A Study of Variables Impacting Access to the Indiana MED Works Program and other Work Incentives

Evaluation Completed December 2009
Report Compiled January 2010

For
The Indiana Division of Disability & Rehabilitative Services
And
The Indiana Office of Medicaid Policy & Planning

Medicaid Infrastructure Grant

Funded by the Medicaid Infrastructure Grant (CFDA # 93.768) under contract with

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Indiana Report – 2009

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January 27, 2010
Allen Jensen and Becky Banks

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I. Introduction

Improving the employment opportunities for persons with disabilities in Indiana is a primary goal of the Indiana Medicaid Infrastructure Grant (MIG) project of the Indiana Division of Disability and Rehabilitative Services; Bureau of Rehabilitation Services (DDRS/BRS), in conjunction with the Indiana Office of Medicaid Policy and Planning (OMPP). In 2008 and again in 2009 the Indiana MIG project entered into agreements with the Indiana Institute on Disability and Community (IIDC) at Indiana University to conduct a study and develop recommendations to identify primary barriers to persons with disabilities being able to work commensurate with their abilities.

The Institute enlisted the assistance of Allen Jensen at the Center for Health Services Research and Policy, at George Washington University in conducting these studies.

In 2001, the state of Indiana established a Medicaid Buy-In program called Indiana MED Works. The program is authorized under the Medicaid Buy-In authorization contained in the Ticket to Work and Work Incentives Improvement Act of 1999 (Public Law No 106-170). The MED Works program allows Social Security Disability Insurance (SSDI) beneficiaries and others with significant disabilities to be eligible for Medicaid if they work and their disability continues.

A work incentive provision for Supplemental Security Income (SSI) beneficiaries and related Medicaid eligible individuals which the state of Indiana provides is under Section 1619 of the Social Security Act. SSI recipients have a gradual reduction in benefits as their earnings increase and they can retain their Medicaid if they work. They retain eligibility for Medicaid even when their earnings reduce their benefits to zero under the provisions of Section 1619(b) and can return to SSI benefit payment status if their earnings are reduced or cease. A longer summary of these work incentives is included in Appendix A.

II. Goals of the 2008 MED Works Administrative Data Study

The 2008 study conducted by IIDC and Allen Jensen, utilized administrative data on the characteristics of enrollees in the Indiana MED Works program. The final report of the three prepared in 2008, focused on enrollees during the Indiana State Fiscal Year (SFY) 2007 which ended on June 30, 2007.
The primary purpose of the evaluation was to determine whether the MED Works program policies and administrative procedures were adequate to:

1. Enhance the lives and facilitate the achievement of the life goals of persons with significant disabilities.

2. Accomplish the state of Indiana’s policy goals related to persons with disabilities.

The approach was to accomplish the following:

1. Develop an understanding of the characteristics, earnings and other circumstances of persons using work incentives.

2. Identify program policy and administrative barriers to use of SSI/Medicaid and MED Works programs as means to improve employment by adults with disabilities.

A primary focus of the final report for the 2008 study was an analysis of the MED Works enrollees related to their connection to or receipt of disability benefits from the Social Security Administration. In particular, the final report found a significant percentage of MED Works enrollees that never had a connection to the Social Security Disability Insurance (SSDI) program. This report also examines data from FY 2007 that shows the movement from MED Works to other categories of Medicaid eligibility.

Even with the additional program data and analysis contained in this report and the focus on SFY 2007 MED Works enrollees, there was a need for input from those directly involved in referring to the MED Works program and counseling potential enrollees to ensure that persons with disabilities made informed choices related to employment.

III. What is Different about Indiana?

There are numerous studies and research projects conducted by state’s MIG projects on Medicaid Buy-In programs. However, in the State of Indiana there are a number of programs and policies which have enabled this study and the 2008 study, to gather and analyze data and inputs from service providers that far exceed what would be possible in other states. Those programs and policies included the following:

A. Medicaid Buy-In - One of the largest State Medicaid Buy-In Programs (MED Works) in the Country.

B. BIN - The Indiana Benefits Information Network (BIN) is the most extensive and sophisticated benefits counseling and work incentives information infrastructure of any state.

C. Informed Choice - A commitment by the State Vocational Rehabilitation (VR) agency to ensure, to the extent possible, that persons with significant disabilities can make an
“informed choice” related to work and their receipt of disability-related benefits and services.

D. Data Bank - A data bank that enables an in-depth analysis of the MED Works program and staff skillful in devising queries of the data bank.

IV. Defining the Goals of Surveys and Discussions with Providers in Understanding the Roles of Service Providers in Ensuring that Persons with Disabilities can make Informed Choice Related to Employment

A. Importance of Information and Counseling to Ensure Informed Choice

The final report for the study of the characteristics and earnings of Indiana MED Works enrollees in January 2009 described the importance of information and counseling in ensuring access to the work incentives. It stated as follows:

“Accomplishing the goals of rewarding and encouraging employment will require more than ensuring accessible, quality health care. It will require information and counseling by agencies and organizations supporting the individual, in addition to the agencies which determine Medicaid eligibility which are beyond what is required in other categories of Medicaid eligibility.”

B. Unanswered Questions from the 2008 Studies

In the third Evaluation Report for 2008, there was an initial discussion and questions raised regarding the role of various service providers in Indiana as follows:

“This and the previous reports are based on extensive data. It does not include gathering of the experiences of those who are direct service workers who will impact the information provided to, and the counseling for persons with significant disabilities. That would be a natural and needed follow up to this report. Therefore, there is a lack of information on the roles of the various direct service workers from a variety of agencies related to informing and advising persons with significant disabilities related to enrolling in MED Works or moving among the various categories of Medicaid eligibility.”

C. Understanding the System Intended to Ensure that Persons with Disabilities can make Informed Choice Related to Employment

The overall goal of the study in 2009 was built off of the information learned in the 2008 study. This study was primarily focused on trying to understand the interrelationships of those who serve individuals who are enrolled in the Indiana MED Works program. Therefore, the goals of the study in 2009 were as follows:
1. Develop an understanding of the characteristics, activities and needs of BIN Liaison staff persons, VR staff and other employment service staff related to benefits counseling and use of work incentives;

2. Examine the relationships among the various service providers related to benefits counseling and use of work incentives; and,

3. Identify the current and potential roles of staff in enabling persons with disabilities to make informed choices and utilize work incentives and services to improve employment outcomes.

IV. Components of the Information and Data Gathering for the 2009 Study and Attempts to Identify Themes and Interrelationships among Services Providers

In attempting to understand the system, the 2009 study has gathered information through surveys and sought input from discussions with direct service staff, as a means to better understand the factors that have influenced decisions by persons with disabilities and develop suggestions and recommendations.

There were three primary means employed as follows:

1. Conduct an on-line survey of Benefit Information Network Liaisons;

2. Conduct an on-line survey of Indiana Vocational Rehabilitation Counselors; and,

3. Gather input from discussions in a meeting of a local group of staff involved in supported employment and other employment-related services.

This information comes from three different sets of providers and stakeholders with different perspectives, and each somewhat dependant on the others to provide a cohesive set of services, which is integrated and responsive to the needs and individual wishes of an individual with a significant disability.

Finding common and even complementary themes is the challenge but will be necessary if useful recommendations and actions are to result. The following sections of this report will discuss the results of these surveys and discussions, as well as findings and themes related to the broad goals of the study.

V. Background and Development of the Indiana Benefits Information Network (BIN)

A. Indiana BIN – Most Sophisticated and Extensive. The Indiana Benefits Information Network is one of the most extensive and sophisticated benefits counseling and work incentives information infrastructure of any state. There were over 200 certified BIN Liaison staff in 2009 providing services through Community Rehabilitation agencies and Community Mental Health Centers serving adults with disabilities in Indiana. These
agencies provide employment supports to individuals with disabilities under a Purchase of Services Agreement and receive referrals for BIN services through Indiana Vocational Rehabilitation counselors throughout the state. In 2009 there were approximately 180 VR Counselors and Area Supervisors across Indiana.

B. Commitment by Indiana Vocational Rehabilitation to Ensuring Informed Choice.

The Indiana BIN is partially the result of a decision and commitment by the leadership of the State VR agency to ensure, to the extent possible, that persons with significant disabilities can make an “informed choice” related to work and their receipt of disability-related benefits and services. As will be discussed later, this philosophy and policy is also seen in the uses made by Indiana VR counselors of the information provided for beneficiaries by the BIN Liaison staff.

C. BIN – A Direct Service and a Resource to Other Providers. The BIN service is a relatively new service that plays a number of different roles in relation to other service programs in the state that serve persons with significant disabilities. In effect, the service provided is both a direct service to those served by the rehabilitation and employment services agency of the BIN Liaison staff person, and a service or resource to enable Indiana VR counselors to better serve those individuals who are their consumers.

D. Creation of a Structure and Funding for an Indiana Benefits Information Network. In 2006, the Indiana Vocational Rehabilitation Services (VRS) agency asked provider agencies with whom the agency had a Purchase of Service Agreement, to become a part of a Benefits Information Network (BIN). The BIN was envisioned as a project to build capacity for work incentives planning across the state, and to support the ongoing efforts of the two Work Incentives Planning and Assistance (WIPA) programs in Indiana.

Those provider agency staff professionals who are designated to be part of the BIN (known as BIN Liaisons), receive four full days of training on federal and state benefits and work incentives, and are provided quality assurance and technical assistance on an ongoing basis through the project to support individuals served through VRS. The provider agencies are reimbursed by Indiana VRS for specific services provided by BIN Liaisons. Services of the BIN Liaisons are as follows:

- Develop a Customer Benefits Screening and Employment Profile for those beneficiaries who are referred for employment services by VRS. (BIN staff are trained to verify benefits and work incentives available to the individual through the SSA Benefits Planning Query system, and through Indiana’s Medicaid eligibility system) and gather information on other state and federal benefit programs related to the individual;

- Provide basic information to SSI and SSDI beneficiaries who are VR consumers about the impact of employment on their benefits;
- Develop a preliminary analysis or Strategic Plan for Benefits Management and Support about possible work incentives that could be used by the VR consumer and beneficiary; and,

- Collaborate with the WIPA Community Work Incentives Coordinator (CWIC) for ongoing benefit management and support.

The role of the BIN is not confined to serving only those receiving SSI or SSDI compared to the federally funded WIPA, but serves all individuals who are referred through VRS for benefit analysis and advisement.

Appendix A includes a copy of the current form (revised January 2010) for the Profile and the Preliminary Analysis. Appendix B includes a copy of the current form for the Strategic Plan for Benefits Management and Support.

E. Development and Purpose of a BIN Survey

In August 2009, the Center on Community Living and Careers of the Indiana Institute on Disability and Community at Indiana University sent a survey to all BIN liaison staff as one means to identify the primary outreach, counseling and case management providers that have influenced the enrollment of adults with disabilities in the MED Works program. Of the 200 BIN Liaison staff surveyed, 141 responded to the survey.

The survey had multiple purposes. A primary purpose was to begin to determine the role of BIN liaison staff in directing individuals with disabilities to enroll in the Indiana MED Works program.

The survey also sought some basic information about the BIN Liaison staff and the agency where they were located and the approach taken in carrying out their roles. Of particular interest was to determine the role of BIN Liaisons related to those who were Indiana MED Works participants but were never enrolled in SSI or SSDI.

The following is an attempt to glean from the results of the survey insights which can begin to answer some of these questions.

VI. Characteristics of BIN Liaison Agency and Staff Respondents to Survey

A. Types of Agencies with BIN Liaison Staff

In the survey of the BIN liaison staff, the respondents were asked to indicate the type of agency for which they worked. The types of agencies listed in the survey and the percent and number for each type from the 141 respondents were as follows:

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Response Percent</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Community Rehabilitation Program</td>
<td>18.4%</td>
<td>26</td>
</tr>
<tr>
<td>2. Independent Living Center</td>
<td>0.7%</td>
<td>1</td>
</tr>
</tbody>
</table>
### B. Professional Experience of BIN Liaison Staff

Forty-eight (48) percent of the BIN Liaison staff had over ten years of experience in the human services field. Nearly sixty-nine (69) percent of BIN Liaison staff working at Employment Services agencies had worked in the human services field more than five years. 65.4 percent of those worked at Community Rehabilitation Programs (CRPs) and 51.5 percent who worked at Community Mental Health Centers (CMHCs).

<table>
<thead>
<tr>
<th>BIN Liaison Staff Years in Human Services Field</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>1 – 2 Years</td>
<td>15</td>
<td>10.6%</td>
</tr>
<tr>
<td>2 – 5 Years</td>
<td>28</td>
<td>19.9%</td>
</tr>
<tr>
<td>5 - 10 Years</td>
<td>29</td>
<td>20.6%</td>
</tr>
<tr>
<td>More than 10 Years</td>
<td>68</td>
<td>48.2%</td>
</tr>
</tbody>
</table>

### C. What is the Role of Bin Liaison Staff as Part of the Employment Services Team in Each Agency?

The survey asked: “In addition to being a BIN Liaison, what best describes your job title or role at your agency?” In the first of the following two tables it is shown that for all the respondents to the BIN Liaison staff survey, nearly two-thirds (64.5 percent or 91 individuals) described themselves as “employment consultant/ job coach / job developer. Of those 91, fifteen also described themselves as either a “supervisor” or a “program manager.”

It appears that in most cases the benefits planning and work incentive assistance service is “embedded” within each of the agencies that have a Purchase of Service Agreement (POSA) with the Indiana VRS agency. That is, they are an integral part of the employment services effort being provided by the agencies that are connected to the Indiana VRS.

<table>
<thead>
<tr>
<th>In Addition to BIN Liaison Job Title or Role at Agency (Checked all that apply)</th>
<th>Response Percent</th>
<th>Number</th>
<th>Number also in Supervisory or Program Manager Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employment consultant/ job coach / job developer</td>
<td>64.5%</td>
<td>91</td>
<td>15</td>
</tr>
</tbody>
</table>
The following table breaks out the responses as to their role within the agency by whether the BIN Liaison staff person is in a Community Mental Health Center. As can be seen there was a higher percent of the BIN Liaison staff in Community Mental Health Centers who are concentrated on employment-related roles than in other agencies.

<table>
<thead>
<tr>
<th></th>
<th>Community Mental Health Centers</th>
<th>Non – Community Mental Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Response Percent</td>
<td>Number</td>
</tr>
<tr>
<td>1. Employment consultant/job coach/job developer</td>
<td>81.8%</td>
<td>27</td>
</tr>
<tr>
<td>2. Social Worker/Case manager</td>
<td>15.2%</td>
<td>5</td>
</tr>
<tr>
<td>3. Supervisor</td>
<td>21.2%</td>
<td>7</td>
</tr>
<tr>
<td>4. Program manager</td>
<td>12.1%</td>
<td>4</td>
</tr>
<tr>
<td>5. Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Examples of Roles in “Other”
9 – Transition Consultant or Coordinator
2 Human resources manager
1 - Benefits and billing specialist
1- Receptionist part time

D. Number of BIN Clients Served by BIN Agency per month

As shown in the following table most (85%) of BIN Liaison staff, only serve between one and four BIN clients each month. As discussed earlier, the BIN task is not the primary function of the staff that has this responsibility in the agency.

<table>
<thead>
<tr>
<th>Number of BIN Clients Served by BIN Agency per Month</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
</table>

12
E. Types of Disabilities Served by Community Mental Health Centers

There are 33 BIN Liaison staff persons that responded to the survey that are located at Community Mental Health Centers (CMHC). These are a more homogeneous group of providers and, of course, are more likely to concentrate on those with mental illnesses than the other categories of types of agencies.

The following table shows the responses from the 33 CMHCs and indicates that while the respondents identified themselves as working at a CMHC, there were many who served those with a dual diagnosis of psychiatric disabilities and developmental disabilities.

It should be noted that there were 28 agencies that were not CMHCs that served persons with psychiatric disabilities and 32 who served those with dual diagnosis of developmental disabilities and psychiatric disabilities – although 11 of those were CMHCs.

<table>
<thead>
<tr>
<th>Type of Disability that Community Mental Health Center Serves (Checked all that apply)</th>
<th>Response Percent</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Disabilities</td>
<td>69.7%</td>
<td>23</td>
</tr>
<tr>
<td>Dual – Developmental Disabilities and Psychiatric Disabilities</td>
<td>33.3%</td>
<td>11</td>
</tr>
<tr>
<td>All Disabilities</td>
<td>24.2%</td>
<td>8</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>12.1%</td>
<td>4</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>3 %</td>
<td>1</td>
</tr>
<tr>
<td>Total Responses</td>
<td></td>
<td>47</td>
</tr>
</tbody>
</table>

VII. Survey of Vocational Rehabilitation Counselors

As another part of the effort to gain an understanding of the role of various agencies in counseling and providing information to persons with significant disabilities, on September 14, 2009, the Center on Community Living and Careers at the Indiana Institute on Disability and Community at Indiana University sent a survey through Survey Monkey to Indiana VRS counselors. This was as an additional means to identify the primary outreach, counseling and case management providers that have influenced the enrollment of adults with disabilities in the MED Works program.

A. Characteristics of VR Counselors Responding to the Survey
The survey gathered some basic information from the ninety VR counselors that responded to the survey as to their experience and the extent of their use of the BIN. The following are some highlights from that information:

1. **High percent with over ten years experience**
   - 57.8% had worked as a VR Counselor for over 10 years
   - 90 % had over 10 years experience in the human services field

2. **Over two-thirds of the respondents serve all types of disabilities**
   - All disabilities – 67.8%
   - Deaf and hard of hearing – 13.3%
   - Blind and Visually impaired – 8.9%
   - Psychiatric disabilities – 4.4%
   - Other specialties – 5.5%

3. **Respondents from all areas of State**
   - Respondents represented all of the 25 area VRS offices across the state

4. **Acquainted with Section 1619 SSI/Medicaid Work Incentives and MED Works**
   - 75 percent were acquainted with the work incentives
   - Of the 75 % nearly one-half had received their work incentives training through the BIN Training or from the Supported Employment Consultation and Training Center (SECT) or the Indiana Institute on Disability and Community (IIDC) training.

5. **Nearly two-thirds of the respondents made between 1 – 4 referrals to the BIN per month.**

**VIII. Gaining Insight from Supported Employment Staff:**
**Discussion of the Roles, Interrelationships and Needs to Improved Employment Outcomes**

In October 2009, at a meeting of the Indianapolis Supported Employment Resource Team and Indiana Association for Persons in Supported Employment, employment provider staff, IIDC staff and consultant, the MIG Project Director from DDRS, and the MIG OMPP Project Liaison held a discussion with approximately 40 employment services professionals to obtain their input on a number of issues. These issues included their perspective on the role of the BIN, and related activities.

Three small group discussions were preceded by a presentation of some of the results of the BIN Liaison staff survey and the VR Counselor survey. The groups and their discussion leaders were asked to provide in a free-flowing discussion their input on these questions.

Summaries and statements from these discussions appear throughout this paper. The following specific questions were posed to discussion groups.
1. How has MED Works been useful as a health insurance for adults with disabilities? By types of disabilities? Describe Successes and Issues:

2. What are the primary scenarios/situations for individuals prior to their enrollment in MED Works?

3. What are the primary issues related to ensuring “follow-up” services for persons who have been served by the Benefits Information Network (BIN) system and have been served by multiple agencies and staff? Describe Successes and Issues:

4. What are your experiences and suggestions for improving the Benefits Information Network Service regarding the relationships among various agencies? By types of Disabilities? Describe Successes and Issues:

5. What are your three highest priorities as to the training and technical assistance you think is needed in the next six months regarding the MED Works program and other related services or benefits? BIN Process?

IX. What are the Roles of BIN Liaison Staff and VR Counselors in Directing Consumers to MED Works or Other Work Incentives

This portion of the report will focus on the nature of the services and counseling provided by the BIN Liaison staff that is in addition to preparing a Customer Benefits Screening and Employment Profile report. Similar questions were asked of the VR Counselors. It is useful to compare the responses of the BIN Liaison staff and the VR Counselors as a step toward determining if there is need for modification of the training provided or the communication among these different sets of providers.

A. Examining the Nature and Intensity of Services Provided by BIN Liaison Staff and VR Counselors

There were a set of three types of services questions in the survey as follows:

1. When you provide benefits counseling do you discuss Medicaid or MED Works?

2. Have you recommended MED Works or Medicaid Programs to individuals who were not receiving Social Security Benefits?

3. Do you follow up with individuals after you develop an initial Strategic Plan for Benefits Management and Support regarding MED Works and other work incentives?
Questions were asked in the BIN Liaison staff survey that may have been answered from the respondent’s perspective other than his or her role as a BIN Liaison. This may be impacted on the role of the BIN Liaison.

However, the training and the experience they have as a BIN Liaison probably impacts what and how you conduct their other tasks in working with persons with disabilities. Therefore, the role of BIN Liaison may or may not be integrated with “benefits counseling.”

For each of the questions to the BIN Liaison staff, a query was made for respondents who worked for Community Mental Health Centers and a separate one for all those not working at such Centers.

B. BIN Liaison Staff and Discussion of Medicaid and MED Works

The BIN Liaison survey included the question, “When you provide benefits counseling do you discuss Medicaid or MED Works?

As shown in the table below, in over 85% of the time the BIN Liaison staff discussed Medicaid or MED Works with their consumer. Examples of the differences between Community Mental Health Center BIN Liaison and others included the following:

BIN Liaison staff at Community Mental Health Centers is more likely to:

- Always discuss Medicaid or MED Works when they provide benefit counseling (66.7% compared to 61.5% by those at CRPs and 43.9% of those at Employment Services agencies)

- Always follow up with individuals after they develop an initial strategic plan (57.6% compared to the next highest of 38.5%)

<table>
<thead>
<tr>
<th>Benefits Counseling Includes Discussion of Medicaid and MED Works</th>
<th>Community Mental Health Centers</th>
<th>Non – Community Mental Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Always</td>
<td>Most of the Time</td>
</tr>
<tr>
<td>1. When you provide benefits counseling do you discuss Medicaid or MED Works?</td>
<td>66.7%</td>
<td>18.2%</td>
</tr>
</tbody>
</table>
C. VR Counselors and Discussion of Medicaid and MED Works

When the same question was asked of the VR Counselors, those who responded were much less likely to indicate that they always or most of the time discussed Medicaid or MED Works. Only about one-third of the VR Counselors indicated that they always or most of the time discussed Medicaid or MED Works with their customers.

<table>
<thead>
<tr>
<th>Benefits Counseling Includes Discussion of Medicaid and MED Works</th>
<th>Always</th>
<th>Most of the Time</th>
<th>Some of the Time</th>
<th>Seldom</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When you provide benefits counseling do you discuss Medicaid or MED Works?</td>
<td>12.6%</td>
<td>20.7%</td>
<td>28.7%</td>
<td>17%</td>
<td>18.4%</td>
</tr>
</tbody>
</table>

X. What is the Role of BIN Liaison Staff in Directing those not Receiving SSDI or SSI to MED Works or Other Work Incentives

A. Thirty-five Percent of MED Works Enrollees – No SSDI Connection

As shown in the following table from the 2008 study of MED Works participants, a surprising 35% of MED Works enrollees in SFY 2007 have never received SSDI or SSI. The second table breaks this out by types of disabilities.

<table>
<thead>
<tr>
<th>Summary of Number and Percent of MED Works Enrollees By Connection to SSDI and SSI – FY 2007</th>
<th>Number</th>
<th>Percent of MED Works Enrollees in FY 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1- Have Never Received SSDI or SSI While on MED Works</td>
<td>2,988</td>
<td>35%</td>
</tr>
<tr>
<td>Table 2 –Began to receive SSDI after they; enrolled in MED Works</td>
<td>687</td>
<td>8%</td>
</tr>
<tr>
<td>Table 3 – Were receiving SSDI before they enrolled in MED Works</td>
<td>3,941</td>
<td>46%</td>
</tr>
</tbody>
</table>
Table 4 – Were receiving SSDI and discontinued SSDI in FY 2007

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 5 - MED Works Enrollees While SSI-only Beneficiaries</td>
<td>497</td>
<td>5.8%</td>
</tr>
<tr>
<td>Table 6 – MED Works Enrollees While Concurrent SSI-SSDI Beneficiaries</td>
<td>356</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total</td>
<td>8,547</td>
<td>100%</td>
</tr>
</tbody>
</table>

B. Possible Implications of the High Percent of Non-SSDI Enrollees in MED Works

The possible implications of this were stated in the January report on the Indiana MED Works program as follows:

Providing the option of obtaining health and employment related support services under a Medicaid Buy-In program appears to have the potential to fill a niche in the efforts to ensure that all subsets of the population are appropriately served and the program includes a comprehensive range of options for health and health-related support needs. This is important to consider in the current national discussions related to ensuring health insurance coverage for all.

For some individuals with significant disabilities who are working at an income level higher than the amount they would receive under SSI or SSDI, eligibility for Medicaid under the MED Works program can be an option or an alternative to dependence on SSDI or SSI.

For many SSDI and SSI beneficiaries the services they need to enable them to work is beyond or different than what is available under a private health insurance package. For some individuals with significant disabilities who are working at an income level higher than the amount they would receive under SSI or SSDI, eligibility for Medicaid under the MED Works program can be an option or an alternative to dependence on SSDI or SSI.

It is not known the role of those agencies and BIN Liaisons related to the use of MED Works and more specifically their role in advising those not receiving SSI or SSDI to consider applying for MED Works. The role of the BIN is not confined to serving only those receiving SSI or SSDI compared to the federally funded WIPA but serves all individuals who are referred through VRS for benefit analysis and advisement.

That report specifically identified the Indiana VRS counselors, community mental health provider staff and the staff involved in the Benefits Information Network as having possible roles in referring individuals to the Indiana MED Works program.

For those individuals who use the community mental health centers who do not have Medicaid coverage or other health insurance coverage, there would possibly be incentives for community mental health centers to inform those individuals and encourage them to become employed and apply for MED Works.
C. Over 45 Percent of BIN Liaison Staff Discussed Medicaid and MED Works with non-SSDI Customers

The survey of the BIN Liaison staff included the question of whether they had recommended MED Works or Medicaid to individuals not receiving Social Security Benefits. If the respondent answered “Yes” they were asked to give an open ended response as to in what instances they did recommend MED Works or another Medicaid program to those not receiving Social Security Benefits.

The narrative responses were clustered into six categories which attempted to capture the primary reasons given – although it may not do justice to the detail and case examples provide by some respondents.

As shown in the following table, over 45% of all BIN Liaison staff discussed Medicaid or MED Works with individuals who were not receiving SSDI. Including both regular Medicaid and MED Works in this survey question may lessen the value of the responses to the question in determining the relative role of BIN Liaison staff in influencing those they counsel who are not SSDI beneficiaries to enroll in MED Works program.

However, it seems reasonable to assume that the presentation of this option of MED Works had a significant impact on this decision. This is especially the case considering the fact that those who are being served by the BIN Liaison staff are considering employment or are already employed.

The survey of the BIN Liaison staff also asked the open-ended question of those who had indicated that they had recommended MED Works or Medicaid to individuals who were not receiving SSDI as to what instances that was the case.

The 45 narrative responses were clustered into six categories as shown in the following table.

| What is the Role of BIN Liaison Staff in Directing to MED Works or Other Work Incentives? |
|---------------------------------------------------------------|-------------------|-------------------|
|                                                               | Community Mental Health Centers | Non – Community Mental Health Centers |
|                                                               | Yes   | No    | Yes   | No    |
| Have you recommended MED Works or Medicaid Programs to individuals who were not receiving Social Security Benefits? | 45.2%  | 54.5%  | 49.5%  | 50.5%  |

If Yes, in what instances? 45 narrative responses- rough categories of responses

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Low income, sick or disabled and not on health insurance</td>
<td>12</td>
</tr>
<tr>
<td>2. Recommend to all clients to apply for all benefits</td>
<td>8</td>
</tr>
<tr>
<td>3. Youth with disabilities transitioning and not on SSA benefits</td>
<td>7</td>
</tr>
</tbody>
</table>
4. Application for SSA Disability Benefits is pending | 7 | 15.6%
5. On Medicaid and expecting to become employed | 7 | 15.6%
6. With a significant disability, employed but no employer-based health insurance | 4 | 8.9%
Total | 45 |

D. Over 34 Percent of Vocational Rehabilitation Counselors Discussed MED Works with non-SSDI Customers

A similar but more targeted question was asked in the VR Counselor survey. That question was, “Have you recommended MED Works to individuals who were not receiving Social Security Benefits?”

The following table shows that over 34% (30) of the 87 VR Counselors who responded to this question said they had discussed MED Works with their consumers. Once again it is reasonable to assume that this significant number of VR Counselors who had taken the initiative to discuss this option with their customers would have had an impact on their decisions.

As shown in the another portion of this report, only about 44% of the VR Counselors who responded to the survey are “very” or “somewhat comfortable” in discussing how someone becomes eligible for MED Works based on disability. This is in comparison to 87% of BIN Liaison staff.

The VR Counselor survey also asked the open-ended question of those who had indicated that they had recommended MED Works to individuals who were not receiving SSDI as to what instances that was the case. The responses to this question seem to show that the availability of MED Works is an incentive and a needed part of the tools that can be used by the VR Counselor. This is discussed further under the section of this report that reports on the uses that VR Counselors make of the BIN reports.

### What is the Role of Vocational Rehabilitation Counselors In Directing non-SSDI to MED Works?

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Have you recommended MED Works to individuals who were not receiving Social Security Benefits?</td>
<td>34%</td>
<td>30</td>
</tr>
</tbody>
</table>

If Yes, in what instances?

- Categories of Responses from Narrative Responses

1. When person is receiving Medicaid and plans to go to work | 10 |
2. People needing health insurance when they go back to work | 9 |
3. Paying a high Medicaid spend-down and plan to go to work | 2 |
4. Want to work off benefits and need health care 1
5. Try to explain that they will not lose Medicaid if they go to work 1
6. Refers to other agencies to find out about MED Works 1

Total 25

XI. MED Works Knowledge and Training Preferences by BIN Liaison Staff and VR Counselors

A. Need to Understand MED Works Knowledge and Training Needs

One of the primary purposes of the BIN Liaison staff survey was to evaluate the level of understanding and confidence of the BIN liaison staff related to their discussions with customers of the organizations that they work for related to the MED Works program. This information is needed for a number of reasons including:

1. Determine the effectiveness of training and orientation already provided to the BIN liaison staff.
2. Determine what modifications and new emphasis or additional information that needs to be included in future BIN liaison training.
3. Determine what needs to be a part of ongoing mentoring and/or technical assistance to be provided to BIN liaison staff.
4. Determine the most appropriate and effective form of training and technical assistance to be provided to BIN liaison staff.

B. Identifying BIN Liaison Staff Level of Confidence or Knowledge Related to MED Works Policies

The survey sought to find out what specific provisions in the MED Works program that the BIN Liaison staff felt they had a high level of knowledge about and, in a separate set of questions, what provisions they discussed with those they served.

In the following table are listed the four categories of information that BIN Liaison staff were “Very” or “Somewhat Comfortable” when discussing MED Works with individuals they served. Over 80% of the BIN Liaison staff were comfortable discussing these categories of information with people they served.
The following table shows that in five categories of information related to the MED Works program over 40% of BIN Liaison staff did not discuss that information with the individuals they served in their BIN Liaison responsibilities. Two of those dealt with the resources or assets features of the MED Works program that are somewhat unique to that category of Medicaid eligibility. The others deal with employment requirements, employer-based health insurance and Home and Community-Based Services (HCBS) Waivers.

<table>
<thead>
<tr>
<th>Categories of Information BIN Liaison Staff Very or Somewhat Comfortable Discussing with Individuals Over 80 Percent of Survey Respondents</th>
<th>All BIN Liaison Staff</th>
<th>BIN Liaison Staff at Community Mental Health Centers</th>
<th>BIN Liaison Staff at Non-Community Mental Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How someone becomes eligible for MED Works based on disability</td>
<td>87.4%</td>
<td>81.8%</td>
<td>89.2%</td>
</tr>
<tr>
<td>2. The MED Works Resources Limits</td>
<td>87.4%</td>
<td>84.4%</td>
<td>88.2%</td>
</tr>
<tr>
<td>3. Premiums an individual must pay based on earnings</td>
<td>82.2%</td>
<td>79.7%</td>
<td>86.3%</td>
</tr>
<tr>
<td>4. The work requirements for MED Works</td>
<td>80%</td>
<td>78.8%</td>
<td>80.4%</td>
</tr>
</tbody>
</table>

There are differences between the categories of information with which Community Mental Health BIN Liaison staff do not discuss with those they serve in their role as a BIN Liaison compared to those not in a Community Mental Health Center. Of course, with the limitations on the Waivers available to those with mental illnesses as their disability it is not surprising that nearly two-thirds of those at CMHC’s do not discuss waivers with their clients.

The resources and assets criteria for the Indiana MED Works program have certain eligibility provisions that are somewhat unique to the program and not like the eligibility provisions in other categories of Medicaid eligibility. Savings and retirement programs and private health insurance for persons with earnings is generally not topics for discussion by those serving individuals through community rehabilitation agencies.

The fact that over 40% of all BIN Liaison staff do not discuss those provisions related to savings and retirement may indicate that additional training is needed. However, since the BIN services
are provided at the beginning of an employment effort may mean that it is not as relevant as later after they have been working.

Perhaps instead of relying on BIN Liaison staff or VR Counselors to enable and encourage savings and asset development strategies by their customers, such discussions would be more appropriate after a MED Works enrollee has sustained employment and at a relatively higher level. Such counseling and information may need to be provided by staff and organizations that have specialized knowledge and expertise.

<table>
<thead>
<tr>
<th>Categories of Information BIN Liaison Staff Do Not Discuss with Individuals Over 40 Percent of Survey Respondents</th>
<th>All BIN Liaison Staff</th>
<th>BIN Liaison Staff at Community Mental Health Centers</th>
<th>BIN Liaison Staff at Non–Community Mental Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer-based Health Insurance and MED Works</td>
<td>52.6%</td>
<td>66.7%</td>
<td>48.1%</td>
</tr>
<tr>
<td>2. Savings for Retirement</td>
<td>50.4%</td>
<td>60.6%</td>
<td>47.1%</td>
</tr>
<tr>
<td>3. MED Works and Medicaid Waivers</td>
<td>42.3%</td>
<td>63.7%</td>
<td>35.3%</td>
</tr>
<tr>
<td>4. Savings for Independence and Self-Sufficiency Accounts</td>
<td>41.5%</td>
<td>51.5%</td>
<td>38.3%</td>
</tr>
<tr>
<td>5. Involuntary loss of employment while on MED Works</td>
<td>41.5%</td>
<td>51.5%</td>
<td>38.2%</td>
</tr>
</tbody>
</table>

**C. Comparison of Level of Knowledge of BIN Liaison Staff and VR Counselors**

As can be seen in the following table there was a much lower level of confidence by VR counselors than BIN Liaison staff in discussing provisions in the MED Works programs. This can be expected, as related to the level of training provided – but also could be seen as a possible area of concern and the need to emphasize the need for ongoing team efforts among the VR counselors and the BIN Liaison staff as indicated in the following table.

| Identifying BIN Liaison Staff & Vocational Rehabilitation Counselor Level of Confidence or Knowledge Related to MED Works Policies |
|---|---|
| Types of Information | All BIN Liaison Staff & VR Counselors are Very or Somewhat Comfortable Discussing with Individuals |
| Categories of Information | All BIN Liaison Staff Over 80% of Respondents | Vocational Rehabilitation Counselor |
| 1. How someone becomes eligible for MED Works based on disability | 87.4% | 43.7% |
D. Preferences on Means to Receive Training on MED Works and Other Medicaid Work Incentives Programs

The BIN Liaison staff was quite clear regarding their preferences as to the primary means they preferred for them to add to their knowledge and improve their skills in carrying out their BIN duties.

Face to face workshops and expansion of training through the BIN Liaison training program were seen as the most preferred means training. The preferred means did not vary a great deal by the type of agency where they worked. It also did not have major differences by their primary role in the agency where they worked.

Webinars and teleconferences were indicated as the method of training which had the highest percent classifying it as “not effective” for training on MED Works. The next highest percent as “not effective” was through Self-paced Web Courses. However, over one-half of the respondents indicated that the Webinars and Web courses were “somewhat effective.” It would seem that while the preferences was for “in person” training the BIN Liaison staff still would accept the web based training.

<table>
<thead>
<tr>
<th>Method of Training</th>
<th>Community Mental Health Centers</th>
<th>Non – Community Mental Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face Workshop</td>
<td>66.7% 24.2% 9.1%</td>
<td>71% 25% 4%</td>
</tr>
<tr>
<td>Extra time at BIN Training</td>
<td>51.5% 45.5% 3%</td>
<td>64.6% 31.3% 4%</td>
</tr>
<tr>
<td>Self-paced Web Course</td>
<td>34.4% 53.1% 12.5%</td>
<td>33% 40% 27%</td>
</tr>
<tr>
<td>Webinar and teleconference</td>
<td>21.9% 53.1% 25%</td>
<td>20.4% 56.1% 23.5%</td>
</tr>
</tbody>
</table>

The responses to this same question by the VR Counselors were very similar to the BIN Liaison Staff. Face-to-face workshops were by far the preferred means to receive training with webinars and teleconferences seen as not useful by nearly 43% of the VR Counselor respondents.
<table>
<thead>
<tr>
<th>VR Counselors</th>
<th>Preferences on Means to Receive Training on MED Works and Other Medicaid Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most Useful</td>
</tr>
<tr>
<td>Face to face Workshop</td>
<td>65.4% (53)</td>
</tr>
<tr>
<td>Self-paced Web Course</td>
<td>26.3% (21)</td>
</tr>
<tr>
<td>Webinar and teleconference</td>
<td>13.4% (11)</td>
</tr>
</tbody>
</table>

Answered Question 85

XII. What are the Interrelationship among the Users of the BIN Products and Services?

A. Who Uses or Could Benefit from the Use of BIN Products and Services?

As described earlier, the BIN Liaison staff is to provide the following products and services:

- Develop a VR Customer Benefits Screening and Employment Profile for those beneficiaries who are referred for employment services by VRS
- Provide basic information to SSI and SSDI beneficiaries who are VR customers about the impact of employment on their benefits;
- Develop a preliminary analysis about possible work incentives that could be used by the VR customer and beneficiary; and,
- Collaborate with the WIPA program for ongoing benefits management.

The availability of a common product or service by multiple users has the potential to improve the effectiveness and efficiency of provided to improve employment outcomes. They all need the information to enable the individual with a disability to be protected against bad consequences and to also prevent inhibition against employment.

The BIN Liaison staff produces products which are or could be of value to:

- Consumers considering employment or increasing employment;
- Family and others who advise and support consumers related to employment;
- VR counselors;
- The staff of the agency where the BIN staff is part of the service team;
- Community Work Incentive Coordinator (CWIC);
- Other provider agencies that provides services to the consumers for whom a BIN report was developed;
o State Family Resources Agency staff;
o Employers who wish to support work efforts of persons with disabilities; and,
o Program evaluators who develop information for policy makers.

B. How Do Services Provided by BIN Liaison Staff Fit with the Sequence of Activities and Services Provided by a Vocational Rehabilitation Counselor?

The question then is when and how are these the BIN Products and Services used?

The survey of VR Counselors included questions which sought their experiences and practices related to when they refer a consumer to the agency which could develop a benefits information profile and a Strategic Plan for Benefits Management and Support. The question provided for more than one response as to when the VR counselor would refer. That is, a VR Counselor respondent may refer consumers to the BIN at a number of different times depending on the circumstances.

As shown in the Table below, over half were referred at application and/or eligibility. Over 25% were referred at the time of the development of the VR Individual Plan for Employment (IPE). In the discussions by the Supported Employment staff it was pointed out that agencies who prepare a Plan for Employment and Supports (PES) often do the BIN services at the same time. This way the intake and all other information is gathered and this may explain why some agencies do not get the person until they are eligible for services.

<table>
<thead>
<tr>
<th>Referral of Consumers for Benefit Information Network (BIN) Plans By Vocational Rehabilitation Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>When do you most likely refer a consumer to Benefit Information Network services or Indiana Works? Check all that apply</td>
</tr>
<tr>
<td>1. At application – Status 02</td>
</tr>
<tr>
<td>2. At eligibility – Status 10</td>
</tr>
<tr>
<td>3. At IPE Development – Status 12</td>
</tr>
<tr>
<td>4. After developing the IPE</td>
</tr>
<tr>
<td>5. When referring to job development and placement</td>
</tr>
<tr>
<td>6. At the time the customer attains employment</td>
</tr>
</tbody>
</table>

C. Positive and Effective Collaboration Among CWIC and BIN and the VR Counselors

The Indiana Benefits Information Network (BIN) is a state initiated service delivery system that has been devised to function in collaborative manner with the Social Security Administration funded Community Work Incentives Coordinator (CWIC) system.
The discussion with the supported employment staff indicated that there is very effective collaboration and communication among the CWIC staff and the BIN Liaison staff.

The recommendation by the supported employment staff is to make this relationship even more effective by reducing the duplication and redundancy in the BIN Strategic Plan and the Work Incentives Plan developed by the CWIC.

XIII. Follow Up to Initial BIN Services and Counseling

A. What Message is being sent Regarding Follow up of BIN Services?

The VR Counselors were asked whether they request “follow up” to the benefit management and support when they attain employment. As shown in the following table, 20% of the respondents said that they “always” or “most of the time” did request follow up, in comparison 64.7% responded that they “never” or “seldom” request a follow up.

<table>
<thead>
<tr>
<th>Vocational Rehabilitation Counselor Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you Request Follow-up to the Strategic Plan for Benefits Management and Support when the Consumer Attains Employment</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Always</td>
</tr>
<tr>
<td>Most of the Time</td>
</tr>
<tr>
<td>Some of the Time</td>
</tr>
<tr>
<td>Seldom</td>
</tr>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>

These responses should be looked at together with the responses shown below. As shown below, of the BIN Liaison staff for the non-Community Mental Health centers, only 37% “always” follow up after they develop the initial strategic plan. BIN Liaison staff at Community Mental Health Centers indicated they did a follow up 57.6% of the time.

<table>
<thead>
<tr>
<th>Benefits Information Network (BIN) Liaison Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you follow up with individuals after you develop an initial Strategic Plan for Benefits Management and Support regarding MED Works and other work incentives?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
The BIN Liaison staff is paid to do the Strategic Plan but they are also embedded in an agency that provides an array of services. Of course, that array of services includes services often funded by the state Medicaid agency – especially through Medicaid Waiver services. For example, a significant percentage of MED Works enrollees are also enrolled in Medicaid Waiver services which are not time limited compared to VR services. This speaks to the matter of the role that BIN Liaison service provider agency plays in ongoing supported employment as compared to one-time development of a Strategic Plan for Benefits Management and Support.

Utilization of work incentives involves initial decisions on whether to work or not. It also involves ongoing use of work incentives and changes over time in the level of work, changes in the nature and level of services and utilizing different work incentives as the situation changes.

**B. Discussion by Supported Employment Staff Regarding “Follow-Up Services”**

In the discussions by the Supported Employment staff they were asked to provide their input on the following question:

*What are the primary issues related to ensuring “follow-up” services for persons who have been served by the Benefits Information Network (BIN) system and have been served by multiple agencies and staff? Describe Successes and Issues:*

The following are notes taken from those discussions and organized into rough topic categories:

**Statements that Follow-up is Occurring**
- Follow-up services for BIN and benefits counseling are really important when work begins. This makes a difference in the employment success.
- Some follow up is occurring, but doesn’t always occur and needs to (occur).
- Agencies state that when a person is employed, they initiate follow-up to the plan to review all work incentives with the individual.
- Reconnecting with CWIC’s after initial counseling takes place.

**Funding Issues**
- Individuals in Results-Based Funding (Tier II) who do not get follow-along services need Indiana Works to follow-up, because after the case is closed, the agency has no money to do the follow-up, unless the agency is an Employment Network (EN) and can do it under potential EN payments.
- Supported employment follow-along under the Medicaid waivers is being “cut” again. This will make it more difficult to provide follow-up to individuals after they are stable on their jobs, because of the lack of funding.
- Vocational Rehabilitation Services is not clear regarding follow-up on the BIN plans, since follow-up is not something that they are paying for. This has rarely been requested by VRS, and is not part of VRS policy under the Results-Based Funding system.
• Agencies state that when a person is employed, they initiate follow-up to the plan to review all work incentives with the individual.

How the Agencies can Ensure Follow-Up

• Mental Health Centers may be better equipped to follow up because they use an integrated approach to providing all services. If an integrated approach is helpful, should other providers look at how to provided services in a more integrated approach?
• Suggest providing information to beneficiaries and individuals about critical touch points or events to initiate follow-up.
• WIPA program is critical for ongoing follow along, however there is concern that consumers do not always follow up. Just giving consumer contact info for WIPA is not enough.

Barriers to Follow Up

• When consumers transfer from job coach to follow along job coach, follow along job coach not always knowledgeable about benefits; follow up on Benefits counseling sometimes ends when consumer is transferred to SEFA
• Prepaid Cellular minutes being depleted when extremely long hold times to get services (from the state eligibility workers at the Division of Family Resources).

What is the Role of the Consumer /Beneficiary in Enabling or Ensuring Follow-Up?

• Suggest providing information to beneficiaries and individuals about critical touch points or events to initiate follow-up.
• Education is needed for beneficiaries as to why a benefit planning is necessary. Beneficiaries still don’t understand the importance of this!
• The WIPA program is critical for long-term benefits management, and a more aggressive system need to be implemented to engage consumers with the WIPA.

XIV. Examining the Interrelationship among BIN and the Indiana Vocational Rehabilitation Provider System

A. BIN Products and Services Used by Indiana Vocational Rehabilitation

The Indiana VR counselors are users of the products and services provided by the BIN Liaison staff. One of the key questions in the survey was to determine how the VR counselors used the BIN products and services.

In the earlier description of the Indiana Benefits Information Network, the BIN Liaison staff was shown as providing a direct service to those served by the BIN staff but also had a primary role in enabling the Indiana VR counselors to serve their consumers as follows:
• Develop a VR Customer Benefits Screening and Employment Profile for those beneficiaries who are referred for employment services by VRS.

• Verify benefits through Social Security and other state and federal benefit programs;

• Develop a preliminary analysis about possible work incentives that could be used by the VR consumer and beneficiary; and,

• Ensure collaboration with the WIPA program for long-term benefits management.

B. How Extensively Do VR Counselors Use the BIN?

Because of the role of the Indiana VR agency in purchasing and utilizing information generated by the BIN Liaison staff, it is essential to determine the extent and nature of the use of that relationship, determine the criteria for requesting a BIN Report and how the information is utilized.

As can be seen in the table below, of the respondents to the VR counselor survey, over 80% refer consumers always or most of the time to the BIN.

<table>
<thead>
<tr>
<th>Do you refer consumers to the Benefits Information Network?</th>
<th>Percent</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>57.6%</td>
<td>49</td>
</tr>
<tr>
<td>Most of the time</td>
<td>23.5%</td>
<td>20</td>
</tr>
<tr>
<td>Some of the time</td>
<td>12.9%</td>
<td>11</td>
</tr>
<tr>
<td>Seldom</td>
<td>5.9%</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>85</td>
</tr>
</tbody>
</table>

C. How Does the VR Counselor Use the BIN Reports?

The VR Counselor survey asked an open ended question on how they use the Benefits Information Network Strategic Plan or the Benefits Summary and Analysis /Work Incentives Plan. The narrative responses from 85 VR counselors were clustered into ten categories.

One-fourth of the responses were to help the individual make an informed choice. This was a very “person centered” use of the resources provided by the Benefits Information Network.
Use of Benefit Information Network (BIN) Plans
By Vocational Rehabilitation Counselors

How do you use the Benefits Information Network Strategic Plan or the Benefits Summary and
Analysis /Work Incentives Plan to Support the Individual Plan for Employment (IPE) that you
develop with consumers?

<table>
<thead>
<tr>
<th>Broad Categories of Responses from Open Ended Question</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Help the individual make an informed choice</td>
<td>21</td>
<td>25%</td>
</tr>
<tr>
<td>2. Help customers determine how many hours to work and wages</td>
<td>16</td>
<td>19%</td>
</tr>
<tr>
<td>3. Used by counselor in developing IPE</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>4. Inform customer of effect of working on benefits</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>5. Tool for counseling and guidance</td>
<td>8</td>
<td>10%</td>
</tr>
<tr>
<td>6. Help individual determine whether to maintain benefits or go completely off benefits</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>7. Don’t use the BIN Plan</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>8. BIN Reports Issues: not easy to read; requested but not provided; not provided before IPE developed</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>9. BIN Plan is Resource Guide</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>10. Used for tracking TWP and EPE and counseling consumers on importance of monitoring wages and earnings</td>
<td>2</td>
<td>2%</td>
</tr>
</tbody>
</table>

D. What Criteria is Used by VR Counselors to Refer or to Not Refer a Consumer to the Benefits Information Network?

A question was also asked to determine what criteria may be used by a VR counselor to not refer a consumer to the BIN. As can be seen in the following table, a majority of the time related to the lack of a need for the information or not requested by the consumer.

| The Role of Vocational Rehabilitation Counselors in Referring Consumers to the Benefits Information Network |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Do you refer consumers to the Benefits Information Network When you do not refer, Why Not? | Number |
| 1. If not receiving benefits                             | 7      |
| 2. Not requested by consumer or already has information | 6      |
| 3. Refer to Indiana Works Instead                        | 2      |
| 4. Forget to refer                                       | 2      |
| 5. Consumer has already chosen to give up benefits       | 2      |
| 6. No follow through by BIN                              | 2      |
| 7. Job is not Goal e.g. homemaking                       | 1      |
| 8. Not on benefits but has applied                       | 1      |
XV. Enhancing the Role of Eligibility Staff in the Use of MED Works and other Work Incentives

A. Ensuring Adequate Support, Training and Information for of Division of Family Resources

It should be noted that in the survey of VR counselors, that Division of Family Resources (DFR) staff were seen by over two-thirds of the respondents as “very important” as a source of information on MED Works and other work incentives.

The roles of the eligibility workers at the Indiana DFR were one of the issues discussed extensively by the Supported Employment staff.

A summary of that set of discussions included:

1. The importance of extensive and continued training of DFR eligibility workers because of the importance of their role in enabling access to work incentives by individuals with disabilities.

2. Need for improved communication between DFR and employment and rehabilitation providers.

3. Need for joint efforts with DFR to develop informational brochures and other means of accurate and readily available sources of information on MED Works and other work incentives.

4. Recognition that the recent system changes at DFR consumed considerable staff time, and that additional resources can be devoted to efforts to increase accessibility to employment work incentives.

XVI. Need for Major Effort to Increase Written Information on Work Incentives for Use by Service Providers and for Consumer to Complement BIN and CWIC Services

A. Importance of Accurate and Personalized Information to Ensure Informed Decision Making

The final report for the study of the characteristics and earnings of Indiana MED Works enrollees in January 2009 described the importance of information and counseling in ensuring access to the work incentives. It stated as follows:

“Accomplishing the goals of rewarding and encouraging employment will require more than ensuring accessible and quality health care. It will require information and counseling by agencies and organizations supporting the individual, in addition to the
agencies which determine Medicaid eligibility and which are beyond what is required in
other categories of Medicaid eligibility.

There are multiple agencies which an individual with a significant disability interacts with to
gain information related to available services related to employment and the impact of
employment on benefits and services they receive based on their disability.

The following is one set of an overall set of standards and criteria which may be used in
reviewing or evaluating information which should be made available through a variety of
formats and means:

- Accurate
- Timely
- Understandable
- Relevant to their immediate circumstances
- Enabling to progress toward achieving life goals
- Sufficient that the individual can make an informed choice related to employment, and
- Consistent and coordinated among the service providers

The last standard or criteria related to “coordination” among the service providers, raises the
complex issue of confidentiality of individual information and communication among multiple
providers.

B. Recommendations on Information Publications and Formats to Complement
Training

There was strong emphasis by the supported employment staff that more effort needs to be made
to produce and make readily available, in a variety of formats, basic information on work
incentives for use by VR counselors, other professional staff, consumers and family members
about the options related to work

Among the examples suggested as to means to be used included the following:

- Information cards
- Fact Sheets
- Web sites and,
- Software to assist in understanding options (e.g., the concept of “Turbo – BIN”)

This request should also be looked at in the context of the portion of the findings from the BIN
Liaison staff survey and the VR Counselor survey that asked what provisions of the MED Works
program were they most and least knowledgeable about or comfortable with discussing with
consumers.

The following are the topics that these staff felt the least knowledgeable about and least
comfortable discussing with consumers they counseled:

1. Savings for retirement
2. Savings for Independence and Self-sufficiency Accounts
3. Relationship between private health insurance and MED Works
4. Relationship between MED Works and Medicaid waivers

A number of those provisions could be seen as not normally within the academic training or professional expertise of those who serve as BIN Liaison staff which are primarily employment counselors and social workers. The same is true of VR counselors.

For Medicaid eligibility workers there may be infrequent use of work incentives such as MED Works or the SSI/Medicaid Section 1619 work incentives. In addition some work incentives and eligibility criteria information will be used less frequently than others and therefore the details are less likely to be retained in their knowledge base.

Providing information and counseling persons with disabilities related to the option to utilize the option under the MED Works program of accumulating savings in Independence and Self-sufficiency Accounts and retirement accounts are within the realm of the general goal related to employment of “asset development.” This then requires that there be an effort made to choose the topics and the format of publications to complement the formal training and ongoing Technical Assistance being provided by the training and technical assistance agencies in Indiana.

Conclusion:

This purpose of this report was to understand the population that are served by the Indiana MED Works program and how these individuals are referred to MED Works. Because there are a variety of factors in the arena of work incentive support and education to beneficiaries, including the Benefit Information Network, the WIPA program, VRS, and rehabilitation service providers, the goals of the study in 2009 were as follows:

1. Develop an understanding of the characteristics, activities and needs of BIN Liaison staff persons, VR staff and other employment service staff related to benefits counseling and use of work incentives;

2. Examine the relationships among the various service providers related to benefits counseling and use of work incentives; and,

3. Identify the current and potential roles of staff in enabling persons with disabilities to make informed choices and utilize work incentives and services to improve employment outcomes.

As described in this report, some findings were noted as follows:

- Further study is needed on the issues of follow-up for work incentives support services. Utilization of work incentives and initial decisions on whether to work or not is an ongoing issue, and also keeping beneficiaries engaged with work incentive support and the collaboration with the WIPA is critical. The reason for this is the need for consistent reporting of earnings and evaluation of work incentives over time as a beneficiary’s situation and circumstances with employment changes. This analysis indicated the
collaboration with the WIPA Community Work Incentives Coordinators occurs most of the time; however, it is unclear as to whether beneficiaries continue to use their services after funding for BIN services and employment services ceases. Studying this issue may be appropriate in the future and determining the best method to glean this information in regard sharing of information.

- More extensive training is needed on MED Works and the interrelationship with Medicaid and other state and federal benefit programs for employment services providers and VR Counselors.

- Information provided to individuals seeking eligibility for state administered benefits and services remains an ongoing issue. Hopefully, plans to connect state benefit eligibility workers through the Division of Family Resources with tools to provide beneficiaries information at the state eligibility offices will improve access to information and the comprehensive supports available through the employment and work incentive systems. The MIG in 2010 is strategizing to provide outreach materials to beneficiaries at eligibility offices on work and work incentive supports.

As Indiana proceeds with Comprehensive Strategic Planning under the MIG addressing these issues will be beneficial in the one of the MIG’s primary goals of enhancing the work incentives planning infrastructure. Indiana is strategizing on building an infrastructure with existing asset development and financial literacy programs. As noted in the report, this is an area for further strategic planning and training for employment services providers, VR and beneficiaries. These activities will further enhance the work incentive and self-sufficiency continuum.
Appendices

Appendix A

See accompanying Benefits Screening Profile

Appendix B

See accompanying Strategic Plan for Benefits Management and Support