

# UWIN Work Group Minutes

## Executive Board

Meeting Date: May 27, 2003

Chair: Michael Deily

Minute Recorder: Tamara Keene

Attendees: Blaine Crawford, Alison Lozano, Hank Liese, Cathy Chambless, Michael Deily, Fraser Nelson, Susan Loving, Kathy Daley, Blain Petersen, Sara McCormick and Dave Dangerfield

### Next Meeting Date and Location

July 31, 2003 (Canceled for Holiday)

September 25, 2003 8:30am – 10:30am at the Judy Buffmire in room #300

November 20, 2003 8:30am – 10:30am at the Judy Buffmire in room #300 (Moved ahead for Holiday)

### Topic and Summary of Discussion

#### Recommendations for spending UWIN carryover funds

Cathy sent a request to CMS for approval to spend carryover funds for the following projects:

- 1- Valley mental health PAS Demo (\$150,000.00)
  - a. Using carryover funds from UWIN grant to host a study on personal assistance for the mental health population to help determine what kind of supports would help them gain and maintain employment. This study will try to determine how to counteract symptoms by using programs like EPAS.
  - b. Ground breaking. This study will have a lot of interest nationally, because this is a common problem but at this time there is really no valid information accessible.
  - c. Learn more about what works with the mentally ill population, in order to help them work.
  - d. Hoping to provide the potential for self-direction rather than staff-directed, as with job coaching.
- 2- Technical Assistance to support Benefits Planners (\$132,368.00)
  - a. Last summer there was a retreat to decide how to train more Benefits Planners. This June 25 people will be trained for this position state-wide.

## Topic and Summary of Discussion

- b. We are hoping to select 1 of the experienced Benefits Specialists to host a TA program. This will be a time-limited position with USOR (Office of Rehab). This will be a solid resource and support for the many newly trained Benefits Planners who will be trained at the end of June 2003.
- c. Also trying to advocate for Esther Medina's position with the Social Security Administration.
- d. There is no state match for this type of position. It is possible to make a case of doing this through Medicaid side as a way of creating sustainability after the grant has gone its term.
- e. With three Benefits Specialists they have served 80 TANF recipients thus far, in addition to other SSI/SSDI Beneficiaries.
- f. There is a great need to develop skills by having ongoing training for Benefits Specialists to help people get off of benefits by returning to or increasing their work.
- g. The goal is to create a network among all of these Benefits Planners. This network will make it possible to keep them updated and monitoring their work and committed time.

### **BPAO SSA Training** (*Training scheduled for June 23-27, 2003*)

- 1- Asked for a commitment of time to provide BPAO services if they are allowed a seat in the training. Currently have 22 people statewide from both the public and private sectors.
- 2- Some observers will be allowed
- 3- Trying to keep the total number to about 25 trainees and 10 observers
- 4- This Training can usually only be gained in an out-of-state regional training that is very expensive. This brings up the question if this type of state specific group training could be held again? Unsure at this time. But how do new Benefits Planners gain training to provide this service?

### **RFP Comprehensive Employment Opportunities (CEO) Infrastructure**

CMS has issued a grant solicitation (due July 1, 2003) for a new round of Medicaid Infra-Structure Grants. Utah would likely be eligible to apply for a CEO Grant. Cathy asked for a discussion of whether she should write a proposal.

#### Advantage to doing this:

Utah is a minimum allotment state, so we would still receive \$500, 00.00 per year, but this RFP would allow this program to continue for 4-5 more years outside of the current schedule which has us ending in December of 2004. You have to have a "more comprehensive systems" and address housing and transportation.

## Topic and Summary of Discussion

Governor's Council for People with Disabilities also has these same mandates (housing and transportation).

### Disadvantages to consider:

CMS is vague with some of their directives. Is this something we want to engage in for 5 more years?

Also, because of certain requirements, many states cannot qualify for this money to better their systems. Is it morally correct to take this money to better Utah, when other states are not given the opportunity to progress?

If we apply for this we could qualify to provide TA to other states concerning these issues. This could provide up to an additional \$1,000,000 per year on top of the normal grant allowance of \$500,000.

### Concerns:

The current budget is meeting our needs. Trying to incorporate new concepts will take this away from current goals. However, in a year we will lose all funding because the grant will come to a close.

Are there “symbolic” things that we can do to satisfy the RFP requirements which will still allows us to apply money to existing programs.

If Utah doesn't extend, where will the funding for these programs come from? Without additional money we aren't gaining a foot hold in creating sustainability.

Could we look for other grants that may meet our needs and goals better?

We could gamble and wait until next year to apply for the CMS extension; if they are still offering it as an option so current plans for 2004 budget don't have to change.

Could we manipulate housing and transportation coordination to fulfill grant requirements without spending more on it in year 2004?

### Discussion:

Approved by board members to apply for the new RFP extension.

## Topic and Summary of Discussion

### **UWIN Evaluation Plan—Presented by Hank Liese and Sara McCormick**

Projected UWIN goals for evaluation until the end of 2004.

- 1- Implementation Goals
  - a. How did you put program into place
  - b. Look at the Values
  - c. How did you find out about the program
  - d. Consistency of clients served who were targeted, and were there clients not served who were targeted?
  
- 2- Individual Goals
  - a. Program outputs: How many were served
  - b. Intermediate outcomes:
  - c. Targeted outcomes: Increased higher income, reduced amount of people receiving SSI benefits, are a few examples
  
- 3- Formative Evaluation
  - a. Who benefited from this the most and the least
  - b. Identifying barriers
  - c. Discussing new strategies
  
- 4- Summative Evaluation
  - a. Looking at things across time: Earnings from employment, looking at employer based healthcare, employment related hardships, and attitudes towards employment.
  
- 5- Indicators
  - a. Statewide work incentives continue as planned
  - b. Private and Public workers receive on going training

Which combinations of interventions have the best outcomes? How can we maximize the effectiveness of this information?

### **Presentation of Medicaid Work Incentive-Consumer Survey—Hank Liese**

It has been very effective having two different sets of evaluators working on project. (From UofU and USU)

## Topic and Summary of Discussion

Hoping that the survey helps to drive policy decisions. That was its goal.

Questions that were addressed in this report are as follows:

- 1- To what extent do individuals with disabilities know about the MWI “Buy-In” program, and how did they get their information?
- 2- Does the program encourage individuals to get a job, or increase their earnings?
- 3- How are participants dealing with the premium increase instituted in July 2002?
- 4- Are there unmet health needs of individuals with disabilities in the context of current policies?
- 5- What barriers might limit the ability of qualified individuals to participate in the program?

Overview of Study Findings

- 1- Most study participants felt that the Buy-In had helped them and were positive about the program and the work opportunities they were afforded. Most survey respondents indicated that the program had helped them become employed or increase their hours of work.
- 2- When their Buy-In premiums increased on July 1, 2002, attitudes toward the program changed. The increased premiums created financial hardship for most participants. Several were forced to discontinue their participation in the program. For others, staying in the program, though considerably more expensive, was still the better option, given their monthly health care costs. Some remained enrolled in the Buy-In on a continuous basis; others became intermittent users, only “buying in” to the program when they could anticipate higher than usual monthly health care costs.
- 3- For many study participants, prescription medications represented their largest single health care cost.
- 4- Lack of accurate information about the MWI program was a potential barrier to participation for some respondents. Related, several study participants had negative experiences with Medicaid workers, whom they felt knew little about the Buy-In program. On the other hand, some participants had good experiences with their workers, primarily because these workers knew about the program and helped them access the Buy-In option.
- 5- When asked for their recommendations on how the Medicaid Work Incentive program could be improved, the most common response was to fund the program at an adequate level.

Group Discussion:

- 1- Need to have Worker training to improve consistency and clarity, especially with DWS Eligibility Workers)
- 2- More outreach to the communities to inform consumers about the Medicaid Work Incentives.
- 3- Coordination of trainings between state agencies.