



Answers, Choices, Possibilities

MINNESOTA WORK INCENTIVES CONNECTION

2009 EVALUATION REPORT

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**MINNESOTA WORK INCENTIVES CONNECTION
2009 EVALUATION REPORT
TABLE OF CONTENTS**

EXECUTIVE SUMMARY..... 3

A. BENEFITS ANALYSIS.....4

Demand for comprehensive, written Benefits Analysis.....5

Benefits Analysis services throughout Minnesota.....5

Increased level of employment over time.....6

a) Employment Status (employed vs. unemployed)..... 6

b) Hours Worked per Month..... 6

c) Earnings per Month..... 7

Reduced dependence on benefits over time.....8

a) Social Security Administration (SSA) Benefits: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)..... 8

b) Other Government Benefits..... 9

Savings to Taxpayers.....10

Increased Usage of Work Incentives..... 11

B. HOTLINE..... 12

Ongoing demand for a Statewide Hotline.....12

a) Specialized Information & Referral Contacts.....12

b) Problem-solving Contacts.....12

Hotline inquiries from throughout the State of Minnesota.....13

C. EDUCATION (Outreach and Training).....13

Demand for outreach and training.....13

Educational activities (outreach and training) throughout the State of Minnesota..... 14

D. SATISFACTION.....15

People who use Connection services feel positively about their experience..... 15

Satisfaction survey responses represent all parts of Minnesota..... 16

Minnesota Work Incentives Connection 2009 Evaluation Report - Executive Summary

SERVICES DELIVERED	
Intensive Benefits Analysis	305 participants
Work and Benefits Hotline Specialized Information and Referral - 2,552 Complex Problem-solving – 574	3,126 inquiries
Statewide Outreach and Training	79 sessions 1,798 participants

- Benefits Analysis participants show statistically significant increases in employment levels within just 12 months of intake:
 - 12.9% increase in employment
 - 13.4% increase in hours worked per month
 - 24.2% increase in earnings per month

- At 12-month follow up, 7.5% of employed Benefits Analysis participants received no Social Security cash benefits, as compared to the national experience of less than 1%.

- Benefits Analysis participants show statistically significant decreases in government benefits received, including: Supplemental Security Income (SSI), MN Supplemental Aid (MSA), MN Family Investment Program (MFIP), Food Support, and Subsidized Housing benefits.

- Reductions in benefits for 1,559 Benefits Analysis participants served since January 2000 yield potential savings to taxpayers of \$83,131 per month or almost \$10 million over 10 years.

- Statistically significant increases are seen in usage of work incentives, including Medical Assistance for Employed Persons with Disabilities (MA-EPD) and Plan to Achieve Self-Support (PASS).

- Geographical data shows that all Connection services are reaching people throughout Minnesota.

- Annual survey results indicate a consistently high degree of satisfaction with the Connection's services.

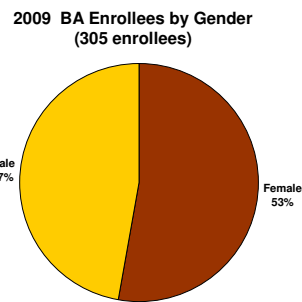
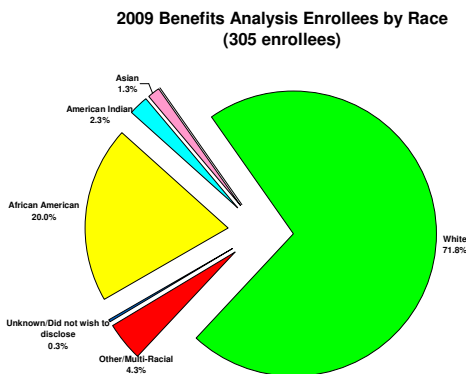
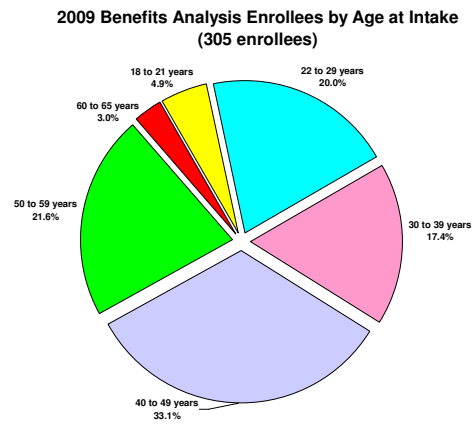
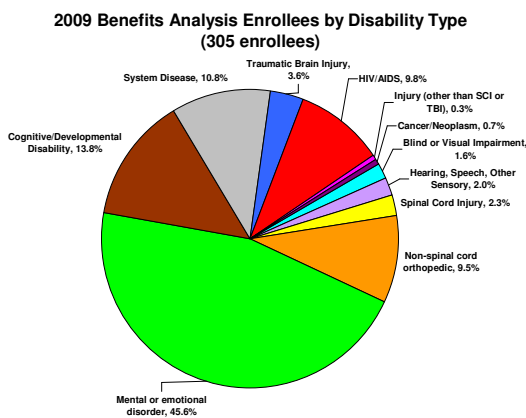
MINNESOTA WORK INCENTIVES CONNECTION 2009 EVALUATION REPORT

A. BENEFITS ANALYSIS

Benefits Analysis is the Connection’s most intensive service, involving extensive data gathering, analysis, and the development of a comprehensive, written report.

Of the 305 Benefits Analysis enrollees in 2009, 45.6% had mental or emotional disorders, 13.8% had developmental disabilities, 12.1% had physical disabilities, and the other 28.5% had a variety of disabilities, including traumatic brain injury, HIV/AIDS, system diseases, blindness, deafness and other health conditions.

Over half of enrollees (54.7%) were between 40 and 60 years old, with 17.4% between 30 and 39, 20% between 22 and 29, and the remainder either ages 18 to 21 (4.9%) or 60 to 65 (3.0%). By race, 71.8% were white and 28.2% from other races, as compared to Minnesota’s overall population of 89.0% white and 11% other races. Forty-seven percent (47%) were male and 53% female, compared to Minnesota’s overall population of 49.8% male and 50.2% female

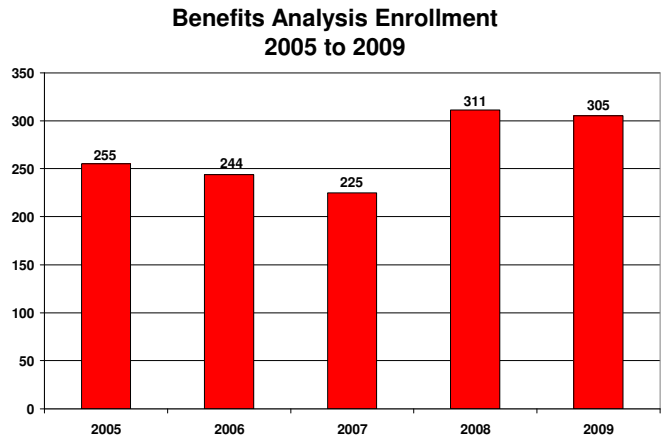


According to the U.S. Census, 2008 Population Estimates, Minnesota’s population as a whole is 49.8% male and 50.2% Female

According to the U.S. Census, 2008 Population Estimates, Minnesota’s population as a whole is: African American - 4.6%; American Indian 1.2%; Asian - 3.5%; White - 89.0%; Other - 1.8%.

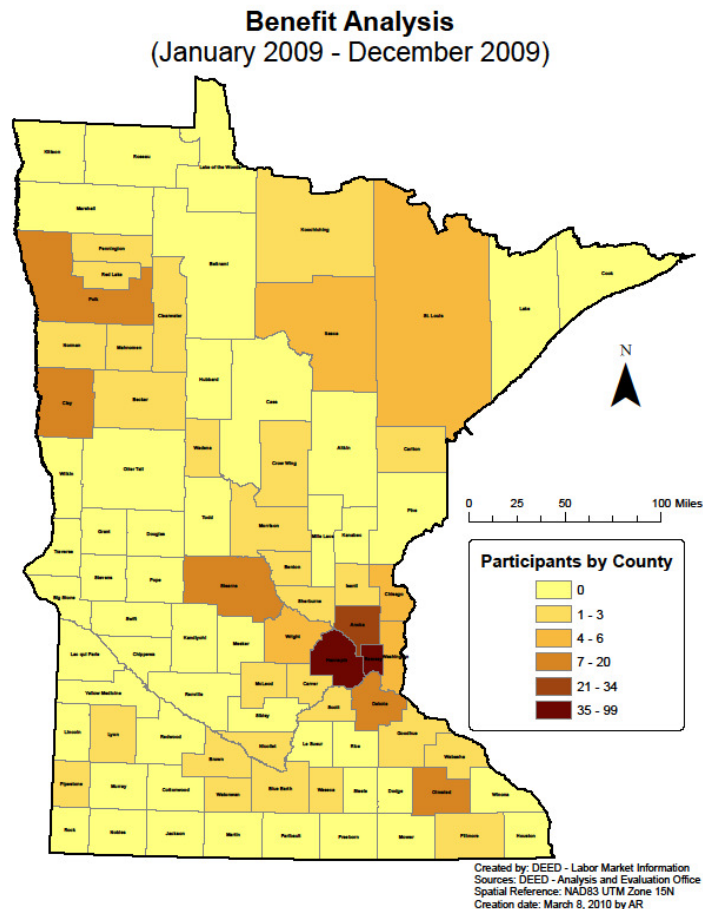
Hypothesis A1: There is a demand for comprehensive, written Benefits Analysis regarding the impact of work on benefits.

There remains a constant demand for Benefits Analysis with 305 enrollees in 2009.



Hypothesis A2: The Connection provides Benefits Analysis services to persons with disabilities throughout Minnesota.

In 2009, the Connection offered Benefits Analysis services to individuals throughout Minnesota. To ensure that participants, their families and support persons fully understand the results of the Benefits Analysis, the Connection always delivers the Benefits Analysis report in person, regardless of where the participant lives. Geographic locations of participants are shown on the map below.



Hypothesis A3: Benefits Analysis participants as a group increase their level of employment over time.

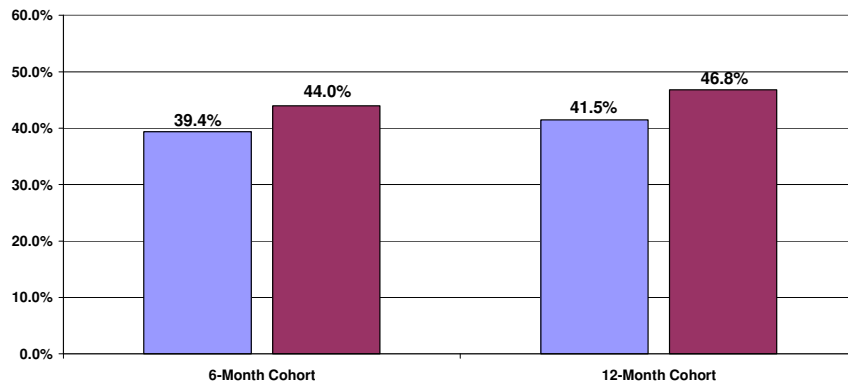
As in the past, outcome analyses for 2009 demonstrate that Benefits Analysis (BA) participants increase their workforce participation and reduce their dependence on government benefits over time.

Participant pre/post studies are conducted by collecting data from Benefits Analysis participants at intake, 6-month follow-up and 12-month follow up. The outcomes shown below include data from the 6-Month Cohort, comprised of 1,269 participants with intakes between 1/1/04 and 6/30/09 who had completed 6-month follow-up by 12/31/09. The 12-Month Cohort includes data from 1,025 individuals with intakes between 1/1/04 and 12/31/08, who had completed 12-Month follow-up by 12/31/09. (All of those in the 12-month Cohort are also in the 6-month Cohort.)¹

a) Employment Status (employed vs. unemployed):

Statistically significant increases in employment at endpoint as compared to intake are seen for both the 6-Month Cohort (11.6%) and the 12-Month cohort (12.9%).

Statistically Significant Increases in Percentage of Participants Employed at Endpoint, as Compared to Intake
(based on BA participants in last 5 years)
11.6% increase from intake to 6 months (N=1,269)
12.9% increase from intake to 12 months (N=1,025)



Notes:
• Rates are significantly different at the 0.01 level, using McNemar's test for paired binomial data.
• There is a relatively high rate of employment at intake. Individuals who are already employed often request a Benefits Analysis to help them determine the impact of working more hours or taking a promotion with a higher wage. It is important to look at employment status in conjunction with data on hours worked and earnings levels over time.

b) Hours Worked per Month

As compared to intake, statistically significant increases are seen in the average number of hours that employed participants worked, with a 13.1% increase for the 6-Month Cohort (665 employed participants) and a 13.4% increase for the 12-Month Cohort (592 employed participants).

Employed participants are defined as those employed at intake and/or end point. At 12-month follow up, the average of hours worked per month is 63.95. Hours range from a minimum 3 per month to a maximum of 224 per month.

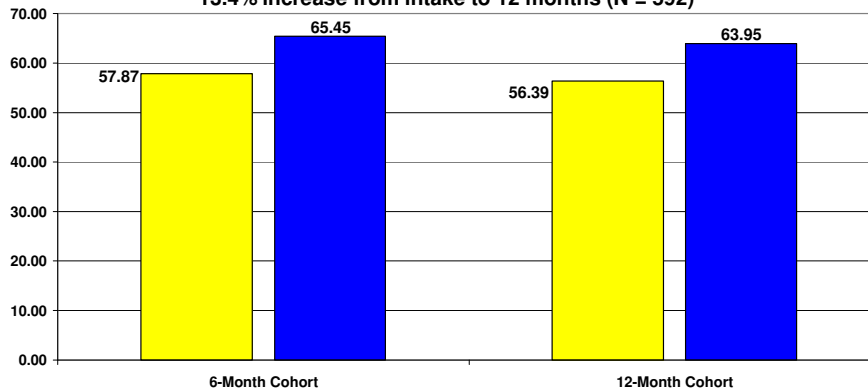
¹ Note: The outcomes presented in this report are for Benefits Analysis participants served in the last 5 years. In the past, outcome analyses were performed on the entire group of participants since the Connection began providing Benefits Analysis services on 1/1/00. Starting in 2008, the Connection had served a large enough sample size to allow for statistically significant results in the subset of those served in the last 5 years. Benefits Analysis services have not changed radically since 2000, and results for the past 5 years are not much different than those for the entire group since 2000. Nevertheless, fine-tuning has occurred over the years, so examining outcomes for those served in the most recent 5 years gives a better picture of the impact of Benefits Analysis services as they are currently performed.

**Statistically Significant Increases in Hours Worked per Month by
Employed Participants at Endpoint, as Compared to Intake**

(based on past 5 years)

13.1% increase from intake to 6 months (N = 665)

13.4% increase from intake to 12 months (N = 592)



Notes:

Means are significantly different at the 0.01 level, using paired t-tests.
Employed participants are those employed at intake and/or end point.

c) Earnings per Month

Earnings per month show even greater, statistically significant increases at endpoint, as compared to intake. The 6-Month cohort shows a 19.3% increase and the 12-Month cohort shows a 24.2% increase in average earnings per month per employed participant.

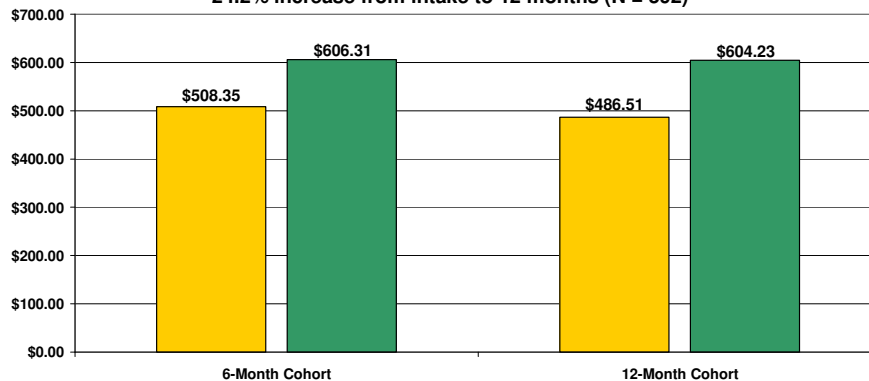
Employed participants are those employed at intake and/or end point. At 12-month follow-up, the average of earnings per month is \$604.23.² Earnings range from a minimum of \$10 per month to a maximum of \$3,760 per month.

**Statistically Significant Increases in Earnings per Month by
Employed Participants at Endpoint, as Compared to Intake**

(based on past 5 years)

19.3% increase from intake to 6 months (N = 665)

24.2% increase from intake to 12 months (N = 592)



Notes:

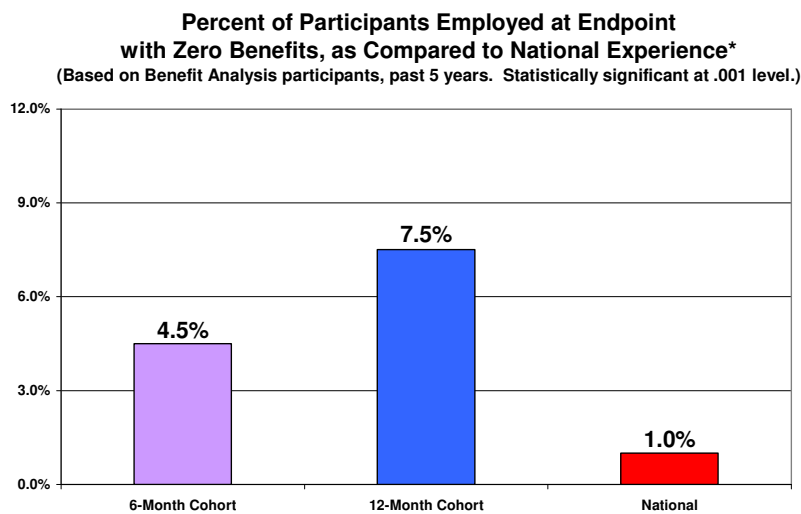
Means are significantly different at the 0.001 level, using paired t-tests.
Employed participants are those employed at intake and/or end point.

² Currency values for earnings in this section and for benefit amounts in subsequent sections have been inflation adjusted to 2009 dollars.

Hypothesis A4: BA participants as a group reduce their dependence on benefits over time.

a) Social Security Administration (SSA) Benefits: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI)

Nationally, fewer than one-half of one percent of SSDI beneficiaries and about one percent of SSI beneficiaries leave the rolls each year because they are working. In light of this finding, it is of interest to examine the percentage of the Connection’s Benefits Analysis participants who reduce their SSA benefits to zero at endpoint as a result of work. Among the 6-Month Cohort, 4.5 percent of employed participants were receiving zero SSA benefits at endpoint. Among the 12-Month Cohort, 7.5 percent of employed participants were receiving zero SSA benefits at endpoint.



*Note: A 2001 GAO Report (GAO-01-153) found that, "Fewer than one-half of one percent of SSDI beneficiaries and about one percent of SSI beneficiaries leave the rolls each year because they are working. These findings are also seen in more recent data from the Social Security Administration, including the Annual Statistical Report on the Social Security Disability Insurance Program, 2008. Intake figures are not available for the national results, but were presumably zero percent or close to zero, since the GAO report implies that 1% represented an increase.

The increases shown above are significantly different at the 0.001 level, based on McNemar’s test for paired binomial data. It should be noted that some beneficiaries could be receiving zero benefits for reasons other than work, such as overpayments or, for SSI, spousal income. However, since all the beneficiaries in this sub-sample were employed, it is assumed their benefits were reduced to zero as a result of their employment and not for other reasons.

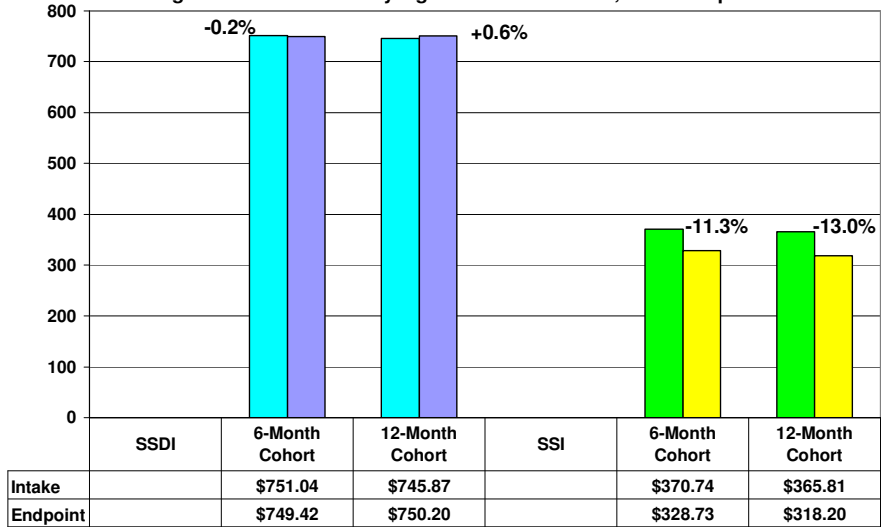
In addition to increases in those receiving zero SSA benefits, consistent, statistically significant decreases in mean SSI monthly benefit amounts were also seen among participants, as illustrated in the chart on the next page.

Decreases in Mean SSA Benefits Amounts per Month

(based on Benefits Analysis participants in past 5 years)

Changes in SSDI - Not statistically significant.

Changes in SSI - Statistically significant at .001 level, based on paired t-tests.

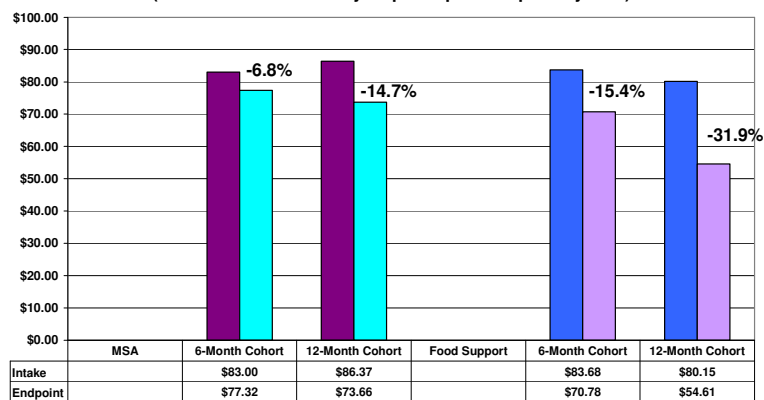


Due to the all or nothing nature of SSDI, it is understandable that reductions in SSDI would be less dramatic than for SSI, since only those on SSDI whose benefits were stopped would have an impact in decreasing the average benefit amount for the overall group. It is difficult for SSDI beneficiaries to move off of benefits completely because they have to be able to sustain a much higher level of earnings to make up for benefits they would lose. SSI benefits are gradually reduced as income increases, so statistically significant reductions in SSI benefits can be observed as participants gradually increase their work.

b) Other Government Benefits

Statistically Significant Decreases in MN Supplemental Aid (MSA) and Food Support Benefit Amounts

(based on Benefits Analysis participants in past 5 years.)



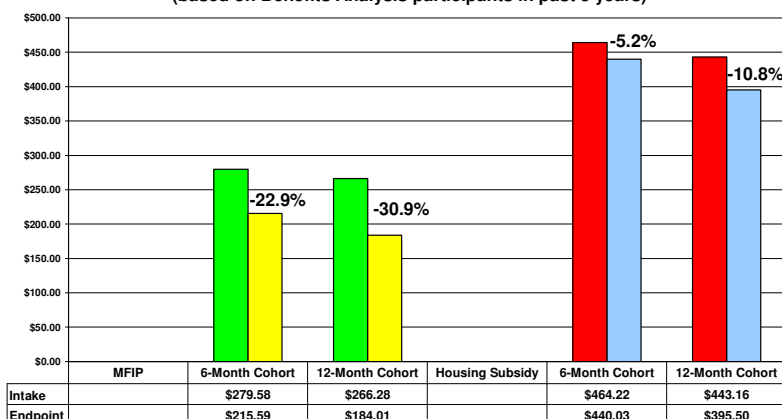
Note: MSA means for 6-Month cohort are significantly different at .05 level, based on paired t-tests. MSA means for 12-month cohort significantly different at 0.001 level. Means for Food Support are significantly different at 0.001 level

For the 12-Month Cohort, statistically significant decreases were seen in other government benefit amounts received at 12-month follow up, as compared to intake:

- **MN Supplemental Aid (MSA): -14.7%** (N = 253; 0.001 level of significance)
- **Food Support: -31.9%** (N = 449; 0.001 level of significance)

Statistically Significant Decreases in MN Family Investment Program (MFIP) and Housing Subsidies

(based on Benefits Analysis participants in past 5 years)



Note: Means significantly different at .01 level (except 12-month cohort housing subsidy at .001 level), based on paired t-tests.

For the 12-Month Cohort, statistically significant decreases were seen in other government benefit amounts received at 12-month follow up, as compared to intake:

- **Minnesota Family Investment Program (MFIP):**
-30.9% (N = 41; 0.01 level of significance)
- **Housing Subsidy:** -10.8% (N = 500; 0.001 level of significance)

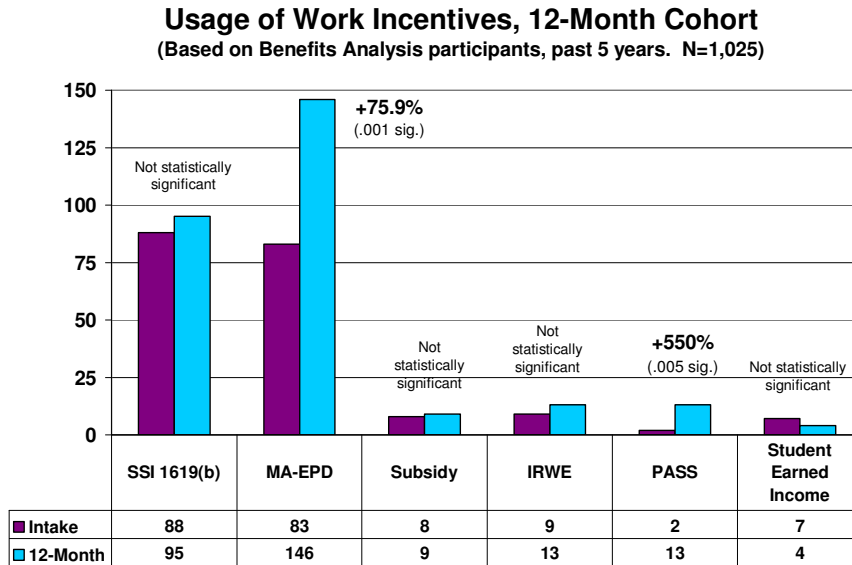
Hypothesis A5: Reductions in benefits yield substantial savings to taxpayers

The group of 1,025 Benefits Analysis participants over the past 5 years who were studied had **reduced their monthly government benefits by \$40,739 per month** at 12-month follow up, as compared to intake. If these individuals continue working, **taxpayers could save \$488,868 per year or almost \$5 million over 10 years.**

Since the Connection began providing Benefits Analysis in January 2000, the total of 1,559 participants studied had **reduced their monthly government benefits by \$83,131 per month** at 12-month follow up, as compared to intake. If these individuals continue working, **taxpayers could save \$997,572 per year or almost \$10 million over 10 years.**

Those who work are also paying federal, state and local taxes, and contributing through FICA taxes to the Medicare and Social Security retirement systems. As the Work Incentives Connection continues to serve more people, the potential for savings grows exponentially.

Hypothesis A6: Benefits Analysis participants as a group increase their usage of key work incentives over time.



A statistically significant increase at 12-month follow-up, as compared to intake, is seen in usage of Medical Assistance for Employed Persons with Disabilities (**MA-EPD: +75.9%**). MA-EPD allows those who qualify to continue their Medical Assistance health coverage when they work.³ At 12-Month follow-up, the usage of MA-EPD is significantly different than intake at the 0.001 level, based on McNemar’s test for paired binomial data.

A statistically significant increase at 12-month follow-up is also seen in **Plan to Achieve Self-Support (PASS: +550%)**, as compared to intake. “PASS” is a Social Security Administration work incentive, used to help people with disabilities save for an adapted vehicle, special equipment or other items they need in order to work and reduce their dependence on benefits.

At 12-Month follow-up, the increase in usage of PASS is significantly different at the 0.005 level, based on McNemar’s test for paired binomial data.

Changes in use of other work incentives are not statistically significant. Data collection may not be accurately capturing the use of Subsidy, IRWE and Student Earned Income Exclusion because follow up is only a snap-shot of usage at intake and 12-month follow up. Use of these work incentives is often time-limited and may start and stop between follow up points. Nevertheless, we plan to continue monitoring for the next couple of years to see if increased training and outreach related to the use of these work incentives makes a difference that is reflected in the research.

³ Many people with disabilities continue to require Medical Assistance health coverage because they either have no access to an employer-based health plan or that plan does not cover specialized services they need related to their disability (for example, personal care assistance with activities of daily living, ongoing therapies, or specialized equipment, supplies and medications). Even those who have Medicare may need continued Medical Assistance coverage for long term services that Medicare does not cover.

B. HOTLINE

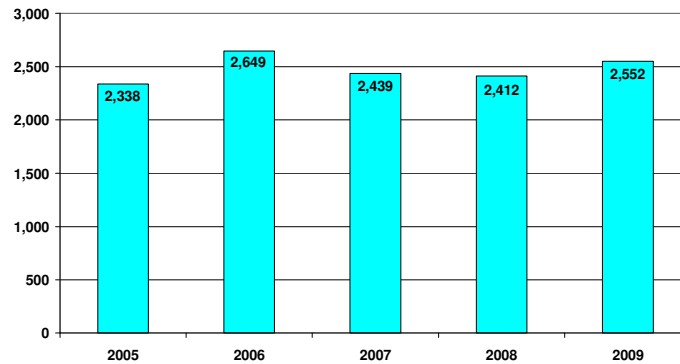
The Connection operates a statewide, toll-free Hotline, offering specialized Information & Referral and in-depth Problem-solving assistance, as described under Hypothesis B1. A variety of questions are answered regarding the impact of work on Social Security, Medical Assistance, Food Support, subsidized housing and other benefits. Information is also provided on the work incentive provisions of the various benefit programs, as they relate to the individual's specific situation.

Hypothesis B1: There is an ongoing demand for a statewide Hotline, offering specialized Information & Referral and Problem-solving assistance regarding the impact of work on benefits.

a) Specialized Information & Referral Contacts

Specialized Information & Referral (I&R) involves one-time contacts via the Connection's toll-free Hotline. In 2009, staff responded to 2,552 specialized I&R contacts.

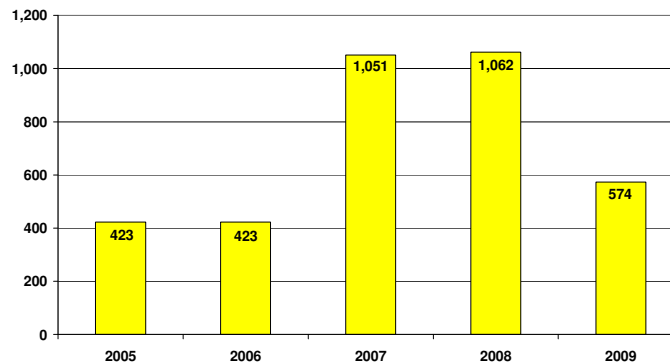
**Specialized Information & Referral Contacts
2005 to 2009**



b) Problem-solving Contacts

Problem-solving involves multiple contacts via the Connection's toll-free hotline with research conducted on complex topics related to work and benefits. When appropriate, benefits specialists advocate on an individual's behalf with Social Security representatives, county financial workers or subsidized housing managers.

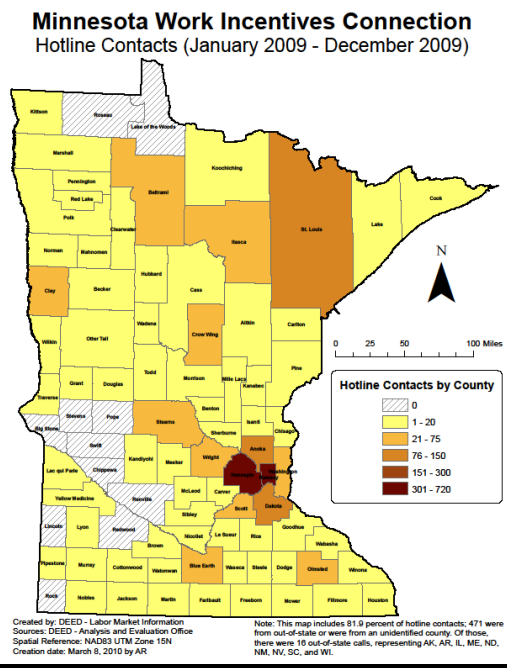
**Problem-solving Contacts
2005 to 2009**



The substantial increase in Problem-solving in 2007 and 2008 may have been an aberration due to temporary changes in the definition of “Problem-solving”. In 2009, the number of Problem-solving cases was more in line with prior years.

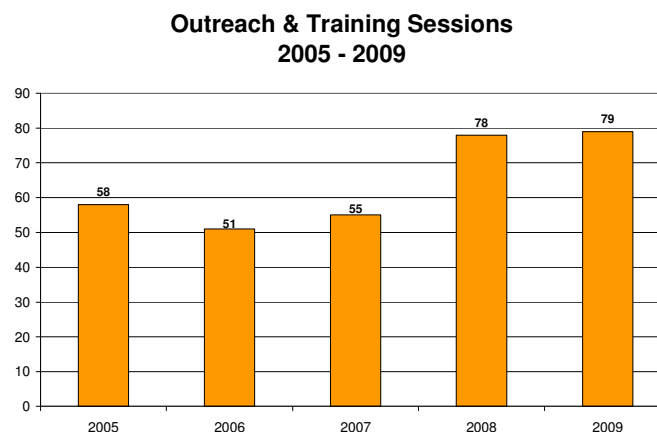
Hypothesis B2: The Connection responds to Hotline inquiries from throughout the State of Minnesota.

In 2009, Hotline inquiries were received from individuals living in 76 out of Minnesota’s 87 counties, plus 9 other states (Alaska, Arkansas, Illinois, Maine, North Dakota, New Mexico, Nevada, South Carolina and Wisconsin). Out of state calls are generally from relatives of persons with disabilities living in Minnesota. The 11 Minnesota counties that were not served are quite rural. Hotline inquiries have been received from all of these counties in past years.



C. EDUCATION (OUTREACH AND TRAINING):

Hypothesis C1: There is a demand for outreach and training about work and benefits.



In 2009, the Connection conducted **60 outreach sessions with 1,499 attendees**. Outreach includes: community meetings in locations across the state; presentations to a wide range of disability agencies; and presentations and exhibits at a variety of conferences. Outreach sessions typically last 1 to 2 hours and address specific topics related to Social Security work incentives and health coverage options for people with disabilities.

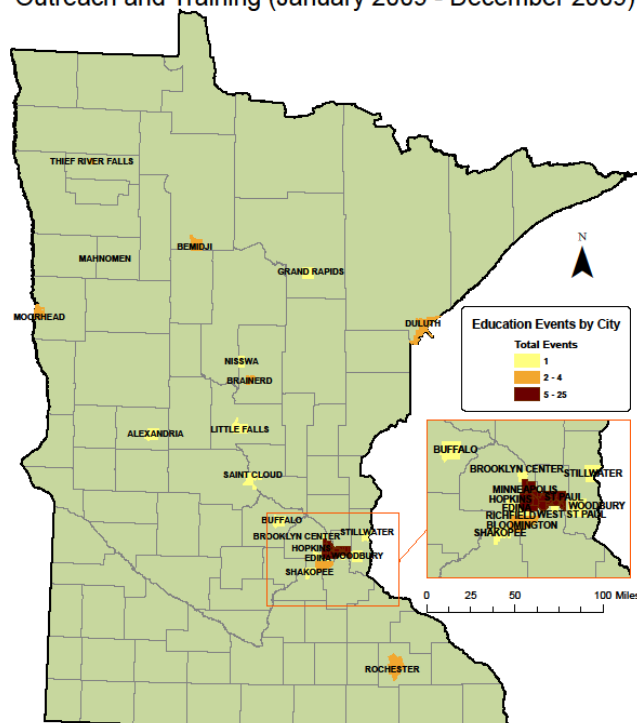
The Connection also provides in-depth training sessions, ranging from 2 to 4 hours, on Social Security, Medical Assistance and other benefit program rules related to working. In 2009, the Connection **performed 19 training sessions with 299 trainees**. Trainees included: State Vocational Rehabilitation Services counselors, Disability Linkage Line staff, and Evidence-based Practice Supported Employment Project staff.

By sharing basic work incentives knowledge with community providers and advocates, the Connection can reach many more people with disabilities who require assistance related to work and benefits. Requests for additional outreach and training are regularly received, but many have to be turned down, so that staff can focus on direct services to individuals with disabilities. To reach more people in a cost effective manner, the Connection also publishes a semi-annual newsletter and maintains a website (www.mnworkincentives.com), which include extensive information about work and benefits issues affecting people with disabilities.

Hypothesis C2: The Connection conducts educational activities (outreach and training) throughout the State of Minnesota.

The map below shows that the 79 outreach and training sessions during 2009 were held in communities across Minnesota.

Minnesota Work Incentives Connection
Outreach and Training (January 2009 - December 2009)



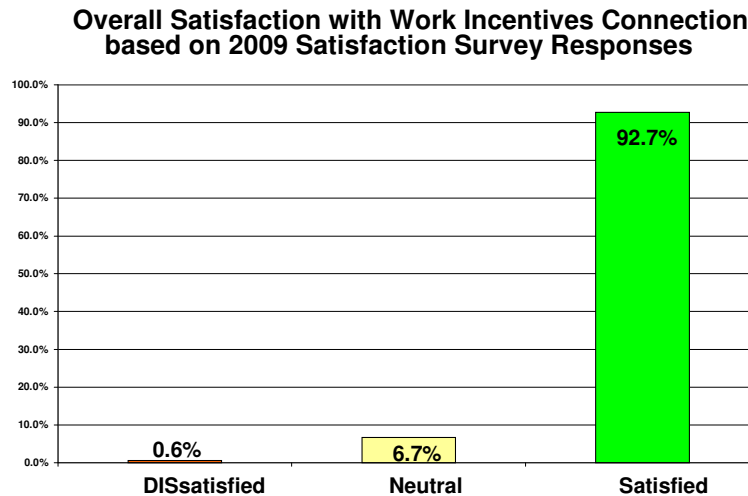
Created by: DEED - Labor Market Information
Sources: DEED - Analysis and Evaluation Office
Spatial Reference: NAD83 UTM Zone 15N
Creation date: March 8, 2010 by AR

D. OVERALL SATISFACTION WITH THE CONNECTION

In the summer of 2009, the Minnesota Work Incentives Connection distributed its annual Satisfaction Survey, designed to solicit feedback on the quality of its services. Surveys were sent to 1,152 individuals on the Connection's mailing list at that time, and 202 responses were received. This represents a 17.53% response rate. (10% response is considered good for this type of survey with no follow up.) Respondents were invited to mail or fax the survey back, take it over the phone, or take it online via SurveyMonkey.com. In addition to rating their satisfaction on the variables illustrated in following pages, a high percentage of respondents also took the time to respond to two essay questions on the second page of the survey. Of the respondents, 175 (87%) included written comments on what they felt was positive about Connection services, and 102 (50%) responded to the question about what they would like to see changed. Although providing name and phone number was optional, 43% of respondents did include their name and 37% included their phone number.

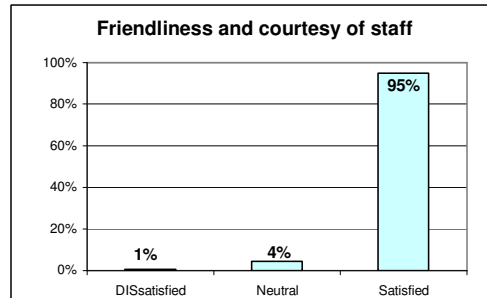
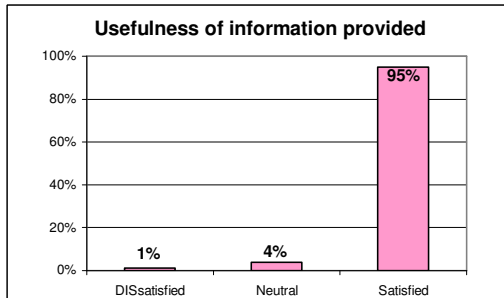
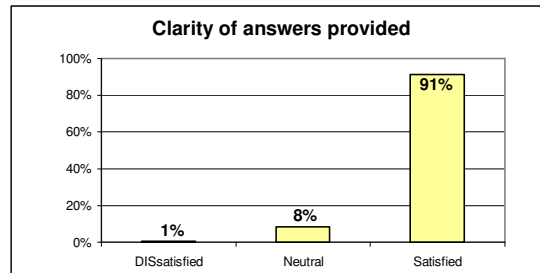
Hypothesis D1: People who use Connection services feel positive about their experience.

Of the 2009 Satisfaction Survey respondents, **92.7 percent indicate that they are satisfied** with the Work Incentives Connection. 6.7 percent of respondents are neutral and 0.6% are dissatisfied.



Among respondents, 91% were satisfied with the clarity of answers provided; 95% with the usefulness of information provided; and 95% with the friendliness and courtesy of Connection staff members.

2009 Satisfaction Survey Respondents' Ratings of Service Quality



Hypothesis D2: Satisfaction survey respondents are from all parts of Minnesota.

2009 Satisfaction Survey respondents reside in all regions of Minnesota:

East Metro Twin Cities:	17%
West Metro Twin Cities:	42%
Central MN:	4%
NE MN:	4%
NW MN:	8%
South Central MN:	10%
SE MN:	4%
SW MN:	9%
Skipped Question:	2%