

Utah SSDI '1 for 2' Project

Task 4: Evaluation Plan

Benefit Offset Pilot Demonstration Team:

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This report describes the evaluation plan for the Utah SSDI '1 for 2' Project for the Social Security Administration. This report, Task #4 in the scope of work for this project, builds on the Outcomes Report previously submitted (Task #3) with greater emphasis on the research design underlying the evaluation and the activities involved in carrying out the evaluation. We begin by reviewing the objectives of the project and the evaluation questions to be addressed. We then describe the two components of the evaluation plan, the outcome evaluation and the process evaluation.

Goals and Objectives of Utah SSDI '1 for 2' Project Evaluation

Legislative findings in The Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA) indicate that very few beneficiaries of Title II / SSDI benefits ever leave the rolls due to working. One reason that is often cited is the 'cash cliff,' so-called because of the abrupt termination of all cash benefits once a minimum earnings threshold is reached. Under current policy if a beneficiary earns over \$590/month (or 80 hours/month of self employment for 2005) for more than nine months (their trial work period) and a short grace period and then earns over Substantial Gainful Activity (SGA - which is currently \$830/month), they lose their entire cash benefit and any dependent benefits for which they may be eligible. They will also lose their Medicare benefits after 7 years which is equally critical for many of these individuals. Given the risk of losing cash benefits and Medicare, many individuals limit their income so they remain below SGA.

The Social Security Administration 1 for 2 Benefit Offset Pilot Demonstration Projects are intended to test whether a policy change, specifically replacing the cash cliff with a more gradual reduction of cash benefits (1 dollar reduction in benefits for every 2 dollars of calculated earned income above SGA), would lead to higher earnings and greater economic self-sufficiency for SSDI recipients. A primary goal of the Utah pilot is to obtain useful findings from a demonstration of this gradual benefit offset of SSDI benefits that will inform a national demonstration.

Consistent with this goal and the expectations expressed in the project's statement of work, objectives of the pilot demonstration are:

1. To design and implement recruitment strategies to inform SSDI beneficiaries about the project to enable them to make an informed choice about participating.
2. To design and implement methods of maintaining participation in the project by both intervention and control participants to ensure participation and valid data during the project.
3. To identify problems and issues surrounding the provision of Utah's employment support interventions and the integration of these with the benefit offset.
4. To identify and describe participants for whom the employment support interventions are the most effective.

Overview of Evaluation Design

To achieve these project objectives requires both a process evaluation (objectives 1, 2, & 3) and an outcome evaluation (objective 4). We provide an overview of the evaluation by reviewing its scope and noting how we intend to maintain a balance between addressing the process evaluation and outcomes evaluation questions.

Scope of the Evaluation. This pilot demonstration will evaluate the implementation of a \$1 reduction in benefits for every \$2 in earnings in combination with other employment support interventions for SSDI beneficiaries. Utah has over 24,000 working-age beneficiaries of Title II benefits. Under the pilot demonstration project, 500 individuals who receive SSDI benefits only (not in combination with SSI), and who volunteer to be part of the project, will be randomly assigned to either an intervention group (Pilot Rules Group) or a control group (Current Rules Group). Participants will be recruited from among SSDI-only beneficiaries who have recently been or are currently involved in one of several employment support programs in Utah.

In addition to the targeted 500 enrollees, this project and its evaluation will involve several Utah state agencies and non-profit service organizations. Principal among these are the Utah Department of Health, the Utah State Office of Rehabilitation (USOR), the Utah Department of Workforce Services (DWS), and the Utah Department of Human Services with two mental health organizations, Valley Mental Health and Bear River Mental Health.

Balance of Outcome and Process Evaluation. There are two main charges to these pilot demonstrations: To provide some initial findings about the impact of the policy change and to provide guidance for a national demonstration of a similar policy change. These two charges require a balance of available resources to support two components of this evaluation—an outcome evaluation to identify policy impacts and a process evaluation to identify challenges and solutions in the implementation of the policy initiative and the implementation of the outcome evaluation (metaevaluation). Some of the information collected will contribute to both the outcome evaluation and to the process evaluation. Because the process evaluation will address, in part, the challenges in conducting the outcome evaluation it is useful to begin with the outcome evaluation so that it can be commented on in describing the process evaluation.

Plan for Outcome Evaluation

The outcome evaluation will represent a pilot effort to identify policy impacts on participants. We will estimate both the aggregate policy impacts on the outcomes of interest and disaggregate these impacts to identify for whom the policy change is most effective and under what circumstances.

Questions about Aggregate Policy Impact

The specific questions to be addressed in the outcome evaluation are discussed in greater detail in the Outcomes Report submitted previously, but we review these questions below.

A. How does the policy affect the employment, wages, and income of participants?

- 1) Do intervention group members attempt work at a higher rate than control group members?
- 2) Do intervention group members average more hours worked per week than control group members?
- 3) Do intervention group members earn more per month than control group members?
- 4) Do intervention group members attain a higher average monthly income than control group members?
- 5) Do intervention group members sustain their work attempts longer?

B. How does the policy affect the employment plans and expectations of participants?

- 6) Do intervention group members plan to work more hours per week than control group members?
- 7) Are intervention group members more likely than control group members to plan to earn above SGA?
- 8) How do the attitudes of intervention group members about barriers to work change over time, as compared to control group members

C. How does the policy affect utilization of Utah employment support services?

- 9) How does utilization of Benefits Planning Assistance and Outreach (BPAO) services differ between intervention and control participants?
- 10) How does utilization of the Utah Medicaid Work Incentive program differ between intervention and control participants?
- 11) How does utilization of vocational rehabilitation services from USOR differ between intervention and control participants?
- 12) How does utilization of mental health services differ between intervention and control participants?

D. How does the policy affect participation in public assistance programs?

- 13) Do intervention group members leave SSDI cash benefits at a higher rate than control group members?
- 14) Do intervention group members receive lower SSDI cash benefits than control group members?
- 15) Do the intervention group members make less use of TANF cash assistance than control group members?
- 16) Do intervention group members make less use of food stamps than control group members?

- 17) Do intervention group members make less use of Medicaid assistance than control group members?
- 18) Do intervention group members make less use of Medicare assistance than control group members?

E. How does the policy affect health status and health care?

- 19) Do intervention group members report being in better health than control group members?
- 20) Do intervention group members report higher rates of private (including employer-subsidized) health insurance coverage than control group members?
- 21) Do intervention group members report fewer physical and mental health limits to work than control group members?

Questions about Disaggregated Policy Impacts

F. How are policy impacts affected by participant characteristics

- 22) What is the interaction between benefit offset and primary disability of participant?
- 23) What is the interaction between the benefit offset and participant work experience?
- 24) What is the interaction between the benefit offset and participant education level?
- 25) What is the interaction between the benefit offset and how long the participant has been receiving SSDI benefits?

G. How are policy impacts affected by program mix?

- 26) Are there differences in outcomes based on the service model?
- 27) What is the interaction between benefit offset and Ticket assignment?

H. How are policy impacts affected by timing of participation?

- 28) Does the impact of the policy change depend on the number of months the participant was receiving TANF prior to enrollment?
- 29) Does the impact of the policy change depend on how far the participants are in their Trial Work Period and/or Extended Period of Eligibility?
- 30) Does the impact of the policy change depend on the number of months on SSDI prior to enrollment?

Research Design for Outcome Evaluation

The outcome evaluation will be based on a random assignment field trial design. A list of random numbers (0 for control and 1 for experimental policy) will be used to assign half of the participants to each of the two groups. The control group will be subject to the traditional SSDI ‘cash cliff’ and the experimental policy group will be subject to the \$1 for \$2 benefit offset for earnings beyond SGA and other waiver rules, including suspension of medical CDRs, and extension of EPE.

Note that while the research design should ensure that the control and experimental policy groups are roughly equivalent, participants in both groups are likely to differ somewhat from the general population of SSDI recipients in Utah. First, all participants have volunteered to be part of this study, suggesting that they view themselves as in a position to benefit from the opportunity to increase their earnings. Second, as a part of the enrollment process all participants will receive some form of benefits counseling, something not received by the large majority of SSDI recipients. Finally, participants are being recruited based on their past involvement in employment support programs. This participation indicates a willingness to consider work which probably differs from the population of SSDI recipients.

Data Collection and Analyses for Outcome Evaluation

Outcome and Predictor Variables to be Measured. The outcomes, and other variables necessary to address the outcome questions, are described in more detail in the Outcome Report and will be elaborated further in the Data Dictionary (Task #6). Table 1 lists the major outcomes and variables for disaggregation and links them with the intended data sources. The baseline survey will be completed as part of the enrollment process, the mail survey will be sent to participants six months after enrollment, and the phone survey will be conducted 12 months after participants enroll. The Utah data will come from the Utah State Office of Rehabilitation, the Utah Department of Workforce Services, the Utah Department of Health, and the two mental health agencies. The SSA data will be focused on the dollar amounts of cash benefits and Medicare benefits, and will include other elements, such as primary disability code. We need to discuss this further with the SSA project officer.

Targeted Sample of Participants. The target population for this pilot consists of SSDI beneficiaries in Utah who are also participating, or recently have participated, in the specified employment support programs. There are four sources of participants: the Benefits Planning program, Vocational Rehabilitation, the Medicaid program, and Mental Health (with Bear River Mental Health and Valley Mental Health as two components of Mental Health). Estimates of those eligible from these four programs are provided in Table 1 below.

Table 1: Enrollment Targets

Source	SSDI Eligible	Targets
UBPAO	475	100
Medicaid	1586	175
VR	4814	175

Mental Health	250	50
Totals	3,874	500

There is some overlap in these groups, for example some of the UBPAO clients have also received vocational rehabilitation services. The pilot will continue enrolling eligible people until we have approximately 100 UBPAO participants, 175 Vocational Rehabilitation participants (who have not participated in the UBPAO program), 175 Medicaid participants and 50 Mental Health participants. Enrollment will stop twelve months after it begins, unless the enrollment targets are reached first.

Analyses for Outcome Evaluation. The research comparisons for the aggregate analyses (Questions 1-4) are straightforward. The average value of the designated outcome variables, such as levels of quarterly earnings for the intervention and control groups, will be compared using descriptive and inferential statistics. The inferential statistics, using regression analysis, will assess the likelihood of the differences between groups being a result of the random assignment process (e.g., the random assignment, just by chance, resulted in more motivated participants being assigned to the intervention group). Demographic variables will be added to the regression analyses in order to reduce the variance term and highlight the overall relationships.

The disaggregated analyses will examine moderated relationships using interaction terms in multiple regression analyses. For example, we will examine whether certain combinations of services with the benefit offset (e.g., combining vocational training with the offset) are more effective than other combinations. Also examined will be whether individual characteristics (such as type of primary disability) are associated with program effectiveness. In addition to these planned disaggregated analyses, other tests of moderated relationships will be conducted to yield tentative relationships that can be researched more extensively in future research.

A final set of analyses will distinguish those in the intervention group who have succeeded the most in increasing their work effort and earnings from those in the intervention group who have been less successful. Once this is done we will use a form of regression analysis (e.g., discriminant analysis) to identify characteristics of those who have been the most successful.

Plan for Process Evaluation

The process evaluation will address the majority of questions presented by SSA as the focus of this demonstration pilot. The focus of this process evaluation, and the primary goal of this project, will be to inform a national demonstration project by identifying the challenges and opportunities in implementing this demonstration project and conducting an outcome evaluation of the offset policy.

Three process issues will be addressed: challenges and success in implementing the policy intervention; challenges and successes in enrolling and maintaining contact with participants, and challenges and success in implementing the outcome evaluation of this project. The first of these

sets of questions concern the successes and challenges in the coordination with other Utah agencies and with SSA and other Federal agencies. The second set concerns the enrollment of and ongoing contact with participants, focusing on problems in explaining the project and unmet information needs of the participants. The third set addresses successes and problems in conducting the outcome evaluation of the project, including problems obtaining relevant data and problems in interpreting the data collected.

A. Implementation of Policy Intervention at State and Federal Level

- 1) How, and how effectively, was the offset policy communicated within and across the key State and federal agencies?
- 2) Were there difficulties in integrating the benefit offset with other State policies and programs?
- 3) Were there difficulties in coordinating State implementation with the SSA?
- 4) Were the resources allocated for implementation adequate?
- 5) What strategies appeared effective in addressing any difficulties or resource limitations?

B. Implementation and Enrollment of and Ongoing Contact with Project Participants

- 6) How, and how effectively, were potential participants notified about the benefit offset study? Why did some, or many, choose not to apply for participation?
- 7) How, and how effectively, was the informed consent requirement handled?
- 8) What were the strengths and weaknesses of the procedure for notifying enrollees of their assignment to either the intervention or control groups?
- 9) What types and levels of benefit counseling were delivered before and shortly after enrollment?
- 10) How was contact maintained with different groups of participants, and how did participants feel about these efforts?
- 11) What was the nature of continued cooperation by members of the intervention and control groups (e.g., completing follow-up surveys), and what factors seemed to influence the degree of cooperation?
- 12) What strategies appeared effective in addressing any problems with enrollment and maintaining contact with project participants?

C. Implementation of Evaluation

- 13) Were there difficulties in developing valid measures of the primary outcomes?
- 14) Were there difficulties in obtaining access to needed State and Federal administrative data?
- 15) Were there difficulties in identifying the other employment support programs used by participants?
- 16) Were there difficulties in using the survey procedures to complement administrative measures of outcomes or to identify individuals who benefited more from the benefit offset than others?
- 17) Were there difficulties in maintaining random assignment to the two groups that threatened the validity of the aggregate comparisons?
- 18) Did attrition and/or non-cooperation threaten the validity of the aggregate comparisons?

19) What strategies appeared effective in addressing any problems with measurement or with maintaining valid research comparisons?

Methodology of Process Evaluation

Evidence for the first set of process questions (Questions 1-5) will come from interviews and focus groups with key agency and project staff and review of procedures used. Evidence for the second set (Questions 6-12) will come from a review of procedures, survey responses from participants, and interviews or focus groups with selected participants and non-participants. The third set of questions (Questions 13-19) will be addressed through discussions among project staff and a review of outcomes. The details of this methodology will be described further in Task 5, Data Collection and Management.

Conclusions

The Utah pilot project evaluation will address both the outcomes caused by the policy change and the implementation issues that represent challenges and solutions to managing coordination among state agencies, enrolling participants, and conducting a valid outcomes evaluation.

Table 1: Outcomes Measured and Data Sources

	Initial Survey	Mail Survey	Phone Survey	Utah Data	SSA Data
A. Employment/Income Outcomes					
Hours/wk Employed	x	x	x		
Earnings/Wages	x	x	x	x	
Length of Sustained Work	x	x	x	x	
Work Attempts	x	x	x		
Monthly Income	x	x	x		
B. Employment-Related Attitude Outcomes					
Work Plans	x		x		
Attitudes about Work	x		x		
Work Barriers/Problems	x		x		
C. Changes in Use of Utah Employment Supports					
BPAO: Types and Dates of Services				x	
MWI: Types and Dates of Services				x	
VR: Types and Dates of Services				x	
Mental Health: Types and Dates of Services				x	
D. Changes in Use of Public Services Outcomes					
Changes in SSDI Cash Benefits					x
Changes in Receipt of Food Stamps	x		x	x	
Changes in Medicaid Benefits	x		x	x	x
Changes in Medicare Benefits	X				
Changes in Housing Benefits	x		x		
E. Changes in Health Outcomes					
Changes in Perceptions of Health Status	x		x		
Changes in Health Care Coverage	x	x	x		
Changes in Access to Medical Care	x		x		
Changes in Reported Health Care Costs	x		x		
F. Participant Characteristics for Disaggregation					
Work history	x			x	
Education	x				
Type of Disability	x				X
Age & Age at Disability	x			x	X
G. Program Services for Disaggregation					
BPAO & MWI participation				x	
VR services & Ticket to Work				x	
Mental Health Services				x	
H. Timing of Enrollment for Disaggregation					
Months left of Trial Work Period				x	
Months left of Extended Period of Eligibility				x	
Months of SSDI prior to enrollment				x	

