

**Evaluation of the Recent Experience
of the Work Incentives Planning and
Assistance (WIPA) Program:
Beneficiaries Served, Services
Provided, and Program Costs**

Final Report

September 16, 2011

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ACRONYMS

BASS	Beneficiary Access and Support Services
BOND	Benefits Offset National Demonstration
BPAO	Benefits Planning, Assistance and Outreach Program
BS&A	Benefits Summary and Analysis
CWIC	Community Work Incentives Coordinators
DOL	U.S. Department of Labor
EARN	Employer Assistance and Referral Network
EITC	Earned Income Tax Credit
EN	Employment Network
EPE	Extended Period of Eligibility
ETO	Efforts to Outcomes
I&R	Information and Referral
IRWE	Impairment-Related Work Expense
MIG	Medicaid Infrastructure Grants
OESP	Office of Employment Support Programs
One-Stop	One-Stop Career Centers
PASS	Plan to Achieve Self-Support
SGA	Substantial Gainful Activity
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSN	Social Security Number
SVRA	State Vocational Rehabilitation Agency
TANF	Temporary Assistance for Needy Families
TTW	Ticket to Work program
TWP	Trial Work Period
VR	Vocational Rehabilitation
WIIRC	Work Incentives Information and Referral Center
WIPA	Work Incentive Planning and Assistance
WISE	Work Incentives Seminars

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ABSTRACT

In this report we present findings on the activities of the 103 organizations receiving Social Security Administration (SSA) grants under the Work Incentives Planning and Assistance (WIPA) program from April 1, 2010, to March 31, 2011. The WIPA program was established in 2006 and was tasked by SSA to “disseminate accurate information to beneficiaries with disabilities...about work incentives programs and issues related to such programs,” with the ultimate goal of such assistance being to “assist SSA beneficiaries with disabilities succeed in their return to work efforts” (SSA 2006). To achieve this goal, SSA provides annual funding of \$23 million to the WIPA program.

The findings presented in this report update results presented in Schimmel et al. (2010), which focused primarily on beneficiaries enrolled to receive WIPA services (“WIPA enrollees”) who first contacted a WIPA project in an earlier period. In this report, we identify the number of beneficiaries who first contacted a WIPA project from April 1, 2010, to March 31, 2011; quantify how many received information and referral (I&R) and WIPA services; provide a national profile of WIPA enrollees; assess the nature of services that WIPA staff provided to WIPA enrollees; and analyze the extent to which WIPA enrollees have received ongoing support. We also relate WIPA project output to the amount of funding each received to assess the relative performance of WIPA projects.

From April 1, 2010, to March 31, 2011, the WIPA program provided first-time services to nearly 46,000 beneficiaries, including almost 21,000 beneficiaries who received I&R only and an additional 25,000 beneficiaries who received more intensive WIPA services. Overall during this period, the WIPA program worked with nearly 60,000 beneficiaries, including those who first contacted a WIPA project prior to April 1, 2010.

Over time, the number of enrollees making first contact with a WIPA project has declined. From October 1, 2010, to March 31, 2011, 20,717 beneficiaries first contacted a WIPA project, compared with 26,278 beneficiaries during the same six-month period one year earlier (October 1, 2009, to March 31, 2010). This could imply that WIPA projects are devoting resources to serving existing beneficiaries, or that beneficiaries most interested in employment already made contact with the WIPA program in an earlier period. Or it could be that beneficiaries interested in employment are receiving basic information from other sources, such as the SSA Work Incentive Information and Referral System (WIIRC). WIIRC is a part of Beneficiary Access and Support Services (BASS), a national call center that provides Ticket to Work and other information to beneficiaries upon receiving their Tickets. Declining enrollment could also reflect continued poor economic conditions and fewer employment opportunities for workers with disabilities; as a result, fewer beneficiaries may have been interested in or able to find work, thereby reducing their perceived need for WIPA services.

A higher proportion of recent WIPA enrollees reported learning about the WIPA program through the WIIRC; 20 percent compared with 10.6 percent of earlier enrollees. The increase likely reflects a change that occurred in February 2010, which enabled WIIRC staff to directly refer beneficiaries to WIPA projects through the WIPA web data collection and referral system. By referring the cases directly to WIPA projects via the data system, follow-up became the responsibility of the WIPA projects. Previously, beneficiaries were provided a phone number for a local WIPA project and were expected to follow up on their own. The change likely resulted in more beneficiaries referred by the WIIRC receiving WIPA services than previously.

For the most part, recent WIPA enrollees are demographically similar to earlier ones. There were slight differences, such as an increased proportion of recent enrollees with SSDI, an increased proportion reporting fair health, and a decreased proportion reporting a cognitive or developmental disability relative to earlier enrollees. Those who recently contacted a WIPA project were more likely to already be employed than earlier enrollees (40 percent versus 35 percent) and less likely to be only considering employment than earlier enrollees (19 percent versus 26 percent). This indicates that when recent WIPA enrollees made contact with a WIPA project, they were relatively far along in their employment process compared with earlier enrollees.

WIPA projects are continuing to encourage the enrollees they serve to use services and supports that may help increase employment and reduce reliance on disability benefits. At the time of the WIPA baseline assessment, WIPA enrollees often receive suggestions from WIPA projects to use SSA work incentives as well as other benefits and services if they are not already doing so. A companion report by Livermore et al. (2011) explores the extent to which receiving these suggestions leads to improved employment outcomes and decreased dependence on disability benefits.

Most enrollees (78 percent) receive some level of ongoing support from WIPA projects, consistent with the stated program goals. The proportion of beneficiaries receiving ongoing support has increased compared with earlier enrollees (71 percent), but a nontrivial share of WIPA enrollees (22 percent) still do not receive ongoing assistance that the program was intended to provide (compared with 29 percent among earlier enrollees). Moreover, it is unclear whether the amount of support provided to those who receive it (about three contacts over a 12-month period) is sufficient to lead to improved beneficiary employment outcomes, especially since most of the additional support occurs relatively close to enrollment to receive WIPA services.

WIPA projects continued to vary markedly in terms of output and service costs. Adjusting for funding levels and input costs, direct service per-WIPA enrollee costs varied from \$163 to \$2,802, and costs per WIPA service hour ranged from \$52 to \$1,472 across the WIPA projects. This variation is similar to that reported for an earlier period in Schimmel et al. (2010), when costs per WIPA enrollee ranged from \$49 to \$3,099 and costs per WIPA service hour ranged from \$42 to \$1,586. Extreme outliers contributed to this observed range; most WIPA projects had costs ranging from \$100 to \$300. Our findings suggest that several differences across WIPA projects were affecting their costs, including the share of clients receiving I&R-only versus WIPA services, the underlying demand for services within the projects' target populations, the availability of substitute services, how non-SSA funding was being used, and efficiency in providing services. This report does not explore the relative importance of each of those factors in determining costs and outputs.

I. INTRODUCTION

Individuals with disabilities who are Social Security Disability Insurance (DI) or Supplemental Security Income (SSI) beneficiaries face numerous challenges if they wish to work. Some of these barriers exist regardless of the receipt of disability benefits, such as poor health; a lack of education or experience necessary for their desired position; a lack of supports to assist them with employment, such as reliable transportation or personal assistance services; or labor market factors such as discrimination or a lack of suitable positions (Livermore and Stapleton 2010). Other barriers are specific to the SSDI and SSI programs, including a complex system of program rules that discourage work. Because the SSDI and SSI programs are designed to provide support to those unable to engage in substantial gainful activity (SGA), many beneficiaries fear that employment will jeopardize their benefits and are therefore fearful of attempting to work.

Despite significant barriers to employment, many working-age SSDI and SSI beneficiaries want to work; 40 percent report having an employment goal or an expectation that they will work in the future, and just over half (52 percent) of these employment-oriented beneficiaries have participated in recent employment-related activities (Livermore et al. 2009a). Recognizing beneficiaries' desire to work and some of the barriers to employment implicit in the SSDI and SSI program, the Social Security Administration (SSA) has implemented a set of work support programs. Many of these programs were implemented as part of the Ticket to Work and Work Incentives Improvement Act (Ticket Act) of 1999. The goal of the Ticket Act and its programs is to assist beneficiaries in achieving their employment goals and, ultimately, to increase self-sufficiency and reduce dependence on federal disability benefits.

The Work Incentives Planning and Assistance (WIPA) program is one of the programs to emerge out of the Ticket Act. Some of beneficiaries' fears of working and losing disability benefits can be reduced by providing accurate information about the effect of earnings on benefits, and often beneficiaries are unaware of or not using programs for which they are eligible and from which they might benefit. The WIPA program was designed as a way to provide information to SSDI and SSI beneficiaries about the work incentive programs, benefits, and services available to them in their return-to-work efforts.

This report explores the recent activities and outputs of the WIPA program, focusing on the period from April 2010 to March 2011. It builds substantially off of a similar report covering an earlier time period (Schimmel et al. 2010) and draws comparisons to that report in numerous places.

A. Key Features of the WIPA Program

The WIPA program grew out of the Benefits Planning, Assistance, and Outreach (BPAO) program, established by the Ticket Act to fund community organizations to provide accurate information about the benefits and work incentives available to SSDI and SSI beneficiaries. After six years of the BPAO program, evidence of its success was mixed. While the program was serving a range of beneficiaries who generally rated the program highly, other evidence showed that the program may have been less successful in achieving the Ticket Act's goals of increasing employment and decreasing reliance on benefits (O'Day et al. 2009). For example, rates of referral to employment support providers such as Employment Networks (ENs) were low, as was the use of work incentives (Peikes et al. 2005). Also, there was concern that counseling about work incentives and benefits was leading some beneficiaries to keep their earnings low in an attempt to maximize their

benefits, in direct contrast with a program designed to support increased earnings and decreased reliance on benefits.

To address the limitations of the BPAO program, SSA made changes and renamed it the WIPA program in 2006. The focus of the WIPA program was to provide tailored information that would “assist SSA beneficiaries with transitioning from dependence on public benefits to paid employment and greater economic self-sufficiency” (Virginia Commonwealth University 2010).¹ Specifically, WIPA projects were to provide (1) work incentives planning, including written documentation for beneficiaries “outlining their employment options and develop[ing] long-term supports that may be needed to ensure a beneficiary’s success in regards to employment”; (2) work incentives assistance; (3) work incentives education, marketing, and recruitment of beneficiaries; and (4) outreach services (SSA 2006). The cornerstone of the WIPA program was to be community work incentives coordinators, or CWICs, who were to “form an integral part of the vocational services system instead of merely providing a peripheral benefits counseling service” (Virginia Commonwealth University 2010).

The WIPA program was to provide information to beneficiaries about specific benefits, work incentives, and services that might assist them in their return-to-work efforts. In addition, SSA also emphasized that the program should provide ongoing support to beneficiaries—a new approach to beneficiaries’ employment success. The solicitation for WIPA cooperative agreements (SSA 2006) specified that WIPA projects were to provide:

- “[O]ngoing, comprehensive work incentives monitoring and management assistance to beneficiaries who are employed or seeking employment”
- “[L]ong-term work incentives management on a scheduled, continuous basis, allowing for the planning and provision of supports and regular checkpoints, as well as critical transition points in a beneficiary’s receipt of benefits, improvement of medical condition, work attempts, training, and employment”
- “Ongoing direct assistance to a beneficiary in the development of a comprehensive, long-term work plan to guide the effective use of...work incentives”

WIPA projects provide direct services to beneficiaries in two ways: (1) information and referral (I&R) services and (2) more intensive WIPA services. All beneficiaries who contact a WIPA project are “enrolled” to receive basic I&R services from WIPA projects. Those with fairly simple or generic questions about benefits or work supports receive this information in one or two brief sessions. Those who need more individualized, in-depth services are dismissed from I&R and enrolled to receive WIPA services, including the planning and assistance described above. CWICs are expected to engage in an intensive intake process to gather specific information about the individual and the benefits he or she receives. Once this intake process is complete, CWICs are expected to provide assistance to WIPA enrollees to help them access the benefits, work incentives, and services needed to progress toward their employment objectives.² SSA’s expectation is that 80 percent of WIPA

¹ The acknowledgements of these training materials indicate that the content was reviewed and approved by SSA.

² A more detailed description of the services provided by CWICs is contained in Chapter 1 of Schimmel et al. (2010).

project resources will be devoted to the provision of WIPA services, with the remaining 20 percent devoted to I&R and outreach activities.

During the evaluation period of this report (April 1, 2010, to March 31, 2011), SSA funded 103 WIPA projects through cooperative agreements, 82 percent of which were previously BPAO projects.³ A variety of organizations throughout the country operate as WIPA projects, including disability service organizations that provide employment supports, such as United Cerebral Palsy, Easter Seals, and Goodwill Industries; Centers for Independent Living; State Vocational Rehabilitation Agencies (SVRAs) and other state agencies; and organizations offering legal assistance. Total funding for the WIPA program is \$23 million, with \$19.4 million allocated across WIPA projects and the remainder allocated to program management and support, including the National Training Center at Virginia Commonwealth University, site visits by SSA project officers to WIPA projects, and administrative costs of operating the WIPA program.⁴

Annual funding for each WIPA project is determined using a formula based upon the number of SSI and SSDI beneficiaries in each zip code or county served by the project. Because of variation in the number of beneficiaries in each service area, the total funding to each WIPA project varies, and correspondingly, so does the scale of each project's operations. However, funding for each WIPA project is capped at a minimum of \$100,000 and a maximum of \$300,000, so total funding for each project is not directly representative of potential beneficiary demand within the service area. (Table I.1). We return to this point in Chapter VII.

Table I.1. Distribution of WIPA Funding from SSA

SSA Funding Level	Number of WIPA Projects
\$100,000 to \$149,999	40
\$150,000 to \$199,999	13
\$200,000 to \$249,999	18
\$250,000 to \$299,999	20
\$300,000	12

Source: Authors' tabulations based on data provided by SSA.

Note: Table includes only funding provided by SSA; it excludes cost-sharing and funds from other sources.

To receive funding from SSA, WIPA projects must provide a five percent match with nonfederal sources (Social Security Administration 2006; O'Day et al. 2009). Some WIPA projects also leverage funds or in-kind support from other organizations. Other funding is obtained in a variety of ways, including parent organization funding, Medicaid Infrastructure Grants (MIG),

³ Until January 2011, there were 103 WIPA projects. Familia Unida in California closed its operations in that month and beneficiaries it was serving were transferred to other WIPA projects in the area. We have included Familia Unida in our analysis since it was operating as a WIPA program for a portion of the time period we assess.

⁴ Between 2000 and 2008, the number of SSI and DI beneficiaries increased from 7,550,930 to 10,289,474 (Social Security Administration 2009), but annual funding for the WIPA program remained at \$23 million, the amount authorized for the BPAO program in fiscal year 2000. This means that WIPA resources per beneficiary have declined significantly since the inception of the BPAO program due to inflation and an increase in the number of beneficiaries.

SVRAs, SSA's Benefit Offset National Demonstration (BOND), or other sources. Some received a large share of their direct WIPA services funding from other sources, as shown in Table I.2.

Table I.2. Other Funding Leveraged by WIPA Projects as a Percentage of SSA Funding

Non-SSA Funding for Direct Services as a Percentage of SSA Funding	Number of WIPA Projects
5 to 9 percent	24
10 to 24 percent	13
25 to 49 percent	9
50 to 74 percent	1
75 percent or more	11

Source: Authors' tabulations based on WIPA responses to information solicited from WIPA projects about funding received in spring 2011.

Notes: Table only includes WIPA projects that report leveraging funds in addition to the required match. We exclude funding WIPA projects receive to provide indirect services such as public information campaigns, or in-kind support (for example, donated office space).

B. Highlights from the Previous WIPA Evaluation and Purpose of This Report

In 2010, as part of its contract with SSA, Mathematica Policy Research evaluated the activities and outputs of the WIPA program, focusing predominantly on the time period from October 1, 2009, to March 31, 2010 (Schimmel et al. 2010). That six-month time period was selected because it most accurately reflected the most recent experiences of WIPA projects at the time. By October 2009, all WIPA projects had received extensive training in using the WIPA data collection system (described in more detail in Chapter II), meaning that activities recorded reflected an accurate picture of the support provided by each WIPA project. The evaluation considered data through March 2010, the timeliest data possible, to provide the most current snapshot of activities.

That report contained six conclusions:⁵

1. Although WIPA projects appeared to be providing ongoing support to most WIPA enrollees, many beneficiaries did not receive the ongoing assistance that the program was intended to provide. While most WIPA enrollees had contact with a WIPA project beyond the baseline WIPA assessment, such contact appeared to occur relatively infrequently as time progressed, and many did not have any additional contact.
2. WIPA projects prioritized services to beneficiaries who were employed or actively seeking employment, consistent with the intent of the program and instructions that WIPA projects received about providing in-depth WIPA services to those who were most work-oriented.
3. WIPA projects focused on encouraging the WIPA enrollees they served to use specific key benefits, work incentives, and services to increase employment. In particular, WIPA enrollees who were not using benefits, work incentives, and services for which they were eligible at the time of their baseline WIPA assessment were usually encouraged to do so.

⁵ We refer readers to the previous evaluation for the analyses that led to these conclusions.

4. Variation in the completeness of data collected about WIPA enrollees made it difficult to assess whether beneficiary characteristics and program activities at the national level were representative of all beneficiaries served by the WIPA program. Data completeness was problematic in terms of a lack of both required assessment data for beneficiaries who were enrolled to receive WIPA services and on specific data elements within various assessments.
5. WIPA projects varied in service costs per beneficiary, with extreme outliers contributing to the observed range. This variation in cost per beneficiary persisted under several different measures of inputs and service provision. Several factors could contribute to the wide variation in costs, but exploring those factors in depth was beyond the scope of the analysis.
6. It was still too early at that time to observe employment outcomes after beneficiaries receive WIPA services, and program design does not allow for the estimation of program impacts.

Because the previous evaluation considered only six months of data, the purpose of this report is to revisit conclusions reached in that evaluation using more recent data to identify the extent to which they still hold or may have changed. This report assesses the continued validity of the first five conclusions. The sixth finding is partially addressed in Livermore et al. (2011), which explores the work incentive use, employment status, earnings, and disability benefits status over a longer period for a cohort of early WIPA enrollees.⁶ The assessment in this report will use data that focus on a more recent time period than the previous evaluation; in most cases, we consider activities and outputs of WIPA projects during the period from April 1, 2010, to March 31, 2011—the year following the last evaluation. In this report we refer to beneficiaries who first made contact and enrolled to receive WIPA services during this period as “recent enrollees,” and to those from the period covered in the previous evaluation as “earlier enrollees.”

C. Key Findings

Our analysis focuses on documenting the activities of WIPA projects from April 1, 2010, to March 31, 2011. In many places, we compare the recent WIPA enrollees who first contacted the WIPA program from April 1, 2010 through March 31, 2011 to earlier enrollees documented in Schimmel et al. (2010) who first contacted the program from October 1, 2009 through March 31, 2010. We reach the following conclusions:

1. **Over time, fewer beneficiaries are making contact with the WIPA program.** From October 1, 2009, to March 31, 2010, 26,278 individuals first contacted a WIPA project, compared with 25,117 from April 1, 2010, to September 30, 2011, and 20,717 from October 1, 2010, to March 31, 2011. We are unable to discern the reason for this decline, but there are several possibilities. First, it is possible that beneficiaries most eager to utilize services and supports geared toward employment contacted the WIPA program earlier. Second, as time progresses, WIPA projects may need to devote a higher share of resources to existing enrollees receiving ongoing services, leaving less of

⁶ Because participation in the WIPA program is not randomized, it will not be possible to measure program impacts; therefore, the Livermore et al. (2011) report does not consider impacts.

the fixed level of funding for the support of additional beneficiaries. Third, the economic recession may have led to decreased employment opportunities for workers with disabilities, resulting in beneficiaries being less interested in or unable to find work and therefore having a lower perceived need for WIPA services. Finally, it is possible that beneficiaries have been able to obtain information from other SSA initiatives, including the Work Incentive Information and Referral System (WIIRC, now part of Beneficiary Access and Support Services, or BASS), a national center which provides information to beneficiaries assigning their Tickets. The WIIRC is able to answer basic questions that beneficiaries have and facilitates beneficiary access to Employment Networks (ENs), so fewer beneficiaries may be contacting the WIPA program for I&R.

2. **WIPA projects have improved their data collection efforts, as evidenced by the proportion of WIPA enrollees with completed I&R and baseline assessments, as well as by slight decreases in item non-response.** At a minimum, WIPA projects are to collect intake information and perform an I&R assessment and a WIPA baseline assessment for each WIPA enrollee. These data are to be recorded in an online data system known as WIPA Efforts to Outcomes (ETO). Among recent WIPA enrollees, 97.1 percent had an I&R assessment and 92.1 had a baseline assessment in WIPA ETO. These proportions are higher than those of earlier enrollees, of whom 93.8 percent had a recorded I&R assessment and 89.6 percent had a WIPA baseline assessment. On specific data elements contained within each of these assessments, we found that the prevalence of missing data is slightly lower among recent enrollees. Taken together, the decrease in missing data suggests that information on recent WIPA enrollees is more likely to be representative of the beneficiaries served by the program as a whole. However, we caution that item non-response on certain elements is still high in some cases. In cases where missing data are more prevalent, it is more difficult to know whether the findings are applicable to all participants in the program. Consequently, for each element contained in this report we provide the proportion with available data; we suggest caution when generalizing the results presented to the entire population of WIPA enrollees.
3. **The demographic profile of WIPA enrollees has remained relatively similar over time, though recent enrollees are more intensively focused on employment than were earlier enrollees.** There have been slight changes over time in the benefits status, disability type, and health status of WIPA enrollees when they first make contact with the program. A slightly higher proportion of recent enrollees had SSDI compared with earlier enrollees, recent enrollees reported their health to be slightly worse than earlier enrollees, and recent enrollees have a slightly different profile of self-reported disabling conditions than earlier ones. However, these changes were relatively small, suggesting that the profile of beneficiaries served is approximately the same. That said, recent WIPA enrollees were more likely to be employed than were earlier enrollees; 39.8 percent of recent enrollees were already employed or had a job offer pending at intake, compared with 34.7 percent of earlier enrollees. In addition, fewer recent enrollees are only considering employment; 18.6 percent compared with 25.6 percent of earlier enrollees.
4. **The ability of the WIIRC/BASS to directly refer beneficiaries to WIPA projects and enter their data in WIPA ETO changed how WIPA enrollees learned about the WIPA program.** The WIIRC/BASS is tasked with conducting outreach and providing information to beneficiaries who have received their Tickets. Beginning in February 2010, staff members from the WIIRC/BASS were able to enter data into

WIPA ETO and directly refer beneficiaries to WIPA projects based on their assessed needs. As a result, the proportion of recent WIPA enrollees reporting that they learned about WIPA through the WIIRC/BASS (20 percent) is nearly double that of earlier enrollees (10.6 percent). The increased proportion of WIPA enrollees referred from WIIRC/BASS may also explain other observed trends, such as a higher proportion employed at intake, since beneficiaries interested in the Ticket to Work program are work-oriented (Livermore and Stapleton 2010).

5. **The nature of services provided by WIPA projects to recent WIPA enrollees has remained largely unchanged from those provided to earlier enrollees; WIPA projects continue to encourage the use of services and supports that may increase employment and reduce reliance on disability benefits.** As was the case for earlier enrollees, WIPA projects often suggest to WIPA enrollees that they use services and supports that may increase the likelihood of finding and keeping a job, thereby possibly reducing reliance on disability benefits. Beyond the baseline WIPA assessment, 78 percent of recent WIPA enrollees had at least one additional contact with the WIPA program, higher than the 71 percent of earlier enrollees. When it happens, ongoing support to enrollees tends to occur relatively soon after enrollment; the number of additional contacts does not increase much beyond the first three months after entry. Follow-up assessments, which indicate a significant change in benefits, education, or employment, occur relatively infrequently (13.8 percent of recent WIPA enrollees had a follow-up assessment), though this could be because WIPA enrollees do not contact a WIPA project to let them know of such changes. The likelihood of follow-up assessments increases slightly as time progresses, suggesting that experiencing changes in status after WIPA enrollment may take time.
6. **WIPA projects continue to have wide variation in service costs per beneficiary.** Whether measured in terms of client enrollments or the specific activities undertaken by WIPA staff, output varied substantially across the 103 WIPA projects, even after taking into account variation in both SSA and non-SSA funding and input costs. Adjusting for funding levels and input costs, costs of direct service per WIPA enrollee varied from \$163 to \$2,802 and costs per WIPA service hour ranged from \$52 to \$1,472 across the WIPA projects. This variation is similar to that reported for an earlier period in Schimmel et al. (2010), when costs per WIPA enrollee ranged from \$49 to \$3,099 and costs per WIPA service hour ranged from \$42 to \$1,586. Most (60 percent) of the WIPA projects operated within a fairly comparable range of cost per WIPA service hour (\$112 to \$278), but there were extreme outliers that contributed to the observed range. Several factors could contribute to this variation but are outside of the scope of this report to investigate.

In Table I.3, we show selected statistics for the recent and earlier cohorts of WIPA enrollees to facilitate comparisons between them. Table I.4 contains selected comparisons of the costs incurred by WIPA projects in delivering WIPA services. These tables focus on key comparisons across the two time periods and do not represent exhaustive lists of the WIPA program statistics presented in this report.

Table I.3. Comparison of Selected Characteristics of Beneficiaries Served by the WIPA Program in Recent and Earlier Time Periods

Characteristic	Date of First Contact with a WIPA Project	
	April 1, 2010 to March 31, 2011	October 1, 2009 to March 31, 2010
Number of Beneficiaries	45,834 ¹	26,278
Received Information and Referral (I&R) only	21,038	13,668
Enrolled to receive WIPA services (WIPA enrollees)	24,796	12,610
Percentage of clients served who were WIPA enrollees	54.1	48.0
Characteristics of WIPA Enrollees		
Received SSDI benefits (%)	62.1	59.0
Reported health as fair (%)	33.0	28.7
Reported primary disability as cognitive or developmental (%)	12.4	14.1
Reported another unspecified primary disabling condition (%)	16.5	13.1
Employed when first contacted WIPA (%)	39.8	34.7
Considering employment when first contacted WIPA (%)	18.6	25.6
Learned about WIPA through the WIIRC (%)	20.0	10.6
Learned about WIPA through other WIPA outreach (%)	8.9	13.7
Services Provided to WIPA Enrollees		
Enrollees with an I&R assessment (%)	97.1	93.8
Enrollees with a WIPA baseline assessment (%)	92.1	89.6
Enrollees with at least one contact beyond baseline assessment (%)	77.6	71.4
Average number of additional contacts beyond baseline assessment ²	3.3	3.1
Enrollees with a WIPA follow-up assessment (%)	13.8	11.4

Source: Findings for the recent period (April 1, 2010-March 31, 2011) are presented in this report. Findings for the earlier period (October 1, 2009-March 31, 2010) are from Schimmel et al. (2010).

Note: Enrollment to receive WIPA services was determined on the last date shown in the range (i.e., March 31, 2011 for beneficiaries who first contacted the WIPA program from April 1, 2010 through March 31, 2011).

¹ Of these, 25,117 made first contact from April 1, 2010 to Sept. 30, 2010, and 20,717 made first contact from October 1, 2010 to March 31, 2011.

² Limited to WIPA enrollees with at least one additional contact.

Table I.4. Selected Comparisons of WIPA Project Service Hours and Costs

Service Hours and Costs	Date Range for Services Provided	
	April 1, 2010 to March 31, 2011	October 1, 2009 to March 31, 2010
Percent of total direct service hours devoted to I&R-only services ¹	22	30
Range of unadjusted service costs per WIPA enrollee ²	\$64-\$2,051	\$58-\$3,487
Range of adjusted service costs per WIPA enrollee ³	\$163-\$2,802	\$49-\$3,099
Range of unadjusted service costs per WIPA service hour ²	\$14-\$777	\$18-\$1,500
Range of adjusted costs per WIPA service hour ³	\$52-\$1,472	\$42-\$1,586
Range for second through fourth quintiles (middle 60 percent of WIPA projects ranked by adjusted costs)	\$112-\$278	\$104-\$310

Source: Findings for the recent period (April 1, 2010-March 31, 2011) are presented in this report. Findings for the earlier period (October 1, 2009-March 31, 2010) are from Schimmel et al. (2010).

Note: Statistics shown include all services provided during the specified date range, regardless of when the clients served first contacted the WIPA program.

¹ Total direct service hours include only time spent providing services to clients, and exclude other WIPA staff activities such as outreach.

² Unadjusted cost estimates include only SSA funding.

³ Adjusted cost estimates include SSA and non-SSA funding for WIPA services, and account for differences in area rent and labor costs across projects.

D. Report Structure

This report proceeds as follows. In Chapter II, we describe the data collected by WIPA projects to monitor and track the beneficiaries they serve. We also specify the date ranges and information used for our analysis. In Chapter III, we document how many beneficiaries have been served by WIPA projects during the most recent period and identify the extent to which data collection activities of WIPA projects have changed over time. In Chapter IV, we explore whether the most recent new enrollees to the WIPA program are similar to earlier enrollees in terms of their personal characteristics, reasons for contacting the program, and I&R received. Chapter V presents information about the work orientation and goals of new WIPA enrollees when they first make contact with the program, as well as the benefits, services, and work incentives suggested to them by the WIPA project at the time of the baseline WIPA assessment. In Chapter VI, we focus on a slightly different group of WIPA enrollees to explore the amount of ongoing support the program is providing to the beneficiaries it serves. Chapter VII provides information on the costs of providing WIPA services and relates those costs to outputs at the WIPA project level. Chapter VIII summarizes our key findings.

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II. DATA AND METHODS

Because WIPA projects were tasked with providing in-depth, long-term assistance to beneficiaries, it became necessary to design a data system that would allow them to track program participants. The WIPA Efforts to Outcomes (ETO) data system was designed to meet three distinct needs: (1) internal project case management, (2) external monitoring by SSA's Office of Employment Support Programs (OESP), and (3) evaluation. As such, it is able to record a large battery of information on beneficiaries contacting the WIPA program. Because of the volume of information collected, staff from WIPA projects have needed intensive training and technical assistance to properly record beneficiary information in the system.⁷

Starting in October 2009, all WIPA projects were adept at using the WIPA ETO system to track beneficiaries and collect the information needed for monitoring and evaluation purposes. Since then, WIPA projects have been able to access technical assistance and support in using the WIPA ETO system, to ensure that the data being collected are of high quality.

In this chapter, we highlight the information captured in ETO and describe how we use that information to identify and track participants for purposes of documenting WIPA activities and we describe the analysis samples we use in subsequent chapters.

A. Information Collected in ETO

WIPA ETO captures information on beneficiaries enrolled to receive WIPA services, as well as those who receive I&R only (Figure II.1). Mirroring the more intensive needs of WIPA enrollees, a larger amount of information is collected on those receiving WIPA services than on those whose inquiries only require I&R. Basic intake information and a short I&R assessment documenting the nature of the inquiry and the way it was resolved are collected for all beneficiaries contacting a WIPA project.

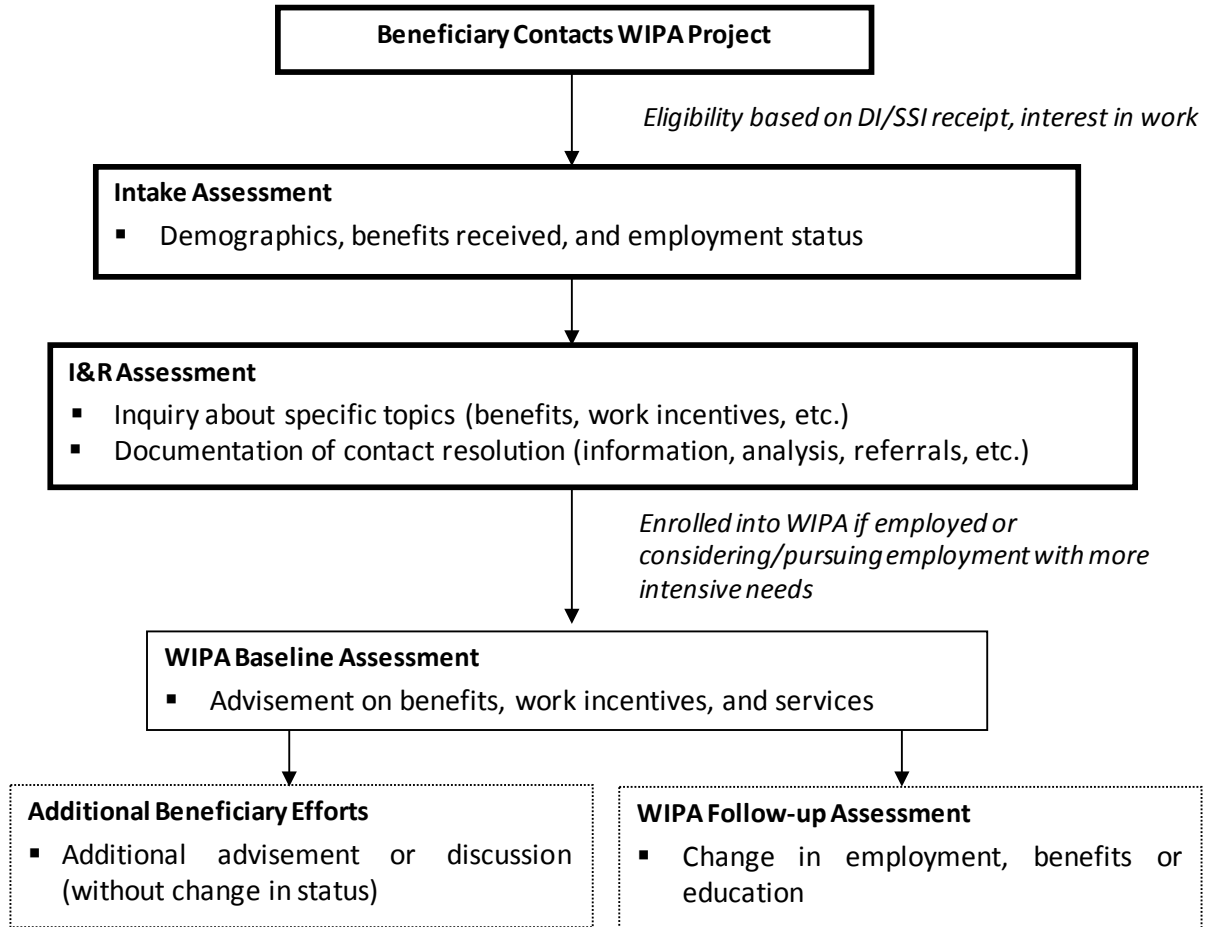
Intake information includes basic demographic information as well as educational attainment, benefits receipt, and employment status at that time. This information is to be entered into WIPA ETO on an intake screen. Per SSA specification, the WIPA ETO system requires that five elements be completed: first and last name, date of birth, gender, benefits received at intake, and how the caller heard about the WIPA project.⁸ WIPA ETO will not allow data entry to continue until these items are entered, so these data are collected for nearly every beneficiary making contact with a WIPA project. All other questions are supposed to be completed as well, but this may not always occur. For example, because beneficiaries who need I&R often expect only a brief phone call, they may not be willing to answer all of the questions on the intake screen, which means that these data elements may be missing for a large fraction of beneficiaries who contact the WIPA program.⁹

⁷ More information about the development and early stages of the WIPA ETO system are described in greater detail in Schimmel et al. (2010).

⁸ Social Security number (SSN) is not a required element, because beneficiaries calling with simple inquiries may be hesitant to provide such sensitive information. The vast majority of WIPA enrollees has SSN available and are therefore able to be merged to SSA administrative data; see Livermore et al. (2011) for match rates.

⁹ Missing data are discussed in greater detail in the next chapter.

Figure II.1. Progression of Data Collection in WIPA ETO After Beneficiaries First Contact a WIPA Project



Note: Data in the top three boxes are to be collected from all WIPA clients (those who receive I&R only and those who enroll to receive WIPA services). Data in the lower three boxes are to be collected only from WIPA enrollees; data in the bottom two dashed boxes do not necessarily have to be collected if enrollees do not receive services beyond the WIPA baseline assessment.

After completing the intake form, CWICs complete an I&R assessment, which documents the reason(s) for the inquiry to the WIPA project, as well as the way(s) in which the contact was resolved. Topics of inquiry include WIPA and non-WIPA services, work incentives, and employment- or education-related questions. Several of these topics also have subcategories with more specific information about the reason for the contact. The I&R contact is deemed to be resolved in several ways, including providing information or assistance, referring the beneficiary to another agency, or referring the beneficiary to a CWIC for WIPA services.

At the time of the I&R assessment, it is determined whether a beneficiary is interested in and needs more in-depth services. If the beneficiary who receives I&R is not eligible for WIPA services or is interested only in I&R, documentation ends with the I&R assessment record. For beneficiaries who are enrolled to receive WIPA services (“WIPA enrollees”), the CWIC conducts at least one

additional in-depth assessment, known as the WIPA baseline assessment.¹⁰ This assessment documents the beneficiary's employment status at the time as well as their specific employment, education goals as well as their intent regarding the reduction or cessation of disability benefits in the future. The WIPA assessment includes information on the specific benefits, work incentives, and services that the CWIC discussed with the beneficiary. For each element for which a WIPA enrollee is eligible—for example, the Trial Work Period for SSDI beneficiaries, or 1619(b) for SSI beneficiaries—the CWIC records whether it was discussed and whether it was suggested to the beneficiary that he or she take advantage of it in order to meet his or her employment goals.

One of the focuses of the WIPA program is to provide ongoing support to beneficiaries. There is no set schedule to how often these interactions should occur, or requirement for them to be on a regular basis, as WIPA support is designed to be tailored to the needs of each beneficiary. WIPA ETO allows for the documentation of additional beneficiary “efforts,” to identify each time CWIC has a significant interaction with a WIPA enrollee outside of the formal assessment process. For example, a beneficiary might contact the WIPA project if he or she receives a job offer, to discuss the implication of earnings on benefits. Or, a CWIC may record an effort if he or she completes a Benefits Summary and Analysis (BS&A) documenting an enrollee's benefits status and potential impact of employment on benefit receipt. The efforts data records the reason for a contact, any suggestions made by the CWIC, and the way the contact was resolved. The number of efforts a beneficiary can have is unlimited but depends on the needs of the individual and the WIPA project's ability to provide additional services.

Separate from beneficiary efforts, CWICs are to conduct follow-up assessments if the WIPA enrollee has a change in benefits, education, or employment status after the baseline assessment is conducted. This assessment is virtually identical to the baseline assessment and allows WIPA staff to identify any areas that have changed since baseline. Not all beneficiaries will have follow-up assessments; if no significant changes occur after the baseline assessment, there is no need to conduct one. Also, beneficiaries may have a significant change in status that they do not report to the WIPA; this information necessarily would not be contained in a follow-up assessment. Therefore, it is likely that follow-up assessments are an undercount of significant changes among beneficiaries following the baseline assessment.

B. Data Used in the Analysis

The analyses in this report are conducted at the level of the beneficiary (Chapters III-VI) and at the level of the WIPA project (Chapter VII). The beneficiary-level analysis is further divided into a snapshot of the recent enrollees into the WIPA program (Chapters III-V), and a documentation of the follow-up activities conducted for a different subset of recent WIPA enrollees (Chapter VI). Table II.1 highlights the key differences in the samples used in each analysis.

¹⁰ Enrollment to receive WIPA services is separate from the WIPA baseline assessment, and is completed by checking a box in WIPA ETO indicating enrollment. As such, WIPA enrollees may not have a completed WIPA baseline assessment.

Table II.1. Description of Analyses Contained in Report

Description of Analysis	Chapter(s)	Unit of Analysis	Analysis Dates	Date Beneficiary First Contacted a WIPA
Snapshot of recent WIPA enrollees	III-V	Beneficiary	April 1, 2010, to March 31, 2011	April 1, 2010, to March 31, 2011
Quantification of follow-up activities among WIPA enrollees	VI	Beneficiary	October 1, 2009, to March 31, 2011	October 1, 2009, to September 30, 2010
Quantification of WIPA output	VII	WIPA project	April 1, 2010, to March 31, 2011	All dates through March 31, 2011

1. Snapshot of Recent WIPA Enrollees (Chapters III-V)

The snapshot of recent WIPA enrollees summarizes this key information for beneficiaries who first contacted a WIPA project from April 1, 2010, to March 31, 2011; this represents a one-year period immediately following that covered in the previous evaluation. We call the date a beneficiary first made contact with a WIPA project the “entry date.”

Among beneficiaries who first contacted a WIPA project during this period, some began to receive WIPA services and some only received I&R. We characterize those who received WIPA services at any point between their entry date and March 31, 2011, as “WIPA enrollees,” and those who only received I&R as “I&R enrollees.” By focusing on enrollment status by the end of this one-year period, we avoid the double-counting of beneficiaries who received both I&R and WIPA services during this time. We chose the last possible day to measure enrollment status to provide the most current picture of the intensity of services received after first contacting a WIPA project.

In Chapter III, we quantify the number of I&R and WIPA enrollees and explore the prevalence of missing data among the latter group. Chapters IV and V provide in-depth information about the needs of WIPA enrollees and the services provided by the WIPA project to help them in reaching their employment goals.

In many places, we compare findings for recent WIPA enrollees (those who first made contact with a WIPA from April 1, 2010, to March 31, 2011) to earlier WIPA enrollees (those who first made contact from October 1, 2009, to March 31, 2010). These earlier WIPA enrollees were described in Schimmel et al. (2010). For this reason, the tables in the body of this report pertain only to WIPA enrollees with entry dates from April 1, 2010 onward; selected results for enrollees with earlier entry dates are contained in Appendix A. We do not discuss every possible comparison between recent and earlier enrollees; we refer the reader to the earlier report if a particular comparison is not made. It is important to note that due to resource constraints, we did not test for the statistical significance of reported differences between earlier and recent WIPA enrollees.

2. Quantification of Follow-Up Activities Among WIPA Enrollees (Chapter VI)

Chapter VI contains information on the likelihood that a WIPA enrollee received a follow-up assessments or beneficiary efforts, and the number received. We include WIPA enrollees who first contacted a WIPA from October 1, 2010, to September 30 2011, a different date range than in earlier chapters to allow time to elapse between first contacting a WIPA project and the end of the period of observation.

We include any follow-up assessments or efforts that were completed on their behalf by March 31, 2011. This means that the minimum amount of time for follow-up activities to have occurred is six months, with a maximum of 18 months for beneficiaries with the earliest entry dates. Our analysis stratifies by entry date, to measure whether those who enrolled longer have more follow-up activities than those enrolled for a shorter period.

3. Quantification of WIPA Output (Chapter VII)

In Chapter VII, we shift from the beneficiary-level perspective to one that focuses on the activities of each WIPA project. To do this, we no longer select beneficiaries based on their entry date. Instead, we count the service output of WIPA projects for all beneficiaries during a period, regardless of when they first contacted a WIPA.

Service output includes the number of beneficiaries enrolled in I&R and WIPA, assessments, and staff service efforts on behalf of beneficiaries. To assess the extent to which output and costs vary across 103 WIPA projects, we analyzed WIPA service delivery activity during the 12-month period from April 1, 2010, to March 31, 2011, using activity recorded in WIPA ETO, including the number of I&R and WIPA enrollments, I&R assessments, WIPA baseline assessments, and additional staff efforts made for WIPA beneficiaries. This one-year period immediately follows the six-month period considered in a similar analysis in Schimmel et al. (2010).

We obtained information on funding for WIPA projects through data from SSA and from information solicited from all WIPA projects in June 2011 via WIPA ETO. Consideration of SSA funding alone might have led to large variations in the calculated cost per unit of output, so each WIPA project was asked about additional non-SSA funding received to support the provision of direct services through the WIPA program. Of the 102 WIPA projects in operation at the time of the survey, 101 responded.¹¹ Some WIPA projects reported receiving substantial additional funding, while others operated with SSA funds only. In the survey WIPA projects were asked to enter the time period the funding covered and the percentage used for direct WIPA services (including I&R or benefits counseling). In cases where the funding time period did not correspond exactly to the period of analysis in this report, we took a fractional amount of the total funding that included only the months between April 2010 and March 2011.

We then used information on service output and funding to construct measures of per-unit costs of output. To reflect differences across WIPA projects in the cost of labor and rent inputs, we adjusted the funding levels using county-level wage data from the Bureau of Labor Statistics (BLS n.d.), and rent data from the Department of Housing and Urban Development (HUD n.d.). SSA provided us with information about the number of SSI and SSDI beneficiaries per square land mile in the areas served for each WIPA project. Appendix D contains additional details about the methodology used to construct the cost measures.

¹¹ In some cases, WIPA projects were emailed and asked to provide clarification about their responses. At the time of this report, three WIPA projects had not yet responded to our request. In those cases, we made assumptions about their non-SSA funding based on our interpretation of the explanations provided via WIPA ETO.

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III. HOW MANY BENEFICIARIES HAVE BEEN RECENTLY SERVED BY THE WIPA PROGRAM, AND HOW COMPLETE ARE THEIR DATA?

We begin by documenting the number of beneficiaries who first made contact with a WIPA project from April 1, 2010, to March 31, 2011, and the proportion of them who went on to enroll to receive more intensive WIPA services. As described in the previous chapter, WIPA projects are instructed to collect certain information from beneficiaries who receive I&R only and to gather a more expansive set of information from WIPA enrollees. We assess the extent to which relevant assessments were completed and, among those with assessment data, the amount of missing data on key elements used in our analysis.

We find that data collection had improved in the recent period; a higher proportion of WIPA enrollees have I&R and WIPA baseline assessments as compared to earlier enrollees. We also find that within each assessment there has been a general trend toward greater data completeness; rates of missing data have declined somewhat in the recent period. Still, rates of missing data are high on certain elements; for this reason, our analysis in subsequent chapters provides sample sizes and response rates on each element so that the reader can assess independently the extent to which available data are representative of the WIPA program as a whole.

A. Total Number of Beneficiaries Served by WIPA Projects and Proportion of WIPA Enrollees with Completed Assessments

In the 12 months from April 1, 2010, to March 31, 2011, 45,834 individuals received services from a WIPA project for the first time (Table III.1). By the end of that period, 21,038 had received I&R only. The remainder (54.1 percent, or 24,796 individuals), had enrolled to receive WIPA services.

There was variation by quarter in the number of individuals first contacting a WIPA program (Table III.1); the holiday season from October 1, 2010, to December 31, 2010, saw the lowest number of new contacts (9,653, compared with 11,000 or more in each of the other quarters). The proportion of individuals that went on to enroll to receive WIPA services by March 31, 2011, was approximately constant across the quarters, ranging from 51.2 to 57.2 percent.

Looking across six-month intervals shows that fewer new people are contacting the WIPA program over time. From October 1, 2009, to March 31, 2010, 26,278 individuals first contacted a WIPA project (Appendix Table A.1), compared with 25,117 from April 1, 2010, to September 30, 2011, and 20,717 from October 1, 2010, to March 31, 2011 (calculated from quarterly statistics shown in Table III.1). There is no obvious reason for this decline. Factors that might have contributed to the decline include: higher initial demand for the program by the beneficiaries most eager to use employment services and supports that is now tapering off because that demand has been met; declining employment opportunities resulting from the economic recession has led to fewer beneficiaries viewing employment as a viable option and reduced interest in WIPA program services; WIPA projects devoting fewer resources to outreach as the program becomes more established or as funding becomes more constrained; and beneficiaries receiving information about work incentives and other services from alternate sources (a point we return to below).

Nearly all recent WIPA enrollees have I&R assessment and WIPA baseline assessment data recorded in ETO; 97.1 percent have an I&R assessment and 92.1 have a baseline assessment (Table

III.1). These proportions are higher than earlier enrollees, of whom 93.8 percent had an I&R assessment and 89.6 percent had a WIPA baseline assessment (Appendix Table A.1). This shows that WIPA projects have improved their data collection efforts, at least in terms of collecting assessment data, since the previous evaluation period.¹²

Table III.1. Number of Beneficiaries Served by WIPA Projects

	Beneficiary Entry Date				
	Full Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Apr. 1, 2010 Mar. 31, 2011	Apr. 1, 2010 June 30, 2010	July 1, 2010 Sept. 30, 2010	Oct. 1, 2010 Dec. 31, 2010	Jan. 1, 2011 Mar. 31, 2011
Total Number of Beneficiaries Contacting a WIPA Project	45,834	12,457	12,660	9,653	11,064
Enrolled to Receive I&R Only	21,038	5,638	5,870	4,133	5,397
Enrolled to Receive WIPA Services	24,796	6,819	6,790	5,520	5,667
Percentage with an I&R assessment	97.1	97.0	97.4	97.2	96.8
Percentage with a WIPA baseline assessment	92.1	91.7	91.8	91.7	93.5

Source: WIPA ETO, accessed April 4, 2011.

Note: Enrollment status as of March 31, 2011. I&R-only enrollees include current as well as previously dismissed enrollees who were not enrolled to receive WIPA services. WIPA enrollees include current as well as previously dismissed enrollees who were enrolled to receive WIPA services.

B. Variation in Assessment Completion by Enrollee Subgroup

The overall completion rate of I&R and baseline assessments is high among WIPA enrollees, but it is possible that the rate of completion varies by beneficiary characteristic. Understanding the extent to which data are collected at about the same rate across subgroups is important because it indicates how representative the data collected are of beneficiaries served by the program. To explore variations by enrollee subgroup, we calculated the percentage of WIPA enrollees with completed I&R and baseline assessments by subgroup including age, gender, marital status, educational attainment, self-reported primary disability, health status, and benefits received at intake.

There was very little difference by beneficiary subgroup in the likelihood of having an I&R or baseline assessment (Appendix Table B.1). One exception to this was for beneficiaries ages 14-17; this group was less likely to have an I&R assessment but more likely to have a WIPA baseline assessment than other ages. However, the small number of cases in this age group suggests that this difference may not be meaningful. Among self-reported primary disabilities, those with non-spinal

¹² WIPA projects have been given specific instructions and in-depth technical assistance regarding the WIPA ETO system and the data that are to be collected. For security reasons, they are not to keep paper records on beneficiaries. We therefore assume that if an assessment or effort was conducted, it was recorded in WIPA ETO. Having assessment data in ETO does not mean that all data elements were collected; it simply means that an assessment form was started. For this reason, we assess item nonresponse on certain key elements from each assessment below.

orthopedic impairments were most likely to have an I&R assessment (98.0 percent) but least likely to have a WIPA baseline assessment (91.0 percent). Finally, there was some variation by employment status at intake; those who were self-employed were most likely to have an I&R assessment (98.3 percent), but least likely to have a baseline assessment (88.5 percent). Even in cases where these differences were observed, they were not large, and suggest that beneficiary subgroups are about equally likely to have their information captured. This finding is similar to that for WIPA enrollees who contacted the WIPA program prior to April 1, 2010 (Appendix Table A.2).

C. Data Completeness on Key Elements

The completion of an assessment does not imply that all elements within the assessment were populated; it only shows that the assessment was conducted to some extent. It is therefore possible that the proportion of beneficiaries with data available on key data elements may be lower than the percentage with a “completed” assessment. To assess this, we explored the proportion of WIPA enrollees with each type of assessment who had information available on key data elements (that is, the response rate) used in our analysis. These proportions are reported in Appendix Table B.2.

Response rates ranged from under 70 percent on certain elements in the WIPA baseline assessment to nearly 100 percent for required elements in the intake assessment.¹³ In cases where data is available for all or the vast majority of WIPA enrollees, we are confident that the statistics reported represent the experiences of enrollees in the program as a whole. When response rates are much lower, it is less clear whether those for whom data are available are representative of all enrollees. We did not consider missing data for each element by enrollee subgroup, so we are unable to confirm whether data are missing in a similar way across different types of enrollees.¹⁴ Because of this, we caution that the findings in this report may not be representative of all recent WIPA enrollees. Unfortunately, there is no set threshold at which results are able to be generalized to the entire population of WIPA enrollees; each reader may have a different point at which they become concerned that the results apply to all enrollees including those with missing information. To guide interpretation of our findings, in upcoming chapters we indicate for each data element the proportion of relevant enrollees with data available.

In general, when comparing the proportion of recent WIPA enrollees with missing data to that of earlier enrollees (Appendix Table A.2), we observed slight decreases in missing data, consistent with WIPA projects becoming increasingly familiar with the WIPA ETO system and data collection procedures.

D. Enrollment Intensity and Variation in Data Collection Efforts

Overall rates of assessment data collection are high, but it is possible that certain WIPA projects are more diligent in their collection efforts than others. For example, it is possible that some projects

¹³ Five elements are required by WIPA ETO: first and last name, date of birth, gender, benefits received at intake, and how the caller heard about the WIPA project. WIPA ETO will not allow data entry to continue until these items are entered, so these data are almost 100 percent complete.

¹⁴ Schimmel et al. (2010) explored the variation in data completeness by enrollee subgroup. While there were slight differences for some subgroups (such as younger enrollees), in general, there was relatively little variation across subgroups. Although we did not confirm this using the more recent data, the similarity of other findings in this report leads us to believe that subgroup variation would continue to be relatively small.

enroll large numbers of beneficiaries but complete assessments for relatively few WIPA enrollees. On the other hand, it is possible that projects enrolling the largest number of beneficiaries are the most familiar with the data collection procedures and therefore collect data for a higher proportion of WIPA enrollees. If some WIPA projects collect data for a substantially higher percentage than other projects, a national profile of WIPA enrollees may not be representative of all beneficiaries served.

To assess this possibility, we ordered WIPA projects based on their “enrollment intensity” in a manner identical to that described in Schimmel et al. (2010). The enrollment intensity measure calculates the number of WIPA baseline assessments conducted by a WIPA project as a proportion of the number of SSDI and SSI beneficiaries in the project’s service area. By constructing this proportion, rather than simply counting the number of baseline assessments, we recognize that some WIPA projects serve much more densely populated areas and therefore may be more likely to serve additional beneficiaries simply based on their location.

After calculating the enrollment intensity measure for each of the 103 WIPA projects (shown in Appendix Table B.3), we divided the projects into thirds, or terciles. Projects in Group 1, the highest tercile, collected WIPA baseline assessments for the highest proportion of enrollees relative to their service areas, while Group 3 WIPA projects collected baseline assessment for the lowest proportion. Among Group 1 WIPA projects, baseline assessments were completed for less than one-half of one percent (0.4 percent) of beneficiaries in the project service area (Table III.2). WIPA projects in Group 3 collected data for 0.1 percent of beneficiaries in the service area.

Reflecting the fact that some WIPA projects serve a relatively higher number of beneficiaries, projects in Group 1 served nearly half (47.8 percent) of new WIPA enrollees from April 1, 2010, to March 31, 2011, while those in Group 3 served one in five (19.8 percent) of WIPA enrollees (Table III.2). This implies that the national profile of WIPA enrollees is concentrated among WIPA projects in the first and second tercile, with relatively fewer enrollees from WIPA projects in the third tercile.

Despite differences in the number of enrollees served by each tercile, data collection efforts were not consistently higher in one tercile than in another. Overall, 92.1 percent of WIPA enrollees had a baseline assessment; over 93 percent of enrollees in Group 1 and Group 2 WIPA projects did, as compared to 86.3 percent of enrollees in Group 3 WIPA projects (Table III.2). Conditional on having a baseline assessment, though, Group 2 and 3 WIPA projects were slightly more likely to have beneficiaries with a follow-up assessment (11.9 and 11.6 percent respectively versus 9.0 percent in Group 1). WIPA enrollees in Groups 2 and 3 were also more likely than those in Group 1 to have at least one beneficiary effort (conditional on having a baseline assessment). Conditional on having at least one effort, enrollees in Group 3 had the highest number of efforts. This suggests that while WIPA projects in Groups 2 and 3 served a lower proportion of beneficiaries in their service area, they tended to provide services more intensively to WIPA enrollees that they served.

A comparison of the enrollment intensity terciles generated using recent WIPA enrollees to terciles generated using earlier enrollees shows that WIPA projects in the third tercile have narrowed the gap in terms of completing a baseline assessment—the difference between terciles among recent enrollees is 7.6 percent, compared to a 17.7 percent gap with earlier enrollees (Appendix Table A.3). This may suggest that certain WIPA projects have benefitted from continued technical assistance in using WIPA ETO. Regardless of the tercile, the average number of efforts has increased; the pattern is discussed in more detail in Chapter VI.

Table III.2. Groupings of WIPA Projects and Enrollment Intensity

WIPA Group	Number of WIPA Enrollees	Average Percentage of WIPA Enrollees in Service Area with Baseline Assessment	Percentage of WIPA Enrollees with a Baseline Assessment	Percentage of WIPA Enrollees with a Baseline and Follow-Up Assessment	Percentage of WIPA Enrollees with a Baseline Assessment and at Least One Effort	Average Number of Efforts (Conditional on One or More)
Overall	24,796	0.2	92.1	10.4	77.7	2.8
1	11,830	0.4	93.9	9.0	74.9	2.8
2	8,065	0.2	93.0	11.9	81.2	2.6
3	4,901	0.1	86.3	11.6	79.0	3.0

Source: WIPA ETO, accessed April 4, 2011.

Note: Analysis was limited to WIPA enrollees who first contacted a WIPA between April 1, 2010, and March 31, 2011, based on enrollment status as of March 31, 2011. “Beneficiary efforts” are any additional contacts with WIPA enrollees beyond the baseline assessment. Follow-up assessments are conducted only when WIPA enrollees report a significant change in education, employment, or benefits status.

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IV. WHO ARE RECENT WIPA ENROLLEES, HOW DO THEY LEARN ABOUT THE WIPA PROGRAM, AND WHAT ARE THEIR SERVICE NEEDS?

The nature of services provided by WIPA projects depends in part on the characteristics and needs of the enrollees they serve. In this chapter, we provide information about the characteristics of recent WIPA enrollees. Where possible, we compare recent WIPA enrollees to earlier ones, as well as to disability beneficiaries as a whole. We find that the demographic profile of WIPA enrollees has stayed relatively constant over time, with a few small changes in educational attainment, health, and disability status. We conclude that overall, WIPA enrollees continue to be more similar to work-oriented beneficiaries than to the full beneficiary population.

After documenting enrollee characteristics, we ascertain whether recent WIPA enrollees have been learning about the WIPA program in ways different from their earlier counterparts, which could be leading to changing enrollee needs. Indeed, in the past year, an increasing proportion of beneficiaries have learned about the WIPA program through the Ticket to Work program, which may explain the increased work orientation of recent enrollees (discussed in the next chapter). Finally, we assess the topics WIPA enrollees discuss when receiving I&R after first contacting the WIPA, and how I&R contacts are resolved. Despite slight demographic changes and differences in how enrollees learn about the program, there has been virtually no change in the nature and resolution of I&R contacts.

A. Personal Characteristics of Recent WIPA Enrollees

The demographic profile of WIPA enrollees in the most recent period was about the same as for earlier enrollees, who were found to be comparable to the work-oriented beneficiaries profiled in Livermore et al. (2009a). The average age of recent WIPA enrollees was 42.2 (Table IV.1), about a half-year older than the average age of earlier enrollees (41.7 years; Appendix Table A.4), but still younger than that of all beneficiaries (Livermore et al. 2009b). The distribution across age groups was essentially unchanged. The proportion of recent enrollees who was female (49.8 percent among non-missing responses) and the percentage married (18.9 percent among non-missing responses) were similar to earlier enrollees as well (48.8 and 18.3 percent, respectively).¹⁵

Since the last evaluation, there has been a very slight upward shift in the educational attainment levels of WIPA enrollees. Among recent enrollees, 23.3 percent had some college education at intake, and an additional 13.8 percent had a bachelor's degree or more (Table IV.1). Among WIPA enrollees with entry dates from October 1, 2009, to March 31, 2010, 21.8 percent had some college education and 12.9 percent had a bachelor's degree or more (Appendix Table A.4).

Recent WIPA enrollees were less likely to report having cognitive or developmental disabilities (12.4 percent) but more likely to report having other unspecified conditions (16.5 percent) than earlier WIPA enrollees (14.1 and 13.1 percent, respectively) (Table IV.1; Appendix Table A.5). Recent enrollees were also more likely to report their health as fair (33.0 percent) compared with

¹⁵ The percentage of non-missing responses on elements in this section was also essentially unchanged between earlier and recent WIPA enrollees.

Table IV.1. Characteristics of WIPA Enrollees

WIPA Enrollees with Entry Date from April 1, 2010, to March 31, 2011 (Enrolled in WIPA by March 31, 2011)	
Total Number of Enrollees	
Age at Intake	
Percentage of enrollees with non-missing data	97.3
Number of enrollees with non-missing data	24,125
Mean age	42.2
14-17 (percent)	0.3
18-24	12.7
25-39	25.9
40-54	41.5
55-64	19.1
65-70	0.4
Gender	
Percentage of enrollees with non-missing data	98.3
Number of enrollees with non-missing data	24,382
Percent female	49.8
Marital Status	
Percentage of enrollees with non-missing data	84.0
Number of enrollees with non-missing data	20,823
Percent married	18.9
Educational Attainment at Intake	
Percentage of enrollees with non-missing data	65.3
Number of enrollees with non-missing data	16,185
Less than high school diploma (percent)	13.1
High school diploma or equivalent	40.7
Other degree or certification	2.3
Associate's/two-year degree	6.8
Some college	23.3
Bachelor's degree or higher	13.8
Self-Reported Primary Disability at Intake	
Percentage of enrollees with non-missing data	86.8
Number of enrollees with non-missing data	21,526
Cognitive/developmental disability (percent)	12.4
Mental and emotional disorders	37.4
Non-spinal orthopedic impairment	8.5
Sensory impairment	6.6
Spinal cord or traumatic brain injury	6.2
System disease	12.3
Other	16.5
Self-Reported Health Status at Intake	
Percentage of enrollees with non-missing data	59.4
Number of enrollees with non-missing data	14,721
Poor health (percent)	2.9
Fair health	33.0
Good health	59.1
Very good health	5.1
Benefits Received at Intake	
Percentage of enrollees with non-missing data	100
Number of enrollees with non-missing data	24,796
SSDI only (percent)	62.1
SSI only	23.1
Concurrent SSDI and SSI	14.4
Private disability insurance	0.6
Veterans' benefits	0.8
Workers' compensation	0.2

Table IV.1 (continued)

Source: WIPA ETO, accessed April 4, 2011.

Note: Age, education, self-reported disability, and education categories sum to 100 percent for non-missing responses; any difference is due to rounding. Individuals outside the 14-70 age range were considered missing in the age tabulations. Sensory impairments include blindness or other visual impairments along with impairments to speech, hearing, or other senses. System disease was a single category in ETO but may include diseases of the circulatory system, nervous disorders, or diseases of the respiratory system. The "other" disability category includes beneficiaries with injury, cancer/neoplasm, and infectious disease as well as those whose condition was marked "other" in ETO. Benefits received at intake were "mark all that apply," so those categories sum to more than 100 percent. Beneficiaries with both SSDI and SSI were counted as concurrent beneficiaries (ignoring other benefits received at intake). The sum of SSDI, SSI, and concurrent is slightly less than 100 percent because benefits status was not provided in a few cases.

earlier enrollees (28.7 percent) and, consequently, less likely to report their health at higher levels. Despite the decline in health status, WIPA enrollees still have a health profile similar to that of work-oriented beneficiaries (Livermore et al. 2009a).

Relative to WIPA enrollees studied in the previous evaluation, recent enrollees were slightly more likely to be SSDI-only beneficiaries (62.1 percent) and less likely to be SSI-only (23.1 percent) than earlier enrollees (59.0 percent and 26.7 percent, respectively) (Table IV.1; Appendix Table A.6). Despite these modest changes, we conclude that on the whole, the demographic characteristics of WIPA enrollees are about the same as for earlier cohorts.

B. The Ways in Which Beneficiaries Hear About the WIPA Program

For the most part, the ways in which WIPA enrollees learned about the program have remained similar over time. For example, Vocational Rehabilitation (VR) providers were the most common way that recent enrollees learned about WIPA (Table IV.2). More than one-third (36.1 percent) of earlier WIPA enrollees found out about the WIPA program from a VR provider (Appendix Table A.7) compared with 36.8 percent of recent WIPA enrollees. Other common sources of information about the program include community rehabilitation providers, the Work Incentive Information and Referral System (WIIRC), and other WIPA outreach.

Since the previous evaluation report, there has been a large increase in the proportion of beneficiaries who learned about the WIPA program through the WIIRC. One in five (20 percent) of recent WIPA enrollees learned about the WIPA program from the WIIRC (Table IV.2), up from 10.6 percent among earlier WIPA enrollees (Appendix Table A.7). The WIIRC is part of BASS, which is the Ticket to Work call center tasked by SSA with conducting outreach and providing information about the Ticket to Work program.¹⁶ Beneficiaries learn about the WIIRC/BASS from brochures, the SSA website, or from informational materials accompanying their Tickets. The likely reason for the increase in the share of WIPA enrollees learning about the WIPA program through

¹⁶ During most of the study period, the WIIRC operated under an SSA contract to MAXIMUS as part of its function as the Operations Support Manager (OSM). Since February 2011, the WIIRC has operated under BASS, through an SSA contract with Booz Allen Hamilton. Thus, in the previous evaluation report and in the ETO system through February 2011, the WIIRC was referred to as MAXIMUS/OSM.

the WIIRC is that in February 2010, WIIRC staff became able to directly enter records into ETO for referral to WIPA projects. Prior to February 2010, beneficiaries who contacted the Ticket to Work call center were given information about the WIPA program and a phone number to contact the WIPA project in their region, but beneficiaries may not have subsequently followed up. By allowing WIIRC staff to directly enter cases into ETO, follow-up became the responsibility of the WIPA project and likely led to fewer beneficiaries interested in and eligible for WIPA services falling through the cracks. A monthly analysis of how beneficiaries learned about the WIPA program (not shown) between October 2009 and March 2010 indicates that the percentage reporting the WIIRC as their source of information approximately doubled starting in March 2010, corresponding to the time that WIIRC staff began to enter records in ETO.¹⁷

Table IV.2. How WIPA Enrollees Heard About the WIPA Program

	WIPA Enrollees with Entry Date from April 1, 2010, to March 31, 2011 (Enrolled in WIPA by March 31, 2011)
Total Number of Enrollees	24,796
How Beneficiary Heard About WIPA	
Percentage of enrollees with non-missing data	99.70
Number of enrollees with non-missing data	24,722
Community rehabilitation provider (percent)	7.9
Department of Labor One-Stop Center	1.8
Developmental disability agency	1.5
EN	5.4
Housing agency	0.2
Internet	1.0
Medicaid	0.1
Mental health agency	5.2
Newspaper	0.1
Other WIPA outreach	6.9
Other	6.1
Receipt of a Ticket	1.3
SSA field office	2.8
Television	0.0
Veteran service organization	0.2
VR provider	36.8
Walk-in	0.7
WIIRC/BASS ¹	20.0
WISE	2.0

Source: WIPA ETO, accessed April 4, 2011.

Note: Categories are mutually exclusive, and only one response was allowed per beneficiary. Percentages sum to 100 among non-missing responses.

¹ This option in ETO has been updated over time to reflect changes in its name/contractor.

The need to follow up with WIIRC-referred beneficiaries likely affected the outreach role of WIPA projects and might partly explain the decrease in the percentage of WIPA enrollees who

¹⁷ Among WIPA enrollees with entry dates from October 2009 to January 2010, 12.7 percent reported learning about the WIPA program from the WIIRC/BASS. This percentage increased to 16.3 percent among enrollees with entry dates in February 2010, and increased to 25.6 percent among those with entry dates in March 2010.

reported learning about the WIPA program from WISE events and other WIPA outreach activities (13.7 percent among earlier enrollees compared with 8.9 percent among recent enrollees).

C. Topics That WIPA Enrollees Discuss at the Time of Their I&R Assessment, and the Resolution of I&R Contacts

WIPA enrollees discuss a range of topics when they first receive I&R, and often discuss multiple topics with the CWIC. The most common topic that WIPA enrollees discussed during the I&R contact was work incentives, covered by 73.2 percent of enrollees, followed closely by WIPA services, covered by 68.9 percent (Table IV.3). This shows that WIPA enrollees are oriented to topics geared toward employment, though 34.0 percent specifically discussed employment. Less than half of WIPA enrollees discussed benefits (48.0 percent), non-WIPA services (5.4 percent), or education (4.9 percent). The proportion discussing each topic has changed very little compared to earlier WIPA enrollees (Appendix Table A.8).

The specific benefits, work incentives, and services that WIPA enrollees discussed at the time of I&R also highlight the emphasis on employment, similar to the pattern found among earlier WIPA enrollees.¹⁸ Within benefits, the two most commonly covered topics were public health insurance and the Ticket to Work program, discussed by 64.4 and 54.8 percent of enrollees, respectively (Table IV.3). Each of these topics is an important consideration as beneficiaries contemplate returning to work. Within work incentives, beneficiaries with SSDI were most likely to discuss the Trial Work Period (TWP) (94.5 percent) and Extended Period of Eligibility (EPE) (84.7 percent), each of which allows beneficiaries to maintain cash benefits while working. Among beneficiaries with SSI, 1619(b)—which allows for the continuation of Medicaid benefits after the suspension of cash benefits for work, was the most commonly discussed topic (81.6 percent of those receiving SSI); 1619(a), which allows SSI beneficiaries to maintain cash benefits while working, was also discussed by many SSI beneficiaries (46.2 percent). Both groups also frequently discussed impairment-related work expenses (IRWE) and the SGA level, discussed by 57.6 and 58.4 percent of WIPA enrollees, respectively. Both IRWE and SGA factor into whether benefits will be suspended or terminated if earned income exceeds a certain threshold. Finally, among non-WIPA services, a majority of WIPA enrollees (73.0 percent) discussed Vocational Rehabilitation (VR) services designed to prepare and assist individuals with disabilities in their employment efforts.

After speaking with beneficiaries when they call for I&R, CWICs indicate in the I&R assessment how the contact was resolved. Multiple forms of resolution are possible, including the provision of (1) basic information; (2) analysis and advisement; (3) work incentives assistance; (4) referral to a CWIC; or (5) referral to another service agency. Most commonly, WIPA enrollees are provided with analysis and advisement at the time of their I&R assessment (61.5 percent of WIPA enrollees), followed closely by receiving basic information (53.9 percent) and receiving work incentives assistance (50.3 percent) (Table IV.4). Service referrals to other agencies were rare, occurring in 5.2 percent of cases. This pattern of resolutions is fairly similar to that reported for earlier WIPA enrollees (Appendix Table A.9). The provision of basic information was more common among earlier enrollees (56.8 percent), while analysis and advisement and work incentives assistance were less common (58.3 percent and 47.4 percent, respectively, among earlier enrollees).

¹⁸ Schimmel et al. (2010) provides brief descriptions of the benefits, services, and work incentives contained within WIPA ETO. More details about each are available in SSA (2010) and SSA (2011).

Table IV.3. Topics That WIPA Enrollees Discussed with WIPA Projects at the Time of the I&R Assessment

	WIPA Enrollees with Entry Date from April 1, 2010, to March 31, 2011 (Enrolled in WIPA by March 31, 2011)
Total Number of Enrollees	24,796
Total Number of Enrollees with I&R Assessment	24,079
Benefits	
Percentage of enrollees with I&R assessment discussing topic	48.0
Number of enrollees with I&R assessment discussing topic	11,546
Percentage discussing specific items:	
Public health insurance	64.4
Ticket to Work ¹	54.8
Food stamps	38.4
Enrollment in SVRA	32.8
Subsidized housing	21.2
Other	8.8
Unemployment insurance benefits	1.9
Veterans' benefits	1.4
TANF	1.1
Workers' compensation	0.6
Work Incentives	
Percentage of enrollees with I&R assessment discussing topic	73.2
Number of enrollees with I&R assessment discussing topic	17,621
Percentage discussing specific items:	
TWP ²	94.5
EPE ²	84.7
1619b ³	81.6
SGA ¹	58.3
IRWE ¹	57.5
Extended Medicare ²	50.9
1619a ³	46.2
Expedited Reinstatement ¹	43.9
PASS ³	33.3
Medicaid Buy-In ⁴	30.3
Student Earned Income Exclusion ⁵	29.5
EITC	17.1
Subsidy development ¹	16.8
Section 301 ¹	4.5
Property essential to self-support ³	3.0
Blind work expense ³	2.5
Other	1.6
WIPA Services	
Percentage of enrollees with I&R assessment discussing topic	68.9
Number of enrollees with I&R assessment discussing topic	16,582
Non-WIPA Services	
Percentage of enrollees with I&R assessment discussing topic	4.5
Number of enrollees with I&R assessment discussing topic	1,094
Percentage discussing specific items:	
VR services	73.0
EN	33.6
DOL One-Stop Center	26.4
Work-related training/counseling	21.9
Other	12.3
EARN	9.5
Protection and advocacy	8.0
Para-transit	2.8
Transitional youth services	2.1

Table IV.3 (continued)

	WIPA Enrollees with Entry Date from April 1, 2010, to March 31, 2011 (Enrolled in WIPA by March 31, 2011)
Employment	
Percentage of enrollees with I&R assessment discussing topic	34.0
Number of enrollees with I&R assessment discussing topic	8,178
Education	
Percentage of enrollees with I&R assessment discussing topic	4.9
Number of enrollees with I&R assessment discussing topic	1,182

Source: WIPA ETO, accessed April 4, 2011.

Note: Topic of inquiry and specific items were “mark all that apply.” For this reason, the sum for these items is more than the total number of WIPA enrollees with an I&R assessment, and the percentage discussing specific items may sum to more than 100 percent.

¹ Only applicable to SSDI/SSI beneficiaries; excludes the few cases where DI/SSI status unknown.

² Only applicable to SSDI beneficiaries (including concurrent beneficiaries).

³ Only applicable to SSI beneficiaries (including concurrent beneficiaries).

⁴ Only applicable to SSDI-only beneficiaries (excluding concurrent beneficiaries). Very few Buy-In participants have SSI, and the fraction varies widely by state, so we limited our analysis to beneficiaries with SSDI only.

⁵ Only applicable to SSI beneficiaries under age 22.

The resolution of a beneficiary's I&R contact may vary with the reason he or she first contacted the WIPA. Table IV.4 shows that in most cases, inquiries among recent WIPA enrollees were resolved in a pattern similar to that for earlier enrollees. For example, service referrals were highest among the relatively few WIPA enrollees who inquired about non-WIPA services (Appendix Table A.10), a pattern that has persisted among recent WIPA enrollees (Table IV.4); 31.1 percent of enrollees inquiring about non-WIPA services received a service referral compared with 12.1 percent or fewer of enrollees inquiring about other topics. Also, among those who inquired about benefits, the most common form of resolution was analysis and advisement. Analysis and advisement was also most common among those inquiring about work incentives and WIPA services.

Table IV.4. Resolution of the I&R Contact for WIPA Enrollees with an I&R Assessment, Based on Topic of Inquiry

	Total	Basic Information	Analysis and Advisement	Work Incentives Assistance	Referred to CWIC for Appointment	Referred to Other Services Agency
Total number	24,079	12,976	14,806	12,118	10,479	1,251
Percentage	100.0	53.9	61.5	50.3	43.5	5.2
Topic of Inquiry						
Benefits	11,546	65.5	70.1	58.8	38.6	7.8
Work incentives	17,621	59.1	64.7	55.7	40.5	6.0
WIPA services	16,582	54.9	66.3	56.3	50.1	6.4
Non-WIPA services	1,290	72.1	65.2	66.2	54.3	31.1
Employment	8,178	64.9	74.6	65.4	51.3	8.9
Education	1,182	70.2	71.4	66.3	49.5	12.1

Source: WIPA ETO, accessed April 4, 2011.

Note: Data reported in the table are limited to WIPA enrollees with an I&R assessment who first contacted a WIPA project between April 1, 2010, and March 31, 2011, and were enrolled in WIPA by March 31, 2011. Topic of inquiry and resolution of I&R contact were "mark all that apply." For this reason, the sum for these items is more than the total number of WIPA enrollees with an I&R assessment. Percentages in the topic of inquiry categories are row percentages.

V. ARE RECENT WIPA ENROLLEES WORK-ORIENTED, AND ARE THE SERVICES THEY RECEIVE GEARED TOWARD PROMOTING EMPLOYMENT?

WIPA projects are supposed to prioritize services to beneficiaries most interested in employment. This chapter documents the employment situation of recent WIPA enrollees at intake and at the time of the baseline assessment. We find that compared with earlier enrollees, recent WIPA enrollees are more likely to be employed or actively looking for work. This change may be related to the increased proportion of beneficiaries learning about the WIPA program through the WIIRC/BASS, as discussed earlier. Conditional on employment though, the hours, wages, and fringe benefits received by recent enrollees are similar to those of earlier employed enrollees. Enrollee employment and education goals also have remained relatively constant over time.

The main purpose of the WIPA program is to provide information to beneficiaries about benefits, work incentives, and services that may help them achieve their employment goals. For this reason, in this chapter we assess the proportion of beneficiaries who were already utilizing such incentives at the time of the baseline assessment, and the likelihood of their receiving a suggestion to do so if they were not already. We find that WIPA projects are continuing to encourage recent WIPA enrollees to use benefits, work incentives, and services to achieve their employment goals.

A. Employment Status of WIPA Enrollees When They First Contact a WIPA and When They Begin to Receive WIPA Services

About four in five WIPA enrollees (81.4 percent) are actively engaged in finding a job or are already working when they first contact a WIPA project (Table V.1; sum of employment statuses other than “considering employment”). About half of those (41.6 percent overall) are looking for a job and 8.4 percent overall have a job offer pending. Nearly one-third (31.4 percent) of all WIPA enrollees are already working (30.2 percent employed by someone else, 1.2 percent self-employed). The remainder (18.6 percent) are considering work but not actively pursuing employment.

Recent WIPA enrollees had a higher likelihood of being employed at baseline than earlier enrollees; 39.8 percent of recent enrollees were already employed or had a job offer pending at intake, compared with 34.7 percent of earlier enrollees (Table V.1; Appendix Table A.6). Moreover, fewer recent enrollees are only considering employment, 18.6 percent compared with 25.6 percent of earlier enrollees. It is not possible to discern from the data the reason for this change, though one possibility is that the WIIRC/BASS was able to screen beneficiaries and better target WIPA services to those who were in the greatest need of services. Indeed, a higher proportion of enrollees who learned about the WIPA through WIIRC/BASS or receipt of a Ticket (both of which are forms of SSA outreach to work-oriented beneficiaries) were working or had a job offer pending at the time of intake (53 percent versus 36 percent among enrollees who learned about the WIPA program another way; not shown). The change could also reflect changing WIPA outreach efforts or a shift in the type of beneficiary who seeks WIPA services as the program matures. It could also reflect the effects of a poor economy; beneficiaries who are not already working may perceive less of a need for WIPA services.

Table V.1. Employment Status of WIPA Enrollees

	WIPA Enrollees with Entry Date from April 1, 2010, to March 31, 2011 (Enrolled in WIPA by March 31, 2011)
Number of WIPA Enrollees	24,796
Number of WIPA Enrollees with a Baseline Assessment	22,842
Employment Status at Intake	
Percentage of enrollees with non-missing data	99.7
Number of enrollees with non-missing data	24,722
Considering employment (percent)	18.6
Looking for employment	41.6
Currently working	30.2
Job offer pending	8.4
Self-employed	1.2
Employment Status at the WIPA Baseline Assessment	
Percentage of enrollees with baseline assessment who had non-missing employment data	90.8
Number of enrollees with baseline assessment who had non-missing employment data	20,734
Percent employed	34.2
Employment Characteristics Among the Employed at Baseline	
Employed full-time	
Percentage of employed enrollees with non-missing data	97.7
Number of employed enrollees with non-missing data	6,926
Percent employed full-time	14.9
Number of hours worked per week	
Percentage of employed enrollees with non-missing data	89.4
Number of employed enrollees with non-missing data	6,338
Mean hours of work per week	21.6
Hourly wage	
Percentage of employed enrollees with non-missing data	84.7
Number of employed enrollees with non-missing data	6,002
Mean hourly wage (\$)	9.5
Receive benefits through employer	
Percentage of employed enrollees with non-missing data	91.6
Number of employed enrollees with non-missing data	6,489
Percent receiving benefits	5.8
Self-employed	
Percentage of employed enrollees with non-missing data	90.4
Number of employed enrollees with non-missing data	6,404
Percent self-employed	6.8

Source: WIPA ETO, accessed April 4, 2011.

Note: Employment status at intake and at the time of the baseline assessment differ because time may have elapsed between the intake and baseline assessment. Analysis of data at the baseline assessment was limited to enrollees with that assessment. Hours per week were top-coded at 80 hours; hourly wage was top-coded at the 95th percentile of reported wages.

At the time of the WIPA baseline assessment, 34.2 percent of recent WIPA enrollees were working (Table V.1).¹⁹ This overall rate of employment is slightly higher than that of earlier WIPA enrollees, of whom 31.1 percent were employed at the baseline assessment (Appendix Table A.11). Given that the period of observation occurred during the continued economic downturn, it is notable that the employment rate of new enrollees increased. This could suggest that WIPA projects are doing well at targeting services to those most in need based on employment status, or it could mean that fewer beneficiaries are only casually considering seeking employment and therefore a higher proportion are actually employed upon seeking WIPA services. Of employed WIPA enrollees for whom data is available, 6.8 percent reported self-employment, a rate almost identical to that of earlier enrollees.

Other characteristics of employment, such as full-time status, hours, wages, and the receipt of benefits at the time of the baseline assessment, have stayed relatively constant over time. Reflecting the fact that WIPA enrollees have disabilities that limit their ability to engage in SGA, as well as financial incentives in the SSDI and SSI programs to limit earnings, very few are working full time—only 14.9 percent, slightly lower than the 15.5 percent of earlier enrollees (Table V.1; Appendix Table A.11). On average, employed WIPA enrollees work half time (21.6 hours) and earn \$9.47 an hour. Only 5.8 percent receive benefits through their employer, reflective of the part-time and relatively low-paying positions they hold.

B. Employment, Education, and Benefits Goals at the Time of the Baseline Assessment

Most WIPA enrollees are able to identify specific employment goals at the time of the baseline assessment; approximately four in five enrollees reported employment goals (82.0 percent); of those, 83.6 percent had strategies to achieve those goals (Table V.2). Despite so many with employment goals, relatively few had accessed employment services in the past year (44.3 percent), and about the same proportion (47.8 percent) had looked for work in the past week. Recent enrollees are quite similar to earlier enrollees (Appendix Table A.12).

Compared to employment goals, relatively few WIPA enrollees have education goals identified at the time of the baseline assessment; 23.1 percent of those with information available indicated they had education goals (Table V.2). Most enrollees are beyond typical school age, so this is not necessarily surprising. At baseline, only 15.0 percent were pursuing education. This could reflect beneficiaries' beliefs that the education they have is sufficient to obtain their desired position. This is supported by the fact that CWICs suggested education to only 11.1 percent of WIPA enrollees at baseline.

Most enrollees stated employment goals at baseline, but relatively few had planned to reduce or stop receiving disability benefits when they enrolled to receive WIPA services. One-quarter (25.0 percent) indicated that reducing benefits was their initial plan, while 16.0 percent indicated that they would like to stop receiving benefits altogether (Table V.2). Around one-third indicated that their initial plan did not include reducing (35.4 percent) or stopping (39.8 percent) benefits, while the rest

¹⁹ Intake and baseline employment status can differ because the WIPA baseline assessment generally takes place after the initial intake. The time between intake and this assessment depends in part on beneficiary needs as well as on how long it takes to collect information necessary to determine eligibility for WIPA services.

had not yet made a decision when they contacted the WIPA program. Again, these proportions are quite similar to those among earlier WIPA enrollees (Appendix Table A.12).

Table V.2. Employment and Education Goals Among WIPA Enrollees at Baseline WIPA Assessment

	WIPA Enrollees with Entry Date from April 1, 2010, to March 31, 2011 (Enrolled in WIPA by March 31, 2011)
Total Number of Enrollees	24,796
Total Number of Enrollees with WIPA Baseline Assessment	22,842
Employment Goals	
Number of observations	22,264
Percentage of enrollees with WIPA baseline assessment	97.5
Beneficiary identified employment goals	82.0
Beneficiary had strategies to meet employment goals	83.6
Services for Getting a Job or Increasing Earnings	
Number of observations	19,929
Percentage of enrollees with WIPA baseline assessment	87.3
Beneficiary used services in the past year	44.3
Actively Seeking Employment	
Number of observations	20,193
Percentage of enrollees with WIPA baseline assessment	88.4
Beneficiary looked for work in the past four weeks	47.8
Education Goals	
Number of observations	20,860
Percentage of enrollees with WIPA baseline assessment	91.3
Beneficiary identified education goals	23.1
Education	
Number of observations	15,224
Percentage of enrollees with WIPA baseline assessment	66.7
Pursuing at intake	15.0
Not pursuing at intake	74.0
Not pursuing at intake, WIPA recommended	11.1
Wants to Earn Enough to Reduce Benefits	
Number of observations	19,300
Percentage of enrollees with WIPA baseline assessment	84.5
Beneficiary made no decision	39.7
Was not their initial plan	35.4
Was their initial plan	25.0
Wants to Earn Enough to Stop Receiving Benefits	
Number of observations	19,627
Percentage of enrollees with WIPA baseline assessment	85.9
Beneficiary made no decision	44.2
Was not their initial plan	39.8
Was their initial plan	16.0

Source: WIPA ETO data, accessed on April 4, 2011.

Note: Analysis was limited to WIPA enrollees with a WIPA baseline assessment. Data exclude missing responses as well as responses indicating that employment and education decisions were made after receiving WIPA services.

C. Information About Benefits, Work Incentives, and Services Provided to WIPA Enrollees

The purpose of the WIPA program is to provide information, referrals, and advice to assist beneficiaries in their employment efforts. A large part of this responsibility takes the form of assessing the benefits, work incentives, and services for which beneficiaries might be eligible and providing WIPA enrollees with suggestions about items that might be most relevant to them. In this section, we determine the extent to which WIPA enrollees are receiving such information.

For each WIPA enrollee, CWICs are supposed to determine at the time of the baseline assessment whether the beneficiary has or is currently using a particular benefit, work incentive, or service. If the beneficiary is not, WIPA ETO offers a way to record whether it was suggested that he or she access that benefit or service. We assess these data in this section, keeping in mind several caveats with respect to the data, described in more detail in Appendix C. First, for work incentives, WIPA ETO allowed the CWIC to record “knowledge at intake” in the baseline assessment as mutually exclusive to utilization of the incentive by the beneficiary. This means that if knowledge was recorded, we have no way to know whether the work incentive was being used at baseline or whether it was suggested by the CWIC. The number of WIPA enrollees with this response category is not small. For this reason, we show responses in this category along with the utilization options for work incentives. Second, WIPA ETO also includes an option indicating that benefits, work incentives, or services were “utilized after receiving WIPA services.” This category makes sense for follow-up assessments, but not for the baseline assessment, since no WIPA services would have been provided yet at that time. The number of WIPA enrollees with this response category is low; we have excluded this category from the counts of enrollees with the topics completed shown in Tables V.3, V.4, and V.5. Finally, we did not correct for potential discrepancies across data elements (for example, a person’s record could indicate enrollment in an SVRA but not indicate that he or she had utilized VR services).

The majority of WIPA enrollees had information recorded about the use of specific benefits; 73 percent or more had information collected on the elements shown in Table V.3.²⁰ Nearly 9 in 10 (88.3 percent) were using public health insurance when they enrolled to receive WIPA services, with 60.5 percent of those with public coverage having Medicaid coverage and 71.3 percent having Medicare.²¹ The utilization of other employment-related benefits was lower; use of an SVRA—the next most-utilized benefit—was reported by 51.5 percent of WIPA enrollees. Just over one-third reported using their Ticket (36.4 percent) and a similar proportion reported using food stamps (36.0 percent). Fewer than 2 in 10 WIPA enrollees reported utilizing subsidized housing (17.4 percent), private health insurance (13.4 percent), veterans’ benefits (2.5 percent), TANF (1.5 percent), unemployment insurance (1.4 percent), or workers’ compensation (less than 1 percent).

²⁰ For clarity of presentation, the remainder of the results reported in this section applies only to WIPA enrollees for whom data are available. We are unable to ascertain whether these results would generalize to all recent WIPA enrollees and therefore focus only on those for whom a particular data element is completed. The prevalence of missing data for each element is reported in the tables; we alert readers to be mindful of missing data as they draw inferences from the numbers presented.

²¹ Note that according to data captured in WIPA ETO, the percentage of WIPA enrollees with SSDI is 76.5 percent and SSI is 37.5 percent (Table IV.1). Thus, there is likely measurement error in the self-reported rates of public health insurance coverage.

Table V.3. Benefits Used by WIPA Enrollees at the WIPA Baseline Assessment

Utilization of Health Insurance					
	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Utilizing at Intake		
Public health insurance	93.8	21,412	88.3		
Medicaid	83.7	19,107	28.7		
Medicare	83.7	19,107	39.5		
Medicaid and Medicare	83.7	19,107	31.8		
Private health insurance	88.8	20,279	13.4		
Utilization of Other Benefits					
	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Utilizing at Intake	Percentage Not Utilizing at Intake but Suggested	Percentage Not Utilizing at Intake, Not Suggested
Enrollment in SVRA	92.7	21,170	51.5	29.3	19.1
Ticket to Work ¹	89.8	20,517	36.4	44.8	18.9
Food stamps	84.1	19,205	36.0	12.8	51.2
Subsidized housing	81.5	18,604	17.4	17.2	65.4
Veterans' benefits	73.2	16,723	2.5	1.1	96.5
TANF	73.5	16,776	1.5	1.8	96.7
Unemployment insurance benefits	73.4	16,765	1.4	1.6	97.0
Workers' compensation	73.5	16,792	0.8	1.4	97.8

Source: WIPA ETO, accessed April 4, 2011.

Note: Analysis limited to WIPA enrollees with entry dates from April 1, 2010 to March 31, 2011 (enrollment status determined on March 31, 2011) with a baseline assessment. Number of observations excludes missing responses, beneficiaries not eligible for the item due to SSDI/SSI status, and responses indicating that benefits were used after receiving WIPA services.

¹ Only applicable to SSDI/SSI beneficiaries; excludes the few cases where SSDI/SSI status unknown.

Table V.4. Knowledge and Utilization of Work Incentives by WIPA Enrollees at the Baseline WIPA Assessment

	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Utilizing at Intake	Percentage Not Utilizing at Intake but Suggested	Percentage Not Utilizing at Intake, Not Suggested	Percentage Reporting Knowledge at Intake
TWP ¹	89.9	15,758	10.9	63.5	4.5	21.1
1619a ²	78.3	6,734	7.1	53.8	31.3	7.9
Medicaid Buy-In ³	79.6	11,303	5.2	43.6	45.5	5.7
EPE ¹	88.5	15,502	4.3	71.3	7.9	16.5
Student Earned Income Exclusion ⁴	90.1	1,195	3.9	41.9	48.8	5.4
1619b ²	87.3	7,504	3.2	77.3	11.5	8.0
SGA ⁵	82.4	18,785	2.8	61.4	22.5	13.3
Extended Medicare ¹	83.2	14,574	1.6	64.1	24.9	9.4
EITC	72.5	16,566	0.8	37.5	55.9	5.8
Section 301 ⁵	68.8	15,685	0.8	15.7	80.8	2.7
IRWE ⁵	84.6	19,290	0.5	69.9	19.4	10.2
PASS ²	77.3	6,649	0.5	46.7	46.2	6.6
Expedited Reinstatement ⁵	80.5	18,358	0.4	53.6	36.7	9.3
Subsidy development ⁵	72.9	16,617	0.4	32.4	63.7	3.5
Blind work expense ²	67.8	5,827	0.3	4.1	95.1	0.5
Property Essential to Self-Support ²	68.1	5,860	0.2	11.1	87.2	1.5

Source: WIPA ETO, accessed April 4, 2011.

Note: Analysis limited to WIPA enrollees with entry dates from April 1, 2010 to March 31, 2011 (enrollment status determined on March 31, 2011) with a baseline assessment. In ETO, knowledge at intake was categorized as a mutually exclusive option (separate from utilization). For this reason, percentages sum to 100 percent in each row across the four categories shown. Number of observations excludes missing responses, beneficiaries not eligible for the item due to SSDI/SSI status, and responses indicating that benefits were used after receiving WIPA services. The percentage of beneficiaries with data on blind work expense is low because we were unable to distinguish which beneficiaries were blind.

¹ Only applicable to SSDI beneficiaries (including concurrent beneficiaries).

² Only applicable to SSI beneficiaries (including concurrent beneficiaries).

³ Only applicable to SSDI-only beneficiaries (excluding concurrent beneficiaries). Very few Buy-In participants have SSI, and the fraction varies widely by state, so we limited our analysis to beneficiaries with SSDI only.

⁴ Only applicable to SSI beneficiaries under age 22.

⁵ Only applicable to SSDI/SSI beneficiaries; excludes cases the few cases where SSDI/SSI status unknown.

Table V.5. Services Used by WIPA Enrollees at the WIPA Baseline Assessment

	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Utilizing at Intake	Percentage Not Utilizing at Intake but Suggested	Percentage Not Utilizing at Intake, Not Suggested
VR services	88.7	20,267	52.4	32.4	15.2
Work-related training/ counseling	75.4	17,226	25.2	30.9	43.9
EN	78.0	17,804	22.8	39.8	37.4
DOL One-Stop Center	74.2	16,945	7.9	37.0	55.2
Para-transit	68.7	15,693	5.3	9.7	85.0
Transitional youth services	67.0	15,312	1.8	2.8	95.4
Protection and advocacy	69.5	15,883	1.5	18.3	80.2
EARN	67.4	15,394	0.2	10.8	89.0

Source: WIPA ETO, accessed April 4, 2011.

Note: Analysis was limited to WIPA enrollees with entry dates from April 1, 2010 to March 31, 2011 (enrollment status determined on March 31, 2011) with a baseline assessment. Enrollees were asked about their use of VR services for purposes of this table, while the VR element in Table V.2 assessed enrollment with an SVRA—hence the difference in reported percentages. The number of observations excludes missing responses and responses indicating that services were used after receiving WIPA services.

Among those not utilizing benefits at baseline, CWICs most often suggested that WIPA enrollees use their Ticket or enroll with an SVRA (Table V.3). Among all enrollees with information on the topic, 44.8 percent received a suggestion to use their Ticket (70.3 percent of those not utilizing), and 29.3 percent received a suggestion to enroll with an SVRA (60.5 percent of those not utilizing). These benefits were not suggested to nearly one in five WIPA enrollees (among those with information available), Ticket to Work (TTW) was not discussed with 18.9 percent of enrollees, and enrollment in SVRA services was not discussed with 19.1 percent of enrollees.²²

SSA provides a range of work incentives to beneficiaries to assist them in their employment efforts. Certain benefits like the Trial Work Period (TWP) and Extended Period of Eligibility (EPE) only apply to SSDI beneficiaries, while others such as 1619(a) and 1619(b) only apply to those receiving SSI. Others, such as impairment-related work expenses (IRWE) and SGA, affect all beneficiaries.^{23,24} When considering the utilization of work incentives in Table V.4, we ensured that

²² It is not possible to determine from the data whether these supports were simply not discussed with the WIPA enrollee or whether it was explicitly suggested that the beneficiary not use them.

²³ Brief descriptions of each of the work incentives mentioned in this report can be found in Schimmel et al. (2010), Table II.1.

²⁴ Work incentives such as TWP, EPE, 1619(a), and 1619(b) differ from some of the others in the table in that they apply automatically if beneficiaries work and earn over a certain amount. Therefore, WIPA enrollees may have utilized these incentives by baseline, but not been aware of it. Livermore et al. (2011) use administrative data to assess the utilization of these types of work incentives among a cohort of earlier WIPA enrollees.

only WIPA enrollees eligible for each incentive by virtue of their SSDI/SSI status were included in the counts (described in more detail in Appendix C).

The use of work incentives by WIPA enrollees at the baseline assessment was uncommon (Table V.4). Use of the TWP by SSDI beneficiaries was the highest, but it had been used by only 10.9 percent of beneficiaries. Conditional on their not utilizing it at baseline, CWICs were most likely to suggest the use of the TWP and EPE to SSDI beneficiaries (71.2 and 74.5 percent, respectively), and 1619(b) and 1619(a) to SSI beneficiaries (79.9 and 57.8 percent, respectively).²⁵ These work incentives are designed to allow beneficiaries to maintain their benefits for some period while attempting to return to work. CWICs also suggested that a significant proportion (70.2 percent) of those not already utilizing IRWE at baseline begin to use it, as this incentive allows the deduction of certain expenses from the calculation of income for purposes of determining whether the beneficiary is engaging in SGA.

The utilization of services at the time of the baseline assessment (shown in Table V.5) was generally higher than the use of work incentives (shown in Table V.3). For example, 52.4 percent of WIPA enrollees reported using VR services,²⁶ 25.2 reported the use of work-related training or counseling, and 22.8 percent reported using an EN. Other services were used less frequently. Conditional on not utilizing the service at baseline, these three services were also the most likely to be suggested: 68.1 percent of beneficiaries received a suggestion to use VR, 51.6 percent to use EN services, and 41.3 percent to use work-related training or counseling.²⁷ Also, 40.2 percent of WIPA enrollees not already utilizing it received a suggestion to use the services of a Department of Labor (DOL) One-Stop Center.

Compared with earlier WIPA enrollees, no clear pattern of utilization differences emerges when considering the information contained in Tables V.3, V.4, and V.5 for recent WIPA enrollees (Appendix Tables A.13, A.14, and A.15). In most cases, the likelihood of utilization at the time of the baseline assessment among recent enrollees is quite similar to that among earlier enrollees, as is the likelihood of receiving a suggestion to utilize specific elements. Thus, we conclude that WIPA projects are continuing to suggest the use of key benefits, work incentives, and services to enrollees at the time of their baseline assessment.

²⁵ These percentages are not shown explicitly in Table V.4, but rather are calculated by using the relevant values (as shown) in the numerator but excluding those already utilizing the work incentive at baseline from the denominator.

²⁶ The percentage using VR services reported in Table V.5 differs from the percentage enrolled in an SVRA reported in Table V.3 because we did not attempt to correct for inconsistencies across elements. It is also possible that someone accessed VR services without enrolling with an SVRA, which would mean alignment across these elements would not be necessary.

²⁷ Again, these percentages are derived from information contained in Table V.4 but are not explicitly shown there.

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VI. TO WHAT EXTENT ARE WIPA PROJECTS PROVIDING ONGOING SUPPORT TO WIPA ENROLLEES?

In developing the WIPA program, SSA recognized from past efforts that it was necessary to provide ongoing support to beneficiaries who wanted to engage in employment. WIPA projects are therefore tasked with providing this ongoing support, as described in Chapter I. This chapter documents the nature of support that WIPA enrollees receive after the baseline assessment. As measured in WIPA ETO, ongoing support can take the form of a follow-up assessment, which is virtually identical to the baseline assessment and is to be completed when a WIPA enrollee has a significant change in benefits, education, or employment. Or, ongoing support can be measured by “beneficiary efforts,” which record additional contacts with a beneficiary when he or she has not had a significant change in status. These efforts can be of varying intensity and could include a brief phone call or a one-on-one in-person counseling session. For our analysis, we do not assess the intensity of efforts and instead focus on the number recorded for each beneficiary.

In earlier chapters, we focused on beneficiaries who first contacted a WIPA project in the one-year period starting April 1, 2010. In this chapter, we focus on a slightly different group of WIPA enrollees, namely those who first contacted a WIPA project between October 1, 2009, and September 30, 2010. The number of WIPA enrollees with a baseline assessment is similar during this time period to that used in earlier chapters, since each covers a one-year time span. The reason for this change is to allow at least a six-month period to pass between the first time the beneficiary contacted the WIPA project and the last date for which we have data (March 31, 2011). Those with entry dates earlier in this range will have had a longer period of time for efforts and follow-up assessments to be collected; for this reason, we stratify our analysis by entry dates. This allows us to assess whether WIPA enrollees receive additional services as they remain enrolled in the program.

The analysis in this chapter solely quantifies ongoing support provided to WIPA enrollees. It does not assess the nature of the services received when follow-up is conducted, nor does it assess changes in status between the baseline and follow-up assessments. For more information about the status changes of WIPA enrollees over time, we refer the reader to Livermore et al. (2011), which analyzes outcomes for WIPA enrollees over a longer period of time using administrative data.

A. Beneficiary Efforts: Additional Contacts that WIPA Projects Have with WIPA Enrollees Beyond the Baseline Assessment

Among the 25,995 WIPA enrollees with a baseline assessment from October 1, 2009, to September 30, 2010, 18,519 (77.6 percent) had at least one additional effort recorded in ETO (Table VI.1). This is slightly higher than the 71.4 percent of earlier WIPA enrollees who had at least one effort (Schimmel et al. 2010). These efforts could include a short phone call or something more involved, such as completion of a BS&A; we did not analyze the amount of time spent on these efforts for the purposes of this analysis. On average, among recent WIPA enrollees with at least one effort, 3.3 efforts were conducted, similar to the 3.1 efforts that were conducted among earlier enrollees. Nearly 85 percent (84.6 percent) had five or fewer efforts and a significant minority (5.4 percent) had 10 or more efforts from the time they first contacted a WIPA to March 31, 2011.

A longer time between a beneficiary’s entry date and the last date of observation did not increase the likelihood of having at least one effort, but it did lead to a higher average number of efforts among those with at least one (Table VI.1). For example, 76.3 percent of those with entry dates from October 1 to December 31, 2009, had at least one effort recorded, slightly lower than the

78.9 percent of those who first contacted a WIPA project between July 1 and September 30, 2010. Conditional on having at least one effort, WIPA enrollees in the earlier period had 3.69 efforts, compared with 3.02 among those in the later period. This suggests that as time elapses, WIPA projects continue to work with WIPA enrollees; this conclusion is consistent with the conclusions reached in Schimmel et al. (2010) and shown in Appendix Table A.16.

Table VI.1. Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees

	Entry Date of WIPA Enrollees				
	Full Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Oct. 1, 2009-Sept. 30, 2010	Oct. 1, 2009-Dec. 31, 2009	Jan. 1, 2010-Mar. 31, 2010	Apr. 1, 2010-June 30, 2010	July 1, 2010-Sept. 30, 2010
WIPA Enrollees with a Baseline Assessment	25,995	6,328	7,543	6,508	5,616
Beneficiary Efforts					
Number of WIPA enrollees with at least one effort	18,519	4,316	5,288	4,811	4,104
Percentage of WIPA enrollees with at least one effort	77.6	76.3	75.6	80.1	78.9
Average number of efforts ¹	3.29	3.69	3.24	3.23	3.02
Distribution of efforts¹					
1	42.8	39.4	45.0	42.1	44.4
2 to 5	41.8	43.1	39.7	42.7	41.9
6 to 10	10.1	10.5	9.9	10.2	9.6
More than 10	5.4	6.9	5.4	4.9	4.1
Follow-Up Assessments					
Number of WIPA enrollees with at least one follow-up assessment	3,282	938	936	766	642
Percentage of WIPA enrollees with at least one follow-up assessment	13.8	16.6	13.4	12.7	12.3
Average number of follow-up assessments ²	1.25	1.32	1.24	1.22	1.18

Source: WIPA ETO, accessed April 4, 2011.

Note: Analysis included WIPA enrollees based on enrollment status as of September 30, 2010 who had a WIPA baseline assessment. Analysis includes efforts and assessments by March 31, 2011 (six months after the latest entry date) to allow time to observe activities.

¹Limited to WIPA enrollees with a baseline assessment and at least one effort.

²Limited to WIPA enrollees with a WIPA baseline assessment and at least one follow-up assessment.

B. Frequency of Follow-Up Assessments Indicating a Significant Change in Beneficiary Employment, Education, or Benefits Status Among WIPA Enrollees

Follow-up assessments occur when WIPA enrollees have a significant change in benefits, education, or employment and inform the WIPA project of such a change. It is possible that enrollees who experience good outcomes such as increased employment will not contact the WIPA project, because they do not see themselves as being in need of services. Thus, it is likely that follow-up assessments are an undercount of the change in outcomes experienced by enrollees. For this

reason, Livermore et al. (2011) follow an earlier cohort of WIPA enrollees and assess outcomes in part using IRS earnings data, which should not be subject to such a bias.

With this caveat in mind, data collected in WIPA ETO show that 13.8 percent of WIPA enrollees with entry dates from October 1, 2009, to September 30, 2010, had at least one follow-up assessment (Table VI.1). This is slightly higher than the proportion of earlier WIPA enrollees with a follow-up assessment; 11.4 percent among WIPA enrollees with entry dates from April 1 to December 31, 2009. Reflecting the fact that changes in outcomes may take time to occur, the likelihood of having a follow-up assessment is higher among WIPA enrollees with earlier entry dates; those with entry dates from October 1, 2009, to December 30, 2009 are 25 percent more likely to have had a follow-up assessment by March 31, 2011, than enrollees with entry dates from July 1 to September 30, 2010 (16.6 percent versus 12.3 percent).

Similar to efforts, the number of follow-up assessments increases as the time elapsed in the WIPA program increases (Table VI.1). For example, those with entry dates from October 1, 2009, to December 31, 2009, and with at least one follow-up assessment had 1.32 on average, compared with 1.18 among those with entry dates from July 1 to September 30, 2010. The likelihood of a follow-up assessment is not much higher among earlier enrollees; this may suggest that changes in outcomes occur relatively closely to working with the WIPA project, or that the likelihood of informing a WIPA project of a change in status decreases over time. We are not able to determine this using the available data.

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VII. HOW DO OUTPUT AND COST VARY ACROSS WIPA PROJECTS?

During the 12-month period from April 1, 2010, through March 31, 2011, WIPA projects provided services to a total of 59,121 beneficiaries, including those who newly contacted a WIPA project during this period (highlighted in earlier chapters) and those who were already being served at the start of the period. SSA paid the WIPA projects approximately \$20 million for this 12-month period, implying that the cost per beneficiary served during the time was approximately \$338. This overall per-beneficiary cost masks substantial variation in outputs and costs across the 103 WIPA projects.

In this chapter, we examine this variation using three gross cost measures representing rough indicators of WIPA performance. The measures focus on the costs of providing core WIPA services, excluding I&R and outreach-related efforts. We were able to adjust the measures for variation in the local costs of inputs and for non-SSA resources that the WIPA projects obtained to provide services. However, there were many differences across WIPA projects that affected the cost-per-output measures for which we lacked systematic information that could be used to adjust the measures—relative demand for I&R versus WIPA services by beneficiaries, staff experience, actual staff wage rates and rents, and overall beneficiary demand for services. Hence, the measures presented in this chapter provide only a broad-brush assessment of WIPA performance during the period and the extent of variation in performance across the 103 WIPA projects.

In what follows, we first describe the levels of output across WIPA projects, measured in terms of the number of clients served, new enrollments, I&R and WIPA baseline assessments, and other direct service efforts to beneficiaries (Section A). We then assess the differences in costs of providing WIPA services (excluding I&R-only services and outreach) across WIPA projects using three measures: cost per WIPA enrollee served, cost per new WIPA enrollee, and cost per WIPA service hour (Section B). In examining these cost measures we apply adjustments that reflect differences across the WIPA projects in the costs of inputs (labor and rent) and levels of non-SSA funding.

The findings indicate that output—whether measured in terms of the number of clients or in activities undertaken by WIPA staff—varied substantially across the 103 WIPA projects. This reflected the substantial variation in sites' sizes and funding levels. However, considerable variation still existed in the costs per output when we took into account both SSA and non-SSA funding and input costs. Costs per WIPA enrollee served during the period ranged from \$163 to \$2,802, and costs per WIPA service hour ranged from \$52 to \$1,472 across the projects, after adjusting for differences in input costs and non-SSA funding. Our findings suggest that significant differences across the WIPA projects were affecting their costs. These included the share of clients receiving I&R-only versus WIPA services, and it also might have included the underlying demand for services within the projects' target populations, the availability of substitute services, and efficiency in providing services.

A. WIPA Outputs

Table VII.1 shows the quintile ranges and totals for each of several types of outputs measured in terms of the number of clients served and type of activity.²⁸ WIPA output varied substantially across projects for the period, regardless of output measure. Some variation was to be expected, given large differences in the size of the projects and their funding levels. Differences in the service needs of each WIPA project's local target population also may have contributed to the large degree of variation. Overall, about 59,000 beneficiaries received services during the 12-month period, with new enrollments representing the large majority (81 percent) of the clients served. Individual WIPA projects enrolled as few as 93 new clients and as many as 1,477 during the 12-month period. Most enrolled between 200 and 750 new clients and served a total of about 250 to 900. There was also a very large degree of variation across WIPA projects in the types of activities undertaken (I&R assessments, WIPA baseline assessments, and other efforts). Again, some variation was to be expected, given the differences across programs in size and funding levels.

In Table VII.2, we examine the proportion of WIPA outputs represented by I&R-only clients or services. This is of interest because SSA has provided guidance to the WIPA projects regarding its priorities for service delivery, indicating that the WIPA projects should be devoting no more than 20 percent of their resources to outreach activities and I&R services, leaving 80 percent for WIPA baseline assessments, follow-up assessments, and efforts. In the next section, we examine costs per unit of output, focusing only on WIPA-enrolled clients and services and assuming that 80 percent of SSA funding is devoted to these clients and services.²⁹ Across all WIPA projects, 37 percent of all clients who received any type of service during the period received only I&R; that is, they were not enrolled into WIPA services. The percentage of I&R-only clients was much higher (45 percent) among new enrollees during the period. We estimated the share of total direct-service hours (hours spent providing services to clients) devoted to I&R services to be 22 percent overall. Note that outreach efforts are not included as direct services to clients and so are not considered in these calculations. Thus, unless the WIPAs are doing minimal outreach, or are using non-SSA funds for outreach activities, the 22 percent I&R/78 percent WIPA direct service split suggests that more resources than SSA intends are likely being devoted to activities other than services to WIPA enrollees.

It is important to note that these numbers alone, while suggestive, do not indicate the extent to which WIPA projects were operating within a range that might be considered as meeting the SSA 20 percent guidance. I&R-only clients likely received substantially less-intensive services and so represented a smaller percentage of total effort than is implied by the two client-based output measures presented in Table VII.2. In theory, the service hour-based measure should more accurately reflect the share of effort devoted to I&R services than does the number of clients. However, this measure is based on an assumption regarding the *mean* time spent on I&R and WIPA baseline assessments, rather than the *actual* time, because staff members do not record the actual time spent on WIPA assessments. The same I&R assessment time (one hour) is assumed for all WIPAs, but it is possible that this assumption is biased. For example, if there is a strong negative

²⁸ The number of WIPA projects in each quintile is unequal because the total (103) is not divisible by 5 and because WIPA projects with the same value for a particular statistic are grouped in the same quintile.

²⁹ For the cost measures that incorporate non-SSA funding, we used the percentage of funding devoted to direct services. We then used 80 percent of the direct service funding to account for I&R services provided.

relationship between the share of I&R-only clients and time spent providing I&R services (that is, if WIPA projects serving relatively large numbers of I&R-only clients are providing relatively less intensive I&R assessments), then the I&R service time percentages shown in Table VII.2 will overstate the share of effort devoted to I&R services. On the other hand, if there is a positive relationship between the share of I&R-only clients and time spent on I&R, then the percentages will understate the share of total effort devoted to I&R.

Table VII.1. WIPA Outputs, April 1, 2010, to March 31, 2011

	Ranges by Quintile					Total
	First	Second	Third	Fourth	Fifth	
Outputs as Measured by Clients						
Number of new/existing I&R-only clients	20-68	69-121	133-184	185-346	349-881	21,576
Number of new/existing WIPA clients	39-188	190-264	277-337	342-496	504-1,534	37,545
Total (unduplicated) number of new/existing clients	117-278	281-395	400-580	591-870	875-1,906	59,121
Number of new I&R-only clients enrolled	20-67	68-124	132-183	188-342	346-697	21,111 ²
Number of new WIPA clients enrolled ¹	22-123	132-193	198-233	236-380	384-971	26,756
Total (unduplicated) number of new clients enrolled	93-222	224-323	325-478	479-733	734-1,477	47,867
Outputs as Measured by Activity						
Number of I&R assessments	51-151	153-227	229-391	392-547	575-1,421	37,628
Number of WIPA baseline assessments	13-114	117-173	177-231	234-365	380-972	25,529
Number of WIPA efforts	56-259	261-464	490-800	811-1,134	1,143-8,185	91,765
Total time of efforts (hours)	36-225	225-339	342-595	607-872	902-5,304	66,711

Source: WIPA ETO data, accessed on April 4, 2011.

Notes: The number of each type of assessment is greater than the respective number of new enrollments because WIPA projects could have enrolled the beneficiary before April 1, 2010 (the beginning of our study period) and conducted the assessment after that date. In addition, beneficiaries can have more than one assessment.

“New clients” refers to those enrolled during the observation period (April 2010–March 2011). “Existing clients” refers to those enrolled before the observation period but who received services during the observation period. Beneficiary “efforts” are services provided to WIPA enrollees in addition to the baseline assessment; see Chapter II for a more detailed explanation.

¹ Encompasses all WIPA enrollments, including those also enrolled in I&R.

² This number differs from the same statistic in earlier chapters because of differences in the unit of analysis. In earlier chapters, we included one record per beneficiary assigned to the WIPA site where they were most recently served. Here, we include duplicate records if beneficiaries were served by multiple sites to fully document the activities of each WIPA project during the observation period.

Table VII.2. Percentage of WIPA Outputs Represented by I&R-Only Clients and Services, April 2010 to March 2011

	Ranges by Quintile					All
	First	Second	Third	Fourth	Fifth	
Percentage of all new/existing clients enrolled in I&R only	6-18	20-29	29-38	39-51	52-78	37
Percentage of all new clients enrolled in I&R only	7-27	27-35	35-47	47-62	63-86	45
Percentage of total direct-service hours devoted to I&R services ¹	9-17	17-21	21-25	25-30	30-55	22

Source: WIPA ETO data, accessed on April 4, 2011.

Note: “New clients” refers to those enrolled during the observation period (April 2010–March 2011). “Existing clients” refers to those enrolled before the observation period but who received services during the observation period.

¹ Estimated using the total effort time recorded in ETO, the number of cases receiving I&R and WIPA baseline assessments, and assumptions for the mean time spent conducting I&R and WIPA baseline assessments derived from the experiences of the BPAO program. See Appendix D for details.

B. WIPA Costs per Output

Some of the variation across WIPA projects in the number of beneficiaries served and outputs measured in terms of services provided, reflected differences in the funding each WIPA had available—but they might also have reflected differences in the costs of providing services. The cost measures we present in this section reflect differences in funding levels and control for variation in the cost of inputs (labor and rent) to better assess the extent to which costs varied across the WIPA projects.

We examined costs using three different measures:

- **Cost per WIPA enrollee.** This measure is equal to total SSA funding for direct WIPA services divided by the total (unduplicated) number of WIPA service enrollees who received any services during the study period, regardless of the types or amounts of services received or when they initially enrolled for services.
- **Cost per new WIPA enrollee.** This measure is equal to total SSA funding for direct WIPA services divided by the total (unduplicated) number of beneficiaries who newly enrolled for WIPA services during the study period, regardless of the amounts of services received.
- **Cost per WIPA service hour.** This measure is equal to total SSA funding for WIPA services divided by the total hours of direct WIPA services provided.³⁰

³⁰ Direct WIPA services include WIPA baseline assessments and efforts, as recorded in the ETO effort forms. The measure excludes outreach activities and I&R assessments. Follow-up assessments are not included because they reflect

The focus of the above cost measures is on the cost of serving WIPA enrollees and providing WIPA, rather than I&R, services. Clients who received only I&R services are excluded from the enrollee-based measures, and time associated with conducting I&R assessments is excluded from the direct service-hour measure. Because the focus is on WIPA enrollees and services, we use 80 percent of total funding as the basis for the cost estimates based only on SSA funding.³¹

For the third measure, we based hours of direct WIPA service on the number of WIPA baseline assessments and total time associated with other efforts for WIPA enrollees. We assumed a value of 2.5 hours for the WIPA baseline assessment. We needed to make this assumption because time information is not collected in ETO for this activity. The 2.5 hour assumption is based on our analysis of the time spent providing benefits counseling services under the BPAO program (see Appendix D). As the WIPA counseling services are the same or very similar to the analogous services provided under the BPAO program, and because many of the same organizations that provided these services under BPAO continue to provide them under WIPA, we believe the assumption to be a reasonable approximation of the mean service time associated with WIPA baseline assessments. Total WIPA service time was the sum of the hour-weighted WIPA baseline assessments and total effort time.

The three measures provide somewhat different perspectives on the performance of the WIPA projects. The cost per WIPA enrollee is the broadest measure, indicating the mean per enrollee cost across all enrollees. This measure might be most representative of WIPA costs over a longer period of time. But the majority of enrollees served during the 12-month period analyzed were new enrollees and the greatest service intensity is expected to occur during early interactions with clients. The cost per new WIPA enrollee measure might therefore better reflect the costs of enrolling and serving clients during the annual period analyzed. This measure also allows us to view the costs in a manner similar to a capitated payment; that is, as a fixed fee paid to the WIPA projects per new enrollee to serve the enrollee over some specified period. Because we expect service intensity to vary markedly across beneficiaries and WIPA projects, the enrollee-based measures might provide an inaccurate picture of the relative performance of particular WIPA projects. By instead representing costs in terms of the hours of direct WIPA services provided, the third measure is intended to account for differences across WIPA projects in service intensity per client (as reflected by efforts) and for the services provided to both new and previously enrolled clients.

Two important factors likely affect WIPA costs as calculated by the three measures described above: the costs associated with inputs, and funding obtained from sources other than SSA. All else held constant, WIPA projects in areas where labor and rent costs are lower will be able to serve more beneficiaries and/or provide more hours of service. Similarly, those able to obtain additional funding from non-SSA sources will be able to provide more services. To account for these factors, we applied two adjustments in the computation of each of the cost measures: we adjusted funding levels to reflect labor and rent costs in the geographic areas served by each WIPA, and we computed

(continued)

a change in the beneficiary's status, rather than the amount of work WIPA staff completed. Services provided in response to a change in beneficiary status should be reflected in the ETO efforts forms.

³¹ As noted previously, SSA guidance to the WIPA projects has been that 80 percent of resources should be devoted to WIPA services, and 20 percent to outreach and the provision of I&R services. This point was stressed to WIPA projects by OESP in a national WIPA conference call in early 2010.

costs after including the additional, non-SSA funding obtained by each project to provide WIPA services. Appendix D provides more detail about how the cost measures and adjustments were developed.

In Table VII.3, we present ranges for the three cost measures (with and without adjustments), by quintile. Regardless of the measure or adjustment applied, we found a very large degree of variation across the WIPA projects. Costs per new WIPA enrollee showed the largest variation; unadjusted costs ranged from \$136 to \$3,636. After adjusting for input costs, the cost per new enrollee ranged from \$147 to \$2,663. When funding from non-SSA sources was taken into account, the values increased for all measures, as expected (relative to the input cost-adjusted measures). The measure of cost per WIPA service hour shows the least variation across WIPA projects; it ranged from \$52 to \$1,472 when adjusted for input costs and non-SSA funding.

Table VII.3. WIPA Project Costs, April 1, 2010, to March 31, 2011

	Ranges by Quintile				
	First	Second	Third	Fourth	Fifth
Cost per WIPA Enrollee (\$)					
Unadjusted	64-302	307-455	456-547	556-719	748-2,051
Adjusted for input costs	69-301	314-431	435-586	588-811	828-1,502
Adjusted for input costs and non-SSA funding	163-368	377-517	547-623	626-938	948-2,802
Cost per New WIPA Enrollee (\$)					
Unadjusted	136-426	442-588	605-772	779-1,091	1,096-3,636
Adjusted for input costs	147-404	422-587	592-821	824-1,182	1,183-2,663
Adjusted for input costs and non-SSA funding	257-513	518-725	725-912	932-1,310	1,346-3,641
Cost per WIPA Service Hour (\$)					
Unadjusted	14-83	84-127	129-174	178-232	233-777
Adjusted for input costs	16-91	91-125	126-174	180-257	259-718
Adjusted for input costs and non-SSA funding	52-109	112-149	149-191	197-278	297-1,472

Source: Tabulations based on WIPA ETO data, accessed on April 4, 2011.

While there is considerable variation in the cost per WIPA service hours measure across the WIPA projects in the middle three quintiles (\$166, adjusted for input costs and non-SSA funding), it appears that a handful of cost outlier projects, particularly in the fifth (highest cost) quintile, contributed to the very large degree of variation observed overall. A handful of WIPA projects (10) had costs per WIPA service hour in excess of \$400 (adjusted for input costs and non-SSA funding). Most of these projects were estimated to be devoting a relatively large share of their time (30 percent or more) to providing I&R services (based on the measure reported in Table VII.2); this probably contributed to their cost outlier status.

The variation in costs in the recent period are similar to that from an earlier period (Table A.17). For the earlier period, it was found that costs per WIPA enrollee ranged from \$49 to \$3,099 and costs per WIPA service hour ranged from \$42 to \$1,586. After controlling for input costs and non-SSA funding, per WIPA service hour costs in the earlier period ranged from \$42 to \$1,586.

Costs per new WIPA enrollee also showed the largest variation in the earlier time period, ranging from \$113 to \$6,000. Thus, while there were slight differences in the magnitudes of the cross-WIPA project variation, overall, the variation in costs across projects was relatively similar in the current and earlier time period.

In Appendix E, we present the quintile rankings of each WIPA with respect to the adjusted and unadjusted cost measures. If there were substantial differences across WIPA projects in client composition, input costs, and/or non-SSA funding, we would have expected particular WIPA projects to move across quintiles, depending on the specific cost measure and adjustment applied. Below, we describe our general observations of the inter-quintile movement of the WIPA projects when we varied the measures and adjustments. For this analysis, we considered movement from the highest two quintiles to the lowest two, or vice versa, as a significant change.

- **Unadjusted versus adjusted for input costs.** When we compared the unadjusted measures to the measures adjusted for input costs, approximately 29 of the 103 WIPA projects moved to a different quintile for the cost per WIPA enrollee and 34 moved for the cost per WIPA service hour measures. However, no projects moved between the top two and bottom two quintiles in the ranking. This suggests that differences in input costs affected the rankings of about one-third of the WIPA projects but did not significantly change the relative ranking of any.
- **Adjusted for input costs versus adjusted for input costs and non-SSA funding.** When we compared the measures adjusted for input costs with those adjusted for both input costs and non-SSA funding, a slightly larger number of WIPA projects moved to a different quintile for the per-WIPA enrollee and per-WIPA service hour measures (35 and 30 moved, respectively). Only three WIPA projects moved between the top two and bottom two quintiles for the per-WIPA enrollee measure, while two did so for the per-WIPA service hour measure (one project moved significantly under both measures). In all of these cases, the WIPA projects moved from the lowest two cost quintiles to the highest two. This suggests that non-SSA funding affected the rankings of approximately one-third of the WIPA projects but only dramatically affected five of them. Three of those five WIPA projects had very large amounts of non-SSA funding (over \$100,000).
- **Cost per WIPA enrollee versus cost per WIPA service hour.** When we compared the cost per WIPA enrollee measure to cost per WIPA service hour (adjusted for input costs and non-SSA funding), 52 WIPA projects changed quintile rankings but only two moved between the top two and bottom two quintiles.
- **Cost per WIPA enrollee versus cost per new WIPA enrollee.** Comparing the two measures based on WIPA enrollee counts (using the versions adjusted for both input costs and non-SSA funding), we found that 29 WIPA projects moved to a different quintile, with only one moving between the top two and bottom two quintiles.
- **Cost per new WIPA enrollee versus cost per WIPA service hour.** When we compared these measures (using the versions adjusted for both input costs and non-SSA funding), we found 53 moved to a different quintile. However, as with the other comparisons, relatively few WIPA projects moved between the top two and bottom two quintiles—in this case, only four.

The large variation found across WIPA projects in the costs of providing services after controlling for differences in input costs and non-SSA funding, and the fact that the rankings of

relatively few WIPA projects changed dramatically when the cost measures were adjusted for these factors, suggest that there were other significant factors affecting costs. As already discussed, the amount of effort devoted to I&R services will affect costs, as measured here, but other factors also likely played a role. Other reasons that costs might have varied substantially across projects include (1) differences in the underlying demand for services within each project's target population, including beneficiary characteristics or the complexity of service needs; (2) the availability of substitute services within the project service area; and (3) efficiency in the manner in which the WIPA provides services. Additionally, some projects might deviate from the SSA-prescribed service delivery model (for example, devoting more than 20 percent of resources to I&R services); our method assumes that all projects conform to the model and provide services in a similar manner. We could not explore these differences due to resource and time constraints. A full analysis would require collection of information that is not available in WIPA ETO.

Non-SSA funding had a substantial impact on the relative ranking of a few WIPA projects. In some of these cases, WIPA projects moved from the very lowest cost quintile to the highest when we accounted for very large amounts of MIG funding. It is likely that a large share of the non-SSA funding from MIG was not used to provide WIPA services, but instead may have been devoted to I&R services. In such cases, our cost measures might have over attributed the funding to WIPA service activities, substantially inflating their costs.

Finally, it is important to note that while the SSA formula used to fund WIPA projects is based on demand in each project's service area, as measured by the number of SSDI and SSI beneficiaries, award amounts are bounded by a minimum of \$100,000 and a maximum of \$300,000 per project. This means that the funding amount of some WIPA projects may not accurately reflect demand for services in the area; WIPA projects that receive the minimum award amount may have excess capacity, thereby making their costs as we measured them appear high. Conversely, those receiving the maximum amount may be stretching their funds to deliver services to a relatively large number of beneficiaries, thereby reducing their costs per client or per service hour. In our cost measures we did not explore correlations between SSA funding, size of the service area, and ranking.

VIII. CONCLUSIONS

The purpose of this evaluation is to assess whether the conclusions reached in a similar evaluation (Schimmel et al. 2010) conducted using data on an earlier period still hold as the WIPA program has matured and evolved. In particular, in this evaluation, we expanded our understanding of the WIPA program by documenting the activities of WIPA projects in the most recent period for which data were available, focusing primarily on April 1, 2010, to March 31, 2011. Because of resource constraints, our analysis was limited to documenting the activities and outputs of WIPA projects, without an in-depth exploration of how differences in the beneficiaries served by each project or features of the local environment contributed to variations in outputs and costs.

Our analysis found that activities of the WIPA program have remained largely unchanged. The beneficiaries recently served by WIPA projects are very similar to earlier ones in terms of demographic characteristics and the needs they have when contacting the WIPA program. The services provided by WIPA projects have also remained relatively stable; projects still provide suggestions about services, work incentives, and benefits geared toward meeting employment goals. As a result, WIPA project costs per unit of output were similar in the most recent period to those documented previously, with large variation across projects persisting. To the extent that changes from the previous report were observed, they were consistent with the intent of the program and instructions provided by SSA to WIPA projects.

Specifically, our key findings are:

1. **Over time, fewer beneficiaries are making contact with the WIPA program.** From October 1, 2009, to March 31, 2010, 26,278 individuals first contacted a WIPA project, compared with 25,117 from April 1, 2010, to September 30, 2011, and 20,717 from October 1, 2010, to March 31, 2011. There are several possible reasons for this decline, though we cannot test them with available data. First, those beneficiaries most eager to utilize services and supports geared toward employment may have contacted the WIPA program earlier, therefore decreasing demand in the most recent period. Second, WIPA projects may have needed to devote a higher share of resources to existing enrollees, leaving less of the fixed level of funding for outreach to and/or support of additional beneficiaries. An early evaluation of the WIPA program by O'Day et al. (2009) noted that WIPA funding seemed small relative to the scope of the program's activities; this might become a more significant issue as additional beneficiaries enroll and maintain an ongoing relationship with the program. It might also imply that waiting lists for WIPA services could increase over time. Third, the economic recession may have led to decreased employment opportunities for workers with disabilities, resulting in beneficiaries being less interested in work and having less of a need for WIPA services. Finally, it is possible that disability beneficiaries have been able to obtain information about employment supports through other SSA initiatives, including the WIIRC/BASS.
2. **WIPA projects have improved their data collection efforts, as evidenced by the proportion of WIPA enrollees with completed I&R and baseline assessments, as well as by slight decreases in item non-response.** At a minimum, WIPA projects are to record intake information, an I&R assessment, and a WIPA baseline assessment for each WIPA enrollee, into WIPA ETO. The proportion of recent WIPA enrollees with an I&R assessment was 3.3 percentage points (3.5 percent) higher than earlier enrollees, while the proportion with a WIPA baseline assessment was 1.5 percentage points

(1.7 percent) higher. Within the assessments, we found that the prevalence of missing data had decreased slightly. This suggests that WIPA projects have been more diligent in their data collection efforts and that information about recent WIPA enrollees is more likely to be representative of the beneficiaries served by the program as a whole. However, the prevalence of missing data for certain elements is still high and in those cases, it is difficult to know whether the findings for enrollees with available data are representative of all enrollees in the program. To improve the representativeness of available data, WIPA projects could continue to improve data collection.

3. **The demographic profile of WIPA enrollees has remained relatively similar over time, though recent enrollees are more intensively focused on employment than were earlier enrollees.** Recent WIPA enrollees appeared quite similar to earlier enrollees, with a few exceptions. A slightly higher proportion of recent enrollees had SSDI compared with earlier enrollees, recent enrollees reported their health to be slightly worse than earlier enrollees, and they had a slightly different profile of self-reported disabling conditions. Recent WIPA enrollees were more likely to be employed than earlier enrollees; 39.8 percent of recent enrollees were already employed or had a job offer pending at intake, compared with 34.7 percent of earlier enrollees. In addition, fewer recent enrollees are only considering employment; 18.6 percent compared with 25.6 percent of earlier enrollees.
4. **The ability of the WIIRC/BASS to directly refer beneficiaries to WIPA projects and enter their data in WIPA ETO changed how WIPA enrollees learned about the WIPA program.** Beginning in February 2010, staff members from the WIIRC/BASS were able to enter data into WIPA ETO and directly refer beneficiaries to WIPA projects. As a result, the proportion of recent WIPA enrollees reporting that they learned about WIPA through the WIIRC/BASS is nearly double that of earlier enrollees (20 percent compared with 10.6 percent) and the proportion learning about WIPA through other WIPA outreach has fallen (8.9 percent compared with 13.7 percent). Because more WIPA enrollees are now being directly referred to WIPA projects from the WIIRC via WIPA ETO, WIPA staff are conducting more one-on-one outreach to beneficiaries, and beneficiaries who otherwise might not have contacted the WIPA program are being served. The increased proportion of WIPA enrollees referred from WIIRC/BASS may also explain other observed trends, such as a higher proportion employed at intake, since beneficiaries interested in the Ticket to Work program are work-oriented (Livermore and Stapleton 2011). Indeed, we found that those who learned about the WIPA program through WIIRC/BASS or after receiving a Ticket were about 50 percent more likely to be employed at the time they contacted a WIPA project than those who learned about the program in another way (53 percent versus 36 percent).
5. **The nature of services provided by WIPA projects to recent WIPA enrollees has remained largely unchanged from those provided to earlier enrollees; WIPA projects continue to encourage the use of services and supports that may increase employment and reduce reliance on disability benefits.** The topics discussed at the I&R assessment and resolution of I&R contacts among WIPA enrollees has remained stable over time. At the time of the baseline assessment, WIPA projects often suggest that WIPA enrollees take advantage of specific benefits, work incentives, and services that may increase the likelihood of finding and keeping a job, thereby potentially reducing reliance on cash benefits. This is consistent with the pattern reported for earlier enrollees. Beyond the baseline WIPA assessment, most (78 percent) recent WIPA enrollees had at least one additional contact with the WIPA program—higher than the

71 percent of earlier enrollees, but a nontrivial fraction (22 percent) did not have any additional contacts with the program. When it does happen, ongoing support to beneficiaries tends to occur relatively soon after enrollment; the number of additional contacts does not increase much beyond the first three months after entry. Follow-up assessments, which indicate a significant change in benefits, education, or employment, occur relatively infrequently (13.8 percent of recent WIPA enrollees had at least one), though this could be because WIPA enrollees do not contact a WIPA project to let them know of such a change. The likelihood of follow-up assessments increases slightly over time, suggesting that experiencing changes in status after WIPA enrollment may take time.

6. **WIPA projects continue to have wide variation in service costs per beneficiary.** Similar to the earlier period reported in Schimmel et al. (2010), output varied substantially across the 103 WIPA projects, even after taking into account variation in both SSA and non-SSA funding and input costs, whether measured in terms of client enrollments or the specific activities undertaken by WIPA staff. Adjusting for funding levels and input costs, costs of direct services per WIPA enrollee varied from \$163 to \$2,802; costs per WIPA service hour ranged from \$52 to \$1,472 across the WIPA projects. This variation is similar to that reported for an earlier period in Schimmel et al. (2010), when costs per WIPA enrollee ranged from \$49 to \$3,099 and costs per WIPA service hour ranged from \$42 to \$1,586. Most (60 percent) of the WIPA projects operated within a fairly comparable range of cost per WIPA service hour (\$112 to \$278), but there were extreme outliers that contributed to the observed range. Part of this difference could be due to the funding algorithm used to fund projects; while it was based on beneficiaries in the service area, minimum and maximum funding levels may mean that some WIPA projects have budgets that are large relative to the demand for services in their area, while others have budgets that are small relative to demand. In addition, our findings suggest that in addition to variations in effort devoted to I&R and outreach, other significant differences across the WIPA projects that we did not explore were affecting their costs. These include variations in the underlying demand for services, the availability of substitute services, efficiency in the manner in which services were provided, and possible deviations from SSA's intended WIPA service delivery model.

This report documents the services provided by WIPA projects, the beneficiaries the program serves, and the costs of serving them. As mentioned previously, we did not fully explore the connection between the beneficiaries served by each project and outputs. For example, some WIPA projects may provide a higher proportion of their services to beneficiaries with relatively intense counseling needs, such as concurrent beneficiaries. These projects may serve relatively few beneficiaries and therefore appear to underperform in our output and cost measures, which are not adjusted for such characteristics. In order to understand output and cost variation across WIPA projects, SSA may wish to consider a more in-depth analysis using regression modeling to take into account the beneficiary client mix of each WIPA project and relevant characteristics of the local environment. Such an analysis would help explain the large variation in costs reported here.

Like the last WIPA evaluation report, the study design in this report makes it impossible to answer questions about whether services provided by the WIPA program are associated with improved employment outcomes among WIPA beneficiaries. A companion piece to this report by Livermore et al. (2011) addresses this subject by linking data collected in WIPA ETO with SSA administrative records and IRS earnings data. By using this linkage, that study is able to explore

whether the suggestion to use certain work incentives by CWICs results in increased utilization by WIPA beneficiaries, and whether such suggestions result in reduced dependence on disability benefits (as measured by benefits suspended or terminated because of work) or increased earnings.

REFERENCES

- Livermore, Gina, Allison Roche, and Sarah Prenovitz. "SSI and DI Beneficiaries with Work-Related Goals and Expectations." Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 5. Washington, DC: Mathematica Policy Research, 2009a.
- Livermore, Gina, Debra Wright, Allison Roche, and Eric Grau. "2006 National Beneficiary Survey: Background and Statistical Tables." Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 4. Washington, DC: Mathematica Policy Research, 2009b.
- Livermore, Gina, and David Stapleton. "Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations: Highlights of the Fifth Ticket to Work Evaluation Report." Washington, DC: Mathematica Policy Research, 2010.
- Livermore, Gina, and Sarah Prenovitz. "Benefits Planning, Assistance, and Outreach (BPAO) Service User Characteristics and Use of Work Incentives." Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 6. Washington, DC: Mathematica Policy Research, 2010.
- Livermore, Gina, Sarah Prenovitz, Jody Schimmel. "Employment-Related Outcomes of an Early Cohort of Work Incentives Planning and Assistance (WIPA) Program Enrollees." Washington, DC: Mathematica Policy Research, July 2011.
- O'Day, Bonnie, Allison Roche, Norma Altshuler, Liz Clary, and Krista Harrison. "Process Evaluation of the Work Incentives Planning and Assistance Program." Work Activity and Use of Employment Supports Under the Original Ticket to Work Regulations Report No. 1. Washington, DC: Mathematica Policy Research, 2009.
- Peikes, Deborah, Sean Orzol, Lorenzo Moreno, and Nora Paxton. "State Partnership Initiative: Selection of Comparison Groups for the Evaluation and Selected Impact Estimates." Princeton, NJ: Mathematica Policy Research, October 31, 2005.
- Schimmel, Jody, Bonnie O'Day, Allison Roche, Gina Livermore, and Dominic Harris. "Evaluation of the Work Incentives Planning and Assistance (WIPA) Program: Beneficiaries Served, Services Provided and Program Costs." Washington, DC: Mathematica Policy Research, 2010.
- Social Security Administration. "2011 Red Book: A Summary Guide to Employment Supports for Individuals with Disabilities Under the Social Security Disability Insurance and Supplemental Security Income Programs." Baltimore, MD: SSA., 2011. Available at [\[http://www.ssa.gov/redbook/eng/main.htm\]](http://www.ssa.gov/redbook/eng/main.htm).
- Social Security Administration. "Cooperative Agreements for Work Incentives Planning and Assistance Projects; Program Announcement No. SSA-OESP-06-1." Baltimore, MD: SSA, 2006.
- Social Security Administration. "Work Incentives—Detailed Information." Baltimore, MD: Social Security Administration. February 9, 2011. Available at [\[http://www.ssa.gov/disabilityresearch/wi/detailedinfo.htm\]](http://www.ssa.gov/disabilityresearch/wi/detailedinfo.htm).

- U.S. Bureau of Labor Statistics. “Occupational Employment Statistics.” Washington, DC: U.S. Department of Labor, undated. Available at [<http://www.bls.gov/oes/home.htm>].
- U.S. Census Bureau. “Population Estimates.” Suitland, MD: U.S. Census Bureau. Undated. Available at [<http://www.census.gov/popest/estimates.html>].
- U.S. Department of Housing and Urban Development. “50th Percentile Rent Estimates.” Washington, DC: U.S. Department of Housing and Urban Development, undated. Available at [<http://www.huduser.org/portal/datasets/50per.html>].
- Virginia Commonwealth University. “CWIC Training Manual (2010).” Available at [<http://www.vcu-ntc.org/resources/cwicmanual.cfm>].

APPENDIX A

**FINDINGS FROM SCHIMMEL ET AL. (2010) FOR EARLIER WIPA ENROLLEES
WITH ENTRY DATES FROM OCTOBER 1, 2009, TO MARCH 31, 2010**

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Table A.1. Number of Beneficiaries Served by WIPA Projects

	Beneficiaries with Entry Date from October 1, 2009, to March 31, 2010 (Enrollment Status on March 31, 2010)
Total Number of Enrollees	26,278
Enrolled to Receive I&R Only	13,668
Enrolled to Receive WIPA Services	12,610
Percent with a WIPA baseline assessment	89.6
Percent with an I&R assessment	93.8

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table III.1. I&R-only enrollees include current enrollees as well as those previously dismissed and not enrolled to receive WIPA services. WIPA enrollees include those currently enrolled and those previously dismissed from WIPA.

Table A.2. Data Quality Summary

	Gender			Age Category				Disability Benefits		
	Overall	Male	Female	Age Under 25	Age 25-39	Age 40-54	Age 55+	SSDI Only	SSI Only	Concurrent
Enrolled in WIPA	12,610	6,278	5,973	1,778	3,007	4,923	2,252	7,283	3,297	1,745
Number with I&R assessment	11,828	5,832	5,656	1,406	2,908	4,716	2,178	6,336	3,178	1,666
Percent with I&R assessment	93.8	92.9	94.7	79.1	96.7	95.8	96.7	87.0	96.4	95.5
Number with WIPA baseline assessment	11,299	5,650	5,340	1,571	2,742	4,457	2,006	6,528	2,941	1,600
Percent with WIPA baseline assessment	89.6	90.0	89.4	88.4	91.2	90.5	89.1	89.6	89.2	91.7
Intake Form				Percentage of WIPA Enrollees Who Had Non-Missing Data						
Age	94.8	95.8	95.2	100.0	100.0	100.0	100.0	94.2	95.0	96.6
Gender	97.2	100.0	100.0	98.2	98.1	97.6	97.6	96.8	97.5	97.7
Marital status	81.4	84.1	82.1	89.8	83.4	81.8	80.6	81.8	84.3	86.9
Education	62.2	62.7	63.0	58.1	66.3	64.9	62.3	63.7	59.9	69.9
Primary disabling condition	84.9	86.3	84.7	89.4	87.5	86.2	84.6	86.7	85.7	89.1
Health status	58.7	58.7	60.1	51.0	60.6	61.1	59.7	60.6	56.7	63.7
Benefits received at intake	97.8	97.7	98.0	99.2	98.4	97.5	96.3	100.0	100.0	100.0
Employment at intake	97.8	97.7	98.0	99.2	98.4	97.5	96.3	100.0	100.0	100.0
WIPA Baseline Assessment				Percentage of WIPA Enrollees with Baseline Assessment Who Had Non-Missing Data						
Current employment	77.5	77.5	78.0	75.1	79.0	79.2	75.9	78.2	75.0	78.9
Employment goals	87.8	88.3	87.7	87.3	89.4	88.8	86.7	87.6	87.7	90.6
Actively seeking employment	75.4	76.1	75.1	75.6	77.4	76.5	72.6	76.5	76.3	79.8
Education goals	59.6	60.4	59.2	66.7	62.2	59.1	56.7	56.9	62.1	63.7
Intend to reduce benefits	77.6	78.4	76.9	76.2	45.1	78.8	77.8	79.2	74.3	77.1
Intend to stop benefits	77.2	78.1	76.4	76.7	45.3	78.0	76.4	78.4	74.7	76.7
Benefits										
Enrolled in State Vocational Rehabilitation Agency (SVRA)	88.3	88.6	88.4	86.6	89.2	88.8	88.5	87.7	87.4	90.8
Assigning Ticket ¹	85.3	85.4	85.8	73.2	86.8	88.4	88.9	85.0	78.1	86.6
Food stamps	82.4	82.4	82.8	78.7	84.3	83.6	80.3	80.7	83.5	85.2
Subsidized housing or other rental subsidies	80.3	80.7	80.3	78.2	81.0	81.3	79.2	79.1	81.0	81.3
Veterans' benefits	71.3	71.5	71.7	60.1	72.6	73.2	73.2	71.8	67.6	72.8
TANF	72.1	72.3	72.5	62.8	73.4	73.9	72.8	72.3	69.5	72.9
Unemployment insurance benefits	71.5	71.6	72.0	60.0	72.6	73.7	72.9	72.1	67.6	72.6
Workers' compensation	71.8	72.0	72.1	60.7	73.2	73.8	73.3	72.4	68.0	73.0

Table A.2 (continued)

	Gender			Age Category				Disability Benefits		
	Overall	Male	Female	Age Under 25	Age 25-39	Age 40-54	Age 55+	SSDI Only	SSI Only	Concurrent
Work Incentives										
Trial Work Period (TWP) ²	89.2	89.6	89.2	85.1	89.0	89.8	88.7	89.0	--	90.1
1619a ³	74.0	73.3	75.0	65.0	77.2	79.2	75.0	--	71.9	77.9
Extended Period of Eligibility (EPE) ²	88.6	88.7	88.8	84.7	87.4	89.2	88.9	88.6	--	88.6
1619b ³	82.3	81.5	83.3	72.6	86.9	86.6	82.7	--	79.7	86.9
Medicaid Buy-In ⁴	78.3	78.8	78.4	76.4	77.7	79.3	77.4	78.2	--	--
SGA ¹	82.4	82.0	83.0	64.1	82.7	86.1	87.4	85.5	66.6	85.1
Student earned income exclusion ⁵	89.7	89.7	90.2	89.7	--	--	--	--	80.7	--
Extended Medicare ²	82.1	82.4	82.2	75.9	81.5	82.9	82.5	81.9	--	82.6
Impairment-related work expenses (IRWE) ¹	84.7	84.3	85.4	69.8	85.4	87.2	89.3	85.1	75.7	85.8
Earned Income Tax Credit (EITC)	70.1	70.1	70.6	60.3	71.0	72.4	69.9	70.4	65.6	72.9
Section 301 ¹	68.9	69.3	69.2	57.6	69.2	71.4	71.4	67.8	63.2	70.6
Subsidy development ¹	72.5	72.4	73.1	60.1	73.2	75.3	75.2	72.3	64.9	74.3
Blind work expense ³	26.8	27.0	26.9	47.8	33.2	21.3	13.4	--	62.8	69.8
Plan for achieving self-support (PASS) ³	78.8	79.2	78.7	77.5	79.9	79.7	76.0	--	77.9	80.3
Expedited reinstatement ¹	80.3	80.0	80.9	63.2	80.2	83.8	85.7	81.4	69.6	81.6
Property essential to self-support ³	27.0	27.3	27.1	48.5	33.4	21.5	13.6	--	63.7	69.9
Services										
VR Services	85.9	86.4	85.8	84.3	86.6	86.7	85.3	85.5	85.1	87.2
Work-related training/counseling	73.0	74.3	72.3	72.6	72.8	73.2	73.3	71.6	73.9	74.1
Employment Network (EN)	73.4	73.3	74.2	67.8	74.8	74.7	74.2	73.1	71.6	74.9
Para-transit	65.2	65.5	65.4	55.5	66.2	67.0	66.1	65.2	62.0	66.7
DOL One-Stop Center	72.0	72.3	72.5	65.8	72.4	73.5	72.6	71.8	70.3	72.7
Protection and advocacy	67.2	67.7	67.5	61.5	66.8	68.7	67.9	66.8	65.3	68.4
Transitional youth services	67.2	68.6	66.4	71.2	65.7	67.2	65.8	65.1	69.9	66.6
Employer Assistance and Referral Network (EARN)	64.2	64.3	64.7	53.2	65.2	66.6	64.8	64.3	60.5	66.3

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Appendix Table E.1.

Limited to: ¹ SSA beneficiaries; ² DI beneficiaries (including concurrent); ³ SSI beneficiaries (including concurrent); ⁴ DI-only beneficiaries; ⁵ SSI beneficiaries under age 22.

Table A.3. Groupings of WIPA Projects and Enrollment Intensity

WIPA Group	Number of WIPA Enrollees	Average Percent of Beneficiaries in Service Area with Baseline Assessment	Percent of Enrollees with WIPA Baseline Assessment	Percent of Enrollees with WIPA Baseline and Follow-Up Assessment	Percent of Enrollees with WIPA Baseline Assessment and at Least One Effort	Average Number of Efforts (conditional on one or more)
Overall	12,610	0.165	89.6	9.2	75.0	2.13
1	6,546	0.251	93.4	9.7	70.3	1.84
2	3,998	0.087	90.5	8.0	79.8	2.36
3	2,066	0.042	75.7	10.3	82.3	2.56

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table III.3.

Table A.4. Demographic Characteristics of WIPA Enrollees

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Age at Intake	
Percentage of enrollees with non-missing data	94.8
Number of enrollees with non-missing data	11,960
Mean age	41.7
Age 14-17 (percent)	1.3
Age 18-24	13.6
Age 25-39	25.1
Age 40-64	59.4
Age 65-70	0.6
Gender	
Percentage of enrollees with non-missing data	97.2
Number of enrollees with non-missing data	12,251
Percent female	48.8
Marital Status	
Percentage of enrollees with non-missing data	81.4
Number of enrollees with non-missing data	10,261
Percent married	18.3
Educational Attainment at Intake	
Percentage of enrollees with non-missing data	62.2
Number of enrollees with non-missing data	7,842
Less than high school diploma (percent)	13.5
High school diploma or equivalent	43.7
Other degree or certification	2.1
Associate's/two-year degree	6.1
Some college	21.8
Bachelor's degree or higher	12.9

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.1. Age and education categories sum to 100 percent for non-missing responses (difference due to rounding). Individuals who were outside of the 14-70 age range were set to "missing."

Table A.5. Disability and Health Status of WIPA Enrollees at Intake

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Self-Reported Primary Disability at Intake	
Percentage of enrollees with non-missing data	84.9
Number of enrollees with non-missing data	10,702
Cognitive/developmental disability (percent)	14.1
Mental and emotional disorders	37.1
Non-spinal orthopedic impairment	9.3
Sensory impairment	5.8
Spinal cord or traumatic brain injury	6.8
System disease	12.9
Other	13.1
Self-Reported Health Status at Intake	
Percentage of enrollees with non-missing data	58.7
Number of enrollees with non-missing data	7,402
Poor (percent)	2.4
Fair	28.7
Good	62.4
Very good	6.5

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.2. Categories sum to 100 percent for non-missing responses (difference due to rounding). Sensory impairments include blindness or other visual impairments, along with impairments to speech, hearing, or other senses. System disease was a single category in ETO but may include diseases of the circulatory system, endocrine or nervous disorders, or diseases of the nervous or respiratory systems. The other disability category includes injury, cancer/neoplasm, and infectious disease (each are two percent or less of the sample), along with beneficiaries whose condition was marked as "other" in ETO.

Table A.6. Benefits Received, Employment Status, and Payee Status of WIPA Enrollees at Intake

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Benefits Received at Intake	
Percentage of enrollees with non-missing data	97.8
Number of enrollees with non-missing data	12,337
DI only (percent)	59.0
SSI only	26.7
Concurrent DI and SSI	14.1
Private disability insurance	0.6
Veterans benefits	0.9
Workers compensation	0.1
Employment Status at Intake	
Percentage of enrollees with non-missing data	97.8
Number of enrollees with non-missing data	12,337
Considering employment (percent)	25.3
Looking for employment	40.0
Currently working	27.8
Job offer pending	5.9
Self-employed	1.0
Representative Payee	
Percentage of enrollees with non-missing data	83.3
Number of enrollees with non-missing data	10,502
Beneficiary is his/her own payee (percent)	77.3

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.3. Benefits received at intake is a required data element in ETO, and respondents were allowed to “mark all that apply,” so that categories sum to more than 100 percent. Beneficiaries with both DI and SSI marked were counted as concurrent beneficiaries (ignoring other benefits received at intake). Employment status is a required data element in ETO, and the categories sum to 100 percent.

Table A.7. Ways in Which WIPA Enrollees Heard About WIPA

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
How Beneficiary Heard About WIPA	
Percentage of enrollees with non-missing data	97.8
Number of enrollees with non-missing data	12,337
Community rehabilitation provider (percent)	8.7
Developmental disability agency	1.6
Department of Labor (DOL) One-Stop Center	2.6
EN	5.2
Housing agency	0.1
Internet	0.9
Medicaid	0.8
Mental health agency	5.2
Newspaper	0.1
Television	0.1
Veteran service organization	0.2
VR provider	36.1
Walk-in	0.8
WISE	1.8
Other WIPA outreach	11.3
Other	6.8
Maximus (OSM)	10.6
Receipt of a Ticket	2.4
SSA field office	4.6

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.5. How the beneficiary heard about WIPA is a required data element in ETO; percentages sum to 100 for the non-missing responses.

Table A.8. Topics That WIPA Enrollees Discussed with WIPA Projects at the Time of Their I&R Assessment

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with I&R Assessment	11,826
Benefits	
Percentage of enrollees with I&R assessment discussing topic	51.0
Number of enrollees with I&R assessment discussing topic	6,033
Percent discussing specific items:	
Public health insurance	56.4
TTW ¹	40.9
Food stamps	31.4
Enrollment in SVRA	30.4
Subsidized housing	18.4
Other	8.8
TANF	2.2
Unemployment insurance benefits	1.7
Veterans benefits	1.1
Worker's compensation	0.4
Work Incentives	
Percentage of enrollees with I&R assessment discussing topic	72.7
Number of enrollees with I&R assessment discussing topic	8,596
Percent discussing specific items:	
TWP ²	91.5
EPE ²	84.1
1619b ³	80.0
IRWE ¹	64.8
SGA ¹	60.8
1619a ³	53.3
Extended Medicare ²	47.6
Expedited Reinstatement ¹	47.4
Student Earned Income Exclusion ⁴	40.9
Medicaid Buy-In ⁵	36.4
PASS ³	35.9
Subsidy Development ¹	22.7
Earned Income Tax Credit (EITC)	14.7
Section 301 ¹	13.2
Property Essential to Self-Support ³	7.6
Other	1.8
Blind Work Expense ³	1.5
WIPA Services	
Percentage of enrollees with I&R assessment discussing topic	68.4
Number of enrollees with I&R assessment discussing topic	8,085
Non-WIPA Services	
Percentage of enrollees with I&R assessment discussing topic	4.5
Number of enrollees with I&R assessment discussing topic	531
Percent discussing specific items:	
VR services	65.3
DOL One-Stop Center	33.7
EN	27.3

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Work-related training/counseling	20.5
Protection and advocacy	17.1
Other non-WIPA service	12.8
Employer Assistance and Referral Network (EARN)	11.1
Para-transit	3.4
Transitional youth services	2.6
Employment	
Percentage of enrollees with I&R assessment discussing topic	36.6
Number of enrollees with I&R assessment discussing topic	4,332
Education	
Percentage of enrollees with I&R assessment discussing topic	5.0
Number of enrollees with I&R assessment discussing topic	592

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.6. Analysis was limited to WIPA enrollees with an I&R assessment. For items discussed, totals may sum to more than 100 percent because all applicable topic areas were checked. Percentages were calculated based on DI/SSI status, as indicated.

¹ Excludes cases where DI/SSI status is unknown.

² Applicable only to DI beneficiaries (including concurrent beneficiaries).

³ Applicable only to SSI beneficiaries (including concurrent beneficiaries).

⁴ Applicable only to SSI beneficiaries who are under age 22.

⁵ Applicable to DI-only beneficiaries (excluding concurrent beneficiaries). Very few Buy-In participants have SSI, and the fraction varies widely by state, so we limited our analysis to beneficiaries with DI only.

Table A.9. Resolution of I&R Contact and Service Referrals Received by WIPA Enrollees

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with I&R Assessment	11,826
How I&R Contact Was Resolved (percentage of enrollees with I&R assessment)	
Beneficiary received analysis and advisement	58.3
Beneficiary received basic information	56.8
Beneficiary received work incentives assistance	47.4
Beneficiary referred to CWIC for appointment	38.6
Beneficiary referred to other services agency	5.8
Number of Beneficiaries Receiving Service Referrals	686
Percent with referrals receiving referrals to:	
VR	50.3
EN	41.5
Maximus (OSM)	29.7
DOL One-Stop Center	25.7
SSA	24.1
Work-related training/counseling	16.6
Protection and advocacy	6.9
EARN	1.2
Para-transit	0.3
Transitional youth services	0.7

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.7. Analysis was limited to WIPA enrollees with an I&R assessment. Percentages for resolution of I&R contact were based on the total number of I&R assessments and sum to more than 100 percent because multiple options could be selected. Service referral percentages were calculated based on the number of beneficiaries receiving referrals and sum to more than 100 percent because more than one could be selected.

Table A.10. Resolution of I&R Contact Among WIPA Enrollees, by Topic of Inquiry

Resolution of I&R Contact Among WIPA Enrollees with Entry Dates from October 1, 2009, to March 31, 2010 (row percent)						
	Total	Basic Information	Analysis and Advisement	Work Incentives Assistance	Referred to CWIC for Appointment	Referred to Other Services Agency
Total	11,826	6,716	6,896	5,609	4,563	686
Topic of Inquiry						
Benefits	6,033	66.4	71.0	51.9	37.2	8.2
Work incentives	8,596	63.2	63.1	52.4	36.0	6.6
WIPA services	8,085	55.1	64.2	51.9	46.3	6.7
Non-WIPA services	531	70.2	70.4	66.9	56.5	20.9
Employment	4,332	64.6	69.7	57.8	47.5	11.1
Education	592	62.7	69.6	64.5	47.1	12.2

Source: WIPA ETO, accessed April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.8. CWICs were able to “mark all that apply” for topic of inquiry and resolution of I&R contact. For this reason, the sum across topics of inquiry is more than the total number of WIPA enrollees with an I&R assessment, and row percents sum to more than 100 percent. Enrollment status was determined on March 31, 2010.

Table A.11. Employment Status of WIPA Enrollees at the WIPA Baseline Assessment

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with WIPA Baseline Assessment	11,299
Employed at the Time of the Baseline Assessment	
Percentage of enrollees with baseline assessment who had non-missing data	86.4
Number of enrollees with baseline assessment who had non-missing data	9,767
Percent employed	31.1
Employment Characteristics Among the Employed	
Employed full-time	
Total percentage of employed enrollees with non-missing data	96.2
Number of employed enrollees with non-missing data	2,919
Percent employed full-time	15.5
Number of hours per week	
Total percentage of employed enrollees with non-missing data	87.2
Number of employed enrollees with non-missing data	2,646
Mean hours of work per week	20.87
Hourly wage	
Total percentage of employed enrollees with non-missing data	81.8
Number of employed enrollees with non-missing data	2,484
Mean hourly wage (\$)	9.33
Receive benefits through their employer	
Total percentage of employed enrollees with non-missing data	90.9
Number of employed enrollees with non-missing data	2,760
Percent receiving benefits through their employer	5.6
Self-employed	
Total percentage of employed enrollees with non-missing data	88.5
Number of employed enrollees with non-missing data	2,688
Percent self-employed	6.7

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This Table was included in Schimmel et al. (2010) as Table IV.4. Analysis was limited to WIPA enrollees with a WIPA baseline assessment. Hours per week were top-coded at 80 hours; hourly wage was top-coded at the 95th percentile of reported wages.

Table A.12. Employment and Education Goals Among WIPA Enrollees at Baseline WIPA Assessment

	WIPA Enrollees with Entry Date from October 1, 2009, to March 31, 2010 (Enrolled in WIPA on March 31, 2010)
Total Number of Enrollees	12,610
Total Number of Enrollees with WIPA Baseline Assessment	11,299
Employment Goals	
Percentage of enrollees with WIPA baseline assessment who had non-missing data	98.0
Number of enrollees with WIPA baseline assessment who had non-missing data	11,077
Beneficiary identified employment goals (percent)	74.9
Had strategies to meet employment goals (percent)	81.5
Services for Getting a Job or Increasing Earnings	
Percentage of enrollees with WIPA baseline assessment who had non-missing data	83.5
Number of enrollees with WIPA baseline assessment who had non-missing data	9,439
Beneficiary used services in the past year (percent)	42.2
Actively Seeking Employment	
Percentage of enrollees with WIPA baseline assessment who had non-missing data	84.2
Number of enrollees with WIPA baseline assessment who had non-missing data	9,511
Looked for work in the past four weeks (percent)	46.3
Education Goals	
Percentage of enrollees with WIPA baseline assessment who had non-missing data	72.2
Number of enrollees with WIPA baseline assessment who had non-missing data	8,153
Beneficiary identified education goals (percent)	23.4
Education	
Percentage of enrollees with WIPA baseline assessment who had non-missing data	66.5
Number of enrollees with WIPA baseline assessment who had non-missing data	7,514
Pursuing education at intake (percent)	17.4
Not pursuing at intake	72.7
Not pursuing at intake, WIPA recommended	9.9
Wants to Earn Enough to Reduce Benefits	
Percentage of enrollees with WIPA baseline assessment who had non-missing data	86.7
Number of enrollees with WIPA baseline assessment who had non-missing data	9,790
Beneficiary made no decision (percent)	41.0
Was not their initial plan	31.3
Was their initial plan	27.8
Wants to Earn Enough to Stop Receiving Benefits	
Percentage of enrollees with WIPA baseline assessment who had non-missing data	86.2
Number of enrollees with WIPA baseline assessment who had non-missing data	9,738
Beneficiary made no decision (percent)	47.1
Was not their initial plan	36.4
Was their initial plan	16.4

Table A.12 (*continued*)

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.9. Analysis was limited to WIPA enrollees with a WIPA baseline assessment. The table excludes missing responses and responses indicating that a decision was made after receiving WIPA services, which occurred approximately eight percent of the time.

Table A.13. Benefits Discussed with WIPA Enrollees at the WIPA Baseline Assessment

Utilization of Health Insurance at the WIPA Baseline Assessment					
	Percentage of WIPA Enrollees with Baseline Assessment		Number of Observations	Percent Who Were Utilizing at Intake	
Public health insurance ¹	90.9		10,270	89.8	
Medicaid	83.9		9,476	31.8	
Medicare	83.9		9,476	39.1	
Medicaid and Medicare	83.9		9,476	29.1	
Private health insurance	84.6		10,003	13.0	
Utilization of Other Benefits at the WIPA Baseline Assessment					
	Percentage of Baseline Assessments with Topic Completed	Percent Who Were Utilizing at Intake	Number of Observations	Percent Not Utilizing at Intake but Suggested	Percent Not Utilizing at Intake, Not Suggested
SVRA	88.3	51.4	9,975	31.0	17.6
Ticket ²	85.3	33.3	9,445	49.4	17.4
Food stamps	82.4	33.1	9,309	14.3	52.6
Subsidized housing or other rental subsidies	80.3	17.9	9,071	19.0	63.1
Veterans' benefits	71.3	2.3	8,061	1.1	96.6
TANF	72.1	1.6	8,151	2.9	95.5
Unemployment insurance benefits	71.3	1.6	8,078	2.2	96.3
Worker's compensation	71.8	0.7	8,111	2.0	97.2

Source: WIPA ETO data, accessed on April 1, 2010

Note: This table was included in Schimmel et al. (2010) as Table IV.10. Analysis limited to WIPA enrollees with entry dates from October 1, 2009, to March 31, 2010 with a baseline assessment. Enrollment status was determined on March 31, 2010. Number of observations exclude missing responses, responses by beneficiaries not eligible for the work incentive due to DI/SSI status, and responses indicating that benefits were used after receiving WIPA services.

¹ 10,270 reported information on public health insurance coverage, but only 9,476 provided information on whether the source of such coverage was Medicaid and/or Medicare. The percentage with Medicaid, Medicare, and Medicaid/Medicare sum to 100 percent among the 9,476 WIPA enrollees reporting such coverage.

² Excludes cases where DI/SSI status is unknown.

Table A.14. Knowledge and Utilization of Work Incentives by WIPA Enrollees at the Baseline WIPA Assessment

	Percentage of Baseline Assessments with Topic Completed	Number of Obser- vations	Percent Who Were Utilizing at Intake	Percent Not Utilizing at Intake but Suggested	Percent Not Utilizing at Intake, Not Suggested	Percent Who Reported Knowledge at Intake
TWP ¹	89.2	7,252	9.9	64.5	5.2	20.4
1619a ²	74.0	3,362	7.2	57.7	26.3	8.8
EPE ¹	88.6	7,201	4.6	70.2	8.4	16.8
1619b ²	82.3	3,735	3.2	76.6	11.4	8.8
Medicaid Buy-In ³	78.3	5,108	4.4	45.8	43.6	6.2
Student Earned Income Exclusion ⁴	89.7	742	4.0	34.5	32.7	28.8
SGA ⁵	82.4	9,116	2.7	61.7	22.2	13.5
Extended Medicare ¹	82.1	6,669	1.4	60.7	28.1	9.7
Section 301 ⁵	68.9	7,628	1.1	22.8	72.1	3.9
IRWE ⁵	84.7	9,370	0.7	69.6	19.1	10.6
EITC	66.9	7,917	0.7	33.8	57.4	8.1
PASS ²	78.8	3,577	0.7	44.3	45.2	9.8
Subsidy Development ⁵	72.5	8,027	0.4	33.1	61.7	4.7
Expedited Reinstatement ⁵	80.3	8,886	0.3	53.8	36.6	9.3
Blind Work Expense ²	26.8	2,963	0.2	3.6	95.6	0.6
Property Essential to Self- Support ²	65.9	2,990	0.3	13.0	84.3	2.4

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.11. Analysis was limited to those with a baseline assessment who entered WIPA from October 1, 2009, to March 31, 2010. Enrollment status was determined on March 31, 2010. In ETO, knowledge at intake (asked only as part of work incentives questions) was categorized as a mutually exclusive category from utilization at intake. For this reason, percentages sum to 100 percent across the four categories shown. Number of observations exclude missing responses, responses by beneficiaries not eligible for the work incentive due to DI/SSI status, and responses indicating that benefits were used after receiving WIPA services. The percentage of WIPA enrollees with data on blind work expense is low because we were not able to distinguish which beneficiaries were blind.

¹ Applicable only to DI beneficiaries (including concurrent beneficiaries).

² Applicable only to SSI beneficiaries (including concurrent beneficiaries).

³ Applicable to DI-only beneficiaries (excluding concurrent beneficiaries). Very few Buy-In participants have SSI, and the fraction varies widely by state, so we limited our analysis to beneficiaries with DI only.

⁴ Applicable only to SSI beneficiaries who are under age 22.

⁵ Excludes cases where DI/SSI status is unknown.

Table A.15. Services Used by WIPA Enrollees at the WIPA Baseline Assessment

	Percentage of Baseline Assessments with Topic Completed	Number of Observations	Percent Who Were Utilizing at Intake	Percent Not Utilizing at Intake but Suggested	Percent Not Utilizing at Intake, Not Suggested
VR services	85.7	9,701	52.2	34.2	13.5
Work-related training/ counseling	73.0	8,252	25.0	37.1	37.9
EN	73.4	8,292	19.0	41.4	39.7
DOL One-Stop Center	72.0	8,139	9.0	41.4	49.6
Para-transit	65.2	7,362	7.4	11.0	81.6
Transitional youth services	67.2	7,592	5.0	2.9	92.1
Protection and advocacy	67.2	7,596	1.0	22.0	77.0
Employer Assistance and Referral Network (EARN)	64.2	7,256	0.4	12.4	87.2

Source: WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table IV.12. In this analysis, enrollees were asked about the use of VR services in general, while VR in Table IV.10 referred to enrollment with an SVRA, hence the difference in percentages. Analysis limited to WIPA enrollees with entry dates from October 1, 2009, to March 31, 2010, with a baseline assessment. Enrollment status was determined on March 31, 2010. Number of observations excludes missing responses and responses indicating that benefits were used after receiving WIPA services.

Table A.16. Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees, by Entry Date

	Total Beneficiaries	Beneficiaries with Entry Date from April 1, 2009, to June 30, 2009	Beneficiaries with Entry Date from July 1, 2009, to Sept. 30, 2009	Beneficiaries with Entry Date from Oct. 1, 2009, to Dec. 31, 2009
WIPA Enrollees	14,008	4,450	4,660	4,898
Percent with a WIPA baseline assessment	86.1	83.3	85.2	90.0
Number with a WIPA baseline assessment	12,067	3,706	3,968	4,393
Beneficiary Efforts¹				
Percentage of WIPA enrollees with at least one effort	71.4	70.6	71.2	72.1
Number of WIPA enrollees with at least one effort	8,613	2,617	2,827	3,169
Average number of efforts ²	3.1	3.7	3.1	2.5
Distribution of efforts ² (percent)				
1	45.5	41.4	46.0	48.3
2 to 5	41.8	41.5	40.6	42.9
6 to 10	8.5	10.0	8.9	6.8
More than 10	4.3	7.0	4.5	2.0
Follow-Up Assessments¹				
Percentage of WIPA enrollees with at least one WIPA follow-up assessment	11.4	10.4	12.0	11.8
Number of WIPA enrollees with at least one WIPA follow-up assessment	1,384	387	477	520
Average number of follow-up assessments ³	1.22	1.28	1.19	1.21

Source: WIPA ETO, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table V.1. Enrollment status determined on December 31, 2009. All efforts and follow-up assessments through March 31, 2010 are included.

¹Limited to WIPA enrollees with a baseline WIPA assessment.

²Limited to WIPA enrollees with a baseline assessment and at least one effort.

³Limited to WIPA enrollees with a WIPA baseline assessment and at least one follow-up assessment.

Table A.17. WIPA Project Costs, October 1, 2009, to March 31, 2009

	Ranges by Quintile				
	First	Second	Third	Fourth	Fifth
Cost per WIPA Enrollee (\$)					
Unadjusted	58-223	237-361	365-502	519-670	673-3,487
Adjusted for input costs	47-240	245-364	366-559	578-700	712-2,951
Adjusted for input costs and non-SSA funding	49-294	297-473	473-657	662-806	812-3,099
Cost per New WIPA Enrollee (\$)					
Unadjusted	113-369	373-587	588-826	828-1,010	1,054-6,000
Adjusted for input costs	115-385	391-623	631-821	840-1,108	1,117-6,198
Adjusted for input costs and non-SSA funding	154-480	571-732	733-1,008	1,026-1,282	1,283-6,508
Cost per WIPA Service Hour (\$)					
Unadjusted	18-84	87-125	128-180	185-259	269-1,500
Adjusted for input costs	20-80	81-128	131-199	201-279	281-1,511
Adjusted for input costs and non-SSA funding	42-103	104-169	173-250	251-310	313-1,586

Source: Tabulations based on WIPA ETO data, accessed on April 1, 2010.

Note: This table was included in Schimmel et al. (2010) as Table VI.3.

APPENDIX B

**VARIATION IN DATA COMPLETENESS BY SELECTED
WIPA ENROLLEE SUBGROUPS**

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Table B.1. Percentage of WIPA Enrollees with I&R and WIPA Baseline Assessment, by Enrollee Subgroup

	Number of WIPA Enrollees	Percentage with I&R Assessment	Percentage with WIPA Baseline Assessment
Total	24,796	97.1	92.1
Entry Date			
April 1, 2010-June 30, 2010	6,819	97.0	91.7
July 1, 2010-September 30, 2010	6,790	97.4	91.8
October 1, 2010-December 31, 2010	5,520	97.2	91.7
January 1, 2011-March 31, 2011	5,667	96.8	93.5
Gender			
Male	12,235	97.0	92.6
Female	12,147	97.3	92.1
Age			
14-17	83	89.2	95.2
18-24	3,072	97.5	93.1
25-39	6,258	97.3	92.9
40-54	10,025	97.4	92.1
55-64	4,599	96.9	91.8
65-70	88	97.7	89.8
Self-Reported Primary Disability at Intake			
Cognitive/developmental disability	2,659	96.9	93.4
Mental or emotional disorders	8,047	96.8	93.3
Non-spinal orthopedic impairment	1,837	98.0	91.0
Sensory impairment	1,413	97.2	94.0
Spinal cord or traumatic brain injury	1,329	97.4	95.2
System disease	2,698	97.3	93.5
Other	3,543	97.3	92.7
SSA Disability Benefits at Intake			
DI-only	15,404	97.3	92.2
SSI-only	5,738	96.7	92.1
Concurrent	3,564	96.9	93.2
Employment at Intake			
Considering employment	4,605	96.5	91.5
Looking for employment	10,290	97.0	93.2
Currently employed	7,463	97.5	91.9
Job offer pending	2,076	97.5	91.8
Self-employed	288	98.3	88.5
Enrollment Intensity Group			
Group 1	11,830	98.7	93.9
Group 2	8,065	93.9	93.0
Group 3	4,901	98.5	86.3

Source: WIPA ETO, accessed April 4, 2011.

Note: Analysis was limited to WIPA enrollees who first contacted a WIPA from April 1, 2010, to March 31, 2011, based on their enrollment status as of March 31, 2011.

Table B.2. Percentage of WIPA Enrollees with Non-Missing Data on Particular Elements

	Number of WIPA Enrollees with Relevant Assessment	Percentage of WIPA Enrollees with Relevant Assessment
Total	24,796	100.0
Intake Assessment		
Age at intake	24,125	97.3
Gender	24,382	98.3
Marital status at intake	20,823	84.0
Educational attainment at intake	16,185	65.3
Self-reported primary disability at intake	21,526	86.8
Self-reported health status at intake	14,721	59.4
Employment status at intake	24,722	99.7
Benefit received at intake	24,796	100.0
How beneficiary heard about WIPA	24,722	99.7
I&R Assessment		
Topic(s) discussed at the time of I&R assessment	23,653	98.2
Resolution of the I&R contact	24,079	97.1
WIPA Assessment		
Employment status		
Employed	20,734	90.8
Hourly wage	6,338	89.4
Hours worked	6,002	84.7
Benefits	6,489	91.6
Utilization of Benefits		
Food stamps	19,205	84.1
Health insurance		
Public health insurance	21,412	93.8
Medicaid	19,107	83.7
Medicare	19,107	83.7
Medicaid and Medicare	19,107	83.7
Private health insurance	20,279	88.8
Subsidized housing or other rental subsidies	18,604	81.5
SVRA	21,170	92.7
TANF	16,776	73.5
Ticket ¹	20,517	89.8
Unemployment insurance	16,765	73.4
Veterans' benefits	16,723	73.2
Workers' compensation	16,792	73.5
Knowledge and utilization of Work Incentives		
1619a ²	6,734	78.3
1619b ²	7,504	87.3
Blind work expense ²	5,827	67.8
EITC	16,566	72.5
EPE ³	15,502	88.5
Expedited Reinstatement ¹	18,358	80.5
Extended Medicare ³	14,574	83.2
IRWE ¹	19,290	84.6
Medicaid Buy-In ⁴	11,303	79.6
PASS ²	6,649	77.3
Property Essential to Self-Support ²	5,860	68.1
Section 301 ¹	15,685	68.8
SGA ¹	18,785	82.4
Student Earned Income Exclusion ⁵	1,195	90.1
Subsidy development ¹	16,617	72.9
TWP ³	15,758	89.9

Table B.2 (continued)

	Number of WIPA Enrollees with Relevant Assessment	Percentage of WIPA Enrollees with Relevant Assessment
Utilization of Services		
DOL One-Stop Center	16,945	74.2
Employer Assistance and Referral Network (EARN)	15,394	67.4
EN	17,804	78.0
Para-transit	15,693	68.7
Protection and advocacy	15,883	69.5
Transitional youth services	15,312	67.0
VR	20,267	88.7
Work-related training/counseling	17,226	75.4

Source: WIPA ETO, accessed April 4, 2011.

Note: Analysis was limited to WIPA enrollees who first contacted a WIPA from April 1, 2010, to March 31, 2011, based on their enrollment status as of March 31, 2011. We only included enrollees with the relevant assessment: I&R assessment for the first panel and WIPA baseline assessment for the second panel.

¹ Only applicable to DI/SSI beneficiaries; excludes cases where DI/SSI status unknown.

² Only applicable to SSI beneficiaries (including concurrent beneficiaries).

³ Only applicable to DI beneficiaries (including concurrent beneficiaries).

⁴ Only applicable to DI-only beneficiaries (excluding concurrent beneficiaries). Very few Buy-In participants have SSI, and the fraction varies widely by state, so we limited our analysis to beneficiaries with DI only.

⁵ Only applicable to SSI beneficiaries who are under age 22.

Table B.3. Intensity of WIPA Data Collection

WIPA Project	State	Beneficiaries in Service Area	Percentage of Beneficiaries in Service Area with WIPA Baseline Assessment	WIPA Data Collection Intensity (1 is highest, 3 is lowest)
Black Hills Special Services Corp.	SD	23,315	0.98	1
Maine Medical Center	ME	72,795	0.84	1
DE DOL Division of Voc Rehab	DE	32,182	0.77	1
Rehab Services Inc.	ND	17,494	0.71	1
Riverfront Activity Center	WI	51,937	0.65	1
Bureau of Rehabilitation Services	CT	107,342	0.57	1
Center for Mental Health	IN	174,698	0.54	1
Southern Indiana Resource Solutions	IN	60,385	0.51	1
Department of Human Services of RI	RI	48,683	0.49	1
Massachusetts Rehabilitation Commission	MA	91,926	0.47	1
Imagine Enterprises Inc.	TX	91,264	0.47	1
University of Alaska	AK	17,328	0.41	1
Easter Seals UCP North Carolina	NC	132,119	0.40	1
South Carolina Voc Rehab Dept.	SC	158,147	0.39	1
Iowa Workforce Development	IA	94,097	0.37	1
Employment Works Cerebral Palsy of Colorado	CO	115,881	0.36	1
CBFL/Houston Center of Independent Living	TX	146,955	0.36	1
Independence First	WI	66,551	0.34	1
VA ACCSES	VA	175,859	0.33	1
Team Management 2000 Inc.	NJ	61,473	0.33	1
Disability Rights Idaho	ID	48,596	0.32	1
North Central Independent Living Service Inc.	MT	33,287	0.32	1
Walton Options	SC	48,688	0.31	1
Granite State Independent Living	NH	48,441	0.31	1
Minnesota Work Incentives Connection	MN	181,881	0.30	1
Centrum for Disability Services	WY	14,483	0.30	1
Vermont Agency of Human Services	VT	26,642	0.29	1
Easter Seals Nebraska	NE	50,633	0.29	1
BenePLAN	MA	175,730	0.27	1
Utah State Office of Rehabilitation	UT	52,614	0.27	1
GA DOL Division of Rehab Services	GA	155,391	0.27	1
The Arc of Michigan Inc.	MI	119,982	0.27	1
NM Public Education Dept. Div of Voc Rehab	NM	81,683	0.26	1
Verdugo Workforce Investment Board	CA	52,879	0.26	1
Human Potential Consultants LLC	CA	62,958	0.25	2
Goodwill Industries of North Florida	FL	74,984	0.24	2
AHEDD	PA	189,187	0.24	2
Opportunity Development Inc./ILRC	FL	62,553	0.23	2
Brevard Achievement Center	FL	166,359	0.22	2
Employment Resources Inc.	WI	70,393	0.22	2
Southern Nevada Independent Living Ctr	NV	68,779	0.22	2
Cerebral Palsy of New Jersey	NJ	92,689	0.21	2
Epilepsy Foundation of New Jersey/FRN	NJ	96,173	0.21	2
Chicago Mayor's Office for People with Disabilities	IL	126,003	0.21	2
Tri-County Industries	NC	54,143	0.20	2
Positive Solutions	WA	53,225	0.20	2
United Cerebral Palsy of Michigan	MI	133,046	0.20	2
City Univ. of NY Research Foundation	NY	80,172	0.20	2
Mid-AL Chapter AL Coalition of Citizens with Disab	AL	181,587	0.20	2
Arizona Bridge to Independent Living	AZ	187,698	0.20	2
Center for Accessible Living	KY	174,421	0.20	2
University of Oklahoma	OK	161,252	0.19	2

Table B.3 (continued)

WIPA Project	State	Beneficiaries in Service Area	Percentage of Beneficiaries in Service Area with WIPA Baseline Assessment	WIPA Data Collection Intensity Tercile (1 is highest, 3 is lowest)
Neighborhood Legal Service	NY	132,550	0.18	2
Crossroads Diversified Services	CA	195,647	0.18	2
Missouri Protection and Advocacy Services	MO	80,969	0.18	2
MT Center on Disability, Montana State Univ.	MT	33,287	0.18	2
Research Foundation for Mental Hygiene Inc.	NY	83,239	0.18	2
Legal Aid Society of Cincinnati	OH	61,808	0.17	2
Center for Independent Living in Central Florida	FL	151,633	0.17	2
Valley Assoc for Independent Living (VAIL)	TX	71,788	0.17	2
State of W. VA Div of Rehabilitation Services	WV	143,772	0.16	2
Endeppence Center Inc.	DC	109,802	0.16	2
IL Dept of Human Services, Division of Rehab	IL	170,008	0.15	2
LSU Health Sciences Center	LA	119,117	0.15	2
Dept of Rehabilitation Services of AL	AL	107,794	0.15	2
Life Plan Trust	NC	63,093	0.15	2
Easter Seals North Texas	TX	159,346	0.14	2
Project Independence	CA	128,471	0.14	2
Goodwill Industries of Central Pennsylvania	PA	200,440	0.14	2
Shepherd Center	GA	180,862	0.13	3
Goodwill Industries of Southern California	CA	122,241	0.13	3
Tennessee Disability Coalition	TN	157,478	0.13	3
Independent Living Inc.	NY	82,616	0.13	3
Paraquad	MO	176,087	0.13	3
Mississippi Dept. of Rehabilitation Services	MS	181,881	0.13	3
DRAIL	CA	142,674	0.12	3
Goodwill Industries of Greater Detroit	MI	106,402	0.12	3
Crockett Resource Center for Independent Living	TX	98,906	0.12	3
Goodwill Ind. of Greater NY and Northern NJ	NY	160,857	0.12	3
UCP of Metropolitan Detroit	MI	62,417	0.12	3
Center for Independent Living of Middle Tenn.	TN	146,156	0.11	3
Hawaii Disability Rights Center	HI	33,070	0.11	3
Disability Rights Network of PA	PA	157,086	0.11	3
Sources for Community Independent Living Services	AR	172,563	0.11	3
Disability Rights Oregon	OR	124,292	0.11	3
Center for Independence of the Disabled	CA	76,622	0.10	3
Independence Now	MD	161,130	0.10	3
Independence Place	KY	116,566	0.10	3
Ctr of Vocational Alternatives for Mental Health	OH	206,003	0.10	3
Abilities Inc. of New York	NY	81,594	0.08	3
ARCIL	TX	171,374	0.08	3
WA State Employment Security Dept.	WA	161,075	0.08	3
Abilities Inc. of Florida	FL	175,668	0.08	3
Cerebral Palsy Research Fdn of Kansas/KBCN	KS	86,240	0.08	3
Movimiento para el Alcance de Vida Indep	PR/VI	158,680	0.08	3
IL DHS Division of Mental Health	IL	120,239	0.07	3
NC DHHS Division of Voc Rehab	NC	141,753	0.07	3
CA—Disability Services Legal Center	CA	91,238	0.06	3
Resource Center for Independent Living	NY	143,917	0.05	3
Ohio Legal Rights Service	OH	182,293	0.04	3
Familia Unida Living with MS	CA	170,400	0.04	3
Advocacy Center	LA	106,230	0.02	3
Center for Independent Living of CA	CA	46,240	0.02	3

Table B.3 (*continued*)

Note: After the Familia Unida site closed, many of its enrollees transferred to other sites. Beneficiaries who transferred were included in enrollment counts for the new site in the tercile rankings; only cases that did not transfer to a new site are attributed to Familia Unida.

APPENDIX C

DETAILS SURROUNDING ANALYSIS IN CHAPTERS III-VI

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Even among beneficiaries with completed assessments, certain issues make it difficult to interpret the statistics presented. Several of these issues are inherent in data with multiple assessments per unit of observation; some resulted as a consequence of data entry error and others arose because of the ambiguous wording of a question in the data system or an inability to measure a desired outcome. In several cases, we resolved the problem by specifying criteria to be applied if an issue was identified. In other cases, because data had been collected where the response options were potentially ambiguous, it was not possible to find a resolution.

In this appendix, we describe the decisions that affected our analysis in the beneficiary-level analysis presented in Chapters III-VI. We discuss specific data anomalies that had an impact on our ability to use certain records in the analysis, which in turn affected the interpretation of our findings. In each case, we identify our solution to the problem and provide suggestions for data collection improvements. Finally, we describe in more detail the WIPA funding information we collected.

A. Inconsistencies in the Number or Timing of Assessments

In general, WIPA enrollees' progression should follow that shown in Figure II.1, where intake data are collected, followed by an I&R assessment then a WIPA baseline assessment, before additional efforts or follow-up assessments are recorded. However, this is not always the case, and in the rare cases when multiple assessments of the same type were completed for a single person, we had to make selections that depended on the analysis at hand.

- **Counting the number of I&R assessments.** In general, each beneficiary has a single I&R assessment. However, WIPA staff were instructed to take a new I&R assessment if a significant period of time elapsed between a beneficiary's first and second contact. This occurred relatively rarely but necessitated a decision regarding which assessment to use for purposes of our analysis. We used data from the first assessment, since it was completed soon after intake and provided the best picture of a beneficiary's needs at first contact with a WIPA.
- **Counting the number of WIPA assessments.** WIPA enrollees should have at least one baseline assessment. The existence of a follow-up assessment depends on whether the beneficiary experienced a significant change in benefits, work incentive use, or employment. We would have expected multiple assessments to comprise a baseline and follow-up assessment(s), but a few beneficiaries had multiple baseline assessments. In these cases, we used only the first baseline assessment. In Chapter VI, we used only the most recent (last) follow-up assessment.
- **Contradictory assessment dates.** WIPA staff should complete intake information before proceeding to the I&R assessment and then complete the I&R assessment before conducting the WIPA baseline assessment. In addition, as the names would suggest, the WIPA baseline assessment is to be completed prior to any follow-up assessments. However, there were a few instances where the dates listed on assessments did not follow this pattern. While these occurrence were very infrequent, we established criteria to address such instances:
 - **Assessment date before program enrollment date.** If an assessment date occurred before the program start date (for either I&R assessments or WIPA baseline assessments), we reassigned the assessment date so it would be the same as the program start date.

- **WIPA baseline assessment before I&R assessment.** If a WIPA baseline assessment was dated prior to the I&R assessment, we set the baseline assessment so it would be the same as the I&R assessment.
- **Follow-up WIPA assessment before baseline WIPA assessment.** In cases where the WIPA follow-up assessment had a date prior to the baseline assessment, we excluded the follow-up assessment data from our analysis.
- **Multiple WIPA baseline assessments.** In cases where a person had multiple WIPA baseline assessments, the assessment with the earliest date was selected as the baseline and the remaining data were not used.

B. Difficulties with Specific Data Elements

In a few cases, the data collected in ETO presented challenges because there were internally inconsistent and required us to make decisions regarding which information would be considered valid.

- **Identifying disability program status.** WIPA project staff record the type of benefit each beneficiary receives only at intake; they do not collect these data during the baseline or follow-up WIPA assessments. Therefore, it is not possible to measure a change in disability program status while enrolled in I&R or WIPA services; if beneficiaries work enough to discontinue receiving benefits while receiving WIPA services, or if they begin to receive a different benefit, it cannot be captured in WIPA ETO. Moreover, we suspect that some WIPA staff updated intake information to reflect a change in program status, but we had no way of identifying individual cases in which this occurred because the data were overwritten. In our analysis, this implies that when we categorize eligibility for work incentives on the basis of DI or SSI receipt, we may be classifying some cases incorrectly—either assuming that a work incentive does not apply to a beneficiary when it actually did at the time of the assessment, or vice-versa. However, we view this type of issue as relatively minor because of the short timeframe considered in our analysis, though we do not have a way of knowing whether or how often individuals' statuses are changed in WIPA ETO.
- **Inconsistencies in the I&R assessment.** At the time of the I&R assessment, information is collected about the reason the beneficiary contacted the WIPA project. WIPA ETO allows the CWIC to select a larger category, such as work incentives, as well as more detailed topics such as the Trial Work Period, contained within the work incentives heading. At times, this information is contradictory; the larger category may be selected without any subtopics being selected, or the subtopics might be selected without selecting the larger category. To deal with this, we applied the following method. First, we determined whether individuals were eligible for each work incentive and captured whether that incentive was discussed with the beneficiary. We then looked across all of the possible work incentives to determine whether the topic was discussed and changed whether the larger category was discussed, if needed. This latter cleaning method reduced the number of WIPA enrollees discussing the larger benefits category by

approximately seven percent and the number discussing work incentives by about two percent, but it allowed us to ensure internal consistency.³²

- **Post-baseline information in the baseline WIPA assessment.** There are several places in the baseline assessment where WIPA staff can indicate post-baseline information. For example, with respect to benefits, work incentives, and services, one of the choices on the assessment was “utilizing after receiving WIPA services.” This is not a valid choice for a baseline assessment; it could reflect either WIPA staff overwriting the baseline assessment or the incorrect use of a baseline instead of a follow-up assessment. For this reason, we treated these responses as missing during the baseline assessment.
- **Distinguishing knowledge from utilization of work incentives:** A beneficiary may not be aware that he or she is using a particular work incentive because some, such as the TWP, are applied automatically. Knowledge or awareness of work incentives is not implied from use of them. As described in Chapter V, in the WIPA baseline and follow-up assessments, options related to the specific work incentive provisions include (1) knowledge of work incentive at intake, (2) utilizing at intake, (3) not utilizing at intake but suggested, and (4) not utilizing at intake and not suggested.³³ WIPA staff are permitted to select only one of these options. Because we do not know whether staff selected the “knowledge” option only when the beneficiary was not utilizing the work incentive, we do not attempt to aggregate this option with utilization. Instead, we present evidence across all categories and do not try to determine whether or not knowledge implies utilization.

³² Note that a similar cleaning method was not used in Schimmel et al. (2010). An analysis of those data using this new cleaning method shows that it would not make a substantive change in the findings presented there.

³³ This ignores the option of “utilizing after receiving WIPA services,” which does not apply in the baseline assessment but is relevant at follow-up.

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APPENDIX D

METHODOLOGY USED TO DEVELOP COST MEASURES USED IN CHAPTER VII

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In this appendix, we describe the components and methods used to develop the measures of WIPA outputs and service costs presented in Chapter VII. In Sections A and B, we define the WIPA outputs and funding levels that form the basis of the cost measures; in Sections C-E, we describe the three cost measures analyzed; and in Section F, we describe the adjustments applied to the cost measures to reflect variation across WIPA projects in the cost of inputs (labor and rent).

A. WIPA Outputs

Descriptions of the criteria and methods used for counting WIPA outputs are as follows.

I&R enrollments. This output was defined as beneficiaries enrolled only into the I&R program (as reflected in WIPA ETO) between April 1, 2010, and March 31, 2011. Beneficiaries enrolled into both the I&R and WIPA programs were counted only under the WIPA program.

WIPA enrollments. We defined this output as beneficiaries enrolled into the core WIPA program between April 1, 2010, and March 31, 2011.

I&R assessments. We defined this output as I&R assessments completed between April 1, 2010, and March 31, 2011. The I&R assessment documents what the CWIC and beneficiary discussed during the contact, and the resolution of that contact. If a beneficiary had multiple I&R assessments on different days, we counted all of them and included them in the output measure. If a beneficiary had multiple I&R assessments in the same day, we counted only one; this occurred 180 times.

WIPA baseline assessments. We defined this output as baseline assessments completed between April 1, 2010, and March 31, 2011. All WIPA beneficiaries should have a single baseline assessment when first enrolled into the core program. If a beneficiary had multiple baseline assessments, we included only the first assessment.

WIPA efforts. We defined this output as “beneficiary effort” forms completed between April 1, 2010, and March 31, 2011. WIPA projects complete an efforts form anytime they discuss a significant issue with the beneficiary. There can be multiple efforts per beneficiary. We excluded efforts where time was recorded as zero minutes.

WIPA total effort time. We defined this output as the sum of the time spent conducting the activities recorded on the efforts form (as indicated by the CWICs in the “time spent” field of the efforts form) between April 1, 2010, and March 31, 2011. We excluded efforts with zero minutes. We top-coded efforts with a “time spent” field above four hours to a value of four hours).

Total number of new enrollees. We defined this output as the number of beneficiaries newly enrolled into I&R or WIPA services between April 1, 2010, and March 31, 2011. Table G.2 presents these values by WIPA project. For certain statistics, we divided this group into two mutually exclusive subgroups: those enrolled into I&R only and those enrolled into WIPA (with or without I&R).

Total number of beneficiaries served. We defined this output as the number of new or existing beneficiary clients who received services (as reflected in the WIPA ETO) between April 1, 2010, and March 31, 2011. This includes I&R and WIPA enrollments, assessments, and efforts. Table D.2 presents these values by WIPA project. If a beneficiary had only a WIPA effort

during the time period, and that effort was zero minutes in duration, we excluded the beneficiary from this count. For certain statistics, we divided this group into two mutually exclusive subgroups: those receiving I&R only (enrollment and/or assessments) and those receiving any type of WIPA service (enrollment, assessment, and/or efforts), either with or without I&R.

Total direct service hours. To compute statistics on the share of total direct-service time spent in I&R service activities, we developed an estimate of total direct-service time (hours) that reflects the hours WIPA projects spent conducting I&R and baseline WIPA assessments and providing other direct services, as measured by the efforts forms. These values are shown in Table D.2 by WIPA project.

Because time spent serving clients is captured on the efforts form, but not time spent conducting I&R and WIPA baseline assessments, we needed to develop time estimates for I&R and WIPA assessments to include in the total direct service time measure. To reflect the time spent conducting assessments in the measure of total direct service hours, we applied the following assumptions: it takes one hour to conduct an I&R assessment and 2.5 hours to perform a WIPA baseline assessment. We arrived at these assumptions by analyzing the time spent providing I&R and benefits counseling services in the BPAO program from January 2001 through December 2005. We analyzed the BPAO data by type of service and the number of contacts with the client (see Table D.1). Because we are interested only in the time spent conducting the initial assessments, total average time for I&R-only and benefits counseling cases in the BPAO program might overestimate this value. We therefore used as our guide the average time spent on I&R only and on benefits counseling cases with only one contact. The vast majority of both types of cases had only a single contact with the BPAO; presumably, the I&R and benefits counseling assessments were conducted at that time. The findings suggest that BPAOs spent an average of just under one hour for cases having a single I&R-only contact and an average of roughly 2.5 hours for a single benefits counseling contact. After the initial contact and baseline assessment, WIPA projects recorded follow-up contacts in the beneficiary efforts form, which includes a “time spent” field because the amount of time spent on an effort can vary widely.

After converting the number of I&R and WIPA baseline assessments into the associated staff hours, we added the hours recorded on the efforts form to get the total hours of service provided:

$$\text{Total Direct Service Hours} = (1 * \text{Number of I\&R Assessments}) + (2.5 * \text{Number of WIPA Baseline Assessments}) + \text{Total Hours from Beneficiary Efforts Form}$$

We then divided each WIPA project’s total direct service hours by the estimated hours devoted to I&R services to yield the share of total direct service hours devoted to I&R for each WIPA.

Table D.1. Time Spent Providing I&R-Only and Benefits Counseling Services Under the BPAO Program

	All Cases	Cases with Only 1 BPAO Contact
I&R-Only Cases		
Number	34,663	28,334
Average Service Time (Hours)	1.02	0.73
Benefits Counseling Cases		
Number	77,327	48,328
Average Service Time (Hours)	3.74	2.59

Source: VCU-BARC National BPAO database covering BPAO services provided 2001–2005. See Livermore and Prenovitz (2010) for further information about the BPAO data.

B. WIPA Funding

The primary funding for WIPA activities is a grant provided by SSA through cooperative agreements with each WIPA project. SSA staff provided us with information about each WIPA project's annual funding amounts. Because the cost per output measures described below focus only on WIPA enrollees and services (and do not consider outreach and services to I&R-only enrollees), in our cost calculations we excluded 20 percent of the funding to reflect SSA's intention that WIPA projects spend 80 percent of their funding providing WIPA services and 20 percent on outreach and I&R.³⁴

Most WIPA projects obtain additional funding from partner organizations, such as their parent organization, the SVRA, MIG, or other sources. WIPA projects provide information about the annual amounts and sources of additional direct funding for WIPA services in ETO, including the five percent match to the SSA funding that each WIPA is required to provide from its own resources. We included these additional, non-SSA funding amounts in one set of cost measures presented. We used only the percentage of the total non-SSA funding amounts that WIPA projects indicated as being used for direct services (rather than outreach or other activities) during the reporting period of April 1, 2010, to March 31, 2011.³⁵ We then excluded 20 percent to reflect possible I&R direct service activities under the similar assumption applied to the SSA funding.

We show in Table D.2 the annual SSA and non-SSA funding amounts for WIPA services used to compute the cost measures, by WIPA project.

³⁴ SSA's announcement for the WIPA cooperative agreements indicated that no more than 10 percent of funding should be used by the projects for outreach activities (SSA 2006). Subsequent guidance to the sites provided by OESP indicated that no more than 20 percent of effort should be devoted to non-WIPA direct services, that is, outreach and/or I&R-only services.

³⁵ If the WIPA indicated that the reported funding was for a period other than April 1, 2010, to March 31, 2011, we assumed the funding was distributed evenly across the reported months and took the proportion of the funding that coincided with the April 1, 2010, to March 31, 2011, reporting window.

Table D.2. Selected Variables Used to Derive the Output and Cost Measures, by WIPA Project

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served Who Received Only I&R		Percent of New Enrollees Enrolled into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (6-month)	Non-SSA Funding for WIPA Services (6-month)	Input Cost Adjust-ment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank	\$	\$	
University of Alaska	AK	117	1	113	1	515	1	33	3	34	2	20	2	80,000	10,200	1.08
Dept of Rehabilitation Services of AL	AL	689	4	581	4	1,739	4	54	5	64	5	27	4	146,820	139,846	0.90
Mid-AL Chapter AL Coalition of Citizens with Disab	AL	692	4	596	4	2,011	4	32	3	36	3	25	3	239,632	1,720	0.88
Sources for Community Independent Living Services	AR	1,011	5	901	5	2,084	4	69	5	75	5	40	5	223,030	38,000	0.75
Arizona Bridge to Independent Living	AZ	1,357	5	1,076	5	3,479	5	49	4	61	4	25	3	240,000	79,862	0.96
CA--Disability Services Legal Center	CA	228	1	211	1	289	1	62	5	65	5	32	5	125,514	2,493	1.29
Center for Independence of the Disabled	CA	294	2	262	2	721	1	57	5	64	5	29	4	110,728	348	1.44
Center for Independent Living of CA	CA	178	1	161	1	187	1	78	5	86	5	45	5	80,000	29,396	1.37
Crossroads Diversified Services	CA	613	4	575	4	1,937	4	32	3	35	2	25	4	240,000	40,000	1.19
DRAIL	CA	731	4	481	4	2,980	5	42	4	59	4	19	2	202,031	1,380	1.10
Familia Unida Living with MS	CA	311	2	241	2	713	1	50	4	64	5	21	3	240,000	12,000	1.30
Goodwill Industries of Southern California	CA	310	2	255	2	676	1	22	2	27	2	19	2	181,038	2,366	1.32
Human Potential Consultants LLC	CA	277	1	224	2	971	2	10	1	14	1	16	1	99,395	261	1.33
Project Independence	CA	487	3	453	3	787	2	50	4	54	4	29	4	160,000	5,556	1.35
Verdugo Workforce Investment Board	CA	395	2	310	2	752	1	25	2	32	2	20	2	85,085	786	1.33
Employment Works Cerebral Palsy of Colorado	CO	804	4	733	4	2,026	4	37	3	41	3	32	5	152,688	16,202	0.96
Bureau of Rehabilitation Services	CT	850	4	747	5	3,748	5	14	1	17	1	18	2	148,966	416,066	1.24
Endependence Center Inc.	DC	608	4	489	4	1,360	3	28	2	35	3	16	1	199,068	460	1.03
DE DOL Division of Voc Rehab	DE	679	4	491	4	1,960	4	30	3	42	3	21	3	80,000	4,211	1.04
Abilities Inc. of Florida	FL	580	3	555	4	993	2	67	5	70	5	55	5	240,000	0	0.96
Brevard Achievement Center	FL	972	5	889	5	2,422	5	49	4	53	4	30	5	232,547	26,497	1.03

Table D.2 (continued)

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served Who Received Only I&R		Percent of New Enrollees Enrolled into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (6-month)	Non-SSA Funding for WIPA Services (6-month)	Input Cost Adjustment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank	\$	\$	
Center for Independent Living in Central Florida	FL	921	5	792	5	2,082	4	37	3	42	3	26	4	220,836	0	1.12
Goodwill Industries of North Florida	FL	406	3	362	3	946	2	37	3	41	3	27	4	105,342	37,960	0.88
Opportunity Development Inc/ILRC	FL	425	3	328	3	1,796	4	38	3	48	4	14	1	84,255	2,960	0.94
GA DOL Division of Rehab Services	GA	1,058	5	847	5	2,728	5	34	3	42	3	25	4	218,783	6,948	0.82
Shepherd Center	GA	558	3	459	3	1,310	3	34	3	41	3	21	3	240,000	87,094	0.95
Hawaii Disability Rights Center	HI	118	1	101	1	218	1	44	4	51	4	23	3	80,000	0	1.33
Iowa Workforce Development	IA	859	4	552	4	1,961	4	16	1	24	1	23	3	129,770	226	0.81
DisAbility Rights Idaho	ID	427	3	269	2	931	2	21	2	33	2	24	3	80,000	0	0.87
Chicago Mayors Office for People with Disabilities	IL	460	3	417	3	1,244	3	29	3	32	2	25	3	188,938	0	1.06
Illinois Assistive Technology Program-WIPA	IL	1,331	5	973	5	2,694	5	44	4	61	4	26	4	233,249	15,781	1.00
IL DHS Division of Mental Health	IL	555	3	418	3	826	2	50	4	65	5	40	5	161,358	8,068	1.02
Aspire Indiana	IN	1,275	5	1,181	5	4,243	5	16	1	18	1	26	4	227,483	35,969	0.87
Southern Indiana Resource Solutions	IN	674	4	396	3	2,123	4	8	1	15	1	15	1	80,022	3,840	0.84
Cerebral Palsy Research Fdn of Kansas/KBCN	KS	257	1	215	1	653	1	52	5	62	5	16	1	114,926	302	0.82
Center for Accessible Living	KY	664	4	577	4	2,691	5	25	2	29	2	15	1	238,620	0	0.84
Independence Place	KY	400	3	173	1	923	2	15	1	31	2	19	2	169,185	5,950	0.78
Advocacy Center	LA	420	3	350	3	1,038	2	34	3	40	3	30	4	168,373	8,862	0.97
LSU Health Sciences Center	LA	445	3	382	3	1,613	3	27	2	31	2	21	3	161,233	7,900	0.88
BenePLAN	MA	875	5	758	5	2,934	5	23	2	26	1	22	3	235,782	112,465	1.09
Massachusetts Rehabilitation Commission	MA	591	4	523	4	2,118	4	15	1	17	1	21	2	131,028	210,105	1.12
Independence Now	MD	937	5	848	5	1,374	3	67	5	74	5	29	4	217,447	3,360	1.20
Maine Medical Center	ME	1,839	5	1,029	5	7,456	5	17	1	30	2	9	1	98,107	243,732	0.92
Goodwill Industries of Greater Detroit	MI	383	2	323	2	657	1	48	4	58	4	32	5	158,608	21,850	0.96
The Arc of Michigan Inc	MI	565	3	512	4	1,556	3	32	3	35	3	25	4	159,057	8,371	0.97

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Table D.2 (continued)

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served Who Received Only I&R		Percent of New Enrollees Enrolled into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (6-month)	Non-SSA Funding for WIPA Services (6-month)	Input Cost Adjustment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank	\$	\$	
UCP of Metropolitan Detroit	MI	161	1	154	1	352	1	51	5	53	4	24	3	80,479	201	1.01
United Cerebral Palsy of Michigan	MI	497	3	438	3	1,397	3	33	3	37	3	25	3	181,377	7,800	0.91
Minnesota Work Incentives Connection	MN	1,867	5	1307	5	8,328	5	39	4	51	4	17	1	199,421	279,921	0.93
Missouri Protection and Advocacy Services	MO	282	2	243	2	759	2	22	2	26	2	28	4	108,974	5,735	0.85
Paraquad	MO	834	4	737	5	1,462	3	58	5	64	5	44	5	238,270	0	0.83
Mississippi Dept. of Rehabilitation Services	MS	949	5	721	4	2,232	4	49	4	64	5	31	5	240,000	12,631	0.79
MT Center on Disability-Montana State Univ.	MT	170	1	109	1	510	1	21	2	33	2	18	2	80,000	36,898	0.78
North Central Independent Living Service Inc.	MT	219	1	162	1	768	2	20	2	27	2	20	2	80,000	4,211	0.78
Easter Seals UCP North Carolina	NC	938	5	870	5	2,347	5	33	3	36	3	30	5	179,437	20,768	0.87
Life Plan Trust	NC	228	1	207	1	535	1	46	4	50	4	29	4	85,450	4,920	0.87
NC DHHS Division of Voc Rehab	NC	554	3	531	4	694	1	75	5	78	5	46	5	185,044	17,280	0.91
Tri-County Industries	NC	173	1	154	1	486	1	13	1	14	1	23	3	80,000	0	0.86
Rehab Services Inc.	ND	326	2	218	1	1,290	3	25	2	38	3	15	1	80,000	61,520	0.79
Easter Seals Nebraska	NE	330	2	241	2	1,850	4	21	2	28	2	10	1	80,000	243,011	0.78
Granite State Independent Living	NH	364	2	208	1	1,376	3	14	1	24	1	10	1	80,000	59,943	1.00
Cerebral Palsy of New Jersey	NJ	329	2	319	2	776	2	26	2	27	2	21	3	127,2624	2,383	1.22
Epilepsy Foundation of New Jersey/FRN	NJ	376	2	294	2	1,045	3	23	2	29	2	18	2	131,996	617	1.24
Team Management 2000 Inc.	NJ	238	1	222	1	830	2	9	1	9	1	17	2	91,172	4,798	1.28
NM Public Education Dept. Div of Voc Rehab	NM	771	4	478	3	2,734	5	32	3	52	4	17	2	105,940	190,620	0.84
Southern Nevada Independent Living Ctr	NV	364	2	240	2	715	1	22	2	33	2	9	1	93,144	97,368	1.20
Abilities Inc. of New York	NY	271	1	228	2	468	1	58	5	69	5	40	5	117,550	0	1.37
City Univ. of NY Research Foundation	NY	267	1	234	2	872	2	12	1	13	1	16	1	112,924	0	1.27
Goodwill Ind. of Greater NY and Northern NJ	NY	954	5	734	5	1,990	4	54	5	70	5	33	5	240,000	12,000	1.27
Independent Living Inc	NY	237	1	203	1	704	1	40	4	46	3	15	1	117,381	14,317	1.21

Table D.2 (continued)

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served Who Received Only I&R		Percent of New Enrollees Enrolled into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (6-month)	Non-SSA Funding for WIPA Services (6-month)	Input Cost Adjustment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank	\$	\$	
Neighborhood Legal Service	NY	374	2	325	3	1,685	4	21	2	24	1	19	2	176,905	17,200	0.94
Research Foundation for Mental Hygiene Inc.	NY	244	1	218	1	801	2	10	1	11	1	25	4	121,863	8,323	1.27
Resource Center for Independent Living	NY	551	3	455	3	863	2	63	5	75	5	41	5	196,503	0	0.96
Ctr of Vocational Alternatives for Mental Health	OH	387	2	343	3	1,404	3	35	3	40	3	15	1	240,000	7,064	0.90
Legal Aid Society of Cincinnati	OH	278	1	231	2	892	2	42	4	51	4	19	2	85,997	398	0.90
Ohio Legal Rights Service	OH	517	3	457	3	705	1	64	5	66	5	49	5	240,000	252,000	0.93
University of Oklahoma	OK	596	4	474	3	2,498	5	26	2	32	2	11	1	202,372	0	0.81
Disability Rights Oregon	OR	449	3	346	3	2,279	4	30	3	38	3	11	1	164,468	8,361	0.94
AHEDD	PA	1,074	5	832	5	3,437	5	32	3	42	3	16	1	240,000	104,453	0.82
Disability Rights Network of PA	PA	601	4	479	4	1,091	3	42	4	51	4	36	5	219,462	117,810	1.03
Goodwill Industries of Central Pennsylvania	PA	892	5	803	5	2,598	5	57	5	62	4	26	4	240,000	76,089	0.88
Movimiento para el Alcance de Vida Indep	PR/VI	884	5	695	4	1,540	3	62	5	78	5	42	5	240,000	20,235	0.65
Department of Human Services of RI	RI	368	2	315	2	1,906	4	18	1	21	1	21	3	80,000	12,081	1.03
South Carolina Voc Rehab Dept.	SC	1,906	5	1,477	5	4,648	5	46	4	47	4	31	5	214,215	11,276	0.83
Walton Options	SC	329	2	281	2	987	2	29	2	33	2	21	3	80,000	6,100	0.84
Black Hills Special Services Corp.	SD	361	2	260	2	1,362	3	7	1	9	1	18	2	80,000	60,208	0.80
Center for Independent Living of Middle Tenn.	TN	716	4	568	4	1,637	3	50	4	62	4	25	3	198,082	0	0.86
Tennessee Disability Coalition	TN	537	3	438	3	1,649	4	39	4	47	4	23	3	216,275	12,919	0.79
ARCIL	TX	907	5	697	4	1,456	3	56	5	71	5	30	5	202,521	10,400	0.94
CBFL/Houston Center of Independent Living	TX	647	4	589	4	2,523	5	6	1	6	1	17	2	176,203	12,778	0.99
Crockett Resource Center for Independent Living	TX	230	1	209	1	468	1	37	3	41	3	26	4	125,584	0	0.86
Easter Seals North Texas	TX	829	4	753	5	1,943	4	55	5	60	4	26	4	187,443	31,226	1.06
Imagine Enterprises Inc	TX	870	4	652	4	3,050	5	18	1	25	1	14	1	157,794	8,383	0.86
Valley Assoc for Independent Living (VAIL)	TX	281	2	218	1	790	2	25	2	33	2	18	2	89,208	7,392	0.91

Table D.2 (continued)

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served Who Received Only I&R		Percent of New Enrollees Enrolled into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (6-month)	Non-SSA Funding for WIPA Services (6-month)	Input Cost Adjust-ment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank	\$	\$	
Utah State Office of Rehabilitation	UT	363	2	308	2	1,249	3	40	4	47	3	18	2	80,000	0	0.86
VA ACCSES	VA	1,060	5	972	5	3,163	5	17	1	19	1	27	4	239,757	0	1.14
Vermont Agency of Human Services	VT	158	1	101	1	755	2	13	1	20	1	12	1	80,000	8,000	0.95
Positive Solutions	WA	244	1	197	1	786	2	34	3	44	3	24	3	80,000	8,059	1.09
WA State Employment Security Dept.	WA	450	3	395	3	923	2	56	5	63	5	28	4	209,784	69	1.00
Employment Resources Inc	WI	338	2	254	2	1,165	3	28	2	37	3	18	2	90,891	5,425	0.97
Independence First	WI	335	2	276	2	1,415	3	14	1	17	1	18	2	89,538	31,096	0.97
Riverfront Activity Center	WI	464	3	408	3	1,805	4	13	1	14	1	24	3	80,000	4,000	0.93
State of W. VA Div of Rehabilitation Services	WV	435	3	367	3	1,281	3	28	2	33	2	12	1	201,611	504	0.69
Centrum for Disability Services	WY	121	1	93	1	425	1	40	4	49	4	19	2	80,000	438	0.92

Source: WIPA ETO, accessed on April 4, 2011.

Note: The quintile rankings represent the ranking of the WIPA with respect to the particular measure, where 1 is the lowest-value quintile and 5 is the highest. The number of WIPA projects in each quintile are unequal because the total number of WIPA projects (103) is not divisible by 5, and because WIPA projects with the same value for a particular statistic are grouped in the same quintile.

C. Cost Measures

The three cost measures presented in this report focus only on the costs of providing services to WIPA service enrollees. Outreach activities and services provided to I&R-only enrollees are excluded, and an 80 percent funding base is used to reflect SSA's intent that 80 percent of funds be used to provide WIPA services. The three cost measures are described below.

1. Cost per WIPA Enrollee

The measure for cost per WIPA enrollee reflects output in terms of the unduplicated number of beneficiaries ever enrolled in WIPA services who received any type of service (I&R or WIPA) between April 1, 2010, and March 31, 2011, regardless of when they initially enrolled for services.³⁶ We divided the annual funding amounts (including and excluding the non-SSA funding) by the total number of beneficiaries enrolled in WIPA services, to produce each WIPA project's cost per beneficiary using the following formula:

$$\text{Cost per WIPA Enrollee} = \text{Funding Amount} / (\text{Number of WIPA-Enrolled Beneficiaries Receiving Any Type of Service, April 2010–March 2011})$$

2. Cost per New WIPA Enrollee

The measure for cost per new WIPA enrollee reflects output in terms of the unduplicated number of beneficiaries newly enrolled for WIPA services between April 1, 2010, and March 31, 2011 (with or without I&R). We divided the annual funding amounts (including and excluding the non-SSA funding) by the total number of new WIPA enrollees, to produce each WIPA's cost per new WIPA enrollee using the following formula:

$$\text{Cost per New WIPA Enrollee} = \text{Funding Amount} / (\text{Number of New WIPA Enrollments, April 2010–March 2011})$$

3. Cost per Direct WIPA Service Hour

The cost per direct WIPA service hour measure reflects the hours WIPA projects spent conducting baseline WIPA assessments and providing other WIPA direct service, as measured by the efforts forms. As noted above, only time spent serving clients—but not the time spent conducting the WIPA baseline assessment—is captured on the efforts form. To reflect the time spent conducting the WIPA baseline assessment in the cost measure, we applied the hours assumption described previously, that it takes 2.5 hours to conduct a WIPA baseline assessment.

After converting the number of WIPA baseline assessments into the associated staff hours, we added the hours recorded on the efforts form to obtain the total hours of WIPA services provided:

$$\text{Total WIPA Service Hours} = (2.5 * \text{Number of WIPA Baseline Assessments}) + \text{Total Hours from Beneficiary Efforts Form}$$

³⁶ Only WIPA enrollees (with or without I&R) were included in the estimate (that is, those enrolled only in I&R were excluded).

We then divided each WIPA’s annual funding (including and excluding non-SSA funding) by its total hours of WIPA services to yield a cost per WIPA service hour for each WIPA.

D. Cost Adjustments

We adjusted the WIPA funding levels to reflect differences across projects in the cost of labor and rent inputs. We used the following data to develop this adjustment.

Wages. We used the 2009 median hourly wage for the Community and Social Services Occupation (21-0000) for metropolitan and nonmetropolitan areas (BLS n.d.) to reflect the wages of WIPA staff. For each WIPA project, we mapped each of the counties served by it to the corresponding wage statistic for that county.^{37,38} When computing the average median wage across all areas served by a WIPA project, we weighted each county’s wage value by its population as a share of the total population residing in the entire area served by the WIPA.³⁹ In instances where WIPA projects served an entire state, we used the state-level median wage. We then divided each WIPA’s median hourly wage by the national median wage to obtain the wage index value.

In Massachusetts the counties did not map well to the areas served by each WIPA. Therefore, we calculated the wage information for counties in that state by finding the ratio of the county-level median wage for all occupations to the state-level median wage. Then, we multiplied the state-level Community and Social Services Occupation (21-0000) median wage by that factor to get the wage for each county.

Rent. We used residential housing rents as a proxy for commercial rent values. We obtained fiscal year 2010 county-level median rent values for two-bedroom housing units from the Department of Housing and Urban Development’s website (HUD n.d.). As with the wage data, we mapped the rent data to the geographic areas served by each WIPA and computed a population-weighted median rent value for each WIPA project. Some counties had more than one median rent value for different geographic areas. In those cases, we used the median value of the county rents. We then divided each WIPA’s median rent by the national value to obtain the rent index value.

We assumed that, on average, 80 percent of WIPA costs would be in labor and 20 percent would be in rent. Thus, the final cost adjustment factor reflecting wages and rents was:

$$\text{Input Cost Adjustment} = (0.8 * (\text{Wage}_{\text{WIPA}}/\text{Wage}_{\text{National}})) + (0.2 * (\text{Rent}_{\text{WIPA}}/\text{Rent}_{\text{National}}))$$

The input cost adjustments are shown for each WIPA project in Table D.2.

³⁷ The metropolitan and nonmetropolitan areas for which BLS reported median wages were mapped to counties based on the BLS definitions for these areas.

³⁸ SSA provided Mathematica with information about each WIPA geographic service area.

³⁹ We used 2009 county-level population estimates available on the U.S. Census Bureau website (Census n.d.), except in the cases of Puerto Rico and the Virgin Islands, where we used 2010 estimates.

APPENDIX E

COST MEASURES AND QUINTILE RANKINGS, BY WIPA PROJECT

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Table E.1. Cost Measures and Quintile Rankings, by WIPA

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding					
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
University of Alaska Dept of Rehabilitation Services	AK	1,026	5	1,067	4	194	4	954	5	992	4	180	4	1,076	5	1,119	4	203	4
Services of AL Mid-AL Chapter	AL	465	3	696	3	116	2	518	3	776	3	129	3	1,011	5	1,514	5	251	4
Coalition of Citizens with Disab Sources for Community Independent Living Services	AL	506	3	631	3	158	3	577	3	720	3	180	4	581	3	725	3	181	3
Arizona Bridge to Independent Living	AR	719	4	1,005	4	179	4	954	5	1,332	5	238	4	1,117	5	1,559	5	278	4
CA—Disability Services Legal Center	AZ	346	2	576	2	92	2	360	2	598	3	95	2	480	2	797	3	127	2
Center for Independence of the Disabled	CA	1,443	5	1,719	5	636	5	1,119	5	1,334	5	493	5	1,142	5	1,360	5	503	5
Center for Independent Living of CA	CA	879	5	1,166	5	217	4	610	4	809	3	150	3	612	3	812	3	151	3
Crossroads Diversified Services	CA	2,051	5	3,636	5	777	5	1,502	5	2,663	5	569	5	2,054	5	3,641	5	778	5
DRAIL	CA	580	4	638	3	166	3	488	3	537	2	140	3	569	3	626	2	163	3
Familia Unida Living with MS	CA	480	3	1,020	4	84	2	435	3	926	4	76	1	438	2	932	4	77	1
Goodwill Industries of Southern California	CA	1,529	5	2,759	5	425	5	1,175	5	2,120	5	327	5	1,233	5	2,226	5	343	5
Human Potential Consultants LLC	CA	748	5	968	4	332	5	569	3	736	3	252	4	576	3	745	3	255	4
	CA	399	2	515	2	121	2	301	1	388	1	91	2	301	1	389	1	92	1

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding					
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
Project Independence	CA	661	4	769	3	287	5	489	3	569	2	212	4	506	2	589	2	220	4
Verdugo Workforce Investment Board	CA	288	1	405	1	142	3	217	1	305	1	107	2	219	1	308	1	108	1
Employment Works Cerebral Palsy of Colorado	CO	302	1	352	1	111	2	314	2	366	1	116	2	348	1	404	1	128	2
Bureau of Rehabilitation Services	CT	204	1	239	1	48	1	164	1	192	1	39	1	623	3	730	3	148	2
Endependence Center Inc.	DC	456	3	628	3	174	3	441	3	609	3	169	3	442	2	610	2	169	3
DE DOL Division of Voc Rehab	DE	169	1	281	1	52	1	162	1	270	1	50	1	171	1	284	1	52	1
Abilities Inc. of Florida	FL	1,263	5	1,429	5	539	5	1,317	5	1,489	5	561	5	1,317	5	1,489	5	561	5
Brevard Achievement Center	FL	471	3	555	2	137	3	458	3	539	2	134	3	510	2	601	2	149	2
Center for Independent Living in Central Florida	FL	380	2	480	2	144	3	340	2	430	2	129	3	340	1	430	1	129	2
Goodwill Industries of North Florida	FL	415	2	497	2	153	3	470	3	563	2	174	3	639	4	766	3	236	4
Opportunity Development Inc/ILRC	FL	319	2	496	2	55	1	339	2	527	2	58	1	351	1	545	2	60	1
GA DOL Division of Rehab Services	GA	313	2	446	2	107	2	381	2	542	2	130	3	393	2	559	2	134	2
Shepherd Center	GA	652	4	892	4	232	4	685	4	937	4	243	4	933	4	1,277	4	332	5
Hawaii Disability Rights Center	HI	1,212	5	1,633	5	479	5	911	5	1,227	5	360	5	911	4	1,227	4	360	5
Iowa Workforce Development	IA	179	1	310	1	86	2	222	1	385	1	107	2	223	1	385	1	107	1
DisAbility Rights	ID	237	1	442	2	114	2	273	1	509	2	131	3	273	1	509	1	131	2

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Table E.1 (continued)

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding						
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost
Idaho																				
Chicago Mayors Office for People with Disabilities	IL	578	4	663	3	202	4	547	3	628	3	191	4	547	3	628	2	191	3	
Illinois Assistive Technology Program-WIPA	IL	315	2	607	3	116	2	314	2	606	3	116	2	335	1	647	2	124	2	
IL DHS Division of Mental Health	IL	583	4	1,113	5	326	5	573	3	1,094	4	320	5	601	3	1,148	4	336	5	
Aspire Indiana	IN	214	1	234	1	73	1	246	1	269	1	84	1	285	1	312	1	97	1	
Southern Indiana Resource Solutions	IN	130	1	237	1	45	1	155	1	283	1	53	1	163	1	297	1	56	1	
Cerebral Palsy Research Fdn of Kansas/KBCN	KS	934	5	1,419	5	211	4	1,141	5	1,732	5	257	4	1,144	5	1,737	5	258	4	
Center for Accessible Living	KY	481	3	581	2	104	2	571	3	689	3	123	2	571	3	689	2	123	2	
Independence Place	KY	495	3	1,422	5	225	4	635	4	1,824	5	289	5	657	4	1,889	5	299	5	
Advocacy Center	LA	603	4	802	4	231	4	620	4	824	4	237	4	653	4	867	3	250	4	
LSU Health Sciences Center	LA	496	3	613	3	127	2	567	3	700	3	145	3	594	3	735	3	152	3	
BenePLAN	MA	350	2	420	1	103	2	322	2	385	1	95	2	475	2	569	2	140	2	
Massachusetts Rehabilitation Commission	MA	260	1	301	1	78	1	233	1	270	1	70	1	606	3	702	2	182	3	
Independence Now	MD	708	4	988	4	224	4	588	4	821	3	186	4	597	3	833	3	189	3	
Maine Medical Center	ME	64	1	136	1	14	1	69	1	147	1	16	1	242	1	513	1	55	1	
Goodwill Industries of Greater Detroit	MI	801	5	1,175	5	353	5	833	5	1,222	5	367	5	948	5	1,390	5	418	5	
The Arc of Michigan Inc	MI	413	2	476	2	137	3	427	2	492	2	142	3	449	2	518	2	149	3	

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding					
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
UCP of Metropolitan Detroit	MI	1,019	5	1,118	5	299	5	1,009	5	1,108	4	296	5	1,012	5	1,110	4	297	5
United Cerebral Palsy of Michigan	MI	546	3	662	3	172	3	600	4	727	3	189	4	626	4	758	3	197	4
Minnesota Work Incentives Connection	MN	175	1	310	1	29	1	189	1	335	1	31	1	455	2	804	3	75	1
Missouri Protection and Advocacy Services	MO	498	3	605	3	200	4	588	4	716	3	237	4	619	3	753	3	249	4
Paraquad	MO	675	4	886	4	292	5	811	4	1,064	4	351	5	811	4	1,064	4	351	5
Mississippi Dept. of Rehabilitation Services	MS	496	3	927	4	155	3	626	4	1,170	4	196	4	659	4	1,232	4	206	4
MT Center on Disability- Montana State Univ.	MT	597	4	1,096	5	191	4	769	4	1,412	5	245	4	1,124	5	2,063	5	359	5
North Central Independent Living Service Inc.	MT	455	2	672	3	130	3	586	3	866	4	168	3	616	3	912	3	177	3
Easter Seals UCP North Carolina	NC	285	1	320	1	109	2	327	2	367	1	125	2	365	1	409	1	140	2
Life Plan Trust	NC	689	4	830	4	225	4	792	4	954	4	259	5	838	4	1,009	4	274	4
NC DHHS Division of Voc Rehab	NC	1,312	5	1,568	5	495	5	1,446	5	1,728	5	546	5	1,581	5	1,889	5	597	5
Tri-County Industries	NC	530	3	606	3	214	4	616	4	705	3	249	4	616	3	705	2	249	4
Rehab Services Inc.	ND	328	2	588	2	73	1	413	2	740	3	92	2	730	4	1,310	4	162	3
Easter Seals Nebraska	NE	307	2	460	2	48	1	391	2	587	2	61	1	1,580	5	2,370	5	248	4
Granite State Independent Living	NH	255	1	506	2	65	1	255	1	506	2	64	1	445	2	885	3	113	2
Cerebral Palsy of New Jersey	NJ	526	3	549	2	207	4	431	2	449	2	170	3	439	2	458	1	173	3

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding					
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
Epilepsy Foundation of New Jersey/FRN Team Management	NJ	455	2	635	3	154	3	366	2	510	2	124	2	368	1	513	1	124	2
2000 Inc.	NJ	420	2	454	2	133	3	328	2	354	1	104	2	345	1	373	1	109	1
NM Public Education Dept. Div of Voc Rehab	NM	203	1	459	2	47	1	243	1	549	2	56	1	682	4	1,537	5	156	3
Southern Nevada Independent Living Ctr	NV	328	2	582	2	142	3	273	1	485	2	119	2	559	3	993	4	243	4
Abilities Inc. of New York	NY	1,040	5	1,656	5	415	5	761	4	1,211	5	304	5	761	4	1,211	4	304	5
City Univ. of NY Research Foundation	NY	478	3	556	2	155	3	377	2	438	2	122	2	377	2	438	1	122	2
Goodwill Ind. of Greater NY and Northern NJ	NY	547	3	1,091	4	181	4	430	2	859	4	142	3	452	2	902	3	149	3
Independent Living Inc	NY	821	5	1,077	4	197	4	676	4	887	4	162	3	759	4	995	4	182	3
Neighborhood Legal Service	NY	602	4	716	3	129	3	642	4	764	3	138	3	704	4	838	3	151	3
Research Foundation for Mental Hygiene Inc.	NY	556	4	631	3	204	4	438	3	497	2	161	3	468	2	531	2	172	3
Resource Center for Independent Living	NY	973	5	1,739	5	385	5	1,011	5	1,808	5	400	5	1,011	5	1,808	5	400	5
Ctr of Vocational Alternatives for Mental Health	OH	960	5	1,171	5	201	4	1,072	5	1,307	5	225	4	1,104	5	1,346	5	231	4
Legal Aid Society of Cincinnati	OH	534	3	754	3	120	2	594	4	839	4	133	3	597	3	842	3	133	2
Ohio Legal Rights Service	OH	1,277	5	1,529	5	670	5	1,367	5	1,637	5	718	5	2,802	5	3,356	5	1,472	5
University of	OK	458	3	632	3	91	2	566	3	782	3	112	2	566	3	782	3	112	2

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding						
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost
Oklahoma																				
Disability Rights Oregon	OR	520	3	772	3	82	1	557	3	826	4	87	1	585	3	868	3	92	1	
AHEDD Disability Rights Network of PA	PA	330	2	494	2	83	1	404	2	605	3	102	2	580	3	869	3	146	2	
Goodwill Industries of Central Pennsylvania	PA	625	4	942	4	314	5	607	4	914	4	305	5	932	4	1,405	5	468	5	
Movimiento para el Alcance de Vida Indep	PA	619	4	779	4	124	2	700	4	882	4	141	3	922	4	1,162	4	186	3	
Department of Human Services of RI	PR/VI	714	4	1,569	5	267	5	1,099	5	2,414	5	410	5	1,192	5	2,617	5	445	5	
South Carolina Voc Rehab Dept.	RI	264	1	320	1	53	1	258	1	312	1	52	1	296	1	359	1	60	1	
Walton Options Black Hills Special Services Corp.	SC	209	1	275	1	66	1	253	1	332	1	80	1	266	1	350	1	85	1	
Center for Independent Living of Middle Tenn.	SC	342	2	426	1	103	2	409	2	509	2	124	2	440	2	548	2	133	2	
Tennessee Disability Coalition	SD	237	1	339	1	72	1	295	1	422	2	89	1	517	2	739	3	156	3	
ARCIL	TN	558	4	913	4	160	3	645	4	1,056	4	185	4	645	4	1,056	4	185	3	
CBFL/Houston Center of Independent Living	TN	655	4	936	4	170	3	828	5	1,183	5	215	4	877	4	1,253	4	227	4	
Crockett Resource Center for Independent Living	TX	506	3	1,003	4	200	4	538	3	1,066	4	213	4	566	3	1,120	4	224	4	
Easter Seals North Texas	TX	289	1	320	1	84	2	293	1	324	1	85	1	315	1	348	1	91	1	
	TX	872	5	1,021	4	363	5	1,009	5	1,182	4	420	5	1,009	5	1,182	4	420	5	
	TX	500	3	625	3	131	3	473	3	592	3	124	2	552	3	690	2	145	2	

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs				Adjusted for Input Costs				Adjusted for Input Costs and Non-SSA Funding									
		Cost per WIPA Enrollee	Rank	Cost per New WIPA Enrollee	Rank	Cost per WIPA Service Hour	Rank	Cost per WIPA Enrollee	Rank	Cost per New WIPA Enrollee	Rank	Cost per WIPA Service Hour	Rank	Cost per WIPA Enrollee	Rank	Cost per New WIPA Enrollee	Rank	Cost per WIPA Service Hour	Rank
Imagine Enterprises Inc	TX	222	1	321	1	60	1	260	1	375	1	71	1	274	1	395	1	74	1
Valley Assoc for Independent Living (VAIL)	TX	425	2	607	3	137	3	468	3	669	3	151	3	507	2	724	2	164	3
Utah State Office of Rehabilitation	UT	365	2	491	2	78	1	425	2	570	2	91	1	425	2	570	2	91	1
VA ACCSES	VA	274	1	304	1	104	2	241	1	267	1	91	2	241	1	267	1	91	1
Vermont Agency of Human Services	VT	580	4	988	4	120	2	608	4	1,036	4	126	3	669	4	1,139	4	139	2
Positive Solutions WA State Employment Security Dept.	WA	500	3	721	3	134	3	457	3	659	3	123	2	503	2	725	2	135	2
Employment Resources Inc	WI	1,049	5	1,447	5	313	5	1,044	5	1,440	5	312	5	1,044	5	1,440	5	312	5
Independence First Riverfront Activity Center	WI	373	2	568	2	95	2	385	2	587	2	99	2	408	2	622	2	105	1
State of W. VA Div of Rehabilitation Services	WI	311	2	391	1	77	1	321	2	404	1	79	1	433	2	544	2	107	1
Centrum for Disability Services	WI	198	1	228	1	58	1	213	1	245	1	63	1	224	1	257	1	66	1
	WV	642	4	816	4	178	4	936	5	1,190	5	260	5	938	4	1,193	4	260	4
	WY	1,111	5	1,702	5	233	5	1,207	5	1,848	5	253	4	1,213	5	1,858	5	255	4

Source: WIPA ETO, accessed on April 4, 2011.

Note: Costs are expressed in dollars. The quintile rankings represent the ranking of the WIPA with respect to the particular cost measure, where 1 is the lowest cost quintile and 5 is the highest. The number of WIPA projects in each quintile is unequal because (1) the total number of WIPA projects (103) is not divisible by 5 and (2) WIPA projects with the same value for a particular statistic are grouped in the same quintile.



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