

Policy Brief

UNIVERSITY OF KANSAS MEDICAID INFRASTRUCTURE CHANGE EVALUATION PROJECT

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FIRST POINT OF CONTACT:

Results from a Recent Survey of Kansas Frontline Staff & the Working Healthy Program

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Frontline workers at Kansas Social and Rehabilitation Services (SRS) are often the first point of contact for people who may be eligible for Kansas' Medicaid Buy-In, *Working Healthy*. These staff members' perceptions and understanding of the program and its participants are therefore critical factors in its success in enrolling eligible persons. *Working Healthy* allows eligible Kansans with disabilities who meet Social Security disability criteria to work and maintain or obtain Medicaid coverage.

In March of 2005, University of Kansas (KU) Evaluation staff developed and administered an email survey to measure SRS Human Services Specialists' (HSS) knowledge and perceptions of the *Working Healthy* (WH) program. The survey also served as a tool for evaluating the efficiency and effectiveness of the program from the perspective of staff who are actively involved in its day-to-day operation. The survey included demographic questions, general questions about their experiences with and perceptions of people with disabilities and their ability and desire to work, and questions specific to the operation and administration of *Working Healthy*.

Working Healthy program management staff from the central office in Topeka emailed the survey to the Assistant Directors for Service Improvement in each of the six SRS regional areas, who in turn emailed it to the Human Services Specialists in their

region. A total of 612 HSS personnel were identified and emailed the survey. They were given two weeks to complete and return the survey to KU Evaluation staff. When received by KU, the surveys were stripped of any personal information so participants could feel free to answer without inhibition. After two weeks, 164 individuals completed and returned surveys for a response rate of 26.8%.

RESPONDENT CHARACTERISTICS

Of the 164 HSS completing surveys, respondents had been employed with SRS for approximately 9 years on average; with some individuals in their positions as little as one month and some as long as 34 years. Response rate from across the six regional areas was balanced, including representation from each region. Respondents were asked to list all of the types of cases they work on. While 27% (n=44) indicated conducting WH eligibility determinations as part of their HSS job responsibilities, most respondents indicated other or additional types of cases covered. The top five types of caseloads respondents indicated were: Food Stamps, 81.0%; Temporary Assistance for Families (TAF), 62.0%; Medicaid, both disabled and poverty-related cases, 44.3%; Elderly and Disabled, 31.0%; and Child Care, 30.4%. Other categories of caseloads indicated by respondents include, Home and Community Based Services (HCBS), General Assistance (GA),

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Work Assistance Programs Family Medical, Employment Preparation Services and Low Income Energy Assistance Program (LIEAP).

RESPONDENT ATTITUDES

The first part of the survey included items related to respondents’ attitudes toward people with disabilities and work. Using a Likert scale, respondents were asked to indicate the level to which they agreed or disagreed with three statements:

1. In general, people with disabilities are able to work;
2. In general, people with disabilities want to work; and
3. In general, people with disabilities should be encouraged to work.

Responses to these questions showed a distinct trend from less agreement to more agreement, with 24% agreeing or strongly agreeing to the first statement, 42.2% agreeing or strongly agreeing to the second statement, and a majority, 56.5%, agreeing or strongly agreeing to the third statement. A pervasive finding from WH enrollees responding to previous surveys and interviews has been that service providers often don’t think they should work, or try to work more. The HSS responses seem to indicate that, while they believe people with disabilities should be encouraged to work, they may not truly believe in their ability to do so. Interestingly, the responses on these items were consistent across several respondent characteristics including the type of caseload covered, whether they complete WH eligibility determinations or not, their years of employment with SRS, and their location.

PROGRAM SPECIFIC RESULTS

All respondents – regardless of whether they conducted WH eligibility determination as part of their work responsibilities or not – were asked if they were familiar with the program and knew how to get further information about the program if they needed it. The response on these items was positive,

Eighty-nine percent of respondents agree or strongly agree that Working Healthy is helping the people who need it.

indicating HSS know about WH and how to get more information if they have questions.

On average, the 44 respondents who complete WH eligibility determination had 18 months experience in completing the determinations and had completed approximately 14 eligibility determinations each in that time [note: WH began in July 2002, so the maximum months of experience possible was 32]. When asked if they had completed enough determinations to become proficient, 50% indicated they had while the other 50% indicated they had not. These respondents also indicated that their understanding of WH and information in any format (e.g. written materials, training, verbal information and directions) that they received regarding the program was consistent and complete, generally good, and considered to be at a level that was about the same as that for other SRS programs. Further, when asked whether WH is helping the people who need it, 89% (n=39) of these respondents indicated that they agree or strongly agree that it is. The only weakness indicated was in regard to a question about the eligibility paperwork; respondents felt it is more time consuming and complicated than it needs to be. When survey participants were asked to share any suggestions they had for ways to improve the program, changing the paperwork was the most common response.

Respondents were also asked to provide general comments about *Working Healthy* and ways to improve it. The feedback provided through these open-ended questions generally fell into six categories, listed as follows, with illustrative quotes.

1. Increased outreach about *Working Healthy*, especially to people receiving Social Security

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Disability Insurance (SSDI) benefits who may not have contact with SRS: “More advertisement about the program is necessary. In general, it is current clients who are [going on to] the WH program;” “When people do not know that the WH program exists or what it is, it is inaccessible.”

2. Frustration at not being able to set a minimum level of work to qualify for *Working Healthy* (the federal Ticket to Work legislation does not give states this ability): “I have consumers who work 1-3 hours per month. This is a manipulation of the program.”
3. The need for the program to offer “refresher” courses on *Working Healthy* to SRS staff: “When we were originally trained on this program we did not have active cases. Now that we have more understanding of the program, it might be good to have a short refresher to be sure that we are benefiting the people that qualify;” “I wouldn’t mind a refresher course, especially [about] situations with couples (e.g., one is disabled, both are disabled).”
4. Improved coordination with Vocational Rehabilitation and One-Stop Centers to increase the employment of people with disabilities, especially in light of the difficulty that many people with disabilities have in finding and retaining jobs: “It’s very good for those who are on it but I think job opportunities are limited... maybe a cooperative with job services would be helpful...maybe VR services could be more involved, too.”
5. Increasing awareness among beneficiaries that

they can accumulate assets while enrolled in *Working Healthy*: “I do not feel the program is benefiting people with resources. Our only contact seems to be people who are Medicaid eligible but are working and not eligible for a medical card [people who must meet spenddowns to get Medicaid].”

6. General positive comments on the program and its capacity to encourage people with disabilities to work or work more: “The consumers I have in my caseload who have requested *Working Healthy* are pleased with it and realize without the program they would be faced with most likely either a large spenddown or just completely not having any medical coverage at all.”

CONCLUSION

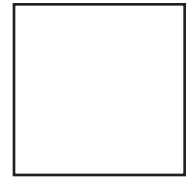
Results of the survey seem to indicate that workers feel they understand the program and can get information about it when needed. Refresher courses on *Working Healthy* and changes in the paperwork process will likely need to wait until SRS reorganization is completed, but will be on the agenda for the program’s Implementation Team. *Working Healthy* has recently implemented a “Disability Navigator” program at one One-Stop employment center in the state to begin the process of better coordination with these job service providers [see red box below]. Improved outreach to non-SRS populations and broader initiatives to coordinate *Working Healthy* with employment service providers will be goals of a Comprehensive Employment Systems grant proposal if Kansas becomes fully eligible to apply in 2007.

Recognizing that obtaining and retaining employment is the first step for successful participation in *Working Healthy*, program staff began a pilot “Disability Navigator” position in a Kansas One-Stop employment center. The Navigator provides on-site support to One-Stop staff regarding employment issues for people with disabilities. Evaluation of the Navigator program is being conducted in two ways. First, One-Stop staff knowledge of various disability employment services, supports, and legislation was tested at baseline and will be re-measured after one year. Second, job seekers with disabilities have served as “mystery customers,” making visits to the center and using a checklist to assess their experiences. Mystery customers made several visits early this year to provide a baseline measure of services and will visit again early next year to document changes.

At baseline, staff members show widely varying levels of knowledge about job accommodations, provision of alternate formats, disability tax credits, and other disability-specific issues. Mystery customers reported some accessibility issues at the center, and some difficulty getting information they needed. The program is also sponsoring staff development sessions for staff at other One-Stop centers across the state.

WORKING HEALTHY

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Additional copies and copies in alternate formats are available upon request by calling 1-800-449-1439 or e-mailing the Project Coordinator at pixie@ku.edu

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