

# **Outcomes from the Consumer Survey of the Utah Benefits Planning Assistance and Outreach Program**

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## **List of Acronyms**

BM	Benefits Management
BSP	Benefits Support Planning
BSP&M	Benefits Support Planning & Management
CHIP	Children’s Health Insurance Program
DSPD	Division of Services for People with Disabilities
DWS	Department of Workforce Services
I&R	Information and Referral
MIG	Medicaid Infrastructure Grant
MWI	Medicaid Work Incentive Program
PSA	Problem Solving and Advocacy
SGA	Substantial Gainful Activity
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
TWWIIA	Ticket to Work and Work Incentives Improvement Act of 1999
UBPAO	Utah Benefits Planning Assistance and Outreach Program
USOR	Utah State Office of Rehabilitation

# **Outcomes from the Consumer Survey of the Utah Benefits Planning Assistance and Outreach Program**

## **Introduction**

The goal of the Ticket to Work and Work Incentives Improvement Act (TWWIIA) of 1999 was to improve both access to employment services for individuals with disabilities and access to health care coverage under Medicaid and Medicare. Specifically, the purposes of the act are to provide individuals with disabilities:

- health care and employment preparation and placement services to reduce their dependency on cash benefits;
- Medicaid coverage (through incentives to States to allow them to purchase it) needed to maintain employment;
- the option of maintaining Medicare coverage while working; and
- return to work tickets allowing them access to services needed to obtain and retain employment and reduce dependence on cash benefits.

The findings and purposes of TWWIIA as outlined in a summary report by the Committee on Ways and Means to the House of Representatives<sup>1</sup> highlight 1) the importance of health care for individuals with disabilities, 2) the difficulties they often experience in obtaining proper health care coverage under current program rules, 3) the resulting limited departures from benefit rolls due to recipients' fears of losing coverage, and 4) the potential program savings from providing them better access to health care coverage if they return to work.

In order to achieve these purposes, in 2000 the Social Security Administration, as part of TWWIIA, awarded cooperative agreements to organizations in every state in the nation to develop Benefits Planning Assistance and Outreach (BPAO) projects. The purpose of the BPAO projects is to provide Social Security beneficiaries with disabilities access to benefits planning and assistance services, with the goal of enabling them to make

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<sup>1</sup> Excerpted from a summary from the Conference Report (H. Rept. 106-478) submitted by the Committee on Ways and Means to the House of Representatives on November 17, 1999. Prepared by Marty Ford, Co-Chair of The CCD Social Security Task Force and Assistant Director of The Arc of the United States Governmental Affairs Office, (202)785-3388. [http://www.c-c-d.org/wiia\\_summary.html](http://www.c-c-d.org/wiia_summary.html)

informed choices about how work will affect their Social Security disability benefits, as well as other federal, state, and community supports they receive. As a result, these services would be one component of improving employment preparation services and thereby reducing dependency on cash benefits, a purpose of TWWIIA. Utah's BPAO project began in October 2000.

### **Utah Benefits Planning Assistance and Outreach Program**

The Utah Benefits Planning Assistance and Outreach program (UBPAO) is administered by the Utah State Office of Rehabilitation (USOR) and is jointly funded by the Social Security Administration (SSA), Medicaid Infrastructure Grant (MIG), USOR, and the Utah Department of Workforce Services (DWS). The program serves Social Security disability beneficiaries that are recipients of either: (1) Title XVI Supplemental Security Income (SSI) or (2) Title II. The majority of Title II recipients are receiving Social Security Disability Insurance (SSDI).

To help accomplish the goals outlined in TWWIIA, UBPAO's main objective is to provide information to recipients on how going to work or increasing earnings may affect their Social Security benefits. The UBPAO can also look at any other benefits a consumer receives and assess how employment may affect those benefits. This information allows the recipient to make a more informed choice about employment, which may include choosing not to go to work. This information is seen as valuable in encouraging employment because often recipients are unwilling to even consider work for fear of losing benefits, especially Medicaid. Many of these individuals have significant health care needs and rely on Medicaid to subsist. If they obtain a better understanding of the impact of employment on their benefits, they may be more willing to consider employment, thereby reducing their dependency on cash benefits. Through these educational efforts, the ultimate purpose of TWWIIA is achieved.

At present, UBPAO services are provided via several sources. First, there are three SSA-trained benefits specialists employed by USOR. In addition, there is a pool of benefits planners who are available to provide services. The planners have been trained by SSA but are employed by various organizations throughout the state. Finally, a Technical Assistance Specialist, employed by USOR, coordinates the benefit planners' training,

provides them with technical assistance, and offers benefits planning services to a limited number of clients.

To be eligible for the program, individuals must meet three criteria. First, the individual must receive Social Security disability benefits (over 48,000 individuals in Utah received either Title II or Title XVI, or both, in 2004). In addition, individuals must express a desire to learn how work would impact their benefits. Finally, individuals must be willing to disclose necessary information so the benefits specialist can develop an accurate plan. This includes items such as earned income, unearned income, and other assistance received.

Individuals typically are referred to the UBPAO program by providers of other services, although people can also self-refer. A benefits specialist contacts them to determine what level of service the client would like. Sometimes just information and referral services are necessary, such as how social security policies work. If consumers decide that they would like detailed, personalized information, the benefits specialist will meet with them and develop an individualized analysis of their benefits and the impact of employment. The Specialist may also suggest a set of strategies enabling an individual to protect his/her financial and medical benefits for a period of time while trying out work. The Specialist enters demographic and benefits information as well as information on the services provided into the UBPAO database. The UBPAO database is managed by USOR and allows tracking of cases, analysis of services provided, and program evaluation.

The UBPAO program has been in place for over three years, and as such, it is appropriate to evaluate the outcomes of the program. The goal of the UBPAO consumer survey was to address the following questions:

- Is the program meeting the needs of consumers? Are consumers satisfied with the services received and could the services be improved to better meet their needs?
- Having met with a benefits specialist, do consumers feel they are more informed about the impact of seeking employment?

- Has the program been associated with an increase in the number of people who are employed, i.e., has there been a change in UBPAO clients' employment status?

In addition to using results from a consumer survey, administrative data were obtained from the UBPAO database to allow more in-depth analysis of survey responses. The results of the analysis will be used to guide the further refinement of the UBPAO program by providing information on consumer satisfaction with the program, the impact it has on their willingness to consider employment, and outcomes of the program.

# **Outcomes from the Consumer Survey of the Utah Benefits Planning Assistance and Outreach Program**

## **Executive Summary**

The goal of the Utah Benefits Planning Assistance and Outreach (UBPAO) program is to assist individuals with disabilities who want to consider employment by providing accurate information so they can make an informed choice, which may include choosing not to work. These services are just one component of improving employment preparation services and thereby reducing dependency on cash benefits, the purposes of Ticket to Work and Work Incentives Improvement Act (TWWIA) of 1999.

Utah's BPAO project began in October 2000. The goal of this consumer survey was to evaluate the outcomes of the program by addressing the following questions:

- Is the program meeting the needs of consumers?
- Do consumers feel they are more informed about the impact of seeking employment?
- Has the program been associated with an increase in the number of people who are employed, i.e., has there been a change in UBPAO clients' employment status?

The evaluation was conducted primarily via a mail survey with follow-up phone calls to a limited random sample. The response rate for the entire population contacted of 426 was 41% (173 useable responses). In addition to the survey data, administrative data were used to enhance the analyses.

## **Key Findings**

- BPAO divides its services into five categories, for the purpose of this evaluation these categories have been collapsed into three categories of increasingly intensive services. Summarized below are the percentage of the 173 respondents that received that category of services:
  - 25.9% (n=45) received only Information and Referral (I&R) or Problem Solving and Advocacy (PSA).
  - 54.2% (n=94) of the respondents received written Benefits Analyses.
  - The more complex services, Benefits Support Planning and Benefits Management, were received by 7.2% (n=12) and 12.7% (n=22), respectively.

- Most respondents were satisfied with the services received (78.4%). Those who received more intensive services such as Benefits Analysis or Benefits Support Planning/ Management were more in agreement with the statement (78.2% and 90.9%, respectively) than those who received less intensive services, such as I&R and/or Problem Solving and Advocacy only, 69.0% (Table 14).
- The benefits specialists themselves were seen as responsive and caring.
- Suggestions for changing the program focused on improving access to services such as receiving services more quickly and more one-on-one time with the specialist (written comments from 30 respondents).
- A large majority of respondents (82.6%) either “agreed” or “strongly agreed” that the services received from the benefits planning program helped them understand how employment would affect their benefits. Not surprisingly, individuals who received more intensive services such as a written Benefits Analysis (85.2%) or Benefits Support Planning/Management (96.9%) were significantly more likely to “agree” or “strongly agree” with this statement as compared to individuals (65.9%) who received just I&R and/or Problem Solving and Advocacy (Table 14).
- A slightly lower percentage (71.7%) indicated the information and materials helped them make more informed decisions regarding employment (Table 14).
- Fifty-nine percent (59.2%) said that they are more likely to go to work or increase their earnings. Although the percentage who marked “neutral,” “agree,” or “strongly agree” is higher than on the other satisfaction questions.
- Of those who were unemployed at the time of their initial meeting with the benefits specialist, 61.4% had looked for a job by the time the survey occurred (Table 8).
- The most frequently cited barrier to employment was the individual’s disability (58.5%). Even after receiving BPAO services, the second most cited barrier by survey respondents (34.7%) was fear over how working would affect their benefits (Table 11).
- The data indicate that there has been a 30% increase in employment but the majority of respondents are not working (62.6%), although over a quarter (28.2%) are seeking work (Table 15). This represents a gain of employment for some and a loss of employment for others.
- Information and materials provided to some BPAO recipients may be too complex given the nature of some individuals’ disabilities. Individuals with a mental health or cognitive disability or a traumatic brain injury were less likely to indicate that they “agreed” or “strongly agreed” with the statement, “The information and materials I received from the benefits specialist helped me make informed decisions about

employment.” It would be valuable to analyze the materials and see if there are ways to simplify the information.

- Outreach on Work Ability’s other programs, i.e., the Medicaid Work Incentive Program and Employment Personal Assistance Service, needs to expand to increase use of these programs. Survey results indicate that consumers who utilize UBPAO services make little use of Work Ability’s other programs. Used in tandem, Work Ability’s three major work incentives would likely lead more consumers to successful employment.

### Limitations of the Research

- This research focused only on one work incentive program. As a result, this study is limited in its ability to make attributions about the effect UBPAO alone has in helping a person go to work. Also, many other barriers to work exist for people with disabilities besides fear of losing benefits and lack of knowledge.
- The UBPAO database was not developed or implemented until late in the project for a variety of reasons including limited budgets; as a result some of the data that would have been beneficial for analysis were not available. Now that the database is available, accurate data input completed in a timely fashion will yield substantial benefits in reporting.



## **Study Methodology**

A survey was drafted by the evaluation team and refined with the input of the Work Ability Management Team and the UBPAO Work Group. A final draft of the survey was tested by administering the survey to several clients after they had met with a benefits specialist. Finally, the survey instrument and the cover letters were approved by the University of Utah's Institutional Review Board (IRB).

The survey was sent to all individuals who had received services from the UBPAO program since its inception in October 2000 through the end of October 2003 (n=426). The entire population of recipients as of this date was divided into two groups. The first was a random sample selected from the entire population (n=97). The second group was all other recipients (n=329).<sup>2</sup> The population was divided in this way because there were not sufficient resources to conduct intensive follow-up with the entire population. Therefore in order to determine the degree of sampling bias due to issues such as not being able to reach individuals who move frequently, a random sample was selected and more aggressively pursued to try and decrease response rate bias. The logic of this approach is that if the findings of the smaller, randomly selected group with the higher response rate diverge substantially from those for the larger non-random group, then the overall aggregate percentages are likely biased somewhat from non-representative non-response. As appropriate, the responses from the randomly selected group will be compared to all respondents to see if there are substantial differences.

A cover letter was attached to each survey and a prepaid business reply envelope was included in the mailing for ease of response. The letter stated the purpose of the survey and that participation was voluntary, responses would remain confidential, participating or not participating would in no way affect services they were receiving, or may receive, from USOR or any other agency, and returning the survey provided their consent to participate in this project. The University of Utah's IRB statement was also cited.

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<sup>2</sup> Surveys were originally mailed to 456 respondents with 100 selected for the random sample. After the surveys were mailed it was determined by the UBPAO program that 30 individuals were either duplicates in the database (the person was entered under two names) or had never been contacted by UBPAO and, as a result, should not have been surveyed. Excluding these resulted in a population of 426 and a random sample of 97.

Finally, the letter noted that responses would be linked to administrative data via a numeric code (see Appendix A for copy of letter and survey).

Prior to mailing, each survey was labelled with the numeric code that had been automatically assigned by the UBPAO database. The code was used to track which individuals responded to the survey and allowed follow-up mailings to be sent to nonrespondents. The numeric code and contact information were maintained in a mailing database separate from the administrative data and survey results to protect respondents' anonymity.

All non-respondents (both from the randomly selected group and the rest of the population) were mailed a modified cover letter and a second copy of the survey two weeks later encouraging them to respond if they had not already done so (see Appendix B for follow-up cover letter). In the second mailing, the randomly selected group was also sent a postcard. The postcard stated that if the recipient did not respond to the survey by sending it back either completed or blank, they would be contacted on the phone. If they did not want to be contacted by phone, they were instructed to send back the postcard in the prepaid envelope. No postcards were received. As a result, attempts were made to contact all non-respondents in the randomly selected group by phone. The script in Appendix C was followed. Unless reached on one of the initial attempts, each individual was called at least three times, at different times and on different days.

The survey responses were entered into a statistical analysis software package, SPSS, for analysis. This database does not contain any identifying information such as name, social security number, address, or phone number.

In order to reduce the length of the survey and still be able to evaluate services on a number of parameters, demographic data were obtained from the UBPAO administrative database. Using the same numeric code noted above, data were extracted from the UBPAO database and provided to the research team. The administrative data included items such as gender, type of services provided, primary disability (self-

reported), dates of service provision, and employment status at the time service was provided.<sup>3</sup> These data and the survey data were linked using the numeric code.

Table 1 summarizes the response pattern for both the random sample, the population excluding the random sample, and all respondents combined. The response rate was calculated two ways, first by dividing all surveys completed by the total survey population (n=426) less those who were unavailable. Unavailable includes individuals who were deceased (2) and those who had unknown addresses or telephone numbers (57). Non-respondents with unknown addresses and telephone numbers (57) included those to whom the postal service was unable to forward mail, those whose phone numbers were incorrect in the database, and individuals whose phone numbers and addresses could not be found through another source such as the internet. The second approach to calculating response rate did not exclude those unavailable from the denominator. If the unavailable were included, the response rates were 41% (n=173) overall, with 56% (n=54) for the Random Sample group and 36% (n=119) for non-random sample respondents.

Survey group	N	Completed	Potential Contacts *	Refused	Unavailable **	Response Rate Excluding Unavailable	Response Rate
Random Sample	97	54	13	2	28	78%	56%
Population excluding Random Sample	329	119	179	n/a	31	40%	36%
Total	426	173	192	2	59	47%	41%

\* Potential Contacts includes people who did not respond to survey and telephone calls, as appropriate.  
 \*\* Unavailable includes two individuals who are deceased (one in random and one in non-random) and those who had unknown addresses or telephone numbers (57). The latter group includes surveys that

<sup>3</sup> As noted above, administrative data were obtained from the UBPAO database. Since the database was not implemented until the fall of 2003, almost all cases in the population were entered into the database retroactively. In addition, the benefits specialists entered some data differently. For example, some participants had their activity records combined into one record by the Specialist reflecting all the separate services they had received; other participants had up to 11 separate activities entered. As a result, when the data were received, the researcher combined multiple activities for an individual into one activity record and the most recent activity date was used. Total hours of service were summed. If someone received a specific service or recommendation during one activity but not another, the combined record would reflect all of the services or recommendations received.

the postal service was unable to forward, phone numbers that were incorrect in the database, and neither an address or phone number could be found using the internet or another source.

The majority of surveys (78.6%) were completed by the recipient of Social Security benefits. Representative payees completed 12.7% of the surveys and 5.2% indicated “other” such as parent, grandmother, or spouse. The rest (3.5%) did not indicate who completed the survey.

## **Overview of Study Findings**

As noted previously, the focus of the UBPAO program survey was threefold: is the program meeting the needs of consumers; after they meet with a benefits specialist, do consumers feel they are more informed about the impact employment would have on their benefits; and has the program been associated with a change in UBPAO clients’ employment status. The expectation is that feedback from this survey will allow USOR to further refine the UBPAO program and better serve its consumers.

## **Analysis of Administrative Data**

To reduce the length of the survey, administrative data elements such as individuals’ demographics and services received were obtained from the UBPAO database. In terms of gender, the respondents were almost equally split (52% female and 48% male). As indicated in Table 2, the mean age of all respondents (both random and non-random) was 40 years old with a range of 20 to 69. The age range is limited on the lower end because no participants under 18 had participated in the program as of October 31, 2003. This is to be expected since individuals under this age typically receive services from school-based programs. Race data were not collected for any of the respondents. Ethnicity was only tracked in the UBPAO database for 26 participants; one was noted as Hispanic and the rest were noted as non-Hispanic.<sup>4</sup> Administrative data indicated that only 17.9% were Temporary Assistance for Needy Families (TANF) eligible.<sup>5</sup> Only 26% of the respondents had dependent children and over half of these had only one child.

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<sup>4</sup> Concerns regarding missing data are addressed in the “Limitations” Section.

<sup>5</sup> The TANF population began being targeted for services after the project had been underway for two years. Therefore this population is a smaller percentage than might be expected.

Regarding self-reported Primary Disability, the majority of respondents had either a mental health or cognitive disability or a traumatic brain injury (49.1%) or a physical disability (37.6%). Table 2 compares the demographic data for survey respondents in both the random and non-random sample respondents to the entire population surveyed.

<b>Table 2: Comparison of Demographics for Respondents and Population Surveyed</b>						
	Random Sample Respondents (N=54)	Non-random Sample Respondents (n=119)	All Respondents (n=173)	Random Sample (n=97)	Non-random Sample (n=329)	Entire Population Surveyed (n=426)
<b>Demographics</b>						
Male	44.4%	49.6%	48.0%	45.4%	52.9%	51.1%
Female	55.6%	50.4%	52.0%	54.6%	47.1%	48.8%
Mean Age	38.4	41.2	40.4	40.5	40.8	40.4
Percentage that have Dependent Children	35.2%	21.8%	26%	25.8%	19.3%	20.9%
<b>Primary Disability (self-reported)</b>						
Mental Health /Cognitive	50.0%	48.7%	49.1%	52.6%	55.3%	54.7%
Physical	38.9%	37.0%	37.6%	33.0%	33.1%	33.1%
Sensory	5.6%	9.2%	8.1%	8.2%	6.4%	6.8%
Other	3.7%	0%	1.2%	3.1%	1.2%	1.6%
Not indicated	1.9%	5%	4.0%	3.1%	4.0%	3.8%
<p><b>Note:</b> The "All respondents" column in this table shows the total number of survey respondents (173). It is important to note that ten survey respondents did not have all their demographic data included in the UBPAO database. Percentages shown are for the respondents that do have this information recorded.</p> <p><b>Source:</b> UBPAO administrative data.</p>						

A t-test with .05 level of significance indicated that the mean age of the entire population surveyed was not significantly different from the mean age of the 163 survey respondents with demographic data [note: ten survey respondents did not have all their demographic data included in the UBPAO database]. Nor did a t-test reveal a difference in the number of dependent children between the groups. The gender composition of the three groups delineated in Table 2 is not significantly different either, although the percentage of female respondents is slightly higher than the population surveyed. A chi-square analysis revealed no significant difference in gender composition between the random and non-random samples. Looking at Table 2, the random sample selected had a higher percentage of females. The higher response rate for females in the random sample reflects this higher percentage in the sample selected. For both the random and non-random sample, the respondents had a higher percentage of dependent children than the entire population. It is understandable that these two demographics are

similar. A higher response rate from individuals with dependents may be because they are less likely to move and therefore easier to locate.

Looking at disability, there was a difference between the population and respondents self-reported disability. The entire population has a higher rate of mental health, cognitive and traumatic brain injury disabilities (54.7%) than all respondents (49.1%) whether in the random (50.0%) or non-random (48.7%). The opposite is true in most of the other self-reported disabilities. Since individuals with a mental health or cognitive disorder or a brain injury may have a harder time responding to a survey, they might have been less likely to respond. This is supported by noting that the difference between the respondents in the random sample (50.0%) versus their population (52.6%) was lower than between the non-random respondents (48.7%) and their population (55.3%).

The above analysis indicates that there are some differences between the two groups of respondents and also with the population. The differences that do exist are not extreme. As a result, the analysis of the survey responses will be based on all responses (from the random and non-random groups) unless specified otherwise.

The BPAO program divides its services into five categories. Listed from most basic to most complex, they are:

- Information and Referral,
- Problem Solving and Advocacy,
- Benefits Analysis and Advisement (written analysis),
- Benefits Support Planning, and
- Benefits Management. (Appendix D has a detailed description of each service).

In most cases, if someone receives one of the more complex services such as Benefits Analysis and Advisement when a written benefits analysis is prepared, they would have already received a more basic service such as Information and Referral (I&R). Therefore, individuals may receive more than one service. Table 3 summarizes the percentage of the survey's 173 respondents who received each type of service. I&R was received by 93.6% of the respondents, and 79.2% received Problem Solving and Advocacy. Benefits Analysis and Advisement (i.e., a written benefits analysis) was prepared for 70.5% of

respondents. Eleven percent received Benefits Support Planning and 12.1% received Benefits Management. The last two categories are typically only provided after the completion of a written benefits analysis. Only one individual received Benefits Support Planning or Benefits Management without receiving a benefits Analysis first.

	Number of individuals receiving service	Percentage of all respondents (n=173)
Information and Referral	162	93.6%
Problem Solving and Advocacy	137	79.2%
Benefits Analysis and Advisement	122	70.5%
Benefits Support Planning	19	11.0%
Benefits Management	21	12.1%
<p><u>Note:</u> The number of individuals receiving services will not sum to the total number of respondents because consumers will often receive more than one service. Also of the 173 survey respondents, 167 (96.5%) had the level of service received noted in the administrative data.</p> <p><u>Source:</u> UBPAO administrative data.</p>		

Looking at the most complex level of services received by a client, of the 167 respondents that had the level of service received noted in the database, 25.9% received only I&R or Problem Solving and Advocacy, the two basic levels of services. A written benefits analysis was received by 54.2% of the respondents (n=90). The most complex services, Benefits Support Planning and Benefits Management, were received by 7.2% and 12.7%, respectively.

When the Specialists meet with a client, they inquire why the person has requested BPAO services (Table 4). The most common reason cited was that the person is not working but is considering going to work (39.3%). Anticipating or experiencing an actual change in other financial or life factors was indicated by 12.7%. Less than 10%, contacted the program as a result of an actual change experienced in employment (7.5%) or responded to outreach from the BPAO program (5.8%). For 35.3% (n=61) of the respondents, no reason was recorded, most likely because the UBPAO database was not implemented until late in the project (see Limitations section).

	Number	Percentage of all Respondents (n=173)
Not working but considering going to work	68	39.3%
No reason given	61	35.3%
Anticipated or actual change experienced in other financial or life factors	22	12.7%
Contacted program as a result of actual change experienced in employment	13	7.5%
Responded to outreach from BPAO program	10	5.8%
Other reason for service request	2	1.2%
Responded to communication from SSA	0	0%
Responded to Ticket to Work communication from SSA	0	0%
Working and anticipating a change in employment status	0	0%

Note: Percentages will not total to 100 because more than one reason could have been provided.  
Source: UBPAO administrative data.

In terms of referral source, 53.2% were referred by Vocational Rehabilitation, i.e., USOR (n=92). This would be expected since analysis of the administrative data indicated that 105 respondents (60.7%) were active Vocational Rehabilitation clients. The next most common sources were mental health providers and the Utah Department of Workforce Services (both 6.9%). Slightly over 18% (n= 32) of the respondents did not have their referral source specified in the database (Table 5).

	Number referred from Organization	Percentage of total respondents (n=173)
Vocational Rehabilitation/USOR	92	53.2%
Unspecified in database	32	18.5%
Mental Health provider	12	6.9%
Department of Workforce Services	12	6.9%
Schools	7	4.1%
Self	5	2.9%
BPAO Program	4	2.3%
Private Provider (non Mental Health)	4	2.3%
Disability Law Center	2	1.6%
Governor's Committee	1	0.6%
Health Care Financing	1	0.6%
Utah Independent Living Centers	1	0.6%
Total	173	100.00%

Source: UBPAO administrative data.

## **Responses to Survey Questions**

### Satisfaction with Services

The first set of survey questions addressed the respondent's satisfaction with the Utah Benefits Planning Assistance and Outreach program. The first three questions have a five-point Likert scale: "strongly agree," "agree," "neutral," "disagree," and "strongly disagree." For analysis purposes, "strongly agree" and "agree" were collapsed into one category as were "disagree" and "strongly disagree," resulting in a total of three categories.

As Table 6 indicates, a large majority of respondents (82.7%) either "agreed" or "strongly agreed" that the services received from the benefits planning program helped them understand how employment would affect their benefits. Not surprisingly, individuals who received a Benefits Analysis were significantly more likely to "agree" or "strongly agree" with this statement as compared to individuals who received just I&R and/or Problem Solving and Advocacy, 85.2% versus 65.9% respectively (Table 14).<sup>6</sup> It is interesting to note, however, that individuals with minimal involvement with the program still felt good about services received.

Further, most respondents were satisfied with the services received (78.7%). Again, those who received a Benefits Analysis were more in agreement (81.5%) with the statement than those who received I&R and/or Problem Solving and Advocacy only (69.0%) (Table 14). A slightly lower percentage (71.7%) indicated the information and materials helped them make more informed decisions regarding employment (Table 6).

The final question in this section addressed whether respondents were more willing to go to work or increase their earnings after meeting with the benefits specialist. Fifty-nine percent (59.2%) indicated they "strongly agreed" or "agreed", 24.8% indicated they were "neutral" on this statement, and only 15.9% "disagreed" or "strongly disagreed." On this question, the respondents could indicate that the question did not apply to them; Nine did: two had received I&R or PSA and seven had received written benefits analysis (Table 6).

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<sup>6</sup> See Table 14 for a summary of the level of service received cross tabulated with satisfaction questions.

<b>Table 6: Satisfaction with BPAO Services Received</b>				
	Number of respondents	Strongly Agree or Agree	Neutral	Disagree or Strongly Disagree
Benefits specialist helped me understand how employment would affect my benefits.	168	82.7%	8.3%	8.9%
The information and materials I received from the benefits specialist helped me make informed decisions about employment.	166	71.7%	16.9%	11.4%
Overall I was satisfied with the BPAO services I received.	169	78.7%	10.7%	10.7%
After meeting with the benefits specialist, I was more willing to go to work or increase my earnings.	157	59.2%	24.8%	15.9%

Additional analyses on these satisfaction questions were conducted. Chi-square analyses comparing responses by the random versus non-random respondents and by gender did not reveal any significant differences. These results reaffirm the assumption that there are not significant differences between the two groups of respondents and provide some confidence that non-response bias is not a major problem.

Substantial percentage point differences were noted on two questions for the random and non-random respondent groups. On the “information and materials I received from the benefits specialist helped me make informed decisions about employment” question, the random sample group indicated “strongly agree” or “agree” at a rate almost 11 percentage points lower than the non-random group. This suggests that aggregate results may overestimate the value of information and material to helping people make informed decisions about employment. In contrast, on the “willing to increase work” question, the random group indicated “strongly agree” or “agree” at a rate almost 13 percentage points higher than the non-random group. This suggests that aggregate results may understate people’s willingness to go to work or increase wages because as the response rate increases, people are more willing to go to work.

In Table 2 (page 11), some differences in response rates were noted for individuals with dependent children and individuals who indicated that their primary disability was mental health, cognitive, or TBI. Individuals with children were only slightly over a quarter of all respondents (26%), but their responses were slightly more in agreement with the first four satisfaction questions discussed above than those without children.

Since those with children had a higher response rate in the random sample than in the non-random respondent group, this could have resulted in a small overestimate of the service satisfaction and willingness to work for the entire population. These same differences are not noted in cross tabulations of these four questions and gender.

As noted in Table 2, the entire population surveyed has a higher rate of mental health, cognitive, or TBI disabilities (54.7%) than all respondents (49.1%), whether in the random (50.0%) or non-random (48.7%) groups. For individuals that indicated mental health, cognitive, or TBI as their primary disability, their responses to the first, third, and fourth satisfaction questions above were almost the same as all respondents. However, for the second satisfaction question, “the information and materials I received from the benefits specialist helped me make informed decisions about employment,” their reporting of “agree” or “strongly agree” was nine percentage points lower than all respondents (62.7% vs. 71.7%, respectively). Since the survey sample of these individuals was greater than their representation in the population, the estimate for “information and materials” could be artificially high.

### Employment Issues

The next set of questions addressed individuals’ employment status at the time they met with the benefits specialist, what actions regarding employment they had taken since meeting the benefits specialist, and their current employment status. If they were not employed, they were asked to indicate what barriers were preventing them from working.

Respondents were asked to indicate whether they were employed at the time they first met with the benefits specialist (yes/no). Depending upon their response, they were asked to answer different sets of questions to indicate what employment action they had taken since the meeting. For example, if they were employed at the time of the meeting they were asked whether they had increased the hours they work by responding either “yes,” “no,” or “no, but I plan to.” Consistent responses<sup>7</sup> were provided by 79% of

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<sup>7</sup> On Question 5, respondents were supposed to indicate whether they were employed at the time of the meeting (“Yes” or “No”). If they indicated “Yes” on Question 5, they were supposed to answer Question 6. If they said “No” on Question 5, indicating they were not employed at the time of the meeting, they

respondents (n=137) and are summarized below. Of these, 41 were employed (29.9%) and 96 were unemployed (70.1%).

Most respondents did not make a change in their employment status after meeting with the benefits specialist (Table 7). Increases in the hours they worked were reported by 22.2%, and 24.3% increased their earnings. However, 25.7% quit their job and 21.2% decreased their earnings. Further analysis indicates that 9.1% did both. It was noted that the responses to increasing/decreasing income and hours worked almost exactly offset each other. One difference is that 11.1% indicated that they plan to increase the number of hours they work and 5.4% plan on increasing their earnings from their job while no respondents indicated they were planning to decrease earnings or quit their jobs.

Finally, 27.8% of the respondents sought a new or additional job, and an additional 16.7% in this category indicated “no, but I plan to.”

	Number of Respondents	Yes	No	No, but I plan to
Increased the number of hours you work?	36	22.2%	66.7%	11.1%
Increased your earnings from your job?	37	24.3%	70.3%	5.4%
<i>Decreased</i> your earnings from your job?	33	21.2%	78.8%	0.0%
Quit your job?	35	25.7%	74.3%	0.0%
Sought a new or additional job?	36	27.8%	55.6%	16.7%

Note: Survey respondents were responding for actions taken over the course of approximately three years. As a result, some respondents might have taken all five actions during that period. Not all survey respondents answered each question. Therefore the number of respondents for each question will not equal 41.

In contrast, of the 96 respondents who were unemployed when they met with a benefits specialist, 61.4% indicated that they had looked for a job after that meeting (Table 8). Although being willing to consider work is a criteria of receiving services, this may indicate that the benefits planning services are providing information that increases an individual’s willingness to work. Almost 34% were successful in obtaining a job. Of course, many other factors would impact employment rates, including the economy and

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were supposed to answer Question 7. Consistent responses are those where the response to either Question 6 or 7 agrees with the corresponding response on Question 5.

individual skill levels. A majority of respondents had not pursued education or training (57.0%) although 15.2% of these indicated that they are planning to do so.

<b>Table 8: Employment Action Taken after Meeting with a Benefits Specialist by Individuals (n=96) Who Were <i>Unemployed</i> at time of Meeting</b>				
	Number of Respondents	Yes	No	No, but I plan to
Looked for a job?	83	61.4%	24.1%	14.5%
Gotten a job?	83	33.7%	51.8%	14.5%
Pursued training or education for a job?	79	43.0%	41.8%	15.2%

Table 9 summarizes respondents' current employment status. Over a third of the respondents (37.4%) indicated that they were currently working (n=61), 28.2% indicated they were not working but were seeking a job (n=46), and 34.4% were not working or actively seeking a job (n=56).<sup>8</sup>

<b>Table 9: Current Employment Status at Time of Survey</b>		
	Number of respondents	Percentage of all respondents (n=163)
Working	61	37.4%
Not working; Seeking a job	46	28.2%
Not working; Not seeking a job	56	34.4%

For those who were working, the median number of hours worked per week was 20.0 for the 59 individuals that responded. The median hourly rate for the 48 respondents to this question was \$7.00 with a range of \$5.15 to \$16.00. The median weekly rate<sup>9</sup> for the eleven respondents to this question was \$140.00 with a range of \$12.50 for two and a half hours worked to \$418.00 for 50 hours worked (Table 10). Using the median hours worked per week and median hourly rate for the 48 respondents that indicated both, the average monthly earnings were calculated to be \$542.43. This is considerably below

<sup>8</sup> Looking at the random sample versus non-random sample respondents, chi-square analysis did not reveal a significant difference between the two groups and their employment status at the first meeting or at the time of the survey. These results also reaffirm that there are not significant differences between the two groups of respondents.

<sup>9</sup> One response to this question appeared more in line with the dollars per hour question than dollars per week. Therefore, that response was excluded from this analysis.

Substantial Gainful Activity (SGA)<sup>10</sup> of \$810 per month. Analyses of these 48 respondents revealed that 38 (79.2%) were below SGA and ten (20.8%) were above. The median monthly earnings of the eleven individuals that indicated a weekly rate are calculated to be \$622.07, which is also below SGA. Analyzing the details indicates that only two respondents indicated earnings over SGA.

<b>Table 10: Earnings from Employment</b>			
	Number of respondents	Median	Range
Median hours worked per week	59	20.0	Range of 2.5 to 50 hours
Median hourly rate	48	\$7.00	Range of \$5.15 to \$16.00
Median weekly rate	11	\$140.00	Range of \$12.50 to \$418.00

Individuals who were not employed were asked to indicate the reasons or barriers for not working. Even though only individuals who were not employed were asked to indicate barriers, many employed respondents indicated barriers as well. As a result, Table 11 summarizes all responses provided regardless of whether the person was employed or not employed. The percentages are calculated on the number of people who responded to the question (n=118). Since respondents were asked to check all that apply, percentages will not sum to 100%.

The most common reason or barrier for not working cited was that the respondent's disability made it difficult for them to find a job (58.5%); this result is typical. This was followed by a fear of a change in their public benefits (34.7%), that they could not find a job, and that their disability had worsened (both 28.8%). Transportation problems were also commonly cited (21.2%). Slightly over 13% indicated that it would not pay financially for them to go back to work. The rest of the barriers were cited by ten or fewer individuals (Table 11).

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<sup>10</sup> SGA is used by Social Security Administration to evaluate an individual's work activity to determine whether a person can be considered disabled under the law. It is one of the first steps in a disability evaluation. If a person is on SSI and earns over the present SGA of \$810 per month, the cash benefit they receive may be lower. If a person is on SSDI and earns over SGA, the cash benefits received will be terminated.

The responses to “I am afraid of a change in my public benefits” reveal that almost half (48.8%) of respondents are “not working and not seeking working.” Since increasing people’s awareness of the impact of working on their public benefits and providing them information to make an informed decision are the goals of providing BPAO services, this response rate is interesting to note.

**Table 11: Reasons or Barriers for Not Working**

	Number of respondents	Working	Not Working, Seeking	Not Working, not seeking	Responses to “Other”	All Respondents
My disability makes it difficult to find a job.	69	2	32	31	4	58.5%
I am afraid of a change in my public benefits (for example, Social Security, Medicaid, housing).	41	2	12	20	7	34.7%
I cannot find a job.	34	2	22	9	1	28.8%
My disability has worsened.	34	2	6	20	6	28.8%
I have transportation problems.	25	2	11	9	3	21.2%
It would not pay (financially) for me to go back to work.	16	0	6	10	0	13.6%
I choose not to work.	10	0	1	8	1	8.5%
I can’t find child care.	2	--	--	--	2	1.7%
Additional Responses to “Other, please tell us”						
Obtaining education or training for work (response to other)	10	--	--	--	10	8.5%
Have been sick or ill (response to other)	7	--	--	--	7	5.9%
Laid off or fired (response to other)	6	--	--	--	6	5.1%
Need additional training or education (response to other)	6	--	--	--	6	5.1%
Expressed frustration in finding employment (response to other)	2	--	--	--	2	1.7%
Would like to start their own business (response to other)	2	--	--	--	1	1.7%
Concerns about discrimination (response to other)	2	--	--	--	2	1.7%
Other	2	--	--	--	2	1.7%
Did not respond at all (no barriers noted)	53	53	--	--	--	--
Note: Responses to “Other, please tell us” were incorporated into the categories listed above. Percentages will not total to 100% since respondents were encouraged to mark all that applied.						

In terms of the total number of barriers noted by respondents to this question (n=118), 58.5% of respondents indicated only one or two barriers (n=69), 35.6% of respondents indicated three or four reasons (n=42), and 5.9% (or seven respondents) indicated five or more barriers.

### Benefits and Work Incentives Received

The survey also collected information on the benefits that the respondents were currently receiving as well as any of the work incentive programs that they used. The respondents were asked to indicate “Yes,” “No,” or “Do Not Know.” Some individuals did not respond.

The first question listed the typical benefits that respondents received; Table 12 summarizes the responses. Supplemental Security Income (SSI) was received by 43.9% of all respondents, and 65.3% indicated receiving Social Security Disability Insurance (SSDI). Data analyses indicated that 19.1% receive both. Analysis of administrative data provided by the UBPAO program<sup>11</sup> revealed that for the entire population 17% had concurrent enrollment on SSI and SSDI which is similar to the responses on the survey.

Looking at health care coverage, 67.1% indicated receiving Medicaid and 66.5% indicated receiving Medicare; data analysis indicated that 45.1% receive both. Analysis of UBPAO administrative data<sup>12</sup> for the entire population indicates a lower percentage of concurrent coverage (35%). It is not clear why the difference exists. One explanation may be that many respondents may not understand the difference between the programs. Considerably fewer numbers receive TANF or have health insurance from another source such as an employer or a family member (2.3%, 4.6%, and 16.2%, respectively).

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<sup>11</sup> The researchers were not provided with administrative data on benefits received because signed authorizations from clients releasing this information was not requested or obtained.

<sup>12</sup> See footnote 10.

	Yes		No		Do Not Know		No response	
	n	(%)	n	(%)	n	(%)	n	(%)
Supplemental Security Income (SSI)	76	43.9%	46	39.9%	4	2.3%	24	13.9%
Social Security Disability Insurance (SSDI)	113	65.3%	40	23.1%	8	4.6%	12	6.9%
Concurrent SSI/SSDI (calculated)	33	19.1%	--	--	--	--	--	--
Medicaid	116	67.1%	44	25.4%	3	1.7%	10	5.8%
Medicare	115	66.5%	40	23.1%	2	1.2%	16	9.2%
Concurrent Medicaid & Medicare (calculated)	78	45.1%	--	--	--	--	--	--
Temporary Assistance for Needy Families (TANF)	4	2.3%	118	68.2%	2	1.2%	49	28.3%
Employer Health Insurance	8	4.6%	123	71.1%	1	0.6%	41	23.7%
Family Member Health Insurance	28	16.2%	99	57.2%	1	0.6%	45	26.0%
Other Health Insurance	13	7.5%	--	--	--	--	--	--
Other Benefits	11	6.4%	--	--	--	--	--	--

Note: The percentages above are based on the total number respondents (173).

Thirteen (7.5%) respondents indicated receiving health insurance from another source such as the “Veterans Administration,” “Blue Cross,” etc. Respondents were also asked to indicate any other benefits received. Eleven (6.4%) indicated receiving Food Stamps, educational assistance, housing assistance, and Veterans Administration; each of these were listed twice. Other benefits listed included: Social Security (not SSI), personal assistance waiver, Children’s Health Insurance Program (CHIP), pension, and Utah Division of Services for People with Disabilities (DSPD) Waiver.

The next question asked respondents what work incentives they had used. Respondents indicated a very low usage of the Medicaid Work Incentive Program (MWI) or Employment Personal Assistance Services (EPAS), 7.5% and 5.2% respectively. Social Security Disability Work Incentives were more commonly used, with 27.7% of all respondents indicating that they have used them.

Table 13: Work Incentives Used								
	Yes		No		Do Not Know		No response	
	n	(%)	n	(%)	n	(%)	n	(%)
Medicaid Work Incentive Program (MWI)	13	7.5%	123	71.1%	22	12.7%	15	8.7%
Employment Personal Assistance Services (EPAS)	9	5.2%	126	72.8%	22	12.7%	16	9.2%
Social Security Disability Work Incentives	48	27.7%	95	54.9%	18	10.4%	12	6.9%
Protection and Advocacy for Beneficiaries of Social Security	19	11.0%	120	69.4%	14	8.1%	20	11.6%
Vocational Rehabilitation (response to other)	9	5.2%	--	--	--	--	--	--
Used a private agency (response to other)	3	1.7%	--	--	--	--	--	--

Note: The percentages above are based on the total number of respondents (173). Also, it is important to clarify that UBPAO is not a Social Security Disability Work Incentive. The latter includes items such as Trial Work Periods, Subsidy, and Impairment Related Work Incentives.

The open-ended comments on this question indicated that three people are not aware of the programs and need more information (1.7%). Two comments on Protection and Advocacy for Beneficiaries of Social Security (PABSS) were received, one on being refused services and the other on the process taking too long.

### Additional Programmatic Feedback

The following three survey questions gave respondents an opportunity to provide additional feedback on the UBPAO program. Specifically, they were asked what they liked about the program; whether they had concerns that were not addressed; and finally, if they could change something about the program, what would it be.

*“What did you like about Benefits Planning Assistance and Outreach services?”*

Of the 140 responses to this question, 125 were positive; the other 15 respondents said “nothing” or some variation on this. Respondents indicated:

- the services helped them understand the impact of work (n=41 or 29.3%);
- the services helped them increase their understanding of the programs (n=34 or 24.3%);
- the benefits specialist’s behavior was caring (n=33 or 23.6%);
- the benefits specialist was responsive, and the individual received services quickly (n=8 or 5.7%);

- the one-on-one services were valuable (n=4 or 2.9%);
- the meeting was motivating or provided hope (n=3 or 2.1%);
- services were provided in a convenient location (n=2 or 1.4%); and
- other positive comments such as “it’s awesome” or “The fact that they provide good services” (n=9 or 6.4%).

One respondent liked “the ability to go to one person and get questions answered I'd been trying to get answered for over a year.” Three respondents indicated that they did not remember or remembered very little about receiving services.

*“Did you have concerns that were not addressed by the benefits specialist?”*

Of the 140 responses, 45 expressed some type of concern; the rest noted “no concerns” or some similar comment. Concerns included:

- that all questions were not answered or the individual did not understand the answer they received (n=10 or 7.1%);
- some concerns were outside the UBPAO program (n=7 or 5.0%). For example, comments such as “How training for new job works?” or “When will they drop the marriage penalty?”;
- the need for more services than were received (n=6 or 4.3%),
- services were not received in a timely manner (n=3 or 2.1%);
- the system was confusing or they do not understand the UBPAO program (n=3 or 2.1%); and
- privacy (n=2 or 1.4%) or not trusting the system (n=2 or 1.4%).

One person noted that the Specialist was not patient enough and another noted they received information from BPAO that conflicted with information they had received from Social Security. Additional responses received from ten people were unclear such as “do not remember,” “yes no” and “what happened.” As noted above, some comments were indicative that confusion over programs still exists even after receiving services.

*“If you could change something about Benefits Planning Assistance and Outreach services, what would it be?”*

Of the 122 respondents, sixty-two (50.8%) indicated that they would change some aspect of the program if they were able; 46 (37.7%) responded “nothing” or something similar; 14 (11.5%) made comments that did not relate to the UBPAO program. Suggested changes included:

- the benefits specialists should be more accessible, and the specialist should return phone calls more quickly (n=10 or 8.2%).
- more details or more one-on-one time with benefits specialists (n=7 or 5.7%),
- services should be obtained more quickly (n=5 or 4.1%),
- additional appointments should be part of service (n=4 or 3.3%)
- improve the readability of materials/using simpler language (n=4 or 3.3%),
- benefits specialists should be located in other parts of the state (n=4 or 3.3%).

Looked at collectively, 30 respondents (almost half of the individuals that would like to make a change to the program) would like improved access to the benefits specialists. In the words of one respondent, “Hire more benefits specialists because I needed the services for months and had to wait eight months for an appointment.” Some comments did not specifically address the BPAO program (n=14 or 11.5%). Finally, one respondent suggested “have each disabled person receiving Social Security Benefits go through an orientation when they start to work” and “have someone specifically assigned whom they can call if they have questions.”

## **Discussion**

The goal of the BPAO consumer survey was to explore the following questions:

- Is the program meeting the needs of consumers? Are they satisfied with the services received and could the services be improved to better meet their needs?
- Do consumers feel they are more informed about the impact of seeking employment?
- Has the program been associated with an increase in the number of people who are employed, i.e., has there been a change in UBPAO clients’ employment status?

*Is the program meeting the needs of consumers? Are they satisfied? Can the program be improved?*

Consumers' self-report indicates that the UBPAO program is meeting their needs. More than 82.7% either "agreed" or "strongly agreed" that the benefits specialist helped them understand how employment would affect their benefits. Further, just under three-quarters of respondents (71.7%) either "agreed" or "strongly agreed" that the information and materials they received helped them make informed decisions about employment (Table 6).

More than three-quarters of the sample (78.4%) either "agreed" or "strongly agreed" with the statement, "Overall, I was satisfied with the BPAO services I received." Open-ended survey comments re-emphasized consumer satisfaction with the UBPAO program. Particularly worth mentioning are the positive comments about the benefits specialists themselves, who were seen as responsive and caring. Such behavior is no doubt an important contributing factor to the high level of satisfaction expressed by consumers.

It is interesting to note that the questions that refer more to the interpersonal connection to the Specialist received more positive ("strongly agree" or "agree") responses (the first two questions in Table 14) than the questions that referred to going to work (the second two questions in Table 14). This seems to indicate that individuals were satisfied with the services and the Specialist, but that it did not necessarily impact their willingness to work.

Responses from those who received a written Benefits Analysis or Benefits Support Planning & Management (BSP&M) indicate more agreement with questions addressing understanding their benefits and overall satisfaction with the program than those individuals who received only I&R and/or Problem Solving and Advocacy. Over 85% (85.2%) who received written benefits analysis and 96.9% that received BSP&M "agreed" or "strongly agreed" that the Specialist helped them understand how employment would affect their benefits, compared to 65.9% receiving a less intensive level of service. Similarly, more of those that received a Benefits Analysis (78.2%) or BSP&M (90.9%) indicated overall satisfaction than those who received only I&R and/or Problem Solving

and Advocacy (69.0%). This is not surprising given that more intensive services received from a Specialist would allow an individual to better understand the programs and therefore be more satisfied with the services.

<b>Table 14: Satisfaction with BPAO Services Received by Level of Service Received *</b>				
	Number of respondents	Strongly Agree or Agree	Neutral	Disagree or Strongly Disagree
Benefits specialist helped me understand how employment would affect my benefits. (total)	167	82.6%	8.7%	8.7%
I&R and/or Problem Solving and Advocacy	41	65.9%	17.1%	17.1%
Benefits Analysis (written)	88	85.2%	6.8%	8.0%
Benefits Support Planning & Management	32	96.9%	3.1%	0%
Overall I was satisfied with the BPAO services I received. (total)	162	78.4%	11.1%	10.5%
I&R and/or Problem Solving and Advocacy	42	69.0%	11.9%	19.0%
Benefits Analysis (written)	87	78.2%	12.6%	9.2%
Benefits Support Planning & Management	33	90.9%	6.1%	3.0%
The information and materials I received from the benefits specialist helped me make informed decisions about employment. (total)	159	71.7%	17.0%	11.9%
I&R and/or Problem Solving and Advocacy	41	63.4%	17.1%	19.5%
Benefits Analysis (written)	87	70.1%	17.2%	12.6%
Benefits Support Planning & Management	31	83.9%	16.1%	0%
After meeting with the benefits specialist, I was more willing to go to work or increase my earnings.** (total)	159	54.7%	23.9%	15.7%
I&R and/or Problem Solving and Advocacy	42	50.0%	23.8%	21.4%
Benefits Analysis (written)	87	54.0%	24.1%	16.1%
Benefits Support Planning & Management	30	63.3%	23.3%	6.7%
Note:				
* The number of respondents in this Table will not tie to the numbers reported in Table 6 – satisfaction with services received – because not all survey respondents had the level of service they received indicated in the UBPAO database.				
** On question 4, tally for “does not apply” responses from nine respondents are not shown; seven from individuals receiving Benefits Analysis indicated the question “does not apply” to them as well as two receiving I&R and/or Problem Solving and Advocacy.				

Open-ended comments pointed to possible areas where the UBPAO program could be improved. More than half the sample (50.8%) indicated they would change parts of the program if they could. Of these individuals, almost half (48.3%) wanted improved access to benefits specialists, including more one-on-one time with them. A number of

respondents wanted to be able to receive services from the program more quickly. Several individuals wanted benefits specialists located in other parts of the state. These issues of access and availability are critical for the program, especially given the increasing number of referrals, which may increase dramatically if the proposed SSDI Benefit Offset pilot demonstration project comes on line.<sup>13</sup>

Almost 20% of the respondents received the more intensive services of Benefits Support Planning (BSP) and/or Benefits Management (BM) as well as a written Benefits Analysis. Benefit Planning programs are mandated by Ticket to Work and Work Incentives Improvement Act (TWWIIA) to provide the entire continuum of services. At the same time, BSP and BM often are more time intensive services than a written analysis. As the high demand and longer waiting lists for benefits analysis continue, UBPAO should evaluate whether this higher level of service should be continued to be provided in its present form, i.e. are there ways to satisfy the mandated requirement more efficiently. This is not to say that these services are not important, but maybe they could be delivered to some through another venue.

*Do consumers feel they are more informed about the impact of seeking employment?*

As noted in the discussion of Table 6 (and in Table 14 above), the majority of respondents (71.7%) indicated that the information and materials helped them make an informed decision about employment. How that information was put to use varied according to whether respondents were employed or not at the time they first met with the benefits specialist.

It was noted that individuals with mental health, cognitive, or TBI disabilities were less likely to indicate that they “agreed” or “strongly agreed” with the statement, “The information and materials I received from the benefits specialist helped me make informed decisions about employment.” It might be that the information and materials provided are too complex given the nature of their disability. It would be valuable to analyze the materials and see if there are ways to simplify the information.

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<sup>13</sup> Utah’s Department of Health has submitted a proposal to the Social Security Administration for a Benefit Offset Pilot Demonstration Project. The proposal is to conduct a pilot project to evaluate the impact the implementation of a \$1 reduction in benefits or every \$2 in earnings for Title II beneficiaries.

*Has the program led to an increase in the number of people who are employed?*

A majority of the respondents who were not employed at the time they first met with the benefits specialist had looked for work by the time the survey was conducted. Nearly two-thirds (61.4%) of these individuals said that they had looked for a job since meeting with a benefits specialist (Table 8). Another 14.5% said that they planned to look for a job. Just over a third (33.7%) had actually gotten a job. While the survey methodology does not allow one to infer causality, it seems likely, given the positive self-report data described above, that the benefits information received by these consumers was a factor either in their looking for a job or getting a job.

Some individuals who were employed increased the number of hours they worked and/or their earnings, but not in great numbers (22.2% and 24.3% respectively, table 7). More than a quarter (27.8%) sought a new or additional job. Interestingly, and perhaps indicative of the transient nature of work for many people with disabilities, slightly more than a quarter of those employed at the time they met with the benefits specialist (25.7%) had quit their job by the time of the survey.

Table 15 compares the employment status of survey respondents at the time they met with a benefits specialist and at the time they completed the survey. As noted, current survey data cannot prove conclusively that the UBPAO program has led to an increase in the number of people who are employed. The data do indicate that there has been a 32.6% increase in individuals working employment status of all respondents (from 28.2% at time of the meeting to 37.4% at the time of survey). Almost one-fifth (19.0%) went from “Unemployed” at the time of their meeting with a benefits specialist to “Working” (or employed) at the time of the survey; approximately the same amount (18.4%) were working at the time of the meeting and are currently working. At the same time, 9.8% of the respondents reported being employed at the time of the meeting are no longer employed; ten (or 6.1%) of these individuals are not seeking work while six (3.7%) are seeking work. In sum, the data indicate there has been a 30% increase in employment but the majority of respondents are not working (62.5%), although over a quarter of all respondents (n=46 or 28.2%) are seeking work.

<b>Table 15: Change in Employment Status</b>				
<b>Employment status at time of meeting</b>	<b>Employment status at time of survey</b>	<b>Count</b>	<b>Percentage of total employed at time of meeting</b>	<b>Percentage of total responding to both questions (163)</b>
Employed	Working	30	65.2%	18.4%
Employed	Not working, seeking	6	13.0%	3.7%
Employed	Not working, not seeking	10	21.7%	6.1%
Total employed		46	100%	
			<b>Percentage of total unemployed at time of meeting</b>	
Unemployed	Working	31	26.5%	19.0%
Unemployed	Not working, seeking	40	34.2%	24.5%
Unemployed	Not working, not seeking	46	39.3%	28.2%
Total unemployed		117	100%	
	Total	163		100%
<b>Summary of status at time of meeting with BPAO Specialist</b>			<b>Percentage of total responding to both questions (163)</b>	
	Employed	46	28.2%	
	Unemployed	117	71.8%	
	Total	163	100.0%	
<b>Summary of status at time of survey</b>				
	Working	61	37.4%	
	Not working, seeking	46	28.2%	
	Not working, not seeking	56	34.4%	
	Total	163	100.0%	
Note: The number responding to both questions was 163. This table excludes responses from anyone that did not respond to both questions (10 respondents).				

In sum, the data indicate there has been a 30% increase in employment but the majority of respondents are not working (62.6% – the sum of 28.2% and 34.4%), although over a quarter of all respondents (n=46 or 28.2%) are seeking work.

Regarding respondents’ willingness to go to work or increase their earnings (Question 4 on the survey – “After meeting with the benefits specialist, I was more willing to go to work or increase my earnings”), the percentage who are either “neutral” or “disagree”/ “strongly disagree” (24.8% and 15.9%, respectively, Table 6) are higher than on the first three questions (benefits specialist helped me understand how employment would affect my benefits; The information and materials I received from the benefits specialist helped me make informed decisions about employment; Overall I was satisfied with the BPAO services I received). This may indicate that in general people are satisfied with the

services and understand how employment would impact their benefits, but they are not necessarily more likely to go to work or increase their earnings.

## **Limitations of This Study and Recommendations for Future Research**

This research focused only on one work incentive program, Benefits Planning Assistance and Outreach. As a result, this study is limited in its ability to make attribution about the effect BPAO alone has in helping a person go to work. Other program supports are being used by this population. Also, many other barriers to work exist for people with disabilities besides fear of losing benefits and lack of knowledge about how employment will affect benefits as well as other work incentive programs. This study does attempt to measure participants' access to health care coverage, another barrier cited in Ticket to Work and Work Incentives Improvement Act (TWWIA). However, the study does not attempt to measure potential barriers to employment such as lack of employment preparation or economic factors. These other factors could help explain the mixed results of the study in which participants had high satisfaction with BPAO but moderate to low employment outcomes. Future research in which multiple employment support interventions are measured along with BPAO services and analyzed using a regression model with other factors to see how BPAO services factor into explaining work behavior could be quite useful.

At the same time, the results of the survey do summarize employment outcomes indicated by UBPAO services recipients in response to survey questions. The UBPAO programs need to be able to justify itself financially as well as being viewed as beneficial by the recipients. One of the stated goals of TWWIAA was "health care and employment preparation and placement services to reduce their dependency on cash benefits." If the program does not consider this aspect in the evaluation process, it runs the risk of losing federal funding.

Finally, some analyses could not be completed due to data not being complete. As noted earlier in the report, the Access database was not implemented until the fall of 2003 and most of the data were entered retroactively. Prior to this the Virginia Commonwealth University (VCU) database was used. The VCU database has numerous problems which will not be addressed here. The most significant problem related to UBPAO is that not all of the data that the Utah team feels are valuable are collected in the VCU system. In addition, VCU data are entered at only one point in time. It is not clear at what point the

data should be entered so it is harder to determine if the data collected reflects information prior to or after the receipt of service.

With respect to the Access database, some data fields that have been determined to be important, such as race and ethnicity, were not identified early in the project and therefore were not collected. The data fields in the UBPAO database have been identified through extensive discussions and negotiations as important to input and maintain. These data could be used to improve services. In addition, these data document the services that have been provided and are used to report to management and funding sources. Now that the database is available, if data are input accurately, completely, and on a timely basis, it will be very beneficial for reporting.

## **Conclusion**

In conclusion, based on consumer self-report, the UPBAO program appears to be working as intended, helping consumers better understand how employment affects their benefits and allowing them to make more informed decisions about working. It also appears that the more intensive level of services that an individual receives, the more satisfied they are with the program.

However, UBPAO services only address one barrier to employment, i.e., fear of losing benefits or lack of knowledge about benefits. Other studies have shown that people with disabilities face a number of other significant barriers to work, but these were not the subject of this study. Therefore these other factors could help explain reasons for people not going to work.

It is worth noting though, that even after receiving services, the second most cited barrier to employment by survey respondents was fear over how working would affect their benefits. The program is helping, but results are mixed, and clearly there is more work to be done. This finding alone is justification for the UBPAO program to continue and, indeed, expand its reach throughout the state.

The survey's finding that consumers who utilize UBPAO services make little use of Work Ability's other programs, i.e., the Medicaid Work Incentive Program and Employment Personal Assistance Services, speaks to the need to continue to expand outreach efforts in these areas. Used in tandem, Work Ability's three major work incentives would likely lead more consumers to successful employment.

## **Appendix A**

### **Initial Cover Letter and Survey**





**UTAH  
BENEFITS  
PLANNING  
ASSISTANCE  
AND OUTREACH**

Dear «FIRST\_NAME»:





As a recipient of Social Security disability benefits (SSI and/or SSDI), you received services from «BS\_Name», a Benefits Planning Assistance and Outreach specialist.

We need about 10 minutes of your time.

**Please TELL US WHAT YOU THINK about the  
UTAH BENEFITS PLANNING ASSISTANCE AND OUTREACH PROGRAM.**

Your responses on this survey will help improve the program and the services you and others receive. **Thank you in advance!**

Easy ways to respond to this survey:

-  Please use the enclosed envelope to return the survey. No postage is required.
-  Fax it to (801) 585-5489
-  Complete it over the phone – call Sara McCormick, University of Utah, at (801) 585-7764 or (800) 444-8638
-  For TTY/TDD call (801) 887-9530

**Important Messages . . .**

Your participation in this survey is completely voluntary. Returning or not returning this survey will in no way affect services you are now receiving, or may receive, from the Utah State Office of Rehabilitation or any other agency. Your responses will be kept confidential. Your survey responses will be tied to information you provided to the Benefits Specialist. This includes information such as age, gender, race/ethnicity, and primary disability. Your name, social security number, and any other identifying information will **NOT** be tied to your survey responses. A unique, anonymous identifying number has been put on this survey which will be used to tie the data. If you are uncomfortable responding to any question, please leave the question blank. Returning this survey provides your consent to participate in this project.

If you have questions regarding your rights in completing this survey, or if you have problems with the survey which you do not feel you can discuss with the researcher, Sara McCormick, please contact the University of Utah's Institutional Review Board at 801-581-3655.



**To compensate you for your time . . .**

**If you send in a completed survey, you will be mailed a \$10 Smith's gift card to thank you for your time. If there is not a Smith's in your area, please let us know.**



**UTAH BENEFITS PLANNING ASSISTANCE AND OUTREACH  
SURVEY**

Thank you for taking the time to complete this survey!

If you need help in filling out this survey, please ask someone to assist you.

For alternative formats, please contact Sara McCormick at 801-585-7764 or toll free at 800-444-8638, by e-mail at sara.mccormick@cpga.utah.edu or by TTY/TDD 801-887-9530.

**The first questions address your satisfaction with the BENEFITS PLANNING ASSISTANCE AND OUTREACH program. Please read each statement below and mark the box at right that best reflects your agreement or disagreement with it.**

<i>For each question below, check only one of the options at right.</i>	Strongly Agree ☺☺	Agree ☺	Neutral ☺☹	Disagree ☹	Strongly Disagree ☹☹	Does not Apply
<b>1.</b> The Benefits Specialist helped me understand how employment would affect my benefits.						Do not mark
<b>2.</b> The information and materials I received from the Benefits Specialist helped me make informed decisions about employment.						Do not mark
<b>3.</b> Overall, I was satisfied with the <b>BENEFITS PLANNING ASSISTANCE AND OUTREACH</b> services I received.						Do not mark
<b>4.</b> After meeting with the Benefits Specialist, I was more willing to go to work <b>OR</b> increase my earnings.						

**This next set of questions addresses employment issues.**

5. Were you employed at the time you met with or spoke to the Benefits Specialist?

Yes

No

6. If you checked **YES** on Question 5 above (you were employed):

Since meeting with the Benefits Specialist, have you:

<i>For each item below, check only one of the options at right (“Yes,” “No” or “No, but I plan to”).</i>	<b>Yes</b>	<b>No</b>	<b>No, but I plan to</b>
Increased the number of hours you work?			
Increased your earnings from your job?			
<i>Decreased</i> your earnings from your job?			
Quit your job?			
Sought a new or additional job?			

7. If you checked **NO** on Question 5 above (you were NOT employed):

Since meeting with the Benefits Specialist, have you:

<i>For each item below, check only one of the options at right (“Yes,” “No” or “No, but I plan to”).</i>	<b>Yes</b>	<b>No</b>	<b>No, but I plan to</b>
Looked for a job?			
Gotten a job?			
Pursued training or education for a job?			

8. What is your current employment status?

Working \_\_\_\_\_ hours *per week* (on average)

\$ \_\_\_\_\_ *per hour* (enter how much you make per hour) **OR** \$ \_\_\_\_\_ *per week*

Not working—seeking a job

Not working—*not* seeking a job

9. If you are **NOT** employed, please tell us why: (check all that apply)

- It would not pay (financially) for me to go back to work.
- I am afraid of a change in my public benefits (for example, Social Security, Medicaid, housing).
- I cannot find a job.
- My disability makes it difficult to find a job.
- My disability has worsened.
- I choose not to work.
- I have transportation problems.
- I can't find child care.
- Other, please tell us: \_\_\_\_\_

**The next set of questions address what benefits you presently receive.**

10. Do you currently receive any of the following benefits?

<i>For each item below, check only one of the options at right ("Yes," "No" or "Do Not Know").</i>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>
Supplemental Security Income (SSI)			
Social Security Disability Insurance (SSDI)			
Temporary Assistance for Needy Families (TANF)			
Medicaid			
Medicare			
Health insurance from current employer			
Health insurance coverage from spouse, parent or other family member's health insurance			
Health insurance from another source not mentioned? Please tell us:			
Other benefits not mentioned? Please tell us:			

11. Have you used any of these work incentive programs?

<i>For each item below, check only one of the options at right (“Yes,” “No” or “Do Not Know”).</i>	<b>Yes</b>	<b>No</b>	<b>Do Not Know</b>
Medicaid Work Incentive Premium (MWI)			
Employment Personal Assistance Services (EPAS)			
Social Security disability work incentives [for example, Trial Work Period, Impairment-related Work Expenses (IRWE), or Subsidy]			
Protection and Advocacy (through the Disability Law Center)			
Other, please tell us:			

**We would like to give you the opportunity to provide additional feedback on the BENEFITS PLANNING ASSISTANCE AND OUTREACH program. Please respond to the questions below.**

12. What did you like about BENEFITS PLANNING ASSISTANCE AND OUTREACH services?

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13. Did you have concerns that were not addressed by the Benefits Specialist?

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14. If you could change something about BENEFITS PLANNING ASSISTANCE AND OUTREACH services, what would it be?

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15. Finally, who filled out this survey?

- ÿ Benefits Planning Assistance and Outreach recipient (person with a disability)
- ÿ Representative payee
- ÿ Other individual, your role

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**Please return completed survey in the enclosed pre-paid reply envelope or mail to:**

**University of Utah, Center for Public Policy and Administration  
260 S. Central Campus Dr., Room 214, Salt Lake City, UT 84112-9154**

**Appendix B**

**Follow-up Cover Letter**





Give us a piece of your  
mind . . . Please!  
**Thank you for your time!**

**UTAH  
BENEFITS  
PLANNING  
ASSISTANCE  
AND OUTREACH**





Dear <<FIRST NAME>>:

We need about 10 minutes of your time.

**TELL US WHAT YOU THINK about the  
UTAH BENEFITS PLANNING ASSISTANCE AND OUTREACH PROGRAM.**

As a recipient of Social Security disability benefits (SSI and/or SSDI), you received services from <<Benefits Specialist name>>, a Benefits Planning Assistance and Outreach specialist. Your responses on this survey will help improve the program and the services you and others receive. Thank you in advance!

Easy ways to respond to this survey:

-  Please use the enclosed envelope to return the survey. No postage is required.
-  Fax it to (801) 585-5489
-  Complete it over the phone - call Sara McCormick, University of Utah, at (801) 585-7764 or (800) 444-8638
-  For TTY/TDD call (801) 887-9530

**Important Messages . . .**

Your participation in this survey is completely voluntary. Returning or not returning this survey will in no way affect services you are now receiving, or may receive, from the Utah State Office of Rehabilitation or any other agency. Your responses will be kept confidential. Your survey responses will be tied to information you provided to the Benefits Specialist. This includes information such as age, gender, race/ethnicity, and primary disability. Your name, social security number, and any other identifying information will **NOT** be tied to your survey responses. A unique, anonymous identifying number has been put on this survey which will be used to tie the data. If you are uncomfortable responding to any question, please leave the question blank. Returning this survey provides your consent to participate in this project.

If you have questions regarding your rights in completing this survey, or if you have problems with the survey which you do not feel you can discuss with the researcher, Sara McCormick, please contact the University of Utah's Institutional Review Board at 801-581-3655.



**To compensate you for your time . . .  
If you send in a completed survey, you will be mailed a  
\$10 Smith's gift card to thank you for your time. If there  
is not a Smith's in your area, please let us know.**



# **Appendix C**

## **Telephone Interview Script**



## Consumer Survey of the Utah Benefits Planning Assistance and Outreach Program Script for Telephone Calls

### Introduction for all respondents:

“Good [evening, afternoon or morning]. Could I speak with [NAME OF RESPONDENT], please?”

### A. If someone other than the respondent answers the Telephone and respondent is not available to take the call:

“My name is \_\_. I work with the University of Utah and I am calling on the behalf of the Utah State Office of Rehabilitation. Is there a time that I could call back and speak with [NAME OF RESPONDENT]?”

1. **If YES, arrange the time with the caller to speak with [NAME OF RESPONDENT] and note it on call log.**

“Thank you for your time, Goodbye”

2. **If NO:** “Thank you for your time, Goodbye”

### 1.If respondent answers the telephone:

“My name is \_\_\_\_\_. I work with the University of Utah and I am calling on behalf of the Utah State Office of Rehabilitation. They would like feedback on the Benefits Planning Assistance and Outreach program. This programs is designed to give Social Security disability beneficiaries information on how going to work or increasing their earnings may affect their benefits. If you are willing to participate in the survey, we will send you a \$10 gift card to Smiths Food Centers [if no Smith’s Store is nearby, suggest Albertson’s]. Do you have a few minutes to speak with me (today/tonight)?

1. **If “No, I am not interested.”** Thank you for your time today/tonight. Goodbye.” Note this on call log.

2. **If “yes, but I cannot talk right now.”**

“Is there a more convenient time for me to call when you could talk to me?” (NOTE TO INTERVIEWER: Negotiate a time with the consumer and note it on your call log.)

“Good, we will call you on [day of week], [date] at [time of day]. Thank you!”

3. **If “Yes, I can talk right now”:**

“Thank you for your willingness to help. The Utah State Office of Rehabilitation sent a letter and survey to you \_\_\_\_\_ weeks ago about services you received from the Benefits Planning Assistance and Outreach program since the program started in October 2000. The goal of the program is to give Social Security disability beneficiaries [i.e., recipients of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)] information on how going to work or increasing their earnings may affect their benefits. We are conducting this survey to find out if the Benefits Planning Assistance and Outreach program has made a difference in people with disabilities having an informed choice regarding work. Your answers will help improve services to people like yourself.

We would like to ask you some questions that will take about five to ten minutes to answer. I want to stress that this survey is completely voluntary. You may choose not to answer any or all of the questions. You may also stop the questions at any time during our call. The survey is also confidential and anonymous. Your answers will not be revealed to anyone from the Utah State Office of Rehabilitation or any other agency. Your participation in this survey will in no way affect the services you receive from Utah State Office of Rehabilitation or any other agency. Finally, your answering the following questions provides your consent to participate in this project.

If you are willing to participate in the survey, we will send you a \$10 gift card to Smiths Food Centers [if no Smith’s Store is nearby, suggest Albertson’s].

Do you have any questions before we begin the survey?

If you have any questions regarding rights in completing this survey, or if you have problems with the survey, which you do not feel you can discuss with me, you can contact the University of Utah, Institutional Review Board at 801-581-3655.

**2.If someone else other than the respondent answers the telephone and indicates that the intended respondent is unable to communicate by telephone, i.e. a PROXY may be needed to complete the survey:**

My name is \_\_\_\_\_. I work with the University of Utah and I am calling on behalf of the Utah State Office of Rehabilitation. They would like feedback on the Benefits Planning Assistance and Outreach program. This program is designed to give Social Security disability beneficiaries information on how going to work or increasing their earnings may affect their benefits. Are you, or someone else in your household, available to answer some questions on behalf of [Name of Respondent]?

<If “NO”: Thank you for your time today/tonight. Goodbye.” Note this on call log.

**<If “YES, BUT I CANNOT TALK RIGHT NOW”:** Is there a more convenient time for me to call when you could talk to me? If you are willing to participate in the survey, we will send you a \$10 gift card to Smiths Food Centers [if no Smith’s Store is nearby, suggest Albertson’s]. (NOTE TO INTERVIEWER: Negotiate a time with the consumer and note it on your call log.) “Good, we will call you on [day of week], [date] at [time of day]. Thank you!”

**<If “YES”:** “Thank you for your willingness to help. Are you aware of the letter and Survey that the Utah State Office of Rehabilitation sent to [NAME OF RESPONDENT] about \_\_\_\_\_ weeks ago?”

**If “YES” proceed with survey:** “Good. I would like to begin by giving you some background information about the survey.

The Utah State Office of Rehabilitation sent a letter and survey to [NAME OF RESPONDENT] \_\_\_\_\_ weeks ago about services [NAME OF RESPONDENT] received from the Benefits Planning Assistance and Outreach program since the program started in October 2000. The goal of the program is to give Social Security disability beneficiaries [i.e., recipients of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)] information about how going to work or increasing their earnings may affect their benefits. We are conducting this survey to find out if the Benefits Planning Assistance and Outreach program has made a difference for people with disabilities having an informed choice regarding work. Your answers will help improve services to people like [NAME OF RESPONDENT].

We would like to ask you some questions that will take about five to ten minutes to answer. I want to stress that this survey is completely voluntary. You may choose not to answer any or all of the questions. You may also stop the questions at any time during our call. The survey is also confidential and anonymous. Your answers will not be revealed to anyone from the Utah State Office of Rehabilitation or any other agency. Your participation in this survey will in no way affect the services you receive from Utah State Office of Rehabilitation or any other agency. Finally, your answering the following questions provides your consent to participate in this project.

If you are willing to participate in the survey, we will send you a \$10 gift card to Smiths Food Centers [if no Smith’s Store is nearby, suggest Albertson’s].

Do you have any questions before we begin the survey?

If you have any questions regarding rights in completing this survey, or if you have problems with the survey, which you do not feel you can discuss with me, you can contact the University of Utah, Institutional Review Board at 801-581-3655.”



## **Appendix D**

### **Description of Utah Benefits Planning, Assistance and Outreach Program Services**



## Description of Utah Benefits Planning, Assistance and Outreach Program Services

The UBPAO is designed to provide services to Social Security disability beneficiaries who are considering employment options. The goal of the program is to give the beneficiary adequate information on how employment will impact their benefits so they may make an informed choice concerning work. Services offered through the UBPAO program include:

<b>Information and Referral</b>	In this level of service, the Benefits Specialist or staff provides basic information and referral either in person, over the telephone, or by informational mailings. Services may include: <ul style="list-style-type: none"> <li>▪ Answering <u>general</u> questions regarding eligibility, benefits, and work incentives.</li> <li>▪ Accepting referrals and filling out referral form.</li> <li>▪ Referring individuals to community resources.</li> </ul>
<b>Problem Solving and Advocacy</b>	A Benefits Specialist will gather personal information about a consumer's situation and specific issues are addressed. Services may include: <ul style="list-style-type: none"> <li>▪ Answering questions specific to the consumer regarding federal and state benefits and work incentive options.</li> <li>▪ Gathering information and verifying facts from collaborative sources to assist the individual or help generate a benefits analysis.</li> <li>▪ Problem solving with the consumer and discuss possible courses of action.</li> </ul>
<b>Benefits Analysis and Advisement</b>	The Benefits Specialist will sort relevant information and prepare a written benefit analysis discussing the impact of employment on benefits and present that analysis. Services may include: <ul style="list-style-type: none"> <li>▪ Analyzing information gathered regarding the consumer.</li> <li>▪ Writing benefits analysis and presenting it to the consumer.</li> </ul>
<b>Benefits Support Planning</b>	A Benefits Specialist may provide direct assistance to consumers in developing work incentive plans and accessing specific work incentives. Services may include: <ul style="list-style-type: none"> <li>▪ Reviewing previously written analysis and consumer's current situation to assess possible work incentive applicability and "map" out their situation.</li> <li>▪ Assisting an individual in establishing a Subsidy, an Impairment Related Work Expense, or a PASS plan. Assisting the consumer in accessing work incentives offered by other community supports, such as housing, food stamps, or Medicaid.</li> <li>▪ Assisting the consumer in filling out a Work Activity Report form.</li> </ul>
<b>Benefits Management</b>	May involve ongoing benefits monitoring and management assistance to consumers likely to experience changes that may affect their overall situation. Services may include: <ul style="list-style-type: none"> <li>▪ Monitoring progress of any "map" that may have been written during Benefits Support Planning.</li> <li>▪ Periodically updating the consumer's situation, reassessment of benefits and overall impacts, education and advisement, and additional planning for monitoring and managing benefits.</li> <li>▪ Helping find natural supports to take over management duties.</li> </ul>

### Who and When to Refer

Referral can be made **only for individuals who are currently receiving SSI/SSDI benefits** and would like information on how working may impact their benefits. Referral to the UBPAO may be made when the individual is considering, returning to work, increasing the number of work hours or entering employment training programs

### Who Can Refer

Anyone who has knowledge of an individual who is a beneficiary of SSI/SSDI can refer to the UBPAO program. Beneficiaries may also self-refer.

### How to Refer to UBPAO

Fully complete the attached referral form and **FAX your referral to (801) 887-9389**.