWICs at the Louisiana WIPA give beneficiaries a priority rating on a 1-3 scale; priority one is an individual who is working and needs assistance with benefits, priority two is an individual who is thinking about taking a job or seriously seeking work, and priority three is an individual who is wondering how working will impact benefits. Other sites are less systematic, using informal processes to determine who receives services. One CWIC said that "the wheel that squeaks the loudest" is most likely to receive prompt assistance. Only one site had a formal waiting list. Almost all WIPA staff recognized the need for the prioritization of beneficiaries based upon how

seriously they were pursuing employment. However, one CWIC said she preferred the more inclusive approach of BPAO because she might be able to convince reluctant beneficiaries to work if she could dedicate more time to them.

3.   Meetings with Beneficiaries

CWICs interactions with beneficiaries and other aspects of service provision vary widely. On average, CWICs meet with beneficiaries who need intensive services three times; first by phone, then in person to review work incentives or the BS&A, and finally either in person or over the phone to discuss in more detail work goals and use of work incentives. CWICs said that a meeting with a beneficiary typically takes 30 to 60 minutes.

A lack of transportation for beneficiaries and CWIC time constraints often makes scheduling and in-person meetings difficult, particularly in rural areas. Meeting locations vary and include WIPA offices, partner sites, beneficiary homes and public places convenient for beneficiaries. For instance, in South Carolina and Delaware, CWICs visit partner agencies and the agency staff arranges meetings. This approach makes good use of the CWIC's time and enables the beneficiary to schedule several meetings at the same location. Some CWICs hold these meetings by telephone to circumvent scheduling problems, but fear they may lose the trust that is built at face-to-face meetings. (See Box 2.)

Box 2

BEST PRACTICES: EFFICIENT MEETING SCHEDULES

WIPA projects often receive most of their referrals from partners. Delaware's WIPA, the Division of Vocational Rehabilitation, and South Carolina's Walton Options take partnerships a step further. Key partners schedule clients' initial and follow-up interviews with the CWICs at the partner site. These scheduled meetings are often done in one day, enabling the CWIC to see many clients back-to-back.

CWICs save time and transportation costs using this method since they only have to travel to one location to see several clients. Beneficiaries with transportation problems also benefit from this method; partner agency staff can participate in meetings between the CWIC and the beneficiary and beneficiaries do not have to leave the partner site to obtain other services. This practice works best when CWICs have the resources to be flexible about meeting time and location to accommodate beneficiaries' schedules.

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4.   Intake and Data Collection

Complete information about the beneficiary's situation, including earned income, cash and medical benefits, in-kind supports, and living arrangements, is crucial to the work incentives planning process. A solid intake is the foundation on which all other services, including the BS&A and WIP, are based. Incomplete or incorrect beneficiary information

can result in erroneous recommendations about benefits and work incentives, which could cause serious harm to beneficiaries and a WIPA project's reputation.

In four out of the six sites we visited, personnel other than CWICs are responsible for at least some of the screening and intake, saving valuable CWIC time. In Iowa, benefits liaisons (trained staff at partner organizations, described in more detail in Section D) screen beneficiaries, provide limited work incentives counseling and complete intake forms on a web-based data collection and referral system. Delaware's DPNs serve similar functions. The Louisiana and Arizona WIPA projects offer intake hotlines staffed by non-CWIC WIPA employees. This service is designed to reduce CWIC workloads and, in the Louisiana WIPA project's case, facilitate access for beneficiaries who work during normal business hours. Although all CWICs said they spend some time doing intake, these alternative approaches to intake free CWICs to spend additional time on work incentives planning and case management.

SSA lists elements that must be collected at intake, including beneficiary demographics, employment history, employment and education goals, SSA, medical, and other benefits received, and past service use. The VCU WIPA NTC provides a sample intake form and strongly suggests that WIPA programs use it, but most programs developed their own. Staff at locations we visited collect intake data on hard-copy forms and are awaiting a national electronic WIPA data system, with the exception of the Iowa WIPA, which uses a web-based data collection system.

Our review of the intake information collected in 49 case reviews indicates serious deficiencies in the intake information collected, which is likely to hinder the quality of work incentives planning offered to beneficiaries. Exhibit 6 shows the expert review rating of the completeness of intake information provided in each reviewed case file. More than 50 percent of cases had no or only some information required to conduct a complete intake. About five percent of cases had no intake data. Some sites did not include intake forms at all but instead used referral forms, which listed beneficiary demographic information but little else. The majority of files at four of the six sites had little or no intake information. In several cases, benefit types and amounts were incomplete, and reviewers found discrepancies between intake information and other case documentation such as the BS&A and BPQY, with no explanation. At least 20 percent of intake forms lacked an employment goal.

Exhibit 6:   Amount of Information Present in Intake Forms

Amount of Information	Percent
No information provided	4.1
Some information provided	46.9
Most information provided	20.4
All information provided	28.6
Total	100.0

Although the content and quality of intake data varied significantly between cases and between sites, we were unable to find a pattern between the quality of intakes conducted by

CWIC and non-CWIC staff. Possibly, using non-CWIC staff and partner agencies to complete intake forms affects the quality and completeness of the information collected. While delegating more tasks to others to reserve CWIC time for more complex duties is laudable, intake workers, whether CWICs or not, must receive adequate training to enable them to do this completely and accurately. Additional training plus a standardized data collection system with built-in checks for required information would insure that the most complete and accurate information is collected.

5. Providing Intensive Services

a. Benefits Planning Query

CWIC are also responsible for verifying, with an authoritative source, all cash and in-kind benefits including SSA and other cash payments, medical benefits, housing subsidies, food stamps, and other benefits that are affected by earned income. Most CWICs request a BPQY from the local SSA field office to verify Social Security benefits and use of trial work period (TWP) months or other work incentives. To save staff time and to empower beneficiaries to advocate on their own behalf with the SSA field office, Arizona CWICs ask beneficiaries to obtain their BPQYs prior to the meeting, but they assist beneficiaries who have trouble obtaining them. CWICs must also request written documentation from sponsoring agencies to verify other benefits or obtain documents from the beneficiary.

More than 85 percent of cases reviewed contained BPQYs and sites were fairly consistent in their use. Five sites used BPQYs for almost every case; one site used BPQYs in less than half of cases. In some files, case documentation referenced a BPQY that was not present. About 83 percent of the cases with BPQYs used the most current forms, but some cases may have been opened before the updated forms were released. Reviewers noted that required beneficiary signed release forms that should accompany the BPQY were sometimes missing. Finally, reviewers observed that in some cases CWICs had not correctly interpreted BPQY information on the BS&A, or should have questioned the field office representative about its accuracy. Such errors can result in significant beneficiary overpayments or misuse of work incentives.

b. Benefits Summary and Analysis

CWICs are required by SSA to develop a BS&A when they provide intensive or individualized, case-specific advice to beneficiaries. The BS&A is intended to provide the beneficiary with a clear summary of current benefits and "case-specific information about the use of work incentives to support a beneficiary's work goal."[11] SSA allows WIPA projects to use a template developed by the WIPA NTC or design their own forms, but they must address all required information. Despite this requirement, some sites use more cursory forms that do not contain all required information.

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[11] See page 39 of the CWIC Training Manual, Module Six: Providing Effective Work Incentives Planning and Training Assistance available at www.vcu-ntc.org/resources/cwicmanual.cfm.

Exhibit 7 shows how much BS&A information was present in the cases we reviewed. More than 30 percent of these cases had no BS&A, either in a NTC template or in any other form and just over 8 percent contained complete information on the BS&A. Again, the quality of the BS&A varied from project to project. Cases from one location contained a well-documented BS&A for every case, across all CWICs. At two sites, less than half of cases under review contained BS&As; the other three sites completed BS&As in about 87 percent of cases.

Exhibit 7:   Amount of Information Present in BS&As

Amount of Information	Percent
No information provided	30.7
Some information provided	36.7
Most information provided	22.4
All information provided	8.2
Not applicable*	2.0
Total	100.0

* CWIC was still developing the BS&A so it could not be assessed.

CWICs verified and addressed issues related to most or all benefits in the majority of the cases with BS&As, but the amount and quality of information varied widely. Reviewers noted that BS&As often provided too little information on relevant issues such as requirements to obtain advance SSA approval to use IRWEs, how work incentives could increase usable monthly income, and the substantial gainful activity (SGA) level for statutorily blind beneficiaries.[12] In one case, a reviewer commented that the CWIC "did not provide clear examples of how the work incentives could increase earnings potential and instead focused on how utilization of work incentives could help the individual maintain disability payments." Another reviewer said, "the BS&A failed to provide any insight into SSI work incentives that might be available to the individual nor did it discuss TTW." Other cases included too much 'boiler plate"—material not fully relevant to the beneficiary's particular situation. Most CWICs also failed to consistently document how benefits interact with each other; few cases contained the required calculation sheets that showed the affect of earnings on benefits and those that were provided were incomplete.

CWIC interviews indicated that two issues limited the quantity and quality of BS&As. The first and most important was CWIC time and resource constraints, which forced them to limit the detail BS&As contained. Second, a number of CWICs questioned the efficacy of these documents and stated that they preferred to provide information through other means. Two CWICs (participating in a joint interview) stated that beneficiaries usually do not know exactly how many hours they will work or what their salary will be. Outlining what might occur in a number of hypothetical situations is counterproductive because it confused beneficiaries, they stated. A beneficiary who had received a BS&A in the mail said in a focus

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[12] The 2008 SGA level for statutorily blind individuals is $1,570; for other beneficiaries it is $940.

group that he didn't read it because it was too long and confusing, even though the CWIC had reviewed it with him. A CWIC in a different site said he did not see the value of writing extensive BS&As, preferring to refer beneficiaries to appropriate pages in the SSA Redbook, which summarizes SSA work incentives and employment supports. Another CWIC said she discusses how benefits impact work as part of her intensive case-management services, rather than drafting a BS&A. This CWIC is considering writing BS&As and reviewing them with beneficiaries, but time constraints may prevent this.

c.   Work Incentives Plans

After the CWIC has drafted the BS&A and reviewed with the beneficiary the options for using work supports, SSA requires them to develop a WIP, which details the beneficiary's actual plan for using the work incentives and achieving work-related goals. CWICs are supposed to produce WIPs for all individuals who are currently working or want to pursue work.

The prevalence and quality of WIPs in the case files varied significantly between sites (see Exhibit 8). Almost 60 percent of cases reviewed contained no WIP; one site did not submit any cases with WIPs and other sites had very few. Among cases that included WIPs, just over half contained most or all of the information considered necessary by our reviewers. WIPs included measurable action steps and most designated a completion date and a person responsible for taking action. The major shortcoming of the WIPs was the lack of information on work incentives. Only about 57 percent of them discussed managing SSA benefits and work incentives and an equal amount included most or all information on accessing employment services and supports that were identified in the BS&A. One reviewer described a WIP as "pretty perfunctory" and "not sufficient to provide much guidance to take the appropriate steps to protect the beneficiary after the TWP from overpayments." In another case, a reviewer noted that, "there was no discussion of the TTW program, although the beneficiary said she didn't plan to use her Ticket. This seems to be a lost opportunity to maximize the person's employment and connect them to other critical employment supports." Other reviewers noted that the "WIP does not include any objectives pertaining to work incentive utilization" or that it "focuses on loss of benefits through SGA, rather than work incentives utilization to maximize earnings."

Exhibit 8:   Amount of Information Present in WIP

Amount of Information	Percent
No information provided	57.1
Some information provided	20.4
Most information provided	14.3
All information provided	8.2
Total	100.0

CWIC interviews indicated that similar issues described in the BS&A process limited the quantity and quality of WIPs: lack of time and the complexity and detail of the form. Indeed, interviewees indicated that CWICs generally considered the WIP impractical due to its level

of detail. Moreover, a WIPs absence in a case file indicates a lack of documentation, not necessarily a lack of services or planning assistance.

e. Ongoing Case Management and Follow-up

Although SSA mandates that CWICs provide ongoing case management, actual follow-up with beneficiaries is extremely limited. Reviewers saw little evidence of case management in the files. Most CWICs struggle to provide comprehensive services to their beneficiaries, and given time constraints, do not consider following up with beneficiaries a priority, particularly when there is no time-sensitive issue. Some CWICs follow up with some beneficiaries to whom they have provided in-depth services but there are no formalized mechanisms or protocol for doing so.

Follow-up with beneficiaries appears to be beneficiary initiated; e.g., the beneficiary calls the CWIC to discuss a particular problem or ask a question. A few consumers use CWICs as ongoing case managers, calling daily or weekly for assistance. Although a few CWICs encourage this practice, intensive, ongoing case management is the exception rather than the rule. At several sites a few beneficiaries bring in their pay stubs every month for the CWICs to send to SSA, to allay beneficiary fears by reviewing the pay stubs and earnings documentation. As one beneficiary explained, "It's a lot for me to deal with and I appreciate WIPA project staff being an option to help with paperwork."

In one of the WIPA project locations in which partners generally arrange for meetings with beneficiaries, CWICs sometimes ask partner agency staff about beneficiaries with whom the partner has not scheduled a follow-up appointment. CWICs may limit follow-up activities because of a lack of resources. However, without ongoing contact, CWICs cannot ensure that beneficiaries receive ongoing support or track outcomes. A partner at one site stated that beneficiaries or the agencies that work with them do not necessarily notify CWICs when their beneficiaries receive jobs. Given the lack of formalized follow-up mechanisms, this problem likely occurs in other sites as well.

6. Conclusions

Review of case files reveals little evidence of the intensive and long-term work incentives planning SSA envisioned. In most sites we visited, the lack of extensive written materials appears to be emblematic of a low level of service provision per beneficiary. Although services appear to be targeted to beneficiaries who are seeking or engaging in work, most projects appear to be providing a more limited, short-term service rather than in-depth work incentives planning. The case review highlighted evidence of the gap between program intent and service delivery. Based on case documentation alone, there appeared to be little focus on referral to other agencies and long-term follow-up. Reviewers noticed a distinct paucity of written evidence that CWICs were having in-depth discussions about employment goals and work incentive programs with beneficiaries. In several cases, reviewers noted that CWICs did not discuss work incentives like the IRWE or PASS sufficiently and many did not appear to discuss TTW at all, even when case notes indicated that beneficiaries expressed interest in these programs.

There are several possible explanations for this finding. Although CWICs who were benefit specialists under the BPAO program may have absorbed the new work focus of the WIPA program, they may not understand that case management, BS&As, and WIPs are at the heart of the WIPA program and are not documenting them. A number of CWICs expressed frustration with what they considered to be cumbersome paperwork requirements that did not truly assist beneficiaries and many admitted that they used BS&As and WIPs in only a minority of cases.

Another plausible explanation is that beneficiaries can only absorb a certain amount of information at a time. Complex information about benefits and work incentives can be difficult to absorb, particularly for individuals with cognitive impairments. CWICs pointed out that, despite their best efforts, beneficiaries quickly become overwhelmed during these discussions. CWICs are therefore forced to focus on basic benefits information and reporting requirements, sometimes at the expense of discussions of more complex work incentives.

A third explanation is that, because WIPA projects are under-resourced, CWICs often carry large caseloads and respond to large numbers of information requests, which may preclude them from thoroughly addressing the issues or adequately documenting their discussions with beneficiaries. CWICs report handling as many as 100-200 cases per quarter. Additional funding, along with a uniform documentation system and regular supervision, including complete case reviews, would go a long way toward ensuring adequate documentation in the case files.

CWICs also provided two plausible explanations for the lack of referral to ENs and other employment service providers. First, all CWICs said the number of ENs in their WIPA project's service area was extremely low; even where agencies had enrolled as ENs, almost none were accepting Tickets. Second, CWICs said they received most of their referrals from employment service agencies and did not need to refer beneficiaries back to them. Still, planning to assist beneficiaries to achieve employment goals and long-term assistance with implementation of work incentives was lacking in most cases.

Despite the shortcomings in documentation, beneficiaries who participated in focus groups offered very positive feedback on the WIPA program. A beneficiary in New Orleans called the CWIC "comfortable and down-to-earth," and good at "explaining [information] in layman's terms." An Arizona beneficiary expressed the sentiments of many group participants when she said the CWIC she worked with was a "wealth of information."

Beneficiaries and service providers indicated that the WIPA helped eliminate beneficiaries' fears about returning to work, losing benefits, and dealing with SSA, often based upon misinformation from friends, family, and service providers. Based upon agency partner and beneficiary comments, the WIPA projects also appear to be reducing misinformation about working while receiving other benefits. For example, one beneficiary said that healthcare professionals discouraged him from working but he has started trusting information from the CWIC about how much he can work. "I have had doctors tell me I shouldn't go back to work or I will lose benefits," he explained. "[The CWIC] has been right

up till now." Other beneficiaries said they were extremely satisfied with what they learned from the CWICs. As one beneficiary said, "I got a world of information from [the CWIC]."

However, the need for long-term work incentives planning and case management, either from CWICs or others who have basic knowledge of work incentives, is apparent. According to CWICs, partners, and beneficiaries themselves, beneficiaries do not generally pursue jobs with hours and wages that will result in a complete loss of benefits. CWICs generally do not pressure beneficiaries to pursue work goals beyond their stated desires, and most express a desire to retain the link to their benefits safety net. Focus group participants, especially those with psychiatric disabilities, were afraid of a relapse that would make them incapable of work. Loss of benefits would make them unable to pay for basic living expenses. As one beneficiary explained, "The only thing that saved me was Social Security when I went into a tailspin." In other cases, beneficiaries' lack of job experience and training qualify them for low-wage jobs that are insufficient for survival without government assistance. Beneficiaries need ongoing involvement with a professional who understands how various work incentives can be combined to benefit individuals as their work situation changes. It is also possible that working part time is simply the first step to economic self-sufficiency. Once the beneficiary feels confident in his or her ability to work, with CWIC support he or she may pursue a fulltime job.

D. PARTNERSHIPS

As described in Chapter 2, SSA envisioned that WIPA projects would partner with a variety of organizations to provide comprehensive employment supports. The WIPA RFA required projects to "have established strong working relationships with other agencies that are already providing services designed to enhance employability…particularly, DOL's One-Stop Career Centers" (SSA 2006). SSA hoped that this would encourage CWICs to refer beneficiaries to appropriate employment supports and work with these agencies to support their work efforts. Additionally, WIPA project staff is required to establish relationships with local SSA field offices and to work with their AWICs.

1. Community Partners

The applications we reviewed indicated that WIPA projects had developed relationships with partners before receiving their funds. The agencies where new projects are housed, such as CILs, had strong ties to many community partners and most new WIPA and former BPAO staff had preexisting relationships with disability and employment agencies. In general, partners we interviewed in spring 2008 reported a smooth transition from the BPAO program to WIPA, and many of those were aware of the WIPA program's increased focus on encouraging beneficiaries to use work incentives to increase employment. Some partners who had worked with the former program saw no change in the original BPAO mission: to provide accurate information about benefits and work incentives to beneficiaries.

Our site visits indicated that partnerships with community organizations are crucial to the WIPA project's outreach and operations. According to CWICs, a WIPA project's most important partners typically consist of VR offices, One-Stops, mental health agencies, and ENs, but most WIPA projects also work with other community organizations such as P&A

and mental health organizations. Generally, collaboration with partners grows out of personal relationships that the CWICs develop, often before they became BPAO or WIPA staff. We identified several types of partnerships, which are described below.

a.   Referrals and Service Provision

WIPA partners were the source of almost all referrals at the sites we visited. In some sites, most referrals come from one or two organizations, while other WIPA staff draws on a more diverse referral base. Some CWICs reported that partners initially referred beneficiaries who did not meet the priority service criteria of being employed or seriously considering work. Once CWICs make clear the type of beneficiaries they can assist, however, most partners make appropriate referrals. Staff at partner agencies assists CWICs by connecting them with target beneficiaries, e.g. those interested in returning to or increasing employment. Receiving high-priority referrals allows CWICs to concentrate their limited resources on service provision rather than outreach. To that end, the Louisiana WIPA holds "cheerleading" training sessions about work incentives for ENs and other community stakeholders and partners. Their goal is to give partners a sense of what kind of referrals to make to the WIPA program, rather than to provide detailed training on work incentives.

WIPA projects are operated by a variety of social service or governmental agencies including CILs, VR agencies and One-Stop Career Centers. Staff and partners of the three WIPA projects located within CILs describe WIPA as a natural extension of the CIL's mission of promoting self-sufficiency and frequently refer beneficiaries for CIL services. Staff at the Louisiana WIPA, operated by a P&A, frequently consults with P&A staff on cases and refers beneficiaries with overpayment or legal issues to staff attorneys—one staff attorney has been trained as a CWIC. But in one state, SVRA counselors are required to refer all beneficiaries to the WIPA program; this practice, which is a holdover from BPAO, results in many referrals of individuals who are not ready to seek work. That WIPA project has requested that only individuals who are completing school or actively seeking work be referred by the SVRA, but the CWICs have been unable to change this institutionalized practice.

WIPA staff reported referring to other agency partners when appropriate, particularly during the intake process. CWICs refer beneficiaries to agencies who provide cash or medical benefits, such as food stamps or Medicaid, and a couple of CWICs routinely refer people to the DPN, the SVRA, or employment services provided within their agency. But more often, beneficiaries are already being served by these agencies, so WIPA staff receive referrals rather than give them.

Despite SSA's requirement for long-term follow up, there is typically little post-referral contact between CWICs and partners. (See Section C, number 5 for further discussion.) Occasionally, the agency that refers the beneficiary to the WIPA serves as the case manager and sets up the initial intake and BS&A review meetings with the CWIC; this type of arrangement is common with mental health agencies. In general, however, CWICs do not work closely with the referring agency once the referral is made. When interviewed, few partner representatives recognized that CWICs are responsible for long-term work

incentives planning and follow up, which is not surprising given that many CWICs do not do the intensive planning and follow up envisioned by SSA.

Still, the partner organizations are grateful to the project. In Iowa, an agency representative, who had received basic training on work incentives said, "We really don't want to take a chance of misleading someone. I'm very grateful to have someone who has the answers." A Montana DPN echoed that sentiment. "It's such a relief for us to know that we have somebody who really knows the programs and knows what to do for our beneficiaries. If we didn't have them we'd pretty much have to wing it." In Louisiana, an EN employee said she has seen people give no information and refer people to WIPA, "which is way better than giving misinformation."

b. Co-location

CWICs often have full-time or periodic office space in another agency. These "co-locations" have helped to strengthen partnerships. The Iowa WIPA uses One-Stop Career Center offices in various locations to meet with beneficiaries, enabling their clients/visitors to also drop by the CWIC's office and obtain information about work incentives. The SVRA and other agencies are also located in one of the One-Stops, enabling beneficiaries to access several agencies in one location. Other WIPA staff holds regular training and meet with beneficiaries at partner agencies' offices. Delaware and South Carolina are examples of WIPA projects that use co-location exceptionally well. (See Box 2: Efficient Meeting Schedules.)

c. Training Partner Agency Staff

All WIPA staff that we interviewed offered formal training and informal advice to partner agency staff not only to ensure suitable referrals but to enable agency staff to understand basic information about benefits and work incentives. A number of partners report that because of training and advice from CWICs they can now provide rudimentary benefits counseling, but added that they rely on CWICs for complex, in-depth benefits counseling. The director of one WIPA project, who provides a two-day training to SVRA counselors said, "The counselors don't have to know everything in detail…they can deal with beneficiaries who think they want to go to work but don't know for sure."

Partners are very positive about these trainings, and an EN director said the sessions made staff aware of work incentives that enable beneficiaries to increase their work hours. In Iowa, the WIPA staff trained local service providers about basic work incentives, and with this knowledge the service providers made countless referrals to the CWICs. Training also reduces misinformation among service providers, which in turn reduces incorrect information beneficiaries receive. Delaware and Arizona WIPA projects informed us that mental health service providers often told their beneficiaries to quit their jobs because agency funding is tied to the beneficiary's Medicaid payments. The WIPA project staff is working to educate these providers about various Medicaid provisions that enable workers with disabilities to retain their Medicaid benefits.

When conducting training, most CWICs encourage partners to promote pro-work messages. Partners at several sites reported that CWICs dispelled myths about work limitations, such as the notion that one could only work twenty hours a week while receiving benefits. Further, even when partners are able to supply beneficiaries with the appropriate information, the partners reported that CWICs provide an additional and authoritative voice regarding work supports by encouraging beneficiaries to work. While most CWICs help partners promote work, one partner reported that a CWIC counsels his beneficiaries to work only part time to continue to receive health coverage though this advice may not be accurate in many cases.

d. Expanding Capacity

All interviewed WIPA staff drew on partners as preferred referral sources, and some WIPA projects used partner agencies to expand their limited staff resources. Iowa's CWICs have trained almost 200 staff at partner organizations to be benefits liaisons, which screen potential WIPA beneficiaries, do intake, and sometimes provide basic benefits information before referring high-priority or complex cases to the CWICs. Iowa's benefits liaisons complete a three-day training course held by CWICs and attend bimonthly training sessions on various work incentives, but there is no testing or certification process. Benefits liaisons can enter beneficiary intake data into a common database, saving CWICs the time of obtaining and entering the data.[13] The Iowa WIPA also uses a cadre of specialists to assist beneficiaries to develop a PASS. One CWIC said, "Because developing a PASS is so time consuming and complex, it's important to have specialists available to focus on it." The PASS specialists are paid through a fee-for-service contract with the state's Medicaid agency using MIG funds. As of May 2008, 64 beneficiaries had PASSs in Iowa, up from 19 in the past three years. (See Box 3 for a more detailed description of the benefits liaisons.) The Delaware WIPA uses DPNs to answer benefits questions when the CWICs are overburdened. The DPNs were especially helpful when the CWICs took time off to complete recertification.

e. Funding

WIPA projects have garnered funding from a variety of agencies to creatively support and expand partnerships and services. Four of the six sites at which we interviewed WIPA staff are located in states with MIG funding, and three work closely with the MIG. Generally, MIGs fund WIPA outreach and training activities, but may take other creative approaches. For instance, in Arizona the MIG and WIPA project collaborated to develop an advertising campaign to promote employment and use of work incentives. (See Section E, Outreach, and Box 4.) In Louisiana, the MIG funds a toll-free I&R telephone service that enables beneficiaries to obtain basic information on work incentives during the evenings and on weekends. The Iowa MIG funds benefits liaison training and specialists located throughout the state to assist beneficiaries with preparing a PASS.

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[13] Partners have access only to data related to their own beneficiaries; CWICs have access to all beneficiary data, including information entered by the partner.

Box 3

BEST PRACTICES: BENEFITS LIAISONS EXPAND WIPA PROGRAM CAPACITY

The Iowa WIPA has established a unique system that increases their program capacity by training staff of disability service agencies as Benefits Liaisons. These liaisons then provide basic work incentives information to their clients and then enter collected data into a web-based client tracking system, reducing CWIC time spent on I&R and intake. The CWICs hold regular, two-day free trainings for staff at disability service agencies, such as One-Stop Career Centers, the SVRA, or private nonprofit providers, at which they present basic work incentives information using stories, games, and examples. They also provide bimonthly training on topical issues such as PASS or IRWEs. Once trained, these liaisons are given access to a web-based data system they can use to make client referrals by completing an intake form. Benefits Liaisons can track their clients' progress by reviewing BS&As and WIPs. To avoid data security issues, these documents do not contain Social Security numbers (SSNs) or dates of birth; benefits liaisons can only access their own clients.

As of May 2008, the CWICs had trained about 200 Benefits Liaisons. Benefits Liaisons reduce CWIC workload by completing tasks that the CWIC would otherwise have to do--answer basic work incentives questions and complete intake form—freeing up CWIC time to work with beneficiaries who need in-depth assistance. Benefits liaisons also jumpstart a culture-shift that supports beneficiary employment. CWICs teach liaisons to show beneficiaries that they can work as well as give them basic work incentives tools; the liaisons then share this knowledge with their clients.

Through the MIG, the Iowa Medicaid agency assists the Iowa WIPA project with benefits liaison training; MIG staff assists with logistics and their funds cover training costs, including any room rental, snacks, materials duplication, and audio-video equipment. Trainers use video-conferencing equipment provided through the One-Stop Career Centers.

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f.   Formal Networks

In addition to partnering with individual organizations, the Louisiana and Iowa WIPA projects participate in permanent, formalized statewide networks that bring disability service providers together on a fixed schedule to insure collaboration. The Louisiana network, Work Pays, connects organizations that offer employment-related services to persons with disabilities, while Iowa's Governance Group includes organizations that focus on disability more broadly. These networks provide a forum for WIPA staff to build connections and educate partners about their services and work incentives. For instance, the Louisiana WIPA project offers basic work incentive trainings to Work Pays members to increase awareness and help partners identify appropriate referrals. The Governance Group has become a springboard for statewide policy change and applications for federal funding to support

return-to-work goals. These formal partnerships are a promising result of the WIPA program.

Box 4

PARTNER AGENCY STAFF REACTIONS TO WIPA

Representatives of partner agencies reported extremely positive reactions to the WIPA program. They told us that CWICs are responsive and easy to talk to. A Delaware service provider partner said she has always heard from beneficiaries that the CWIC is "responsive and friendly." A benefits liaison from Iowa said, "[The CWICs] made me feel that no question is wrong or too simple." Many partners emphasized the wealth of knowledge the CWICs possess and their ability to apply it to help beneficiaries. The Arizona MIG representative said, "The WIPA program is phenomenal—they really think outside the box and come up with creative solutions." The partners also commented on the trust the beneficiaries have in the CWICs. In South Carolina, an EN partner representative said, "The CWICs are slowly gaining credibility among beneficiaries. Initially they were met with skepticism and now everyone understands that what they had been told for years about not being able to work is false." A Montana official from an agency that provides services to people with developmental disabilities said the CWIC is always available and her beneficiaries trust the CWIC. She added, "I am in awe of [the CWIC's] knowledge."

Many of the partnerships described above are built on personal, rather than organizational relationships, which means that a new WIPA staff member will need to establish his or her relationships with community partners. Developing formal organizations, such as the Governance Group and Work Pays, helps insure that important connections are not lost due to staff turnover.

2. Interactions with SSA

CWICs work with SSA regional and field office staff including the AWICs and Work Incentives Liaisons (WILs). AWICs work with all field offices within their jurisdiction to insure that work incentives are implemented correctly, acting as the "go to" person when field office staff has questions about work incentives. AWICs serve two functions for WIPA projects: (1) providing programmatic support such as outreach and TA, and (2) intervening with local field offices when WIPA staff encounters problems such as obtaining BPQYs. WILs are the work incentives experts at each field office. Like AWICs, WILs assist with outreach, obtain BPQYs, and serve as the liaison between the CWIC and other field office staff.

The extent of AWIC and WIL involvement varies dramatically from site to site. In three sites, AWICs said their interaction with the project is limited—they spend about one day a

month on WIPA and have limited awareness of the issues WIPA staff face. In the three other sites the AWICs and WILs are highly supportive and involved and WIPA staff had very positive comments about them. WIPA project staff with less involved AWICs and WILs expressed more neutral opinions.

CWICs and partners cited frustration with delays and misinformation from SSA field office staff, which rarely promote work incentives and often lack basic knowledge of the WIPA program. CWICs reported that SSA staff has little knowledge outside of their specialty (e.g., an SSI claims representative knows little about DI). Almost all CWICs at all sites we visited reported that BPQYs may be delayed, inaccurate, or both which be a serious impediment to accurate work incentives counseling, particularly when the beneficiary is not able to fully remember his or her prior work record. A number of CWICs turn to AWICs or WILs when they have difficulties obtaining BPQYs because they are very effective at pressuring field office staff to produce them more quickly. A few CWICs have developed a close working relationship with a field office staff member and receive timely BPQYs. Other CWICs report that field office staff do not know what a BPQY is, how they are produced, or that a CWIC has a right to receive them. One AWIC attributed issues with field offices to the "silver tsunami" of retiring baby boomers, and the lengthy time period (three to five years) necessary to fully train new staff.

In sites that provide intensive case-management, CWICs assist beneficiaries with their interactions with SSA, helping with paperwork and sometimes accompanying them to field offices. Other CWICs try to empower beneficiaries to advocate for themselves with their field offices. For example, the Arizona WIPA project asks beneficiaries to obtain their own BPQY and bring it with them to the intake. Louisiana's CWICs ask beneficiaries to self-advocate with SSA whenever possible; when they provide help, they aim to teach beneficiaries how to navigate future interactions. One beneficiary said that his CWIC did not fill out SSA forms for him, but empowered him to complete necessary paperwork.

E. COMMUNITY OUTREACH AND PUBLIC EDUCATION

Community outreach and education are important to the success of the WIPA program. It serves as a source of referrals for in-depth services and outreach and education events provide basic information about work incentives and employment supports to the community. SSA requires that WIPA projects spend no more than 10 percent of their resources on these activities; staff has worked creatively to educate their communities and use resources outside WIPA to remain within this budget cap. Outreach and education activities are described below.

1. WISE

SSA initiated work incentive seminars to assist WIPA projects with marketing and outreach, to help build partnerships among service providers, and to encourage beneficiaries to assign their Tickets, use SSA work incentives, and return to work. These events, called Work Incentive Seminars (WISE), provide beneficiaries with the opportunity to learn about work incentives from WIPA staff, get connected to local ENs and other employment support providers, and meet SSA field office staff.

In late 2006, SSA awarded an $18.2 million PMRO contract to CESSI to provide TTW program management support. CESSI is a for-profit company that provides support services to governmental agencies, focusing on programs for people with disabilities. CESSI recruits ENs and encourages beneficiary participation in TTW, and along with its subcontractor New Editions, coordinates most WISE-related activities. CESSI is responsible for providing logistical support by developing promotional materials, handouts, and a planning guide for WIPA projects; sending invitation letters to roughly 1,000 Ticket-eligible beneficiaries per event; inviting representatives of SSA local offices and other partners, including P&As, SVRAs, ENs, and other employment service providers; and registering participants. SSA requires WIPA projects to identify the event location, suggest the geographic area for the beneficiary mailing, recommend community partners, distribute promotional materials, host the event, make event presentations, and hold beneficiary follow-up meetings. To ensure that all WISE presentations contain the same information, CESSI developed materials that contain a brief orientation to TTW and how beneficiaries can overcome barriers to work. After making the presentation, WIPA managers introduce attending agency representatives and provide the opportunity for beneficiaries to meet with them.

WIPA projects have some flexibility in how to conduct WISE. For example, some WIPA projects offer separate WISE for SSI and DI beneficiaries; others hold a combined event. Other WIPA projects have held WISE in conjunction with other activities that attract beneficiaries, such as career fairs. One WIPA project is offering a distance-learning event.

CESSI representatives describe WISE as "high touch" events, where beneficiaries have the opportunity to meet individually with agency representatives and receive personalized information about work incentives and employment services available to them. Although most interviewed WIPA staff offer public education and training to beneficiaries, they do not offer events where beneficiaries can meet with a variety of service providers in one location; this service appears to be the unique contribution WISE make to a WIPA project's outreach.

But the success of these events is hampered by low attendance (Exhibit 9). Between April 3 and August 6, 2008, CESSI assisted with 45 events (see Exhibit 9). CESSI assisted with 11 WISE events between August 6 and August 26 (not shown) and has scheduled 44 future WISE events through November 2008. While the number of events scheduled—roughly 15 per month—is impressive, the number of participants is disappointingly low. A mean of 14 beneficiaries and 3 ENs attend each event. Five or fewer beneficiaries attended 10 of the 45 events. Agency representative attendance also appears low; two or fewer ENs and other organizational representatives attended about 40 percent of events and less than 20 percent of events had more than five agency representatives.

Exhibit 9a: EN and Beneficiary Attendance at WISE Events

	No. of WISE Events	No. of States/ Territories	No. of Beneficiaries Who Attended	No. of ENs Who Attended
Overall	45	25	846	191
Median per WISE Event			14	3

Note: Data provided by CESSI.

Exhibit 9b: Distribution of Beneficiaries and ENs Attending WISE Event, by Number of Sessions

Distribution	Number of Sessions
Beneficiaries Attending Each Session	
0	1
1–5	9
6–15	14
16–35	18
36–55	2
56 or more	1
ENs Attending Each Session	
0	2
1–2	16
3–5	16
6–8	4
9–23	4

Note: Data provided by CESSI.

WIPA representatives offered mixed feedback about these events during our spring interviews. Three of the sites had conducted WISE prior to August 30, 2008.[14] Staff at one WIPA had mixed reactions. "The WISE are really outreach for TTW, which doesn't work anyway…. They are asking us to do another thing with no more money." But given that it is a requirement, she added, "It's great that the mailings are targeted to individuals who are most likely to work. We don't have the resources to do big mailings." She also found the planning guide very helpful. This WIPA project held two events during the same day, attended by 26 beneficiaries but only 3 ENs. A second WISE, held later in the summer 2008, attracted about the same numbers of beneficiaries and ENs. For future events, the WIPA project director suggests asking beneficiaries who register to bring their BPQYs to the event

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[14] We telephoned WIPA projects that had conducted WISE after our site visits to obtain their feedback.

so that CWICs can provide more on-site personal information. This WIPA intends to hold a third event in late 2008.

CESSI's role, in part, is to reduce WIPA staff workload when conducting outreach and promoting TTW. However, it appears that WIPA staff must still spend significant time and resources themselves to make the events successful. Attendance at WISE events depends almost entirely on the amount of outreach the relevant program performs. When CESSI's efforts are the sole form of outreach, about 5 beneficiaries attend, according to CESSI staff.

On the positive side, the Iowa WIPA was extremely pleased with its WISE event, which attracted 31 beneficiaries and 2 ENs (there are only two active ENs in the area where this event was held.) This event was co-hosted by the WIPA office and the state's Department of Human Services and funded in part by the MIG. In addition to information about work incentives and employment services, beneficiaries received information about Medicaid waivers, including the Medicaid Buy-In. The Iowa WIPA intends to work with CESSI to hold one WISE event per month during 2009.

WISE events are designed to connect beneficiaries to relevant organizations and foster connections between these organizations. As detailed above, WIPA staff had developed strong partnerships and recruited beneficiaries prior to the WISE rollout. WIPA programs with existing successful partnerships appear to implement successful WISE; events are less successful where these partnerships do not exist. Most interviewed WIPA staff said that WISE events do not enhance these partnerships.

CESSI reported that some WIPA projects are extremely reluctant to hold WISE events because they are nervous about receiving more referrals than they can handle. Many projects appear to be working at or above capacity, and lack the resources to serve large influxes of new beneficiaries. In fact, staff at two sites said that the events are not needed because "we have no shortage of customers," and "we have more customers than we know what to do with." Although these officials may not fully understand the purpose of WISE, interviewed WIPA staff would strongly prefer additional resources, which they could direct towards outreach if appropriate, rather than support from CESSI.

WIPA projects are mandated to hold WISE events "at least weekly." Having WISE events this often is unrealistic given CWIC's caseloads, and CESSI does not attempt to push them to do so. About half of the 104 WIPA projects have held one WISE since the program started and just a few have had two.

2. Other Outreach and Education

As detailed above in Section D (Partnerships), WIPA programs receive most of their referrals from partners, and most site-directed outreach events are aimed at strengthening ties with current or potential partners. In addition to networking, WIPA staff hold outreach events for beneficiaries and service providers, (sometimes called trainings) that accomplish three purposes: (1) provide basic information about work incentives and other employment supports to beneficiaries, (2) encourage service providers to share this information with their beneficiaries and refer beneficiaries to the WIPA project, and (3) encourage beneficiaries

who need more intensive assistance to make an appointment with a CWIC. The Arizona WIPA refers callers from the Phoenix area to 90-minute educational events held once per week at various locations throughout the service area. When Louisiana CWICs attend job fairs, they focus on networking with partner agency staff rather than reaching out to beneficiaries. CWICs say these are efficient ways to provide basic information to several agency officials and encourage them to refer only beneficiaries who are working or actively seeking work to the WIPA office. Outreach and educational events are often conducted at a partner agency office, such as a One-Stop Career Center. This practice encourages staff of these agencies to attend and obtain more information about work incentives. (See Section D, Partnerships, for a more detailed discussion.) AWICs or SSA field office representatives sometimes attend these events.

Box 5

BEST PRACTICES: MEDIA CAMPAIGN—DON'T LET FEAR OUTSHINE YOUR ABILITY!

In partnership with the Arizona MIG and the Arizona Freedom to Work Program (the state Medicaid Buy-In) the Arizona WIPA initiated a media campaign called, *Don't let fear outshine your ability!* Through television, radio, and newspaper advertisements and direct mail postcards, people with disabilities are encouraged to consider employment and to contact WIPA offices through a toll-free telephone number. For the mailings, a marketing company generates a list of individuals with disabilities, many of whom are SSA beneficiaries that had been unemployed for two years. The campaign, emphasizing the message "SSA and medical benefits are more flexible than ever," was designed in collaboration with an advisory panel of beneficiaries. About 400 callers responded to the ads that ran almost seven months. About 55 percent of callers were SSI or DI beneficiaries. Most beneficiaries who called in were appropriate for WIPA services.

WIPA staff we interviewed advertised their services through WIPA project brochures, sponsoring agency newsletters, or event press releases, but de-emphasized this type of outreach because most CWICs already had more requests for service than they could handle. The Arizona WIPA is one exception; the WIPA works with its MIG to produce radio, television, and print advertisements, along with direct mailings encouraging work and providing beneficiaries with a 1-800 number for more information. (See Box 5.)

F.   TRAINING AND CERTIFICATION

1.   Training During the Transition

A strong, reliable training component was largely absent during the initial transition from the BPAO to the WIPA program as well as the first several months of new program operations. Under the BPAO program, training and TA grants had been awarded to three academic institutions, each responsible for roughly a third of the country. Staff from the three colleges developed and taught a curriculum focused on teaching CWICs about benefits

and work incentives. These contracts ended on September 30, 2006, when SSA awarded WIPA contracts. SSA awarded the Training and Technical Assistance contract to VCU's Rehabilitation Research and Training Center on Workforce Supports and Job Retention in August 2007. In the interim, SSA arranged for trainings by contracting directly with pairs of trainers who had taught the BPAO curriculum. These trainers provided training based upon the BPAO five-day curriculum on an as-needed basis. More than 120 CWICs, mostly new hires, were trained in these sessions. No follow-up or supplemental trainings were provided. Training quality, accuracy, effectiveness, and content varied widely by instructor, according to WIPA staff, and often did not incorporate the new WIPA philosophies.

After SSA awarded the training contract, VCU staff developed the new curriculum and training materials, which were fully reviewed by SSA and ready for initial WIPA trainings in December 2007. The VCU WIPA National Training Center (NTC) held five initial trainings between early December 2007 and February 2008. The NTC revised the curriculum based upon feedback from trainers that it did not adequately elucidate the major differences between the BPAO and WIPA programs.

Despite a rocky transition from the BPAO program to the WIPA program, since the award of the training and TA contract VCU has developed and implemented a thoughtfully updated and revised training mechanism. Unlike the BPAO training, which focused on benefits programs and work incentives, the new WIPA training focuses on how CWICs can encourage beneficiaries to use work incentives to seek employment or increase earnings. The new training is based upon six core competencies that CWICs must master to perform their jobs successfully. Today, about 550 CWICs and other staff have been trained and are certified under the new WIPA curriculum, passing either the initial certification or recertification assessments. CWICs reported that they are pleased with the training curriculum. VCU continues to tweak the assessment exam in response to feedback. It remains to be seen how effective the training and assessment process is at preparing new CWICs for their jobs, but our impression was one of improvement over BPAO training in terms of consistency, focus on employment, and development of CWIC core competencies.

2. WIPA Training Design

a. Curriculum

When the BPAO contract ended and the WIPA contract was awarded, VCU employees and contractors reorganized and rewrote the BPAO curriculum to reflect the new WIPA program's priorities and philosophy. The new training is organized around six core competencies: (1) Promoting and Supporting Employment Outcomes For SSA Disability Beneficiaries; (2) Partnering With Community Agencies and Conducting Community Outreach; (3) Understanding Social Security Disability Benefits, Other Federal Benefits, and Associated Work Incentives; (4) Healthcare Planning and Counseling; (5) Insuring the Provision of High Quality WIPA Services; and (6) Providing Effective Work Incentives Planning and Assistance Services.[15] Some of these modules contain appropriately cited and

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[15] See the CWIC Training Manual, available at www.vcu-ntc.org/resources/cwicmanual.cfm.

rewritten sections of the Cornell BPAO training curriculum, but many are new and stress the emphasis of WIPA on coordination of work incentives and employment supports.

b. Training Manual

WIPA NTC staff developed a manual to accompany the training as a research tool for CWICs to use during the course of their daily work. WIPA NTC staff wanted to encourage CWICs to become more independent and perform their own research, so the manual liberally references SSA's Programs Operations Manual System (POMs), which is used by SSA employees to administer the SSI and DI programs. To encourage more in-depth benefits analysis by CWICs, the training manual includes updated BS&A and WIP forms that CWICs should individualize for each beneficiary. However, CWICs are not required to use the forms in their daily practice, as long as the same key elements are reported. The 500-page manual is available online to anyone free of charge.

c. Training Sessions

The four-day training session assumes attendees have no prior knowledge and presents an overview of the major topic areas by module. The training is designed to teach future CWICs how to research their questions in the manual, rather than to memorize all the required information. As one trainer observed, the training provides "a map to the guidebook," "an awareness…of where to go in the encyclopedia." Two or three trainers lead every session.

SSA and VCU staff ensures that class sizes stay between 15-30 people and that the people most in need of training receive it first, i.e. newly hired CWICs are accepted before community partner representatives. Trainings are held in various locations across the country and CWICs may attend sessions in any region. The first five training sessions catered exclusively to newly hired CWICs, but the second five included a more diverse population. The WIPA NTC's attendance records for training sessions held between October 2007 and December 2008 are shown in Exhibit 10.

Completing the certification assessments is optional for any training attendees who do not provide direct services to WIPA program beneficiaries. Although staff of SSA demonstration projects and WIPA partner organizations may participate in CWIC training, only WIPA staff can receive VCU-sponsored TA upon completion of the training. (See Section G for a discussion of TA.)

One week before a scheduled training, VCU hosts a conference call with attendees to explain what they should expect, where to find the manual online, and to familiarize attendees with the subjects and format of the assessment to become a certified CWIC. Hard copies of the training manual are provided at the training session. Trainers conduct the training primarily through lecture, with almost 400 PowerPoint slides. Handouts and presentations slides, as well as an electronic copy of the training manual, are available to attendees through an online teaching forum called Blackboard. WIPA NTC staff holds teleconference orientations for Blackboard before training sessions and smaller orientation

sessions upon request for people who have difficulties with the Blackboard orientation, such as trainees with vision impairments who use screen readers.[16]

Exhibit 10: Participants in VCU's Initial Training for CWICs (October 2007 –December 2008)

Attendee Type	Total Number	Percent of Total[a]
CWIC with no formal training or certification	141	55
CWIC trained/certified under BPAO	23	9
CWIC trained/certified under interim training	3	1
Assistant, backup or substitute CWIC	10	4
WIPA project director/manager	11	4
WIPA executive director	6	3
Other WIPA staff	7	3
Youth Transition Demonstration Project[b]	21	8
Community Partner	33	13
Total	255	

[a]Do not total to 100% due to rounding.
[b]SSA's Youth Transition Demonstration Project provides benefits planning and employment services to youth in six sites; Miami FL, Colorado, New York, NY, Buffalo, NY, West Virginia, and Montgomery County MD. Staff provides work incentives counseling to youth and participates in the CWIC training.

All web-based materials and trainings are made accessible for those with disabilities. For initial trainings, roughly 25 percent of trainees request accommodations for disabilities; the most frequent requests are for large print materials, interpreters, and CART.[17] All accommodations must be pre-approved by SSA and then they will provide documents in alternative formats such as Braille or large print.

d. Assessments and Certification

After the training, attendees must complete a series of assessments to obtain CWIC certifications and access to TA provided by VCU. As one VCU staff member explained, "Anyone who does direct service—even backup, fill-in, that kind of thing—is required to be certified." The certification assessment is submitted to and graded electronically on Blackboard, which includes a post-training welcome, class-customized assessment deadlines, PowerPoint and Word versions of directions (with additional directions for screen reader users) plus tips for how to submit the portfolio assessment. The assessments cover the six core competencies (mapped from the six modules of the training manual), each with four to six sub-competencies; most questions are short essays or multiple-choice. The assessment

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[16] A screen reader is software that translates print into synthesized speech for individuals who are blind.

[17] Computer Aided Real-time Translation (CART) is the instant translation of the spoken word into English text performed by a CART reporter using a stenotype machine, notebook computer and Real-time software. The text is then displayed on a computer monitor or other display device for someone who is deaf or hard of hearing to read.

for the sixth core competency—how to be a CWIC—is a portfolio of practical skills, including building and submitting a BS&A and working with beneficiaries. All questions are open book in order to teach future CWICs how to research these issues.

New CWICs attending initial training sessions are allowed up to eight weeks to pass all the assessments, though many finish sooner. During this time, uncertified CWICs should have no other responsibilities so they are able to be on a tight timeline to complete all assessments and receive certification; this allows for sufficient grading and remediation time. After completing the training, attendees complete and submit assessments for competency modules one through five. In the second week following training, the assessments are graded and trainees retake exams as necessary following a one-on-one conference call with one of the WIPA NTC's TA providers to discuss any areas of difficulty. Regional TA providers, rather than trainers, grade assessments. This builds a relationship between CWICs and their TA providers and provides continuity because the TA is the person who will help the CWIC in the future. CWICs begin working on the sixth module portfolio assessment only after passing the first five. CWICs are required to pass the full assessment to obtain a paper certificate and keep their jobs. WIPA NTC staff suggests that anyone providing benefits planning or counseling should be trained and certified using the SSA-approved CWIC training program, including representatives from the SVRAs, SSA demonstration staff, and agencies funding their own benefits planners, to provide a universal knowledge base and standard of qualification.

e. Recertification

SSA required CWICs who were certified as benefits specialists under BPAO, or as CWICs between September 2006 and November 2007 (through the interim trainings), to be recertified. This could be accomplished either by attending an initial training and passing the certification exam (as if he/she were a new CWIC) or by just passing the recertification exam. Those who take the recertification assessment are expected to continue providing services to their normal caseload simultaneously with completing the assessment. Accordingly, these CWICs are given 12 (rather than 8) weeks to complete the assessment at their own pace. The first round of recertification assessments ended at the end of April 2008. A second, smaller, round of recertification was completed in summer 2008. About 550 CWICs and other staff have been trained, certified, or recertified to provide work incentives planning and assistance.

f. Supplemental Training

CWICs need additional supplemental training on a variety of topics simply because of the large array of expertise the job requires. Training needs are determined using a needs-assessment survey completed at-will by CWICs and by common requests for information directed to TA liaisons. TA liaisons track requests in an online database. CWICs requested additional training on self-employment, veterans' benefits, new Ticket regulations, other Federal benefits, the purpose of the WISE events, asset development and individual development accounts (IDA), Medicaid issues, writing PASS plans, and student income exclusions.

The NTC has either planned or conducted 17 supplemental trainings on all of these subjects, including a two-part series on what CWICs need to know about the new TTW regulations, monthly wage reporting, collaborating with One-Stops, private health insurance, veterans' benefits, self-employment. and what CWICs need to know about other low income federal programs, such as food stamps, subsidized housing, and Temporary Assistance to Needy Families. NTC staff provide training either through classroom sessions, smaller teleconferences or web-based courses.

3.   Training Experiences

a.   CWIC Initial Training

Trainers and WIPA staff reported fairly positive experiences with CWIC initial trainings, though all agree that there is too much information to cover in just four days. CWICs who attended found the experience positive and helpful. Suggestions for improvement included using less technical language in the training manual, particularly Module 3 (Understanding Social Security Disability Benefits, Other Federal Benefits, and Associated Work), adding a fifth day of training, preferably focused on Module 6 (Providing Effective Work Incentives Planning and Assistance Services), or decreasing time spent on Medicaid/Medicare and increasing time spent on Module 6. As one CWIC pointed out, Medicaid and other health insurance programs vary by state and CWICs must identify state-level experts to advise them on state or local health insurance issues.

Trainers also like the new training curriculum, but agree that four days are far too few for the volume of information to be covered. Trainers suggested that two three-day training sessions, separated by a month of fieldwork, might be more effective. At the very least, trainers thought some of the time spent on other federal benefits programs should be exchanged for practice writing relevant materials, such as the BS&As and WIPs, during the training session. WIPA NTC staff noted a great deal of variation in the BS&As and WIPs submitted for the assessment. Though participants complain about the intensity of the training sessions and the volume of material that is covered, VCU staff claim that participants are ultimately grateful for the challenge.

b.   Certification/Recertification

Feedback regarding the certification assessment generally concerned test questions participants thought were confusing, either because of the language used to ask the question or the degree of detail needed in the answers. Attendees also complained that the volume of reading required after each day of training was far too extensive to absorb. WIPA NTC staff determined that the problem resulted from question wording, adjusted the grading process to discount questions most CWICs had trouble with, and revised the assessment to address these problems after the April certification was completed.

All stakeholders agreed that the certification and recertification process was incredibly time consuming for CWICs. Many CWICs who had formerly worked at BPAOs reported that they completed the recertification on their own time, on nights and weekends, while still working their full caseload. One project gave CWICs a full month to concentrate solely on

the recertification, without seeing consumers. While this amount of leave seems excessive, these CWICs were grateful to have been able to focus on the recertification. Almost all CWICs found the process incredibly burdensome, especially because they did not receive hard copies of the training manual until very close to the first April deadline to be recertified. Some CWICs also complained about the lag time before receiving grades, which was a product of the volume of recertification assessments WIPA NTC staff received near the deadline.

CWICs and other WIPA staff who took the recertification exams often confessed to failing their first attempted module assessment, and often one or two additional ones. Each module assessment could be re-taken just once and TA liaisons provided a great deal of remedial help in between. WIPA NTC staff revealed that CWICs had trouble with the part of the assessment concerning triage and prioritization of beneficiaries, as this was a major change from the BPAO program. WIPA NTC staff found that the recertification process made it very clear which WIPA staff had ongoing problems such as a lack of TA knowledge. However, the vast majority of CWICs passed the certification or recertification assessments.

G. Technical Assistance

TA was another critical support system that was missing at the WIPA program start-up, but SSA and WIPA staff again developed creative solutions to address the gap. During the 10-month period from the inception of the WIPA program to the awarding of the national training and TA contract to the WIPA NTC, TA was provided in three ways. First, the Texas-based WIPA Imagine provided TA to CWICs through a toll-free number until the national contract was awarded. Second, in February 2007, SSA released and later extended a series of small contracts to individuals who had provided TA to BPAO projects, offering technical support to projects in specific areas of the country. Third, when these contracts ran out in May 2007, SSA contracted with Griffin-Hammis, a consulting company that specializes in SSA benefits analysis and work incentives, to provide TA for the entire country. Griffin-Hammis in turn subcontracted with many of the individual TA providers who had previously provided support under the WIPA or BPAO programs. The format and content of TA varied by provider. CWICs were initially frustrated that TA was not immediately available after the WIPA program began, and some later expressed concern over the quality and accuracy provided. However, multiple sources noted that TA providers worked hard during the interim, and regularly provided help that went beyond the scope of their contracts and available funding. WIPA staff turned to other sources of information when TA providers were not available, or were unable to help, such as SSA AWICs or WILs. Although interviewees lamented the lack of general SSA oversight in such areas as interpreting the requirements of the WIPA RFA or ensuring that TA was consistent, they uniformly praised their SSA project officers and acknowledged that they did their best in a difficult transition.

Since mid-2008, the WIPA NTC has provided technical support through TA liaisons responsible for specific regions of the country. TA is provided by most of the same staff that teaches the training sessions. The majority of these employees and contractors also provided training and/or TA under the BPAO program, and have extensive personal experience in

relevant fields.[18] A primary and secondary liaison is assigned to each region so that help is always available.

WIPA staff contact TA liaisons for help through a variety of modalities, including phone, email, and listserve postings. Every request is logged into an online TA tracking database, including topic requests like SSI, health care planning, Medicaid, or Title II benefits. In this manner the WIPA NTC tracks which topics are most requested over time. When several individuals contact TA liaisons over the same issue, TA liaisons will often post answers to a regional or national listserve. A needs assessment, organized by the core competency areas, is available online so that WIPA staff can rate their needs for information and training as needs arise. Liaisons respond to all TA requests within roughly 24 hours. Some CWICs request help frequently, up to multiple times daily. Others contact WIPA NTC staff so rarely that their TA liaison sends monthly reminders that the WIPA NTC is available to answer questions. Because the TA is driven by CWIC requests, liaisons have no mechanism for monitoring performance of CWICs who do not request assistance after the recertification period has ended. Answers to TA requests are designed to teach newer CWICs how to research questions in the POMs and training manual and all answers include a POMs citation. TA liaisons coordinate among themselves regarding regional trainings and what forms and advice they provide. They also hold periodic conference calls to brainstorm and compare suggested strategies for common problems. The WIPA NTC project director monitors all regional and national TA listserves for accuracy of information provided.

WIPA staff were uniformly and overwhelmingly positive about their experiences with their TA liaisons, and grateful for their degree of expertise, willingness to help, and speed of response. Though CWICs often research questions on their own or with coworkers before seeking help from their TA liaisons, when they do request formal help they are pleased with both the content and speed of response. Some sites also use their SSA AWICs and WILs as additional sources for TA.

H. DATA

The BPAO national data collection system ceased operation with the close of the VCU contract in September 2006, and a new national data collection system was implemented in October 2008. In September 2007, SSA awarded MPR a contract to design and implement a new web-based system, meant to be used by WIPA staff for case management and by SSA program officers for evaluation and monitoring. Data elements were defined in the summer and the new data collection system, WIPA/ETO, went online in October 2008. WIPA/ETO is a secure web-based software system designed to provide a common reporting mechanism for the WIPA program. The system enables WIPA project staff to enter and store outcomes data; track client contacts; and, when fully implemented, generate agency and outcome reports for analysis. The WIPA/ETO system captures information related to the characteristics of the beneficiary such as demographics and types of benefits

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[18] See the contact list of TA liaisons at the Work Incentive Planning and Assistance National Training Center web site (www.vcu-ntc.org/about_us/contact_us.cfm).

received, recommendations WIPA staff make regarding use of work incentives or other employment supports, follow-up actions required and taken, and beneficiary education and employment outcomes. Standard reporting will enable WIPA staff to record and track the number of requests handled by each staff member, the type of request and its status, follow-up steps generated, referrals, and detailed case notes for each interaction.

Training on WIPA/ETO began in mid-October, and WIPA staff began entering data into the system shortly thereafter. Representatives from almost all WIPA projects have attended at least one of 19 training sessions held between October 2008 and February 2009. MPR has developed various resources to assist WIPA staff, such as a user manual and a frequently asked questions document, which are posted on the WIPA/ETO resource website (http://host21.mathematica-mpr.com/WIPADATA/resources/). Additionally, MPR offers TA, which primarily involves answering questions about the meaning of data elements, through email and an 800 number. SSA staff members have worked with each WIPA project to obtain basic demographic and contact data on individuals served between October 2006 and October 2008, and they have transferred this data into WIPA/ETO.

Although all but four WIPA projects are entering data into WIPA/ETO, the system does not allow printing of monitoring reports due to concerns about data security. These reports contain personal identifying information (PII), and current SSA policy prohibits printing these reports. WIPA staff can enter the data but have no way of accessing data reports after the data is entered. Most WIPA projects are maintaining their old data collection systems to monitor their own performance and to enter data into WIPA/ETO as required by SSA. This double entry of data is frustrating and time-consuming for WIPA staff. SSA and MPR are working to develop a solution to this problem.

1.   WIPA Data Collection Requirements

To enable SSA and other stakeholders to measure the WIPA program's outcomes and impacts, the WIPA RFA expanded the list of data elements that project staff are required to collect beyond what was required under BPAO. WIPA project staff must now collect beneficiary employment and benefit status information as well as income data before and after service provision. In addition, staff must track the project-level data on the amount of information, number of referrals, and number of intensive benefits planning sessions they provide. Data that staff must collect and submit in quarterly reports to SSA is summarized below.

- Beneficiaries' demographic characteristics, including SSNs

- Beneficiaries' receipt of income supports (including earnings and SSA and non-SSA benefits)

- Beneficiaries' receipt of in-kind supports (including access to public and private health care)

- Beneficiaries' work goals

- Beneficiaries' use of SSA's work incentives

- Outreach activities, including WISE events

- Beneficiary employment outcomes

2. Data Collected

Although the required data elements were listed in the 2006 WIPA RFA, staff directors we interviewed in fall 2007 and spring 2008 expressed confusion about what data they should be collecting and reporting. The WIPA/ETO data system has largely alleviated this problem, but at the time of our interviews, some former BPAOs were collecting data based upon old BPAO reporting requirements, although the web-based system used to report BPAO data is no longer available. Others gathered information from their own case management systems (either paper or electronic) prior to the development of the WIPA/ETO data system and only reported minimal data, such as the number of beneficiaries served in SSA quarterly reports. Some WIPA staff used bullet points to report achievements during the quarter, while one state collected almost all required elements through an extensive computerized data system. Before the launch of the WIPA/ETO data system, SSA did not provide formal definitions for the data elements that WIPA staff are required to record (e.g., differentiating between I&R and full-service beneficiaries). The lack of a uniform data collection system with defined data elements made program performance impossible to monitor. The lack of uniformity in data collection has also made transferring service and outcomes data into the new system impossible. Only minimal contact data (name, date of birth, SSN, gender, and program start date) can be automatically transferred into the new system. This has been disappointing to WIPA staff, which collected extensive data on beneficiaries they served, and it requires them to re-enter data on beneficiaries who receive ongoing services.

Data reported quarterly to SSA from October 2006 to September 2008 varied widely. A review of data from the six study sites revealed that:

- All six sites reported basic counts of the number of beneficiaries served. Some sites included only those receiving intensive services, while others included beneficiaries who received I&R as part of the total.

- Only two of the six sites produced beneficiary statistics by race. Three produced statistics by age, gender, or disability, although WIPA projects used differing disability categories.

- All sites reported information on their outreach activities, but some tracked only outreach to beneficiaries, and others tracked it to service providers as well. Some reported the number of attendees at outreach events and others did not.

During our six site visits, we found that WIPA project staff recorded and stored their data in multiple ways, mostly using a mix of paper and electronic files. Most CWICs

recorded data on paper during or soon after a client interaction and stored it in the client's file in a locked cabinet, along with copies of the benefits award letter, BPQY, and other documents. Additionally, five of the six WIPA projects used computer-based systems developed under the BPAO program or by their sponsoring agency. Iowa WIPA project staff created a web-based system whereby benefits liaisons can refer beneficiaries by filling out an on-line information and referral form, which contains basic intake information and is automatically sent to the CWICs. Benefits liaisons can then log onto the system and view information for clients they have referred. This unique system saves the Iowa CWICs hours of data entry time and makes the referral process more efficient. Iowa WIPA staff members have been working with SSA to enable staff to upload this data into the WIPA system without compromising data security.

WIPA project staff also used their data to generate reports for their parent organizations and to track the number and type of clients served by each CWIC. In addition, they tracked employment outcomes, program data, and the number and types of beneficiaries served under each funding source if the organization receives other benefits planning funds. Totals were calculated either from the electronic database, or more often, by weekly totals reported by individual CWICs, who used the data for case management, tracking benefits, work history, case notes, status changes, and follow-up alerts. When fully implemented, the new WIPA/ETO system will enable WIPA staff to track and report all of this data and easily complete reports required by SSA.

During our fall and spring interviews, interviewees agreed that data collection is necessary to prove to Congress that the WIPA program is important and worth funding. WIPA staff anxiously awaited the national database; they want to be able to record their efforts and show the positive impacts on beneficiaries. Anecdotal evidence suggests that WIPA projects help beneficiaries to successfully use work incentives and increase their employment. Only a well-implemented national data system will prove whether this is so.

C H A P T E R   I V

C O N C L U S I O N

TTW and work incentive programs help SSA beneficiaries reduce their dependence upon benefits and enter or remain in the labor market. The WIPA program complements these efforts by providing information and assistance on using work incentives to pursue employment or increase earnings. In this evaluation, we assessed (1) the current state of WIPA program implementation; (2) how WIPA projects provide services to beneficiaries and partner with other agencies that provide employment support, such as SVRAs, ENs, and One-Stop Career Centers; and (3) the training and TA WIPA project staff receive.

In this chapter, we present conclusions based on our analysis of the TTW legislation and official SSA documents, preliminary operational information from our study sites, the conceptual model, and our knowledge of the literature and field. Our conclusions also draw on the perspectives of stakeholders that were obtained through telephone interviews and site visits with 12 of the 104 WIPA projects: 6 phone interviews conducted in fall 2007 and 6 site visits in spring 2008. During each spring site visit, we spent two days on site and interviewed WIPA project directors, CWICs and other staff, and representatives of WIPA's partners. We also conducted interviews and focus groups with beneficiaries as well as an expert review of cases from the WIPA sites visited in spring 2008. We interviewed PMRO staff, who recruit ENs and assist WIPA projects with hosting WISE events; VCU NTC staff, who provide CWIC training and TA under contracts with SSA; and staff of SSA's OESP, who administer the WIPA program. We draw three overall conclusions.

A.   THE PROGRAM HAS ROLLED OUT AS PLANNED

The WIPA program has rolled out as intended and appears to be operating smoothly. Most of the key program components are in place, including establishing WIPA projects that cover every state and territory, VCU NTC training and TA, and the PMRO.

During the past two years, SSA has established a solid framework on which to build the WIPA program. Through its RFA and VCU NTC training, SSA has begun to shift the

program goal from benefits planning—providing short-term information about SSA benefits and work incentives, which was the focus of the BPAO program—to benefits assistance—providing long-term guidance on using work incentives and other employment supports to enhance beneficiaries' employment. In short, SSA is altering the program's culture from helping beneficiaries maintain benefits to encouraging them to pursue substantial employment. SSA has funded 104 WIPA projects throughout the country to help support this new program goal.

WIPA projects appear to be well regarded by key stakeholders. Beneficiaries who participated in focus groups told us that CWICs had given them accurate information about work incentives and that, with CWIC assistance, they have the information and confidence to work. Representatives of partner agencies stated that WIPA projects were an invaluable resource to their clients. Some officials we spoke with indicated that, through their education and training programs, WIPA projects were initiating a new understanding among agency staff that beneficiaries can use SSA work incentives to support rather than limit employment. Given the prevailing misperception that beneficiaries will lose their cash and medical benefits if they attempt work, or if they work more than a few hours a month, this paradigm shift is critical to the achievement of SSA's program goals.

Through the NTC, approximately 550 CWICs, other WIPA staff, and community partner staff have been trained, certified, or recertified to provide work incentives planning and assistance based upon the new program philosophy. The training and certification process teaches CWICs to provide high-quality services and accurate information to beneficiaries. The new four-day training and the accompanying training manual are organized around the six knowledge areas in which each CWIC should be competent. VCU's trainers and WIPA project staff reported positive experiences with CWIC initial trainings; the only significant complaint was that there was too much information to cover in just four days. CWICs found the experience positive and helpful. This training is fast becoming a benchmark by which to measure expertise in the field.

The NTC has also established a cadre of top-level, highly regarded experts who provide TA to CWICs. The assignment of TA providers to specific regions of the country appears to work very well, according to CWICs. CWICs were uniformly and overwhelmingly positive about their experiences with their TA liaisons and were grateful for their degree of expertise, willingness to help, and speed of response.

WIPA projects have creatively engaged partners to expand their services and outreach. Our site visits indicated that partnerships with community organizations are crucial to the projects' outreach and operations. Agency partners provided almost all of the referrals to WIPA projects, shared office space, enabled them to train staff and educate their clients, and sometimes provided staff or funding to extend the reach of WIPA projects and services. Several WIPA projects we visited have obtained additional funding or in-kind support from other agencies, such as their SVRA or Medicaid agency, to provide outreach or intensive work incentives planning to beneficiaries.

B. SOME ELEMENTS ARE STILL UNDER DEVELOPMENT

The WIPA program is still developing in three important areas. First, a data collection system for the program that will let SSA track overall activity and performance was implemented in late October 2008, but important aspects of this system are still under development. Second, SSA may wish to reconsider its approach to helping WIPA project staff build partnerships with ENs and other employment support providers, especially given the major redesign of the TTW program. Finally, a quality-monitoring system and tools need to be developed and implemented.

The first component that needs to be addressed is a national data collection system that will enable SSA and other WIPA stakeholders to measure the program's outcomes and impacts. Implementation of this system, WIPA/ETO, is well underway; data elements have been defined, training on the new system is complete, and most WIPA program staff members are successfully entering at least some data. Although WIPA project staff must enter data into their old system as well as WIPA/ETO and are frustrated about their inability to access data reports, SSA and MPR expect to resolve this issue soon. Once this problem is solved, WIPA project staff will be able to collect and report data about beneficiary employment, benefit status, and income before and after service provision. They will also be able to track the amount and types of information, number of referrals, and intensive benefits planning sessions they provide. Project staff will submit quarterly reports to SSA that contain these data elements, which will enable SSA project managers and WIPA project directors to measure and monitor WIPA performance. WIPA project directors will then be able to use systems data to alter program operations and to drive program improvement. In the long run, the new data system will allow SSA to evaluate the WIPA program's effectiveness by linking it with other data systems that report beneficiary earnings, benefit receipt, and use of work incentives. The new system also will enable SSA to conduct evaluations and outcomes analyses to determine any needed programmatic changes.

Second, SSA may need to reconsider its approach to one of WIPA's primary responsibilities: helping beneficiaries use their TTW Tickets by referring them to ENs. It has been problematic to recruit sufficient numbers of ENs to provide TTW services. CWICs have not been able to refer beneficiaries to ENs as required because so few agencies have signed up to become ENs. In response to this problem, SSA revised the regulations for the Ticket Act in July 2008 to increase the financial incentives for ENs to participate and has undertaken a national campaign to recruit them. The effort is still underway, and WIPA projects have not had much chance to work with them under the new regulations.

Third, the limited number of ENs has negatively impacted the WISE seminars, whose purpose is to teach beneficiaries about work incentives from WIPA staff, connect them with local ENs and other employment support providers, and allow them to meet with SSA field office staff. CESSI representatives describe WISE seminars as "high-touch" events, where beneficiaries can meet individually with agency representatives and receive personalized information about work incentives and employment services. But low EN attendance hinders the success of these events; only about 14 beneficiaries and 3 ENs attended each event between April and August 2008, and 2 or fewer ENs attended about 40 percent of events. As more employment service providers become ENs, attendance at WISE may rise.

Even so, WIPA project staff report that strong partnerships must already be in place for WISE events to be successful; partnerships do not seem to grow out of the WISE events. SSA may wish to explore other mechanisms for fostering successful long-term partnerships between WIPA projects and other agencies, including offering training and TA or sponsoring best practices monographs on building successful partnerships.

As with any new program, early operational experience with the WIPA program suggests that more attention is required to monitor and maintain quality. In our review of case files, we found little evidence of the intensive and long-term work incentives planning SSA envisioned, and we also discovered a gap between SSA program intent and service delivery. In most sites we visited, the lack of extensive written materials suggests a low level of service provision per beneficiary. Although services appear to be targeted to beneficiaries seeking or engaging in work, most projects appear to be providing a more limited, short-term service rather than in-depth work incentives planning. Based on case documentation alone, there appeared to be little focus on referral to other agencies and long-term follow-up. We also found little documentation that CWICs were having in-depth discussions about employment goals and work incentive programs with beneficiaries. In several cases, reviewers noted that CWICs did not discuss work incentives like the IRWE or PASS sufficiently, and many did not appear to discuss TTW at all, even when case notes indicated that beneficiaries expressed interest in these programs.

One reason for the lack of in-depth services might be that some CWICs fail to understand how important the BS&A, WIP, and long-term case management components are to the heart of the WIPA program. CWICs that were hired after the WIPA program began and then completed their four-day training had a better understanding of this and other new SSA requirements. Those who were hired earlier under the previous BPAO program faced two barriers in implementing the new program: (1) they had to unlearn BPAO principles and processes, and (2) most had not taken the CWIC training. They took the assessment based primarily upon their knowledge of the NTC manual and their own program and may not have fully understood the importance of SSA's new requirements.

A second problem relates to the complexity of information about benefits and work incentives such as PASS or IRWE. Beneficiaries, particularly those with cognitive impairments, can only absorb a certain amount of information at a time. CWICs reported focusing on basic benefits information and reporting requirements, sometimes at the expense of discussions of more complex work incentives, even when they might be useful to beneficiaries.

A third explanation is that CWICs did not find the BS&A and WIP to be the best tools to meet beneficiary needs. They found the narrative format of the BS&A cumbersome to complete and difficult for beneficiaries to understand, even in a face-to-face meeting. They said that the action steps outlined in the WIP often duplicated the final section of the BS&A. They also resented the time it took to complete the paperwork—often as much as three hours. Case reviewers indicated that BS&As often contained technical errors or did not completely answer questions beneficiaries asked during the intake interview. Case documentation did not provide clear examples of how SSI work incentives could increase

earnings potential, document how benefits interact with each other, or include required calculation sheets that showed the effect of earnings on benefits. Additional training and TA may be needed to address these shortcomings.

The WIPA/ETO data system should allow CWICs to gather complete and consistent beneficiary data, document service provision, and guide discussions on how work incentives can facilitate employment goals. But SSA may desire to work with the NTC and a group of CWICs and beneficiaries to develop a more streamlined format for providing written information to beneficiaries. CWICs suggested combining the BS&A and WIP into one form or developing a checkbox or fill-in-the-blank format rather than a narrative format. An optimum solution would be to enable CWICs to transfer the information directly from WIPA/ETO, but data security concerns about printing PII would need to be addressed. Seeking input from CWICs and beneficiaries when developing these forms would ensure that the forms are useful to each group.

CWICs who completed the NTC certification some time ago may have lost sight of the importance of the BS&A and WIP and may need "refresher" trainings on using these tools. Training topics could include innovative methods to manage service demand, efficiently completing the BS&A and WIP, and effectively communicating complex and detailed information to beneficiaries. SSA may also wish to develop resources to help CWICs explain complex benefits and work incentives information, such as videos, beneficiary-oriented tutorials, and web-based resources.

SSA could also work with the NTC to strengthen training on all WIPA functions, including case documentation. TA liaisons could be instructed to work with each WIPA project to develop a training and TA plan, tailored to the strengths and deficits of each project. The training and TA plan would be approved by the SSA project officer, would be updated annually, and would delineate (1) the need or problem addressed; (2) the target audience for the training or TA, e.g., WIPA managers or CWICs; (3) the training or TA approach, e.g., telephone, web-based, or in-person training; (4) the timeline for providing the training or TA; and (5) expected outcomes. The NTC could develop training webinars, tutorials, or other training materials to address needs common to multiple sites; TA liaisons could provide site-by-site or small-group training to address more individualized training needs. SSA would need to provide adequate funding to ensure that the training outlined in the plan is provided.

An internal WIPA project case review and monitoring process is also lacking. WIPA project directors generally lack the technical knowledge to review case documentation for completeness and accuracy since they often do not complete the CWIC training and assessment. Most WIPA project directors we interviewed did not review CWIC case files and had little knowledge about the procedures and processes CWICs are required to follow. Many had other responsibilities in addition to managing WIPA and relied on their CWICs and other staff to stay up-to-date on technical program requirements. SSA project officers focus on project oversight and lack the day-to-day experience with work incentives necessary to conduct thorough reviews. Site visits by project officers have also been curtailed due to staffing and budget cutbacks.

SSA may wish to establish ongoing case review and monitoring procedures to ensure that WIPA projects provide consistent, high-quality, intensive services to beneficiaries. One option would be to task the WIPA project directors with oversight and monitoring of their CWICs' cases and require them to attend NTC training and obtain certification. While training and certification may be desirable, project directors may not retain the technical expertise to monitor CWIC cases unless they work with benefits and work incentives on a daily basis. Additionally, SSA may prefer to have the case-monitoring function performed by someone external to the WIPA program. The TA liaisons possess the expertise to conduct case reviews, but their current role is to respond to technical requests, not to provide monitoring and oversight. Although they are well-positioned to review and critique WIPA cases (several TA liaisons served as case review experts for this report), assigning the TA liaison dual roles of TA and monitoring could compromise their relationship with the CWICs and make CWICs reluctant to request assistance. To preserve the relationship between the CWIC and the TA liaison, SSA could assign another work incentives expert, perhaps a TA liaison from another region, to review at least 10 percent of a WIPA program's case files. Files should be randomly selected from among beneficiaries who have received intensive services during the past year.

SSA may also wish to explore how computerized work incentives planning and calculation tools, such as WorkWorld and Disability Benefits 101, could be used to streamline the work incentives planning process. These programs enable users to input wages, benefits, and other income and earnings data and calculate how this data will affect benefit amounts.[19] Using these programs could save CWICs precious time.

C. WIPA PROGRAM GOALS AND BUDGET ARE MISALIGNED

SSA has established clear goals for the WIPA program: to provide employment-focused work incentives planning and long-term case management aimed at encouraging beneficiaries to increase their earnings. However, WIPA's program budget and staffing levels limit the amount of long-term, intensive services that WIPA staff can provide.

Because the WIPA program's new goals are not in sync with current funding levels, WIPA staff members have not fully adopted the new mission. Staff we interviewed in spring 2008 had a better understanding of the program's new mission than those we interviewed in fall 2007, but the pace of implementing the new goals is slow. Most WIPA staff we interviewed in spring 2008 could clearly articulate the new mission and appeared to be focusing on working with beneficiaries who were serious about increasing employment. However, we found little evidence that WIPA staff members are implementing as much intensive work incentives planning or long-term case management as SSA envisioned. Review of case files reveals a gap between program intent and service delivery.

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[19] See the World Institute on Disability's "Disability Benefits 101" at www.disabilitybenefits101.org/planning/(S(vyoeg4elhgnblhubjktolxrm))/index.aspx and the Virginia Commonwealth University's "WorkWorld" at www.workworld.org/ for more information.

The WIPA concept demands significantly more involvement and follow-up with beneficiaries, including developing BS&As and WIPs, providing long-term follow-up, and offering WISE events, than did the BPAO program. Despite attempts to focus services on individuals who are truly ready to work or to increase their work effort, WIPA project staff report receiving hundreds of calls requesting basic information about work incentives. Even WIPA projects that provided extensive training to community partners about work incentives continued to receive many requests for I&R, and these calls can be lengthy. For example, CWICs must obtain extensive information from beneficiaries about their cash, medical, and in-kind benefits, past work history, and living situation to make sure that the basic information about work incentives they provide is correct. CWICs pointed out the importance of this first contact since it might be the beneficiary's first step on the road to employment. But with the current funding level and service approach, CWICs will be less able to provide long-term, intensive services if they continue to field numerous calls for basic information. CWICs understood that some beneficiaries need ongoing assistance with wage reporting or modifying the work incentives they use as their situation changes. But they pointed out that they do not have time to follow up with beneficiaries given current service demand. Follow-up is not realistic unless the beneficiary initiates the contact, and no one we spoke with was adequately focusing on long-term follow-up.

Some CWICs questioned the need for WIPA staff to engage in long-term case management. For many beneficiaries, case management is being provided through another independent living or employment support program. For beneficiaries already receiving these services, most CWICs said they preferred to strengthen their relationships with existing case management staff at other employment support programs and train them to include routine work incentives planning functions in their ongoing work with beneficiaries. The CWIC could then be used as a resource to solve ongoing problems.

The WIPA program receives $23 million annually in congressional funding—an amount that has not increased since the BPAO program was initiated eight years ago. Funding is provided to each WIPA project based upon the number of beneficiaries in each zip code or county it serves—amounting to barely $2 per potentially eligible beneficiary. WIPA staff members are not able to meet the demand for even basic information and referral services. While this evaluation provides only a gross estimate of the service area and potential demand for each WIPA project, we found that each CWIC faces a potential demand of thousands of beneficiaries over a vast service area. For example, one project had about 16,000 beneficiaries who were interested in work (based on the percentage of beneficiaries who indicated a strong interest in employment in the NBS) and another project covered a service area of 42,000 square miles. (See Exhibit 5.)

No WIPA staff members that we interviewed had funds to increase their staffing to meet the rising demand for services or the additional program requirements—in fact, most former BPAOs had reduced staff due to flat or reduced funding. Most CWICs and agency partner staff stressed the excess beneficiary demand for service and the extent to which CWICs worked long beyond regular working hours to serve as many beneficiaries as possible. They also described ways in which some enterprising WIPA projects leveraged funds with like-minded agencies, such as fee-for-service contracts with the SVRA,

collaborative relationships with partner staff, and MIG funding, to help meet the demand. All WIPA program staff we interviewed feared that they would need to establish waiting lists as more beneficiaries request services. Rather than establish waiting lists, CWICs who feel overwhelmed by too many service requests tend to give short shrift to long-term case management and work incentives planning.

The need for long-term work incentives planning and case management, either from CWICs or others who have basic knowledge of work incentives, is apparent. According to CWICs, partners, and beneficiaries themselves, beneficiaries do not generally pursue jobs with hours and wages that will result in a complete loss of benefits. CWICs usually do not pressure beneficiaries to pursue work goals beyond their stated desires, and most beneficiaries express a desire to retain the link to their benefits safety net. Focus group participants, especially those with psychiatric disabilities, were afraid of a relapse that would render them incapable of work. Loss of benefits would make them unable to pay for basic living expenses. In other cases, beneficiaries' lack of job experience and training only qualify them for low-wage jobs that are insufficient for survival without government assistance. Beneficiaries need ongoing involvement with a professional who understands how various work incentives can be combined to benefit individuals as their work situation changes. It is also possible that we should view working part-time as simply the first step to economic self-sufficiency. Once the beneficiary feels confident in his or her ability to work, with CWIC support he or she may pursue a full-time job.

The WIPA program's flat or decreased funding over the last eight years makes it impossible for CWICs to meet the program's more intensive requirements for an ever-growing number of beneficiaries. To bring program goals in line with funding levels, SSA will either need to seek additional funding or modify its intensive service and case-management requirements during the next WIPA program reauthorization and RFA. One option is to consult with WIPA project directors and CWICs, as well as NTC trainers and TA providers, to develop a consensus about what role WIPA projects should play in the long-term management of beneficiary work incentives, given available funding and increasing service demands.

The WIPA program is designed to provide a valuable service to beneficiaries in helping them use work incentives to increase their earnings. By providing outreach, I&R, partner agency training, and other general work incentives services, WIPA projects are promoting a cultural shift toward using work incentives and other supports to encourage beneficiaries to seek employment. I&R and training services are necessary to educate employment service providers, who often discourage beneficiaries from working, and to reach beneficiaries who need accurate information as they consider future work plans.

WIPA projects assist SSA field office staff by helping beneficiaries understand complex disability programs and work incentives, teaching them how to report earnings and avoid overpayments. The program also provides a valuable service to the taxpayer by helping beneficiaries decrease their dependence on government benefits. The fundamental design elements to make the program successful are in place, but SSA and Congress must reconcile a key disconnect—that the program goals are not in sync with current funding levels. SSA

established a new direction when it moved from the BPAO to the WIPA program and reinforced this direction in the NTC training, but the financing remains consistent with the original BPAO approach.

During the next year, SSA and Congress must make a decision about the program's future. The variation in WIPA project approaches combined with innovations by various states, information from the NTC and the new data system, and the information being gathered in surveys and other evaluation efforts outside of the WIPA program will help to inform that decision.

Conceptually, WIPA is a critical element in SSA's return-to-work policy. It can provide clear information to beneficiaries who face what can be a bewildering, complicated set of choices and rules that have fundamental implications for their future income and well-being. WIPA also interacts well with other programs that are still evolving, most importantly the TTW program. SSA's challenge is to continue to implement a strong program, monitor it closely, and refine it as program interactions, operational successes, and overall SSA priorities become clearer.

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APPENDIX A

OVERVIEW OF WIPA PROJECTS SELECTED FOR EVALUATION

Name of WIPA: The Advocacy Center

Type of Sponsoring Agency: Protection and Advocacy Program

Main Office Location: New Orleans, LA

Service Area: This WIPA serves half of the state. Service area is primarily urban and suburban.

Service Provision: A project director, two CWICs, several intake staff, and a lawyer who works with the P&A staff this WIPA project. The intake staff may conduct intake after normal business hours and CWICs later call back any beneficiaries that need additional information. One of the CWICs is stationed in another part of the state.

Individuals Served: Most clients are receiving SSI, have low income and have mental or emotional disabilities. The largest ethnic group served is African-American, followed by White, Hispanic, and Asian.

Partnerships: This WIPA uses the Louisiana MIG to fund an intake telephone line available during evenings and weekends, often staffed by current and former beneficiaries.

Other: This WIPA office has faced significant challenges due to Hurricane Katrina, including an increasing number of beneficiaries with mental illnesses or dual diagnoses, and the transient population. The intake staff makes and records three or more phone calls to assist the CWIC in tracking down beneficiaries who may have moved or do not have permanent phone numbers.

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Name of WIPA: Arizona Bridge to Independent Living (ABIL)

Type of Sponsoring Agency: Center for Independent Living

Main Office Location: Phoenix, AZ

Service Area: The WIPA covers the entire state, which is predominantly rural with an urban center. The main office is in an urban location.

Service Provision: The main office is in Phoenix and two subcontractors serve rural areas of the state. Five CWICs are funded through WIPA; the SVRA contracts with the WIPA for additional work incentives counseling.

Individuals Served: The WIPA serves a higher percentage of Native Americans than do WIPA projects in most parts of the country. This WIPA also serves a high percentage of people with mental illness.

Partnerships: ABIL partners with the state Medicaid agency through the MIG on a media campaign using radio, print, and television announcements to encourage individuals with disabilities to work. The ads highlight the WIPA toll-free telephone number to call for information. Staff track calls to this number to assess the campaign's effectiveness.

Other: Most of the CWICs have disabilities and have past personal experience with disability benefit programs. This fosters trust between the CWICs and beneficiaries.

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Name of WIPA: Delaware Division of Vocational Rehabilitation

Type of Sponsoring Agency: State Vocational Rehabilitation Agency

Main Office Location: Wilmington, DE

Service Area: The WIPA covers the entire state, which is predominantly classified as suburban.

Service Provision: The WIPA has two full-time and two part-time CWICs stationed at four offices throughout the state. An I&R and intake specialist in the Phoenix office also assists with serving Spanish-speaking beneficiaries.

Individuals Served: The WIPA serves a variety of individuals with all types of disabilities.

Partnerships: The co-located DPNs help triage customers, sometimes answering basic work incentives questions and directing clients that need in-depth services to a CWIC. The CWICs partner closely with local mental health service providers, and go to the offices once a month to see beneficiaries with an interest in work.

Other: DPNs schedule clients' initial and follow-up interviews with the CWICs at the One-Stop. These scheduled meetings are often completed in one day, enabling the CWIC to see several beneficiaries the same day and enabling beneficiaries to visit more than one provider without scheduling additional transportation.

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Name of WIPA: Iowa WIPA

Type of Sponsoring Agency: Workforce Development Agency

Main Office Location: Des Moines, IA

Service Area: Entire state. Office location is urban, but service area is predominantly rural.

Service Provision: There is a main office in Des Moines and a satellite office in Mason City with one CWIC at each.

Individuals Served: Customers are mostly white, on SSDI, age 40 to 59, and have a range of disabilities, predominantly mental illness.

Partnerships: The Iowa WIPA is co-located with the One-Stop Career Center, which is co-located with the SVRA, and several other agencies. This WIPA has a unique referral and triage system through "benefits liaisons." CWICs train local service providers in the basics of work incentives. The liaisons use that knowledge to give their clients basic information and refer complex cases to the WIPA.

Other: The Iowa WIPA program developed a web-based data system that allows benefits liaisons and CWICs to exchange data. The liaisons can complete an extensive intake form and refer clients to CWICs, access their BS&A, and other documentation, and track client progress. This saves the CWICs the time necessary to collect and enter intake data and to transmit other documents to the liaisons. Each liaison can only access data on his or her clients, but the CWICs can access data on all clients.

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Name of WIPA: North Central Independent Living Services, Inc

Type of Sponsoring Agency: Center for Independent Living

Main Office Location: Black Eagle, MT

Service Area: This WIPA serves half the state, which has a large land mass and is predominantly rural.

Service Provision: North Central Independent Living funds the full-time equivalent of two CWICs. This CIL contracts with three other CILs and divides WIPA funds between all four organizations.

Individuals Served: They serve more people on DI than SSI, and most beneficiaries are White.

Partnerships: Most referrals come from partners; the largest source is the SVRA. Other referral sources include mental health organizations, Easter Seals, One-Stop Career Centers, SSA representative payees and, for one CWIC, the SSA field office. Some staff train staff on work incentives at partner agencies.

Other: The Montana WIPA contracts with four other CILs who hire part-time CWICs to reach beneficiaries throughout their large geographic service area. To expand the program's reach, most CILs support two part-time CWICs who operate in different locations and may work as little as one-quarter time. Two CIL employees have been trained as CWICs but receive no WIPA funding. These individuals have a few cases each and are paid out of other CIL funds.

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Name of WIPA: Walton Options

Type of Sponsoring Agency: Center for Independent Living

Main Office Location: North Augusta, SC

Service Area: The WIPA serves half of the state. The area is predominantly classified as suburban.

Service Provision: One CWIC is located in the main office, the other works from home. In addition to CWICs and the project director, other staff provides part-time support including an information technology specialist and a receptionist.

Individuals Served: The WIPA office serves more African-American, and younger (age 25-45) beneficiaries than many other sites.

Partnerships: The CWICs have part-time office space at the partner locations; partners schedule beneficiary meetings to fill the CWICs daily schedule.

APPENDIX B

METHODOLOGY

M PR collected data for this study in two phases: Phase I in fall 2007 culminated in an interim memo to SSA summarizing our results (Buschmann et al. 2007), and Phase II in spring and summer 2008 culminated in this report. During Phase One, we conducted telephone interviews with representatives of six WIPA projects. We also interviewed NTC training and TA staff, SSA WIPA project officers, and officials from the PMRO. During Phase Two, we conducted site visits with representatives of six additional WIPA projects. We conducted three beneficiary focus groups and three additional interviews with beneficiaries. We supplemented our fall telephone interviews by interviewing staff of the NTC, SSA OESP, and the PMRO. We also interviewed representatives of disability advocacy organizations that promote work incentives and other employment supports, and we reviewed eight beneficiary case files from each of the six WIPA projects we visited.

A. WIPA PROJECT TELEPHONE INTERVIEWS AND SITE VISITS

1. Site Selection

We selected the 12 study projects because they are diverse in terms of geography, benefits planning history, funding levels, phase of TTW rollout, and parent organization. The total sample constitutes about 12 percent of WIPA projects and was not intended to be representative of all 104 WIPA projects. See Exhibit 4 for characteristics of WIPA projects we studied.

2. Document Review

We began our evaluation by thoroughly reviewing SSA policy and procedural documents, including the Ticket to Work legislation and the BPAO and WIPA RFAs. We contacted each of our 12 study WIPA projects and requested a copy of the WIPA application and any other documents, such as policies and procedures and annual reports, relevant to WIPA program implementation. We also reviewed each WIPA project's website and obtained copies of each WIPA project's October 2007–June 2008 quarterly reports. We obtained the BPAO program's data file from SSA as background on the types of data BPAO projects collected. Finally, we thoroughly reviewed the Training and Technical Assistance Center RFA and training materials available on its website (www.vcu.edu/ttac/).

3. Protocol Development

Prior to initiating our fall site visits, we developed a semi-structured telephone-interview protocol based on the study questions outlined in our evaluation design report. This draft protocol focused on WIPA project start-up activities and covered the following topics: (1) respondent background, (2) WIPA Program goals, (3) application process and transition from the BPAO program to WIPA, (4) data collection and reporting, (5) training and TA, and (6) overall impressions of the WIPA program. We modified the protocol slightly for each interview after reviewing the site's WIPA project application and other materials.

We expanded our fall protocols for the spring site visits, again tailoring each to the site. Our spring interviews focused on WIPA services, partnerships with other service providers, case documentation, and outreach, in addition to the above topics. We designed specific protocols for each person we interviewed, including the WIPA project director, CWIC, and representatives of each type of partner agency, for example, SVRA, EN, or One-Stop Career Centers. Each protocol elicited factual descriptions as well as opinions about the individual WIPA project and the overall program.

4. Staffing and Training

We assigned two evaluation staff members (generally an analyst and a research assistant) to each site. A senior researcher accompanied evaluation staff on two site visits to gain first-hand information about the WIPA projects and to train junior staff to conduct interviews. We designated one of the two staff members from each team as the lead for each site visit; this person was responsible for speaking to the WIPA project director to plan the schedule and make other pre-site visit preparations.

Before fall and spring fieldwork started, all project staff met for a half-day of orientation and training to review site visit protocols, schedules, and other procedures. After each site visit, project staff held a short debriefing on major initial findings and methodological issues that emerged. These sessions gave the entire team the opportunity to reflect on the most recent findings and to develop ideas to explore during subsequent site visits or during later stages of the evaluation.

5. Telephone Interviews and Site Visits

We contacted each WIPA project director to arrange a convenient date and time for our fall 2007 telephone interviews. Generally, the WIPA director requested that one or two CWICs participate in the interview, along with the project director. Each interview generally lasted about 90 minutes; interviews that lasted longer were conducted in two sessions.

To arrange our spring site visits, we sent each WIPA project director a draft schedule and asked him or her to arrange interviews with CWICs and representatives of their key community partner agencies, including the SSA AWIC, the One-Stop Career Center, state Medicaid agency, and the SVRA. We also asked directors to arrange interviews with representatives of ENs or other agencies with whom they did not partner closely so we could capture alternative views. To minimize travel time, CWICs and some partners who worked at locations away from the main office were sometimes interviewed by telephone.

We interviewed each WIPA staff person or partner separately to ensure responses were candid and confidential.

B. BENEFICIARY FOCUS GROUPS AND INTERVIEWS

We conducted three focus groups of beneficiaries at three of our six spring study sites and augmented the information they provided by interviewing three individual beneficiaries at the remaining WIPA projects. CWICs in two sites sent us a list of about 20 beneficiaries who lived close to the main office and to whom they had provided intensive services; we invited the first 10 beneficiaries who agreed to attend. The case documentation system at the third site made this process cumbersome, so CWICs sent us about 10 names of beneficiaries they remembered serving. WIPA staff members were not present during the focus group. At the remaining sites, we conducted in-person interviews of three beneficiaries selected by one of the site's community partners who had worked with WIPA staff. Each focus group and interview attendee was given a $25 gift card and reimbursed for travel costs. We asked focus group and interview participants about their work experiences and interactions with WIPA staff, how they had used work incentives, and the usefulness of information CWICs provided.

C. VCU NATIONAL TRAINING CENTER SITE VISIT AND INTERVIEWS

In fall 2007, we visited the WIPA NTC, located at Virginia Commonwealth University in Richmond, Virginia, to interview the director and program coordinator. They provided information on their professional backgrounds as well as on the history of the BPAO and WIPA programs, and offered insights into the philosophy, structure, and design of the new WIPA training curriculum. They also shared their opinions of the national WIPA program and they introduced researchers to the online Blackboard training information. We interviewed by telephone two experts who had provided interim CWIC training before SSA had finalized the NTC contract.

In spring 2008, after conducting two WIPA project site visits, we held two teleconferences with NTC training staff and TA liaisons. We asked about the transition and differences between BPAO and WIPA programs and the new WIPA training curriculum as well as about the suggested changes to the training program and TA provision, and we solicited their opinions about WIPA grantees and the national program. We also conducted a follow-up interview with the NTC training coordinator to update information from the fall 2007 interview.

D. OTHER INTERVIEWS

In fall 2007, we conducted telephone interviews with the PMRO's project manager for recruitment and outreach], project officers and other officials at the SSA OESP. We interviewed these individuals again in spring 2008 to discuss program changes and updates. We also interviewed five nationally recognized advocates who had been recommended by OESP staff. We asked them to provide feedback on the WIPA program, including any recommendations to heighten its effectiveness.

E. CASE REVIEWS

As part of the evaluation, researchers retained six WIPA experts to review the documentation of a few cases from at least two CWICs at each WIPA project. The purpose of the review was to assess—based on the case documentation--the completeness, quality, and accuracy of work incentive services beneficiaries received. They reviewed a total of 49 cases (we used one case as a pilot test of our review protocol) from the six sites, with cases from at least 12 different CWICs.

We recruited the following experts recommended by NTC staff, all of whom have extensive experience providing training and TA on SSA and other work incentives:

- Becky Banks, Research Associate/Project Coordinator, Medicaid Infrastructure Grant Project, Medicaid Personal Assistance Needs Assessment Project, Benefits Information Network Project, and Vocational Rehabilitation Services Project, Indiana University

- Ray Cebula, School of Industrial and Labor Relations Extension Faculty, Employment and Disability Institute Work Incentive Support Center, Cornell University

- Thomas Golden, Associate Director, Employment and Disability Institute, School of Industrial and Labor Relations, Cornell University

- Mary Ridgely, Employment Consultant, Wisconsin Department of Health and Family Services; Beneficiary Expert Consultant, CESSI, Inc.; and Training and Organizational Development Specialist, Employment and Disability Institute, Cornell University

- Barbara Smith, Executive Director, Minnesota Work Incentives Connection

- Molly Sullivan, Associate, Griffin-Hammis Associates, an organization that provides TA to beneficiaries on using work incentives to become self-employed or establish a small business

Obtaining Cases for the Review: Researchers asked WIPA projects to submit case files for beneficiaries that were active within the past six months, that involved the intake process, and that included information on how the CWIC gathered and verified benefits information. In addition, each case submitted met the following criteria:

- The beneficiary was currently working or was actively seeking employment

- The beneficiary received federal, state, or local benefits in addition to SSA cash benefits and Medicare/Medicaid

- The beneficiary anticipated or was currently working with an employment support provider, such as a One-Stop Career Center, SVRA, non-profit employment agency such as Goodwill, or EN

- The case involved anticipated or actual use of work incentives, or there was at least one existing benefits issue to be resolved

Before sending the case files, WIPA projects were asked to strip any personally identifiable information (PII), including but not limited to name, SSN, address, and phone number, but to retain information about the type of disability, such as disability description, symptoms, or diagnosis code. WIPA staff sent copies of the entire case files to a staff person at MPR, who distributed them to the reviewers.

We asked the CWICs to select the cases because there were no data systems that would allow us to randomly select them. Therefore, we expected the cases to either be typical cases, or cases where CWICs perceived they had provided high quality services. Our review obtained an overview of the highest quality services CWICs provided and documented, not a representative sample.

Case Review Form: The case review form used for this portion of the evaluation was a modified version of the SSA-approved case assessment tool that the NTC uses to certify CWICs. In consultation with two expert reviewers recommended by NTC staff, researchers slightly modified the assessment forms. Reviewers rated cases on the completeness of documentation and quality of information provided in the intake forms, BS&As, and WIPs.

Conducting the Review: In July 2008, researchers held a conference call to train the expert reviewers. Each received a copy of a case that was submitted by a WIPA project, and each completed the case review form. During a follow-up teleconference, researchers and expert reviewers discussed their findings for the sample case to ensure that cases were reviewed uniformly.

Reviewers were paired and each reviewer received 16 cases: 8 cases for primary review and 8 for the secondary review. Experts reviewed the cases and filled out case review forms, then met with the partner reviewer to come to a consensus on the coding of each case. Finally, the team met as a group with the researchers in a conference call to discuss the over-arching findings.

F. DATA ANALYSIS

We used the first WIPA telephone interview in the fall and the first WIPA site visit in the spring to pilot our interview guides and to begin to formulate our analysis plan. After reviewing the notes from the first interview and site visit, the study team met to thoroughly discuss the issues raised as well as common and divergent themes. We developed a list of topics and themes within each topic, and assigned responsibility for analyzing each. This enabled us to begin the process of synthesizing the site visit interviews as we began the data gathering process.

After taking and reviewing notes for each of the telephone interviews and site visits, we combined them into a single document—the site visit write-up, using a uniform report template. The write-up was organized around the research questions and included direct quotes, researcher comments, summaries of important documents, and other information gathered from the site. We ensured that we could trace each piece of data back to its original source. The study team staff thoroughly read each write-up and met with the site visit team to "debrief" and discuss common themes and areas of divergence.

After completing the site visits, each study team member wrote up topic-oriented sections covering all interviews and site visits, based upon assignments given during the pilot stage. The team met to present those summaries and discuss the findings. Based upon these discussions, we developed an outline for the report that integrated the analyses of each data source around the study topics outlined in Chapter 1.

APPENDIX C

BENEFITS SUMMARY AND ANALYSIS AND WORK INCENTIVE PLAN DOCUMENTS

Benefits Summary & Analysis

Beneficiary **Name:**_____ **SSN:**_____
Date:_____

Summary of your Current Situation

The list of income, benefits and services you told me you get from the SSA and other places (child support, food stamps, Medicaid, etc.):

What I found out when I verified your benefits with SSA and other agencies (as needed):

What you told me about your employment plans or goals:

Analysis of your Current Situation and Plans

How your plans may affect your SSA benefits:

How your plans may affect other benefits you receive:

Other things we discussed:

Important Things for You to Remember

Dates or deadlines:

Things to tell SSA:

You need to notify SSA about the following things as they happen. Remember that you should always provide notification of changes in writing!

1.) Start or stop working
2.) Increase or decrease your hours
3.) Get married
4.) Leave school or go back to school
5.) Move

Recordkeeping:

Please keep this Benefits Summary & Analysis in your records. Remember to keep letters you get about your benefits. Keep notes and receipts whenever you report changes and be sure to keep everything together in one place so you can find it. The notes should include:

- The agency where you made the report
- The date you made the report;
- Who you talked to;
- What you told them; and
- What papers you submitted.

NOTE: The information in this packet is meant to help you understand your benefits, and help you make choices about your future. To prepare this packet, we depended on the information you gave us. Keep in mind that if you left something out, or if your situation changes, this information may not be correct for you. Remember that the SSA and other agencies make decisions about your benefits. This packet is meant to be a resource, not a decision about eligibility.

CWIC Signature:_____ **Date:**_____

Beneficiary Signature:_____ **Date:**_____

Scheduled date for Work Incentive Plan Development:_____

Work Incentive Plan

Beneficiary   Name:_____   **SSN:**_____
DATE:_____

Benefits   Summary   &   Analysis   review   date:_____   **Beneficiary Initials:**_____

Employment Goal:_____

ACCESSING EMPLOYMENT SERVICES AND SUPPORTS

Action Step	Person Responsible	Target Date	Completed Date

RESOLVING EXISTING BENEFIT ISSUES

Action Step	Person Responsible	Target Date	Completed Date

MANAGING SSA BENEFITS AND WORK INCENTIVES

Action Step	Person Responsible	Target Date	Completed Date

MANAGING FEDERAL, STATE OR LOCAL BENEFIT PROGRAMS

Action Step	Person Responsible	Target Date	Completed Date

PLANNING FOR FUTURE HEALTHCARE NEEDS

Action Step	Person Responsible	Target Date	Completed Date

FOLLOW-UP CONTACT PLAN

Action Step	Person Responsible	Target Date	Completed Date

Beneficiary Signature:_____ Date:_____

CWIC Signature:_____ Date:_____