

**Evaluation of the Work
Incentives Planning and
Assistance (WIPA) Program in
2011: Beneficiaries Served,
Services Provided, and Program
Costs**

Final Report

April 30, 2013

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FIGURE

II.1 Progression of Data Collection in WIPA ETO After Beneficiaries
First Contact a WIPA Project..... 12

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ACRONYMS

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

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ABSTRACT

In this report, we present findings on the activities of 102 organizations receiving Social Security Administration (SSA) grants under the Work Incentives Planning and Assistance (WIPA) program from January 1, 2011, to December 31, 2011. The WIPA program was established in 2006 and was tasked by SSA to “disseminate accurate information to beneficiaries with disabilities...about work incentives programs and issues related to such programs,” with the ultimate goal of such assistance being to “assist SSA beneficiaries with disabilities succeed in their return to work efforts” (SSA 2006). To achieve this goal, SSA provides annual funding of \$23 million to the WIPA program, a level that has been fixed since the start of the program.

The findings presented in this report update results presented in Schimmel et al. (2010) and Schimmel et al. (2011), which focused primarily on beneficiaries enrolled to receive WIPA services (“WIPA enrollees”) who first contacted a WIPA project in earlier periods (October 1, 2009, to March 31, 2010, and April 1, 2010, to March 31, 2011, respectively). In this report, we identify the number of beneficiaries who first contacted a WIPA project from January 1, 2011, to December 31, 2011; quantify how many received information and referral (I&R) and WIPA services; provide a national profile of WIPA enrollees; assess the nature of services that WIPA staff provided to WIPA enrollees; and analyze the extent to which WIPA enrollees who first contacted a WIPA project between July 2010 and June 2011 have received ongoing support. We also relate output to the amount of funding each WIPA project received to assess projects’ relative performance to other WIPA projects during the period of study.

From January 1, 2011, to December 31, 2011, the WIPA program provided first-time services to nearly 43,000 beneficiaries, including just over 18,000 beneficiaries who received I&R only and nearly 25,000 beneficiaries who received more intensive WIPA services. Overall during this period, the WIPA program worked with nearly 60,000 beneficiaries, including those who first contacted a WIPA project prior to January 1, 2011.

The 42,846 beneficiaries WIPA projects first served in calendar year 2011 represent a slight decrease from the number served during the previous 12-month period assessed (45,834 from April 1, 2010, to March 31, 2011), as well as from the number that might have been expected based on the experience during the six-month period from October 1, 2009, to March 31, 2010 (when 26,278 beneficiaries were served) (Schimmel et al. 2011 and Schimmel et al. 2010, respectively). This decline likely resulted primarily from a change in early 2011, when the Beneficiary Access and Support Services (BASS) began to handle a greater share of I&R calls, rather than relying on WIPA projects to provide that service. It suggests that WIPA projects were devoting a greater share of their funding—which had been fixed at the same total level since the program began—to providing ongoing support to existing clients. It might also mean that WIPA projects decreased outreach efforts or that beneficiaries most interested in employment made contact with the WIPA program in an earlier period. Declining participation in WIPA could also reflect less interest in work or fewer employment opportunities for workers with disabilities during the economic downturn, resulting in diminished perceived need for WIPA services.

Since early 2010, the profile of beneficiaries served by the WIPA program and the services the program provides remained relatively similar. For example, there was very little change in the age, education, and benefits status of beneficiaries who enrolled to receive WIPA services. There was also little change in employment status at the time of first contacting the WIPA; about 8 in 10

(81.9 percent of WIPA enrollees first contacting the program during 2011) were actively seeking employment or already working at that time. WIPA projects continued to encourage the enrollees they serve to use services and supports that may help increase employment and reduce reliance on disability benefits. At the time that the WIPA baseline assessment was conducted, WIPA enrollees often received suggestions from WIPA projects to use SSA work incentives as well as other benefits and services if they were not already doing so.

WIPA projects seem to have placed increased emphasis on providing intensive, ongoing services consistent with the intent of the program. Those who first contacted a WIPA project during calendar year 2011 were more likely than earlier WIPA enrollees from April 1, 2010 to March 31, 2011 to enroll to receive WIPA services (57.2 versus 54.1 percent). Consistent with stated program goals, most of the recent WIPA enrollees (80.7 percent) received some level of ongoing support from WIPA projects, a higher proportion than among earlier enrollees (77.6 percent). Taken together, these small changes suggest that WIPA projects began to prioritize providing ongoing WIPA services to an even greater degree.

However, the greater emphasis on providing long-term, intensive services may have come at the expense of complete data collection. The percentage of WIPA enrollees in calendar year 2011 with an I&R assessment, which documents the reason the beneficiary contacted the WIPA program and how his or her issue was resolved, was 93.9 percent. This represented a decline from the 97.1 percent of WIPA enrollees who contacted the program from April 1, 2010, to March 31, 2011. The percentage of WIPA enrollees with a baseline WIPA assessment, consisting of a series of more in-depth questions about beneficiary needs, remained about the same over the two time periods (92.1 and 91.9 percent, respectively). This suggests that given fixed resources, the shift toward prioritizing ongoing services might have resulted in less complete upfront data collection. Despite this decline, data was collected on the vast majority of enrollees and our investigation did not reveal that data was missing in any systematic way across groups of enrollees.

WIPA projects continued to vary markedly in terms of output and service costs. Adjusting for funding levels and input costs, direct service costs per WIPA enrollee varied from \$147 to \$6,561, and costs per WIPA service hour ranged from \$50 to \$4,767 across the WIPA projects in 2011. This variation is similar to that reported for the April 1, 2010, to March 31, 2011 period in Schimmel et al. (2011), when costs per WIPA enrollee ranged from \$157 to \$2,674 and costs per WIPA service hour ranged from \$52 to \$1,404. Extreme outliers contributed to the observed range; most WIPA projects had costs per service hour ranging from \$106 to \$240. Our findings suggest that several differences across WIPA projects were affecting their costs, including the share of clients receiving I&R-only versus WIPA services, the underlying demand for services within the projects' target populations, the availability of substitute services, how non-SSA funding was being used, and efficiency in providing services. This report does not explore the relative importance of each of those factors in determining costs and outputs.

I. INTRODUCTION

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

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

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

This report explores the recent activities and outputs of the WIPA program, focusing on the period from January through December 2011. It builds substantially from similar reports covering earlier time periods (April 1, 2010, to March 31, 2011, in Schimmel et al. 2011 and October 1, 2009, to March 31, 2010, in Schimmel et al. 2010) and draws comparisons to those reports in numerous places.

A. Key Features of the WIPA Program

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

(Peikes et al. 2005). Also, there was concern that counseling about work incentives and benefits was leading some beneficiaries to keep their earnings low in an attempt to maximize their benefits, in direct contrast with a program designed to support increased earnings and decreased reliance on benefits.

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

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

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

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

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

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

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

To help beneficiaries find answers to their questions about benefits and employment, SSA funded the Work Incentives Information and Referral Center (WIIRC). This activity operated in conjunction with the WIPA program, functioning as an alternative way for beneficiaries to receive information. Individuals requiring I&R could receive support from the WIIRC; those requiring more in-depth counseling were referred to the WIPA program.³ In late 2010, the responsibilities of the WIIRC were recomputed and a new contract was awarded for the Beneficiary Access and Support Services (BASS) call center. Unlike the previous WIIRC activities that functioned as a part of the role of the Operations Support Manager (OSM), the BASS contract was standalone. The reason for the change was to emphasize its role in providing I&R to beneficiaries. As a result, its staff received intensive training and a higher level of technical assistance and ongoing support than had been available to the WIIRC operating through the OSM. The expectation was that the more prominent role of the BASS would allow WIPA projects to focus more on providing ongoing support to beneficiaries requiring more intensive services; we assess that hypothesis in this report.

From January 1, 2011, to December 31, 2011, SSA funded 102 WIPA projects through cooperative agreements, most (about 80 percent) of which were previously BPAO projects.⁴ A variety of organizations throughout the country operate as WIPA projects, including disability service organizations that provide employment supports, such as United Cerebral Palsy, Easter Seals, and Goodwill Industries; Centers for Independent Living; state vocational rehabilitation agencies (SVRAs) and other state agencies; and organizations offering legal assistance. Total funding for the WIPA program is \$23 million, with \$19.9 million allocated across WIPA projects and the remainder allocated to program management and support, including the National Training Center at Virginia Commonwealth University, site visits by SSA project officers to WIPA projects, and administrative costs of operating the WIPA program.⁵

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

³ In February 2010, it became possible for WIIRC staff to directly enter referrals to specific WIPA projects into the data system used by WIPA staff; this change and resulting effects on service provision are described in detail in Schimmel et al. (2011).

⁴ Until January 2011, there were 103 WIPA projects. Familia Unida in California closed its operations in that month and beneficiaries it was serving were transferred to other WIPA projects in the area. We have excluded Familia Unida in our analysis because it did not serve any new clients during 2011.

⁵ Between 2000 and 2010, the number of SSI and DI beneficiaries increased from 7,550,930 to 13,227,341 (Social Security Administration 2011), but annual funding for the WIPA program remained at \$23 million, the amount authorized for the BPAO program in fiscal year 2000. This means that WIPA resources per beneficiary have declined significantly since the inception of the BPAO program due to inflation and an increase in the number of beneficiaries.

Table I.1. Distribution of WIPA Funding from SSA

SSA Funding Level	Number of WIPA Projects
\$100,000 to \$149,999	39
\$150,000 to \$199,999	12
\$200,000 to \$249,999	18
\$250,000 to \$299,999	20
\$300,000	13

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

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

To receive funding from SSA, WIPA projects must provide a 5 percent match with nonfederal sources (Social Security Administration 2006; O'Day et al. 2009). Some WIPA projects also leverage funds or in-kind support from other organizations. Other funding is obtained in a variety of ways, including parent organization funding, Medicaid Infrastructure Grants (MIG), SVRAs, SSA's Benefit Offset National Demonstration (BOND), or other sources. Some received a large share of their direct WIPA services funding from other sources, as shown in Table I.2.

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

Non-SSA Funding for Direct Services as a Percentage of SSA Funding	Number of WIPA Projects
5 to 9 percent	25
10 to 24 percent	12
25 to 49 percent	8
50 to 74 percent	4
75 percent or more	9

Source: Authors' tabulations based on WIPA responses to information solicited from WIPA projects about funding received in spring 2012.

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

B. Highlights from Previous WIPA Evaluations and Purpose of this Report

In 2011, as part of its contract with SSA, Mathematica Policy Research evaluated the activities and outputs of the WIPA program. Schimmel et al. (2011) focused predominantly on the time period from April 1, 2010, to March 31, 2011, and revisited conclusions reached in an earlier evaluation covering the period from October 1, 2009, to March 31, 2010 (Schimmel et al. 2010). Comparing results across the two previous evaluations showed that the WIPA program was serving a relatively consistent profile of beneficiaries and offering services designed to support beneficiary employment.

The 2011 report contained six conclusions⁶:

1. Over time, the number of beneficiaries making contact with the WIPA program was declining. From October 1, 2009, to March 31, 2010, 26,278 individuals first contacted a WIPA project, compared with 25,117 from April 1, 2010, to September 30, 2011, and

⁶ We refer readers to the previous evaluation for the analyses that led to these conclusions.

20,717 from October 1, 2010, to March 31, 2011. The authors were unable to discern the reason for this decline, but hypothesized about several possibilities.

2. WIPA projects had improved their data collection efforts, as evidenced by the proportion of WIPA enrollees with completed I&R and baseline assessments and by slight decreases in item nonresponse.
3. The demographic profile of WIPA enrollees had remained relatively similar over time, though recent enrollees are more intensively focused on employment than were earlier enrollees.
4. A change that allowed SSA's Work Incentives Information and Referral Center (WIIRC)/Beneficiary Access and Support Services (BASS) to directly refer beneficiaries to WIPA projects and enter their data in WIPA ETO affected how WIPA enrollees learned about the WIPA program. Beginning in February 2010, staff members from the WIIRC/BASS were able to enter data into WIPA ETO, the data system used to track WIPA enrollees, and directly refer beneficiaries to WIPA projects based on their assessed needs. As a result, the proportion of recent WIPA enrollees reporting that they learned about WIPA through the WIIRC/BASS (20 percent) was nearly double that of earlier enrollees (10.6 percent).
5. The nature of services provided by WIPA projects remained largely unchanged from those provided to earlier enrollees; WIPA projects continued to encourage the use of services and supports that may increase employment and reduce reliance on disability benefits.
6. WIPA projects continued to have wide variation in service costs per beneficiary. Whether measured in terms of client enrollments or the specific activities undertaken by WIPA staff, output varied substantially across the 103 WIPA projects, even after taking into account variation in both SSA and non-SSA funding and input costs.

A companion report, Livermore et al. (2011), used SSA administrative data and earnings data from the IRS to investigate the employment, earnings, and work incentive use of WIPA users who first enrolled between October 1, 2009, and March 31, 2010. The report showed that receipt of more-intensive WIPA services (as measured by hours of service) was significantly associated with a greater likelihood of (1) using all of the SSA work supports examined, (2) having earnings in 2010 and experiencing an increase in earnings between 2009 and 2010, and (3) having SSA benefits suspended or terminated because of earnings during at least one month between WIPA program entry and the end of December 2010. Counselor discussion of particular work supports and selected employment-related suggestions were significantly associated with an increased likelihood of using the trial work period (TWP) and with having plans for achieving self-support, as well as with earnings increases between 2009 and 2010 and higher rates of benefit cessation, after holding other personal characteristics constant. While unable to say that WIPA services caused these outcomes, that report concluded that WIPA projects were serving beneficiaries who were actively working, seeking employment, using the SSA work-incentive provisions, and leaving the disability rolls at relatively high rates.

This report updates the analyses in Schimmel et al. (2011) using data that focus on a more recent time period. In most cases, we consider activities and outputs of WIPA projects during the period from January 1, 2011, through December 31, 2011. We refer to beneficiaries who first made contact and enrolled to receive WIPA services during calendar year 2011 as "recent enrollees," and to those beneficiaries who first made contact from April 1, 2010, to March 31, 2011, (covered in the

2011 evaluation) as “earlier enrollees.” In a few cases, we make mention of the results contained in Schimmel et al. (2010) to provide context about observed trends over time.

C. Key Findings

Our analysis focuses on documenting the activities of WIPA projects in 2011. We reach the following conclusions:

1. **The number of beneficiaries served for the first time continued to decline slightly.** WIPA projects first served 42,846 beneficiaries in calendar year 2011. This was a slight decrease from the number served during the previous 12-month period assessed in Schimmel et al. (2011) (45,834 from April 1, 2010 to March 31, 2011), and from what might have been expected based on the experience during the six-month period from October 1, 2009, to March 31, 2010 assessed in Schimmel et al. (2010) (when 26,278 beneficiaries were served). This suggests that SSA’s increased emphasis beginning in early 2011 on the provision of I&R services through the BASS led to fewer beneficiaries receiving such support from WIPA projects. It could also signal that, given a program funding level that remained constant, WIPA projects were devoting a greater share of resources to provide ongoing support to existing clients. Or it could have occurred for other reasons. For example, beneficiaries most interested in employment might have made contact with the WIPA program during an earlier period, or beneficiaries had less interest in work or fewer employment opportunities during the economic downturn, resulting in diminished demand for WIPA services
2. **The profile of WIPA enrollees and the types of services they were provided by WIPA projects in 2011 remained largely unchanged relative to the April 1, 2010, to March 31, 2011, period.** Recent WIPA enrollees were about the same age, had similar levels of education, similar primary disabling conditions, and were only very slightly more likely to be employed at intake than earlier enrollees (Table 1.3). During the time of the I&R and WIPA baseline assessments, there were few changes in the major topic areas discussed, the suggestions for service use and referral, and the way the contacts were resolved. WIPA projects continued to focus their discussions around services and supports designed to promote beneficiary employment.
3. **WIPA projects appear to have placed increased emphasis on providing intensive, ongoing services consistent with the intent of the program.** Those who first contacted a WIPA project during 2011 were more likely than those who first contacted the WIPA program from April 1, 2010, to March 31, 2011, to enroll to receive WIPA services (57.2 versus 54.1 percent) (Table I.3). This change is consistent with SSA’s increased reliance on the BASS to provide I&R services to beneficiaries, allowing WIPA projects to focus on more intensive, ongoing support. Moreover, the proportion of WIPA enrollees receiving additional support beyond the WIPA baseline assessment increased (from 77.6 to 80.7 percent). Taken together, these small changes suggest that since the earlier evaluation periods, WIPA projects prioritized providing ongoing WIPA services to an even greater degree in 2011.
4. **After initial improvements in data collection, WIPA projects were less likely to have completed I&R assessments for WIPA enrollees in calendar year 2011 than they were for enrollees from April 1, 2010, to March 31, 2011.** The percentage with an I&R assessment fell from 97.1 percent among enrollees in the earlier period to 93.9 percent among those in calendar year 2011, while the percentage with a baseline

assessment stayed about the same (92.1 and 91.9 percent, respectively) (Table I.3). We hypothesize that this decline may reflect the increasing emphasis on providing ongoing WIPA services to beneficiaries while operating with a fixed level of funding. It might also reflect procedural changes that occurred during this period such that more I&R assessments were initially created by the WIIRC before referring the cases onto the WIPA project, and so were not reflected in the WIPA projects' ETO data. Nonetheless, the vast majority of WIPA enrollees continued to have completed assessments. An examination of missing assessments by beneficiary subgroup indicated that data was missing at random, and therefore, our findings based on these data are generalizable to WIPA enrollees overall.

5. **WIPA projects continued to vary markedly in terms of output and service costs.** Adjusting for funding levels and input costs, direct service per-WIPA enrollee costs varied from \$147 to \$6,561, and costs per WIPA service hour ranged from \$50 to \$4,767 across the WIPA projects. This variation is similar to that reported in Schimmel et al. (2011) for the April 1, 2010, to March 31, 2011 period, when costs per WIPA enrollee ranged from \$157 to \$2,674 and costs per WIPA service hour ranged from \$52 to \$1,404. Extreme outliers contributed to this observed range; most (60 percent) WIPA projects had costs per service hour ranging from \$106 to \$240. Our findings suggest that several differences across WIPA projects were affecting their costs, including the share of clients receiving I&R-only versus WIPA services, the underlying demand for services within the projects' target populations, the availability of substitute services, how non-SSA funding was being used, and efficiency in providing services.

In Table I.3, we show selected statistics for the recent (January 1, 2011 to December 31, 2011) and earlier (April 1, 2010, to March 31, 2011, and October 1, 2009, to March 31, 2010) WIPA enrollee cohorts to facilitate comparisons between them. Table I.4 contains selected comparisons of the costs incurred by WIPA projects in delivering WIPA services during these time periods. These tables focus on key comparisons across the three time periods and do not represent exhaustive lists of the WIPA program statistics presented in this report. Full statistics for the April 1, 2010 to March 31, 2011 cohort are presented in Appendix A and discussed in Schimmel et al. (2011); statistics for the October 1, 2009 to March 31, 2010 period are contained in Schimmel et al. (2010).

D. Report Structure

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

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

Characteristic	Date of First Contact with a WIPA Project		
	January 1, 2011, to December 31, 2011	April 1, 2010, to March 31, 2011	October 1, 2009, to March 31, 2010
Number of Beneficiaries	42,846 ¹	45,834 ²	26,278
Received Information and Referral (I&R) only	18,351	21,038	13,668
Enrolled to receive WIPA services (WIPA enrollees)	24,495	24,796	12,610
Percentage of beneficiaries served who were WIPA enrollees	57.2	54.1	48.0
Characteristics of WIPA Enrollees			
Received SSDI benefits (%)	62.7	62.1	59.0
Reported health as fair (%)	33.0	33.0	28.7
Reported primary disability as cognitive or developmental (%)	12.7	12.4	14.1
Reported another unspecified primary disabling condition (%)	14.0	16.5	13.1
Employed when first contacted WIPA (%)	40.9	39.8	34.7
Considering employment when first contacted WIPA (%)	18.0	18.6	25.6
Learned about WIPA through the WIIRC (%)	15.9	20.0	10.6
Learned about WIPA through other WIPA outreach (%)	6.3	8.9	13.7
Services Provided to WIPA Enrollees			
Enrollees with an I&R assessment (%)	93.9	97.1	93.8
Enrollees with a WIPA baseline assessment (%)	91.7	92.1	89.6
Enrollees with at least one contact beyond baseline assessment (%)	80.7	77.6	71.4
Average number of additional contacts beyond baseline assessment ³	3.4	3.3	3.1
Enrollees with a WIPA follow-up assessment (%)	14.2	13.8	11.4

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

Note: Enrollment to receive WIPA services was determined on the last date shown in the range (i.e., December 31, 2011, for beneficiaries who first contacted the WIPA program from January 1, 2011, through December 31, 2011). Note that the measures of contacts beyond the baseline assessment as well as follow-up assessments cover a slightly different period to allow sufficient time for follow-up activities, as documented in each report.

¹ Of these, 22,175 made first contact from January 1, 2011, to June 30, 2011, and 20,671 made contact from July 1, 2011, to December 31, 2011.

² Of these, 25,117 made first contact from April 1, 2010, to Sept. 30, 2010, and 20,717 made first contact from October 1, 2010, to March 31, 2011.

³ Limited to WIPA enrollees with at least one additional contact.

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

Service Hours and Costs	Date Range for Services Provided		
	January 1, 2011, to December 31, 2011	April 1, 2010, to March 31, 2011	October 1, 2009, to March 31, 2010
Percent of total direct service hours devoted to I&R-only services ¹	20	22	30
Range of unadjusted service costs per WIPA enrollee ²	\$60–\$8,396	\$64–\$2,051	\$58–\$3,487
Range of adjusted service costs per WIPA enrollee ³	\$147–\$6,561	\$163–\$2,802	\$49–\$3,099
Range of unadjusted service costs per WIPA service hour ²	\$14–\$6,101	\$14–\$777	\$18–\$1,500
Range of adjusted costs per WIPA service hour ³	\$50–\$4,767	\$52–\$1,472	\$42–\$1,586
Range for second through fourth quintiles (middle 60 percent of WIPA projects ranked by adjusted costs)	\$106–\$240	\$112–\$278	\$104–\$310

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

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

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

² Unadjusted cost estimates include only SSA funding.

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

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II. DATA AND METHODS

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

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

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

A. Information Collected in ETO

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

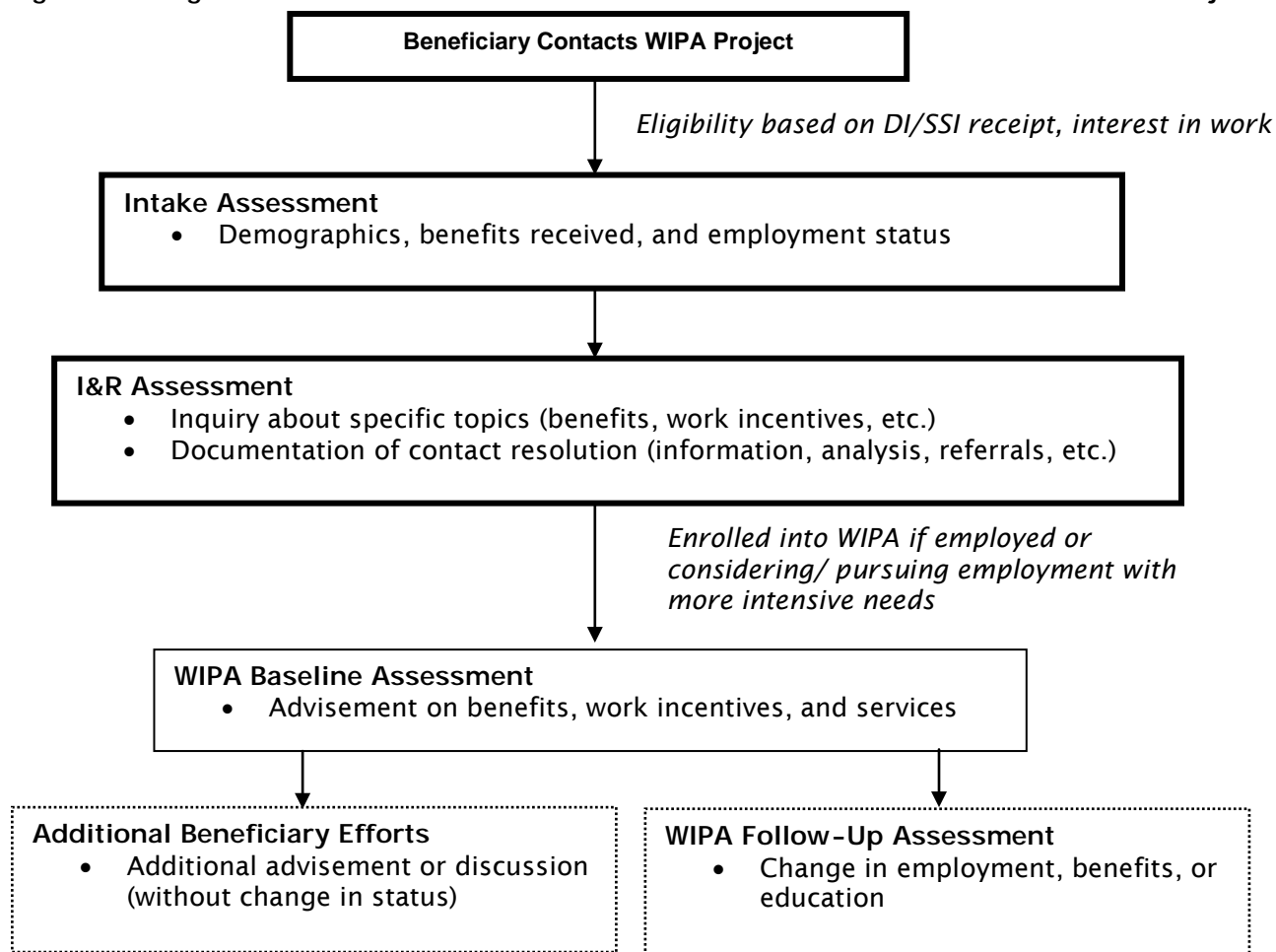
Intake information includes basic demographic information as well as educational attainment, benefits receipt, and employment status at that time. This information is to be entered into WIPA ETO on an intake screen. Per SSA specification, the WIPA ETO system requires that five elements be completed: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

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

⁸ Social Security number (SSN) is not a required element, because beneficiaries calling with simple inquiries may be hesitant to provide such sensitive information. More than 97 percent of WIPA enrollees have an SSN available and are therefore able to be merged to SSA administrative data.

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

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



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

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

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

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

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

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

B. Data Used in the Analysis

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

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

The snapshot of recent WIPA enrollees summarizes this key information for beneficiaries who first contacted a WIPA project from January 1, 2011, to December 31, 2011; this overlaps with the

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

one-year period covered in the previous evaluation. We call the date a beneficiary first made contact with a WIPA project the “entry date.”

Table II.1. Description of Analyses Contained in Report

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

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

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

In many places, we compare findings for recent WIPA enrollees (those who first made contact with a WIPA from January 1, 2011, to December 31, 2011) to earlier WIPA enrollees (those who first made contact from April 1, 2010, to March 31, 2011). While there is a 3-month overlap between these periods, we have chosen to move to a calendar year time frame for ease of interpretation. Activities of WIPA projects during the course of each 12-month period are relatively consistent, thus, we do not expect this overlap to introduce any biases into our findings.

Earlier WIPA enrollees who contacted the program from April 1, 2010, to March 31, 2011, were described in Schimmel et al. (2011). For this reason, the tables in the body of this report pertain only to WIPA enrollees with entry dates during calendar year 2011; selected results for enrollees with earlier entry dates are contained in Appendix A for comparison purposes. We do not discuss every possible comparison between recent and earlier enrollees; we refer the reader to the earlier report if a particular comparison is not made. It is important to note that due to resource constraints, we did not test for the statistical significance of reported differences between earlier and recent WIPA enrollees. For this reason, we tend to only discuss differences that seem to be of practical importance and are also relatively large.

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

Chapter VI contains information on the likelihood that a WIPA enrollee received a follow-up assessments or beneficiary efforts, and the number received. We include WIPA enrollees who first contacted a WIPA from July 1, 2010, to June 30, 2011, a different date range than in earlier chapters.

to allow time to elapse between first contacting a WIPA project and December 31, 2011, the last date that we measured WIPA activity.

By including any follow-up assessments or efforts that were completed on beneficiaries' behalf by December 31, 2011, the minimum amount of time for follow-up activities to have occurred after enrollment is six months (for those enrolled on June 30, 2011), and the maximum is 18 months for beneficiaries with the earliest entry date of July 1, 2010. Our analysis stratifies by entry date, to measure whether those who were enrolled longer have more follow-up activities than those enrolled for a shorter period.

3. Quantification of WIPA Output (Chapter VII)

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

Service output includes the number of beneficiaries enrolled in I&R and WIPA, assessments, and staff service efforts on behalf of beneficiaries. To assess the extent to which output and costs vary across 102 WIPA projects, we analyzed WIPA service delivery activity during the 12-month period from January 1, 2011, to December 31, 2011, using activity recorded in WIPA ETO, including the number of I&R and WIPA enrollments, I&R assessments, WIPA baseline assessments, and additional staff efforts made for WIPA beneficiaries. This one-year period overlaps with the period considered in a similar analysis in Schimmel et al. (2011).

We obtained information on funding for WIPA projects through data from SSA and from information solicited from all WIPA projects in March 2012 via WIPA ETO. Consideration of SSA funding alone might have led to large variations in the calculated cost per unit of output, so each WIPA project was asked about additional non-SSA funding received to support the provision of direct services through the WIPA program. Of the 102 WIPA projects in operation at the time of the survey, 100 responded.¹¹ Some WIPA projects reported receiving substantial additional funding, while others operated with SSA funds only. In the survey, WIPA projects were asked to enter the time period the funding covered and the percentage of funds used for direct WIPA services (including I&R or benefits counseling). In cases where the funding time period did not correspond exactly to the period of analysis in this report, we took a fractional amount of the total funding that included only the months in 2011.

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

¹¹ In several cases, WIPA projects were emailed and asked to provide clarification about their responses. Two WIPA projects did not respond to our request. In those cases, we made assumptions about their non-SSA funding based on our interpretation of the explanations provided via WIPA ETO.

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

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

We find that data collection completeness declined slightly in calendar year 2011 relative to the one-year period assessed in Schimmel et al. (2011), as evidenced by a lower proportion of WIPA enrollees that had I&R assessments. A similar proportion of enrollees had WIPA baseline assessments across the time periods, and we also find that the completeness of data on elements within each assessment in calendar year 2011 is approximately the same as it was for enrollees from April 1, 2010, to March 31, 2011. Rates of missing data continue to be high for certain elements; for this reason, our analysis in subsequent chapters provides sample sizes and response rates for each element so that the reader can assess the extent to which the available data on each element are representative of the WIPA program as a whole. Though rates of missing data are high for certain elements, our key findings are based on overall patterns and elements where data is available for the large majority of WIPA enrollees. Combined with our analysis that showed little variation in data completeness by beneficiary subgroup, we are confident that the trends on which we focus are representative of the WIPA program activities overall.

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

In 2011, 42,846 individuals received services from a WIPA project for the first time (Table III.1). By the end of the year, 42.8 percent, or 18,351 had received I&R only. The remainder (24,495 individuals, or 57.2 percent) had enrolled to receive WIPA services.

There was variation by quarter in the number of individuals first contacting a WIPA program (Table III.1); the holiday season from October 1, 2011, to December 31, 2011, saw the lowest number of new contacts (8,998, compared with approximately 11,000 in each of the other quarters). The proportion of individuals that went on to enroll to receive WIPA services by December 31, 2011, was approximately constant across the first three quarters, ranging from 57.9 to 59.6 percent, before falling to 50.8 percent in the fourth quarter. It is unsurprising that fewer individuals who contacted WIPAs in the fourth quarter enrolled in WIPA services by the end of our observation period, as they had less time to do so.

Fewer new people contacted the WIPA program in 2011 than in the 12-month period from April 1, 2010, to March 31, 2011, covered by Schimmel et al. (2011). From April 1, 2010, to March 31, 2011, 45,834 individuals first contacted a WIPA project (Appendix Table A.1), compared

with 42,846 from January 1, 2011, to December 31, 2011 (Table III.1).¹² The number first contacting a WIPA in each of the last three quarters of 2011 experienced a year-on-year decline. There is no definitive reason for the decline over time in the number of individuals contacting a WIPA for the first time. One likely cause, however, is that beneficiaries requiring I&R only received a higher quality service from the BASS beginning in early 2011, meaning that they did not need to make contact with the WIPA program. Other factors might have contributed to this decline. For example, high initial demand for the program by the beneficiaries most eager to use employment services and supports that might have tapered off over time because that demand was met. Or decreased employment opportunities resulting from the economic recession might have led to fewer beneficiaries viewing employment as a viable option and reduced interest in WIPA program services. It might also have been a product of fixed funding for an ongoing program; in order to provide ongoing services to beneficiaries, WIPA projects might have devoted fewer resources to outreach.

Table III.1. Number of Beneficiaries Served by WIPA Projects, by Beneficiary Entry Date

	Full Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	Jan. 1, 2011– Dec. 31, 2011	Jan. 1, 2011– Mar. 31, 2011	Apr. 1, 2011– Jun. 30, 2011	Jul. 1, 2011– Sept. 31, 2011	Oct. 1, 2011– Dec. 31, 2011
Total Number of Beneficiaries Contacting a WIPA Project	42,846	11,254	10,921	11,673	8,998
Enrolled to Receive I&R Only	18,351	4,551	4,593	4,784	4,423
Enrolled to Receive WIPA Services	24,495	6,703	6,328	6,889	4,575
Percentage with an I&R assessment	93.9	96.1	95.2	89.9	95.0
Percentage with a WIPA baseline assessment	91.7	94.1	91.7	88.1	93.1

Source: WIPA ETO, accessed January 15, 2012.

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

Nearly all recent WIPA enrollees had I&R assessment and WIPA baseline assessment data recorded in ETO; 93.9 percent had an I&R assessment and 91.7 had a baseline assessment (Table III.1).¹³ While the vast majority of WIPA enrollees had completed assessments, these proportions are lower than proportions for earlier enrollees, of whom 97.1 percent had an I&R assessment and 92.1 percent had a WIPA baseline assessment (Appendix Table A.1). The rates are slightly higher than for enrollees who first contacted a WIPA between October 2009 and March 2010 (Schimmel et al. 2010). We are unsure as to why completion of I&R assessments would have

¹² The period from January 1, 2011, to March 31, 2011 appears in both this report and in Schimmel et al. (2011). Differences in reported numbers during that time period across reports are due to data entry lags and data not available at the time the previous report was completed. This report contains the most current data available.

¹³ WIPA projects have been given specific instructions and in-depth technical assistance regarding the WIPA ETO system and the data that are to be collected. For security reasons, they are not to keep paper records on beneficiaries. We therefore assume that if an assessment or effort was conducted, it was recorded in WIPA ETO. Having assessment data in ETO does not mean that all data elements were collected; it simply means that an assessment form was started. For this reason, we assess item nonresponse on certain key elements from each assessment below.

fallen in the past year as compared to the prior year; WIPA projects should have been well versed in using ETO by this point, so this decline should not reflect difficulties with completing the assessment. Our conjecture is that WIPA projects may have been focusing on increasing their provision of ongoing support to WIPA enrollees, as described in the next several chapters. It might also reflect procedural changes that occurred during this period such that more I&R assessments were initially created by the WIIRC before referring the cases onto the WIPA project, and so were not reflected in the WIPA projects' ETO data. Nonetheless, the vast majority of WIPA enrollees had assessments completed in the most recent period.

B. Variation in Assessment Completion by Enrollee Subgroup

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

There was very little difference by beneficiary subgroup in the likelihood of having an I&R or baseline assessment (Appendix Table B.1). One exception to this was for beneficiaries ages 14–17; this group was less likely to have an I&R assessment but about as likely to have a WIPA baseline assessment than other ages. However, the small number of cases in this age group suggests that this difference may not be meaningful. Among groups broken down by self-reported primary disabilities, those with cognitive or developmental disabilities were most likely to have an I&R assessment (95.7 percent) and a WIPA baseline assessment (94.1 percent). Those with SSI only were more likely to have an I&R and WIPA baseline assessment (96.7 and 94.4 percent, respectively) than DI-only or concurrent beneficiaries. Finally, there was some variation by employment status at intake, though no group was systematically more likely to have both assessments completed. Overall, even in cases where these differences were observed, they were not large, suggesting that beneficiary subgroups are about equally likely to have their information captured. Thus, the available data should be representative for WIPA enrollees as a whole. We reached a similar conclusion after conducting a subgroup analysis for earlier WIPA enrollees (Appendix Table A.2).

C. Data Completeness on Key Elements

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

Response rates ranged from just over 60 percent on certain elements such as self-reported health status on the intake assessment to nearly 100 percent for required elements.¹⁴ In most cases,

¹⁴ Five elements are required by WIPA ETO: first and last name, date of birth, gender, benefits received at intake, and how the caller heard about the WIPA project. WIPA ETO will not allow data entry to continue until these items are entered, so these data are almost 100 percent complete.

response rates were approximately 75 percent or higher, especially among data elements in the I&R and WIPA baseline assessments. In cases where data is available for all or the vast majority of WIPA enrollees, we are confident that the statistics reported represent the experiences of enrollees in the program as a whole. When response rates are much lower, it is less clear whether those for whom data are available are representative of all enrollees. We did not consider missing data for each element by enrollee subgroup, so we are unable to confirm whether data are missing in a similar way across different types of enrollees.¹⁵ Because of this, we caution that the results in this report for each data element may not be representative of all recent WIPA enrollees. Because there is no set threshold at which results are able to be generalized to the entire population of WIPA enrollees, each reader may have a different point at which they become concerned that the results apply to all enrollees including those with missing information. To guide interpretation of our findings, in upcoming chapters we indicate for each data element the proportion of relevant enrollees with data available. Despite the potential for non-representative findings for specific data elements, we are confident that our overall findings are generalizable to full population of WIPA enrollees during calendar year 2011.

In general, the proportion of WIPA enrollees during calendar year 2011 with missing data is similar to that of enrollees from April 1, 2010, to March 31, 2011 (shown in Appendix Table A.2), suggesting that data completeness on particular elements may have reached a steady state.

D. Enrollment Intensity and Variation in Data Collection Efforts

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

To assess this possibility, we ordered WIPA projects in 2011 based on their “enrollment intensity” in a manner identical to that described in Schimmel et al. (2010). The enrollment intensity measure calculates the number of WIPA baseline assessments conducted by a WIPA project as a proportion of the number of SSDI and SSI beneficiaries in the project’s service area.¹⁶ By constructing this proportion, rather than simply counting the number of baseline assessments, we take into account the fact that some WIPA projects serve a larger population and therefore may be more likely to serve additional beneficiaries.

After calculating the enrollment intensity measure for each of the 102 WIPA projects serving beneficiaries during 2011 (shown in Appendix Table B.3), we divided the projects into thirds, or

¹⁵ Schimmel et al. (2010) explored the variation in data completeness by enrollee subgroup. While there were slight differences for some subgroups (such as younger enrollees), in general, there was relatively little variation across subgroups. Although we did not confirm this using more recent data, the similarity of other findings in this report and Schimmel et al. (2011) leads us to believe that subgroup variation would continue to be relatively small.

¹⁶ SSA provided denominators for Schimmel et al. 2010. These numbers have been updated for this report to reflect changes in the number of beneficiaries in the area covered by each WIPA project. More detail is provided in the notes for Appendix Table B.3.

terciles. Projects in Group 1, the highest tercile, collected WIPA baseline assessments for the highest proportion of enrollees relative to their service areas, while Group 3 WIPA projects collected baseline assessment for the lowest proportion. There is substantial variation within terciles—WIPAs in Group 1 served between 1.03 percent and 0.22 percent of beneficiaries in the project services area, Group 2 served between 0.22 percent and 0.13 percent of beneficiaries in the service area, and Group 3 served between 0.13 and 0.01 percent. On average, Group 1 WIPA projects completed baseline assessments for less than one-half of one percent (0.4 percent) of beneficiaries in the project service area (Table III.2). WIPA projects in Group 3 collected data for 0.1 percent of beneficiaries in the service area.

Projects in Group 1 served nearly half (48.5 percent) of new WIPA enrollees from January 1, 2011, to December 31, 2011, while those in Group 3 served one in five (18.6 percent) WIPA enrollees (Table III.2). This implies that the national profile of WIPA enrollees is concentrated among WIPA projects in the first and second tercile, with relatively fewer enrollees from WIPA projects in the third tercile.

WIPA projects in the first and second tercile were also more likely on average to complete WIPA assessments and efforts data than WIPA projects in the third tercile. About 93 percent or more of WIPA enrollees in Group 1 and Group 2 WIPA projects had a baseline assessment, as compared with 82.4 percent of enrollees in Group 3 WIPA projects (Table III.2). Among beneficiaries with a baseline assessment, Group 1 WIPA projects were nearly twice as likely as Group 3 WIPA projects to have beneficiaries with a follow-up assessment (12.1 percent versus 6.7 percent in Group 3). WIPA projects in Group 3 were also less likely to have completed at least one beneficiary effort (conditional on having a baseline assessment) than Group 2 projects (78.3 versus 83.5 percent), though Group 1 WIPA projects were the lowest (with only 74.5 percent having at least one effort). Conditional on having at least one effort, the average number of efforts was similar across the terciles. Together, these findings suggest that on average, WIPA projects in Group 3 served a lower proportion of beneficiaries in their service area and tended to provide services less intensively to the WIPA enrollees that they served. This pattern was not found when considering earlier enrollees from April 1, 2010, to March 31, 2011; it appeared then that no tercile group strictly dominated the others in all of the measures of data collection (Appendix Table A.3). It is not clear what has caused Group 3 WIPA projects to fall behind in the past year.

Table III.2 Groupings of WIPA Projects and Enrollment Intensity

WIPA Group	Number of WIPA Enrollees	Average Percentage of WIPA Enrollees in Service Area with Baseline Assessment	Percentage of WIPA Enrollees with a Baseline Assessment	Percentage of WIPA Enrollees with a Baseline and Follow-Up Assessment	Percentage of WIPA Enrollees with a Baseline Assessment and at Least One Effort	Average Number of Efforts (Conditional on One or More)
Overall	24,495	0.2	91.7	10.8	79.5	2.9
1	11,873	0.4	93.5	12.1	74.5	2.8
2	8,066	0.2	94.1	10.8	87.5	3.0
3	4,556	0.1	82.4	6.7	78.3	2.8

Source: WIPA ETO, accessed January 15, 2012.

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

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

The nature of services provided by WIPA projects depends in part on the characteristics and needs of the enrollees they serve. In this chapter, we provide information about the characteristics of recent WIPA enrollees. Where possible, we compare recent WIPA enrollees to earlier ones, as well as to disability beneficiaries as a whole. Throughout this chapter, we refer to enrollees during calendar year 2011 as “recent” enrollees, and those who enrolled from April 1, 2010, to March 31, 2011 as “earlier” enrollees. We find that the demographic profile of WIPA enrollees stayed relatively constant over time. We conclude that overall, WIPA enrollees continued to be more similar to work-oriented beneficiaries than to the full beneficiary population.

After documenting enrollee characteristics, we ascertain whether recent WIPA enrollees have been learning about the WIPA program in ways different from their earlier counterparts, which could be leading to changing enrollee needs. We find that the increase observed in Schimmel et al. (2011) in the proportion of beneficiaries learning about WIPA via the Ticket to Work program was maintained in 2011. Finally, we assess the topics WIPA enrollees discuss when receiving I&R after first contacting the WIPA and how those I&R contacts are resolved. We conclude that there was virtually no change in the nature and resolution of I&R contacts between enrollees in 2011 and earlier WIPA enrollees.

A. Personal Characteristics of Recent WIPA Enrollees

The demographic profile of recent WIPA enrollees in calendar year 2011 was about the same as for earlier enrollees, who were found to be comparable to the work-oriented beneficiaries profiled in Livermore et al. (2009a). Recent WIPA enrollees were younger on average than all beneficiaries (Livermore et al. 2009b), and the mean age and distribution was essentially the same as that of earlier WIPA enrollees. The proportion of recent enrollees who was female (49.4 percent) and the percentage married (18.6 percent) were similar to earlier enrollees as well (49.8 and 18.9 percent, respectively).¹⁷

The educational attainment level of WIPA enrollees in 2011 was very similar to those of earlier enrollees. Among enrollees in 2011, 23.5 percent had some college education at intake and an additional 13.3 percent had a bachelor’s degree or more (Table IV.1). Among WIPA enrollees who first contacted the program from April 1, 2010, to March 31, 2011, 23.3 percent had some college education and 13.8 percent had a bachelor’s degree or more (Appendix Table A.4).

The disability and health profile of WIPA enrollees stayed relatively similar over time. Recent WIPA enrollees were more likely to report having nonspinal orthopedic impairments (9.6 percent) or system diseases (13.7 percent), and less likely to report having other unspecified conditions (14.0 percent) than earlier WIPA enrollees (8.6, 12.3, and 16.5 percent, respectively) (Table IV.1; Appendix Table A.5). The reported health status of recent WIPA enrollees was similar to that of earlier enrollees and of work-oriented beneficiaries (Livermore et al. 2009a)

¹⁷ The percentages of non-missing responses on age and gender were also essentially unchanged between earlier and recent WIPA enrollees; that on marital status decreased slightly from 84.0 to 81.0 percent.

Table IV.1. Characteristics of WIPA Enrollees

	WIPA Enrollees with Entry Date in 2011 (Enrolled in WIPA by December 31, 2011)
Total Number of Enrollees	24,495
Age at Intake	
Percentage of enrollees with non-missing data	97.9
Number of enrollees with non-missing data	23,989
Mean age	42.4
Percentage in age range	
14–17	0.3
18–24	12.2
25–39	25.8
40–54	41.5
55–64	19.8
65–70	0.4
Gender	
Percentage of enrollees with non-missing data	98.1
Number of enrollees with non-missing data	24,023
Percent female	49.4
Marital Status	
Percentage of enrollees with non-missing data	81.0
Number of enrollees with non-missing data	19,841
Percent married	18.6
Educational Attainment at Intake	
Percentage of enrollees with non-missing data	70.2
Number of enrollees with non-missing data	17,204
Percentage at educational attainment level	12.8
Less than high school diploma	
High school diploma or equivalent	40.9
Other degree or certification	2.4
Associate's/two-year degree	7.1
Some college	23.5
Bachelor's degree or higher	13.3
Self-Reported Primary Disability at Intake	
Percentage of enrollees with non-missing data	85.1
Number of enrollees with non-missing data	20,843
Percentage reporting primary disability	
Cognitive/developmental disability	12.7
Mental and emotional disorders	37.0
Nonspinal orthopedic impairment	9.6
Sensory impairment	6.8
Spinal cord or traumatic brain injury	6.2
System disease	13.7
Other	14.0
Self-Reported Health Status at Intake	
Percentage of enrollees with non-missing data	60.7
Number of enrollees with non-missing data	14,861
Percentage reporting health status	
Poor health	2.8
Fair health	33.0
Good health	58.4
Very good health	5.7

Table IV.1 (continued)

	WIPA Enrollees with Entry Date in 2011 (Enrolled in WIPA by December 31, 2011)
Benefits Received at Intake	
Percentage of enrollees with non-missing data	100.00
Number of enrollees with non-missing data	22,495
Percentage receiving benefit	
SSDI only	62.7
SSI only	22.8
Concurrent SSDI and SSI	14.2
Private disability insurance	0.6
Veterans' benefits	0.7
Workers' compensation	0.2

Source: WIPA ETO, accessed January 15, 2012.

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

Relative to earlier WIPA enrollees, recent enrollees were equally likely to be SSDI-only beneficiaries (62.7 versus 62.1 percent), SSI-only beneficiaries, (22.8 versus 23.1 percent), or concurrent beneficiaries (14.2 versus 14.4 percent) (Table IV.1; Appendix Table A.6). On the whole, the demographic characteristics of recent WIPA enrollees were about the same as for earlier ones. There is little evidence that the small changes between earlier WIPA cohorts noted in Schimmel et al. (2011) were the start of continuing trends.

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

For the most part, the ways in which WIPA enrollees learned about the program remained similar over time. For example, vocational rehabilitation (VR) providers were the most common way that recent enrollees learned about WIPA (Table IV.2). More than one-third (36.8 percent) of earlier WIPA enrollees found out about the WIPA program from a VR provider (Appendix Table A.7) compared with 37.4 percent of recent WIPA enrollees. Other common sources of information about the program include community rehabilitation providers, the Work Incentive Information and Referral Center (WIIRC)/Beneficiary Access and Support Services (BASS), and other WIPA outreach.

The percentage of WIPA enrollees who reported hearing about the program through the WIIRC/BASS fell from 20.0 percent among earlier enrollees to 15.9 percent among recent enrollees, but still remained higher than that for enrollees who first contacted the program from October 1, 2009, to March 31, 2010 (12.7 percent). The previously documented increase occurred because WIIRC staff became able to directly enter records into ETO in February 2010. This meant that beneficiaries who contacted the WIIRC with need for in-depth information about benefits and work incentives received a follow-up call from their WIPA project, rather than being told how to contact a WIPA project directly. Over time, the effect of direct data entry might have stabilized. Also, as described previously, the WIIRC/BASS role evolved beginning in late 2010, so that by early 2011,

BASS staff were more highly trained staff and better able to provide high-quality I&R to beneficiaries. This likely resulted in fewer beneficiaries being referred to the WIPA program, as issues that previously went unaddressed the BASS were no longer being referred to the WIPA program.

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

	WIPA Enrollees with Entry Date in 2011 (Enrolled in WIPA by December 31, 2011)
Total Number of Enrollees	24,495
How Beneficiary Heard About WIPA	
Percentage of enrollees with non-missing data	99.75
Number of enrollees with non-missing data	24,434
Percentage of enrollees who heard about WIPA via:	
Community rehabilitation provider	7.4
Department of Labor One-Stop Center	1.5
Developmental disability agency	1.4
EN	6.3
Housing agency	0.1
Internet	1.2
Medicaid	0.2
Mental health agency	5.8
Newspaper	0.0
Other WIPA outreach	6.3
Other	8.4
Receipt of a Ticket	1.0
SSA field office	3.6
Television	0.0
Veteran service organization	0.2
VR provider	37.5
Walk-in	0.8
WIIRC/BASS ¹	15.9
WISE	2.3

Source: WIPA ETO, accessed January 15, 2011.

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

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

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

WIPA enrollees discussed a range of topics when they first received I&R, and they often discussed multiple topics with the CWIC. Work incentives was the most common discussion topic during the I&R contact, discussed by 72.4 percent of enrollees, followed closely by WIPA services at 70.6 percent (Table IV.3). This suggests that WIPA enrollees were oriented to topics geared toward employment; indeed 35.4 percent specifically discussed employment. Less than half of WIPA enrollees discussed benefits (45.5 percent), and very few discussed non-WIPA services (5.3 percent) or education (5.3 percent). The proportion discussing benefits fell somewhat, while the proportion discussing other topics grew slightly or changed very little compared to earlier WIPA enrollees (Appendix Table A.8).

The specific benefits, work incentives, and services that WIPA enrollees discussed at the time of I&R also highlight the emphasis on employment, similar to the pattern found among earlier WIPA enrollees.¹⁸ Within benefits, the two most commonly covered topics were public health insurance and the Ticket to Work program, discussed by 64.4 and 54.8 percent of enrollees, respectively (Table IV.3). Each of these topics is an important consideration as beneficiaries contemplate returning to work, and each was discussed by a larger percentage of recent enrollees than earlier enrollees. In terms of work incentives, beneficiaries with SSDI were most likely to discuss the TWP (93.9 percent) and extended period of eligibility (EPE) (79.8 percent), each of which allows beneficiaries to maintain cash benefits while working. Among beneficiaries with SSI, 1619(b), which allows for the continuation of Medicaid benefits after the suspension of cash benefits for work, was the most commonly discussed topic (80.0 percent of those receiving SSI). 1619(a), which allows SSI beneficiaries to maintain cash benefits while working, was also discussed by many SSI beneficiaries (48.7 percent). Both groups also frequently discussed impairment-related work expenses (IRWE) and the SGA level, discussed by 53.7 and 54.4 percent of WIPA enrollees, respectively. Both IRWE and SGA factor into whether benefits will be suspended or terminated if earned income exceeds a certain threshold. Finally, among non-WIPA services, a majority of WIPA enrollees (77.1 percent, compared with 73 percent of earlier enrollees) discussed VR services designed to prepare and assist individuals with disabilities in their employment efforts.

On the whole, we found that the likelihood of discussing specific work incentives tended to be lower among recent WIPA enrollees than earlier ones (Appendix A.10). While this was not uniformly the case (exceptions being 1619a, Medicaid Buy-In, Section 301, and blind work expense), in most cases, the proportion discussing particular incentives fell. The most obvious examples included discussion of extended Medicare (which fell from 50.9 percent of earlier enrollees who discussed the subject of work incentives to 45.3 percent among recent enrollees), the EPE (from 84.7 percent to 79.8 percent), SGA (58.3 percent to 54.4 percent), IRWEs (57.5 percent to 53.7 percent), PASS (33.3 percent to 31.0 percent), and 1619b (81.6 percent to 80.0 percent). Despite what appears to be a pattern, we cannot identify an obvious reason for these changes, as the characteristics of WIPA enrollees were remarkably similar in the two periods. Moreover, without performing significance tests, we do not know whether these differences are statistically important.

After speaking with beneficiaries when they call for I&R, CWICs indicate in the I&R assessment how the contact was resolved. Multiple forms of resolution are possible, including the provision of (1) basic information, (2) analysis and advisement, (3) work incentives assistance, (4) referral to a CWIC, or (5) referral to another service agency. Most commonly, WIPA enrollees were provided with analysis and advisement at the time of their I&R assessment (61.1 percent of WIPA enrollees), followed closely by receiving basic information (51.8 percent). Receiving work incentives assistance (48.8 percent) and being referred to a CWIC for an appointment (45.3 percent) were also common (Table IV.4). Service referrals to other agencies were rare, occurring in 5.2 percent of cases. This pattern of resolutions is fairly similar to that reported for earlier WIPA enrollees (Appendix Table A.9).

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

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

	WIPA Enrollees with Entry Date in 2011 (Enrolled in WIPA by December 31, 2011)
Total Number of Enrollees	24,495
Total Number of Enrollees with I&R Assessment	23,004
Benefits	
Percentage of enrollees with I&R assessment discussing topic	45.5
Number of enrollees with I&R assessment discussing topic	10,472
Percentage discussing specific items:	
Public health insurance	68.0
Ticket to Work ¹	58.7
Food stamps	36.2
Enrollment in SVRA	35.5
Subsidized housing	20.2
Other	6.5
Unemployment insurance benefits	1.6
TANF	1.1
Veterans' benefits	1.1
Workers' compensation	0.6
Work Incentives	
Percentage of enrollees with I&R assessment discussing topic	72.4
Number of enrollees with I&R assessment discussing topic	16,645
Percentage discussing specific items:	
TWP ³	93.9
1619b ²	80.0
EPE ³	79.8
SGA ¹	54.4
IRWE ¹	53.7
1619a ²	48.7
Extended Medicare ³	45.3
Expedited Reinstatement ¹	38.5
PASS ²	31.0
Medicaid Buy-In ⁴	30.8
Student Earned Income Exclusion ⁵	28.7
EITC	17.1
Subsidy development ¹	16.1
Section 301 ¹	4.7
Property Essential to Self-Support ²	2.8
Blind work expense ²	2.4
Other	1.2
WIPA Services	
Percentage of enrollees with I&R assessment discussing topic	70.6
Number of enrollees with I&R assessment discussing topic	16,240
Non-WIPA Services	
Percentage of enrollees with I&R assessment discussing topic	4.7
Number of enrollees with I&R assessment discussing topic	1,087
Percentage discussing specific items:	
VR services	77.1
EN	37.2
DOL One-Stop Center	25.2
Work-related training/counseling	24.1
Protection and advocacy	11.8
Other	10.0
EARN	7.8
Para-transit	3.1
Transitional youth services	1.4

Table IV.3 (continued)

WIPA Enrollees with Entry Date in 2011 (Enrolled in WIPA by December 31, 2011)	
Employment	
Percentage of enrollees with I&R assessment discussing topic	35.4
Number of enrollees with I&R assessment discussing topic	8134
Education	
Percentage of enrollees with I&R assessment discussing topic	5.3
Number of enrollees with I&R assessment discussing topic	1218

Source: WIPA ETO, accessed January 15, 2012.

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

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

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

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

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

⁵ Only applicable to SSI beneficiaries under age 22.

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

	Total	Basic Information	Analysis and Advisement	Work Incentives Assistance	Referred to CWIC for Appointment	Referred to Other Services Agency
Total number	23,004	11,915	14,044	11,232	10,423	1,186
Percentage	100	51.8	61.1	48.8	45.3	5.2
Topic of Inquiry						
Benefits	10,472	62.4	70.9	57.8	38.9	8.2
Work incentives	16,645	55.7	64.8	53.4	41.6	6.2
WIPA services	16,240	52.5	66.5	56.1	51.6	6.1
Non-WIPA services	1,176	67.7	68.1	66.7	55.6	26.0
Employment	8,134	61.2	75.7	64.1	51.0	10.0
Education	1,218	70.9	74.5	64.5	46.6	14.8

Source: WIPA ETO, accessed January 15, 2012.

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

The resolution of a beneficiary's I&R contact may vary with the reason he or she first contacted the WIPA. Table IV.4 shows that in most cases, inquiries among recent WIPA enrollees were resolved in a pattern similar to that for earlier enrollees. For example, service referrals were highest among the relatively few WIPA enrollees who inquired about non-WIPA services (Appendix Table A.10), a pattern that has persisted among recent WIPA enrollees (Table IV.4); 26.0 percent of enrollees inquiring about non-WIPA services received a service referral, compared with 14.8 percent or less of those inquiring about other topics. Analysis and advisement was the most common resolution regardless of the topic of inquiry.

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

WIPA projects are supposed to prioritize services to beneficiaries most interested in employment. This chapter documents the employment situation of recent WIPA enrollees at intake and at the time of the baseline assessment. We find that the recent cohort of WIPA enrollees (those first contacting the WIPA program from January 1, 2011, through December 31, 2011) had a similar employment profile as the cohort of earlier enrollees (WIPA enrollees making first contact from April 1, 2010, through March 31, 2011). Further, conditional on being employed, the hours, wages, and fringe benefits received by recent enrollees were similar to those of earlier employed enrollees. Enrollee employment and education goals also remained relatively constant over time.

The purpose of the WIPA program is to provide information to beneficiaries about benefits, work incentives, and services that may help them achieve their employment goals. For this reason, in this chapter we assess the proportion of beneficiaries who were already using such incentives at the time of the baseline assessment, and the likelihood of those who were not already using incentives receiving a suggestion to do so. We find that WIPA projects are continuing to encourage recent WIPA enrollees to use benefits, work incentives, and services to achieve their employment goals. Throughout this chapter, we continue to describe WIPA enrollees making contact with the program during calendar year 2011 as recent enrollees, and those who made contact from April 1, 2010, to March 31, 2011, as earlier enrollees.

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

About four in five recent WIPA enrollees (81.9 percent) were actively engaged in finding a job or were already working when they first contacted a WIPA project (Table V.1; sum of employment statuses other than “considering employment”). About half of those (41.1 percent overall) were looking for a job and 8.7 percent overall had a job offer pending. Nearly one-third (32.1 percent) of all WIPA enrollees were already working (30.7 percent employed by someone else, 1.4 percent self-employed). The remainder (18.0 percent) were considering work but not actively pursuing employment.

Recent WIPA enrollees were about as likely to be employed as earlier enrollees; 40.8 percent of recent enrollees were already employed or had a job offer pending at intake, compared with 39.8 percent of earlier enrollees (Table V.1; Appendix Table A.6). They were also about as likely to be only considering employment; 18.0 percent compared with 18.6 percent of earlier enrollees. If anything, there appears to be a slight trend toward WIPA enrollees already being employed at the time they make contact with the program.

Other characteristics of employment, such as full-time status, hours, wages, and the receipt of benefits at the time of the baseline assessment, stayed relatively constant over time. Reflecting the fact that WIPA enrollees have disabilities that limit their ability to engage in SGA, as well as financial incentives in the SSDI and SSI programs to limit earnings, very few recent enrollees were working full time—only 14.9 percent, the same as earlier enrollees (Table V.1; Appendix Table A.11). On average, recent WIPA enrollees who were employed worked half time (21.6 hours) and earned \$9.63 an hour, a minimal increase over the \$9.47 average among earlier enrollees (both reported in nominal dollars). Only 5.5 percent received benefits through their employer, reflective of the part-time and relatively low-paying positions they hold.

Table V.1. Employment Status of WIPA Enrollees

	WIPA Enrollees with Entry Date in 2011 (Enrolled in WIPA by December 31, 2011)
Number of WIPA Enrollees	24,495
Number of WIPA Enrollees with a Baseline Assessment	22,450
Employment Status at Intake	
Percentage of enrollees with non-missing data	99.7
Number of enrollees with non-missing data	24,430
Percentage of enrollees with employment status	
Considering employment	18.0
Looking for employment	41.1
Currently working	30.7
Job offer pending	8.7
Self-employed	1.4
Employment Status at the WIPA Baseline Assessment	
Percentage of enrollees with baseline assessment who had non-missing employment data	93.4
Number of enrollees with baseline assessment who had non-missing employment data	20,965
Percent employed	34.7
Employment Characteristics Among the Employed at Baseline	
Employed full-time	
Percentage of employed enrollees with non-missing data	97.9
Number of employed enrollees with non-missing data	7,120
Percent employed full-time	14.9
Number of hours worked per week	
Percentage of employed enrollees with non-missing data	89.0
Number of employed enrollees with non-missing data	6,474
Mean hours of work per week	21.6
Hourly wage	
Percentage of employed enrollees with non-missing data	84.6
Number of employed enrollees with non-missing data	6,152
Mean hourly wage (\$)	9.6
Receive benefits through employer	
Percentage of employed enrollees with non-missing data	91.3
Number of employed enrollees with non-missing data	6,641
Percent receiving benefits	5.5
Self-employed	
Percentage of employed enrollees with non-missing data	89.9
Number of employed enrollees with non-missing data	6,540
Percent self-employed	7.4

Source: WIPA ETO, accessed January 15, 2012.

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

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

Most WIPA enrollees are able to identify specific employment goals during the baseline assessment; approximately four in five recent WIPA enrollees reported employment goals (84.0 percent); of those, 84.6 percent had strategies to achieve those goals (Table V.2). Despite so many with employment goals, relatively few had accessed employment services in the past year (46.5 percent), and about the same proportion (48.6 percent) had looked for work in the past four weeks. Recent enrollees were slightly more likely than earlier enrollees to have employment goals (82.0 percent among earlier enrollees), to have accessed employment services (44.3 percent), and to have recently looked for a job (47.8 percent) (Appendix Table A.12).

Compared to employment goals, relatively few recent WIPA enrollees had education goals identified at the time of the baseline assessment; 22.5 percent of those with information available indicated they had education goals (Table V.2). Most enrollees are beyond typical school age, so this is not necessarily surprising. At baseline, only 14.9 percent were pursuing education. This could reflect beneficiaries' beliefs that the education they have is sufficient to obtain their desired position. This is supported by the fact that CWICs suggested education to only 10.1 percent of WIPA enrollees at baseline.

Although most enrollees reported employment goals at baseline, relatively few planned to reduce or stop receiving disability benefits when they enrolled to receive WIPA services. About one-quarter (26.2 percent) indicated that reducing benefits was their initial plan, while 16.7 percent indicated that they would like to stop receiving benefits altogether (Table V.2). Around one-third indicated that their initial plan did not include reducing (33.4 percent) or stopping (38.8 percent) benefits, while the rest had not yet made a decision when they contacted the WIPA program. Recent enrollees were about as likely as earlier WIPA enrollees to plan to reduce (25.0 percent) or exit benefits (16.0 percent) (Appendix Table A.12).

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

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

For each WIPA enrollee, CWICs are supposed to determine at the time of the baseline assessment whether the beneficiary has or is currently using a particular benefit, work incentive, or service. If the beneficiary is not, WIPA ETO offers a way to record whether it was suggested that he or she access that benefit or service. We assess these data in this section, keeping in mind several caveats with respect to its reliability, described in more detail in Appendix C. First, for work incentives, WIPA ETO allowed the CWIC to record "knowledge at intake" in the baseline assessment as mutually exclusive to use of the incentive by the beneficiary. This means that if knowledge was recorded, we have no way to know whether the work incentive was being used at baseline or whether it was suggested by the CWIC. The number of WIPA enrollees with this response category is not small for several of the work incentives. For instance, one in five (20.3 percent) SSDI beneficiaries reported knowledge of the TWP at the time of the baseline assessment. For this reason, we show responses in this category along with the use options for work

incentives. Second, WIPA ETO also included an option indicating that benefits, work incentives, or services were “utilized after receiving WIPA services.” This category makes sense for follow-up assessments, but not for the baseline assessment, since no WIPA services would have been provided yet. The number of WIPA enrollees with this response category was low; we have excluded this category from the counts of enrollees with the topics completed shown in Tables V.3, V.4, and V.5. Finally, we did not correct for potential discrepancies across data elements (for example, a person’s record could indicate enrollment in an SVRA but not indicate that he or she had used VR services).

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

	WIPA Enrollees with Entry Date in 2011 (Enrolled in WIPA by December 31, 2011)
Total Number of Enrollees	24,495
Total Number of Enrollees with WIPA Baseline Assessment	22,450
Employment Goals	
Number of observations	21,889
Percentage of enrollees with WIPA baseline assessment	97.5
Beneficiary identified employment goals	84.0
Beneficiary had strategies to meet employment goals	84.6
Services for Getting a Job or Increasing Earnings	
Number of observations	20,099
Percentage of enrollees with WIPA baseline assessment	89.5
Beneficiary used services in the past year	46.5
Actively Seeking Employment	
Number of observations	20,380
Percentage of enrollees with WIPA baseline assessment	90.8
Beneficiary looked for work in the past four weeks	48.6
Education Goals	
Number of observations	20,924
Percentage of enrollees with WIPA baseline assessment	93.2
Beneficiary identified education goals	22.5
Education	
Number of observations	15,369
Percentage of enrollees with WIPA baseline assessment	68.5
Pursuing at intake	14.9
Not pursuing at intake	75.0
Not pursuing at intake, WIPA recommended	10.1
Wants to Earn Enough to Reduce Benefits	
Number of observations	19,330
Percentage of enrollees with WIPA baseline assessment	86.1
Beneficiary made no decision	40.4
Was not their initial plan	33.4
Was their initial plan	26.2
Wants to Earn Enough to Stop Receiving Benefits	
Number of observations	19,685
Percentage of enrollees with WIPA baseline assessment	87.7
Beneficiary made no decision	44.5
Was not their initial plan	38.8
Was their initial plan	16.7

Source: WIPA ETO data, accessed on January 15, 2012

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

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

Use of Health Insurance					
	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Using at Intake		
Public Health Insurance	95.3	21,383	89.1		
Medicaid	85.8	19,256	28.7		
Medicare	85.8	19,256	38.2		
Medicaid and Medicare	85.8	19,256	33.1		
Private Health Insurance	90.8	20,385	12.7		
Use of Other Benefits					
	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Using at Intake	Percentage Not Using at Intake but Suggested	Percentage Not Using at Intake, Not Suggested
Enrollment in SVRA	94.1	21,126	52.4	27.7	19.8
Ticket to Work ¹	93.0	20,866	39.7	42.1	18.2
Food Stamps	87.6	19,652	37.6	11.1	51.4
Subsidized Housing	85.8	19,260	16.1	16.1	67.9
Veterans Benefits	79.6	17,865	2.4	0.9	96.7
TANF	79.7	17,887	1.3	1.5	97.2
Unemployment Insurance Benefits	79.7	17,886	1.0	1.4	97.7
Workers' Compensation	79.7	17,885	0.7	1.2	98.1

Source: WIPA ETO, accessed January 15, 2012.

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

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

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

	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Using at Intake	Percentage Not Using at Intake but Suggested	Percentage Not Using at Intake, Not Suggested	Percentage Reporting Knowledge at Intake
TWP ¹	91.7	15,711	11.3	63.8	4.5	20.3
1619a ²	81.7	6,931	7.6	53.9	32.3	6.2
Medicaid Buy-In ³	83.5	11,632	5.5	42.3	47.0	5.3
EPE ¹	90.5	15,514	4.5	69.8	10.0	15.7
Student Earned Income Exclusion ⁴	97.7	1,217	3.5	42.3	50.8	3.5
1619b ²	88.9	7,545	3.4	78.7	11.5	6.5
SGA ⁵	85.5	19,177	2.6	60.2	24.9	12.3
Extended Medicare ¹	86.9	14,899	1.7	62.0	27.7	8.7
EITC	78.1	17,534	0.9	37.1	56.7	5.3
Section 301 ⁵	75.2	16,860	0.7	13.7	83.6	2.0
IRWE ⁵	87.9	19,702	0.5	68.3	22.1	9.1
Expedited Reinstatement ⁵	84.4	18,920	0.4	49.1	42.2	8.3
PASS ²	81.1	6,879	0.3	41.7	52.8	5.2
Property Essential to Self-Support ²	74.6	6,325	0.3	8.9	89.8	1.0
Subsidy development ⁵	78.5	17,601	0.3	29.9	66.3	3.5
Blind work expense ²	74.0	6,280	0.1	3.5	96.0	0.4

Source: WIPA ETO, accessed January 15, 2012.

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

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

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

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

⁴ Only applicable to SSI beneficiaries under age 22.

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

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

	Percentage of WIPA Enrollees with Topic Completed	Number of WIPA Enrollees with Topic Completed	Percentage Using at Intake	Percentage Not Using at Intake but Suggested	Percentage Not Using at Intake, Not Suggested
VR services	91.2	20,466	53.0	30.5	16.5
Work-related training/counseling	81.9	18,381	26.4	27.2	46.3
EN	83.7	18,781	24.8	37.4	37.8
DOL One-Stop Center	80.6	18,094	8.1	34.0	57.9
Para-transit	75.8	17,003	4.9	8.7	86.4
Transitional youth services	74.1	16,628	1.8	2.0	96.1
Protection and advocacy	77.0	17,277	1.1	18.0	80.9
EARN	74.1	16,626	0.7	9.2	90.1

Source: WIPA ETO, accessed January 15, 2012.

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

The majority of WIPA enrollees had information recorded about the use of specific benefits; 79 percent or more had information collected on the elements shown in Table V.3.¹⁹ Nearly 9 in 10 (89.1 percent) were using public health insurance when they enrolled to receive WIPA services, with 61.8 percent of those with public coverage having Medicaid coverage and 71.3 percent having Medicare.²⁰ The use of other employment-related benefits was lower; use of an SVRA—the next most-used benefit—was reported by 52.4 percent of WIPA enrollees. Almost 4 in 10 reported using their Ticket (39.7 percent) and a similar proportion reported using food stamps (37.6 percent). Fewer than 2 in 10 WIPA enrollees reported using subsidized housing (16.0 percent), private health insurance (12.7 percent), veterans' benefits (2.4 percent), TANF (1.3 percent), unemployment insurance (1.0 percent), or workers' compensation (0.7 percent). Recent WIPA enrollees were more likely than earlier enrollees to report enrollment in SVRA services, participation in Ticket to Work, and use of food stamps (Table V.3; Appendix Table A.14).

Among those not using benefits at baseline, CWICs most often suggested that WIPA enrollees use their Ticket or enroll with an SVRA (Table V.3). Among all enrollees with information on the topic, 42.1 percent received a suggestion to use their Ticket (69.8 percent of those not using), and 27.7 percent received a suggestion to enroll with an SVRA (58.2 percent of those not using). These benefits were not suggested to nearly one in five WIPA enrollees (among those with information

¹⁹ For clarity of presentation, the remainder of the results reported in this section applies only to WIPA enrollees for whom data are available. We are unable to ascertain whether these results would generalize to all recent WIPA enrollees and therefore focus only on those for whom a particular data element is completed. The prevalence of missing data for each element is reported in the tables; we alert readers to be mindful of missing data as they draw inferences from the numbers presented.

²⁰ Note that according to data captured in WIPA ETO, the percentage of WIPA enrollees with SSDI is 76.9 percent and SSI is 37.0 percent (Table IV.1). Thus, there is likely measurement error in the self-reported rates of public health insurance coverage.

available), Ticket to Work (TTW) was not discussed with 18.2 percent of enrollees, and enrollment in SVRA services was not discussed with 19.8 percent of enrollees).²¹

SSA provides a range of work incentives to beneficiaries to assist them in their employment efforts. Certain benefits like the TWP and EPE only apply to SSDI beneficiaries, while others such as 1619(a) and 1619(b) only apply to those receiving SSI. Others, such as impairment-related work expenses (IRWE) and SGA, affect all beneficiaries.^{22, 23} When considering the use of work incentives in Table V.4, we ensured that only WIPA enrollees eligible for each incentive by virtue of their SSDI/SSI status were included in the counts (described in more detail in Appendix C).

The use of work incentives by WIPA enrollees at the baseline assessment was uncommon (Table V.4). Use of the TWP by SSDI beneficiaries was the highest, but even it had been used by only 11.3 percent of beneficiaries. Conditional on their not using it at baseline, CWICs were most likely to suggest the use of the TWP and EPE to SSDI beneficiaries (71.9 and 73.1 percent, respectively), and 1619(b) and 1619(a) to SSI beneficiaries (81.5 and 58.3 percent, respectively).²⁴ These work incentives are designed to allow beneficiaries to maintain their benefits for some period while attempting to return to work. CWICs also suggested that a significant proportion (71.5 percent) of those not already using IRWE at baseline begin to use it, as this incentive allows the deduction of certain expenses from the calculation of income for purposes of determining whether the beneficiary is engaging in SGA.

The use of services at the time of the baseline assessment (shown in Table V.5) was generally higher than the use of work incentives (shown in Table V.4). For example, 53.0 percent of WIPA enrollees reported using VR services,²⁵ 26.4 reported the use of work-related training or counseling, and 24.8 percent reported using an EN. Other services were used less frequently. Conditional on not using the service at baseline, these three services were also the most likely to be suggested: 64.9 percent of beneficiaries received a suggestion to use VR, 49.7 percent to use EN services, and 37.0 percent to use work-related training or counseling.²⁶ Also, 36.9 percent of WIPA enrollees not already using it received a suggestion to use the services of a Department of Labor (DOL) One-Stop Center.

²¹ It is not possible to determine from the data whether these supports were simply not discussed with the WIPA enrollee or whether it was explicitly suggested that the beneficiary not use them.

²² Brief descriptions of each of the work incentives mentioned in this report can be found in Schimmel et al. (2010), Table II.1.

²³ Work incentives such as TWP, EPE, 1619(a), and 1619(b) differ from some of the others in the table in that they apply automatically if beneficiaries work and earn over a certain amount. Therefore, WIPA enrollees may have used these incentives by baseline, but have not been aware of it. Livermore et al. (2011) used administrative data to assess the use of these types of work incentives among a cohort of earlier WIPA enrollees.

²⁴ These percentages are not shown explicitly in Table V.4, but rather are calculated by using the relevant values (as shown) in the numerator but excluding those already using the work incentive at baseline from the denominator.

²⁵ The percentage using VR services reported in Table V.5 differs from the percentage enrolled in an SVRA reported in Table V.3 because we did not attempt to correct for inconsistencies across elements. It is also possible that someone accessed VR services without enrolling with an SVRA, which would mean alignment across these elements would not be necessary.

²⁶ Again, these percentages are derived from information contained in Table V.4 but are not explicitly shown there.

Compared with earlier WIPA enrollees, no clear pattern of differences in use emerges when considering the totality of information contained in Tables V.3, V.4, and V.5 for recent WIPA enrollees (Appendix Tables A.13, A.14, and A.15). In most cases, the likelihood of use at the time of the baseline assessment among recent enrollees is slightly higher than that among earlier enrollees, but the differences are small, and use at intake fell in some cases. In general the likelihood of receiving a suggestion to use specific elements, conditional on not using them at baseline assessment, fell slightly, but the changes are mostly small and not uniformly negative. Thus, we conclude that WIPA projects are continuing to suggest the use of key benefits, work incentives, and services to enrollees at the time of their baseline assessment.

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

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

In earlier chapters, we focused on beneficiaries who first contacted a WIPA project in calendar year 2011. In this chapter, we focus on a different group of recent WIPA enrollees, namely those who first contacted a WIPA project between July 1, 2010, and June 30, 2011. The number of WIPA enrollees with a baseline assessment was similar during that one-year period to that used in earlier chapters, which also covered a one-year time span. The reason for this change is to allow at least a six-month period to have elapsed between the first time the beneficiary contacted the WIPA project and the last date for which we have data (December 31, 2011). Those with entry dates early in this range will have had a longer period of time for efforts and follow-up assessments to have been collected (up to 18 months); for this reason, we stratify our analysis by entry dates. This allows us to assess whether WIPA enrollees receive additional services as they remain enrolled in the program.

In this chapter, we continue to compare the experience of more recent WIPA enrollees to earlier ones. However, because of the change in date range required to allow sufficient time for follow-up, the cohort of earlier enrollees also differs from those referred to in earlier chapters. The cohort of earlier WIPA enrollees described in this chapter includes those who first contacted the WIPA program from October 1, 2009, to September 30, 2010. The experiences of this cohort were described in detail in Schimmel et al. (2011).

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

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

Among the 24,230 WIPA enrollees with baseline assessments conducted from July 1, 2010, to June 30, 2011, 18,059 (80.7 percent) had at least one additional effort recorded in ETO (Table VI.1). This percentage was slightly higher than the 77.6 percent of earlier WIPA enrollees (those contacting the program from October 1, 2009, to September 30, 2010) who had at least one effort (Schimmel

et al. 2011). These efforts could include a short phone call or something more involved, such as completion of a BS&A; we did not analyze the amount of time spent on these efforts for the purposes of this analysis. On average, among recent WIPA enrollees with at least one effort, 3.4 efforts were conducted, similar to the 3.3 efforts that were conducted among earlier enrollees. 83.9 percent had five or fewer efforts and a significant minority (4.9 percent) had 10 or more efforts from the time they first contacted a WIPA to December 31, 2011.

A longer time between a beneficiary's entry date and the last date of observation did not increase the likelihood of having at least one effort, but it did lead to a higher average number of efforts among those with at least one (Table VI.1). WIPA enrollees from January 1, 2011, to March 31, 2011, were the most likely to have at least one effort (82.7 percent), but those who enrolled both before and after that quarter were nearly equally as likely to have at least one effort (approximately 80 percent). Meanwhile, the average number of efforts among those with at least one effort increased steadily across quarters, from 2.9 to 3.7. This suggests that as time elapses, WIPA projects continue to work with WIPA enrollees; this conclusion is consistent with the conclusions reached in Schimmel et al. (2011) and Schimmel et al. (2010) and shown in Appendix Table A.16.

Table VI.1. Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees, by Enrollee Entry Date

	Full Period	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	July 1, 2010– June 30, 2011	July 1, 2010– Sept. 30, 2010	Oct. 1, 2010– Dec. 31, 2010	Jan. 1, 2011– Mar. 31, 2010	Apr. 1, 2011– June 30, 2011
WIPA Enrollees with a Baseline Assessment	24,230	6,804	5,598	6,489	5,339
Beneficiary Efforts					
Number of WIPA enrollees with at least one effort	18,059	4,969	4,113	5,053	3,924
Percentage of WIPA enrollees with at least one effort	80.7	80.0	80.1	82.7	79.9
Average number of efforts ¹	3.4	3.7	3.5	3.3	2.9
Distribution of efforts ¹					
1	33.5	32.8	32.0	33.1	36.4
2 to 5	50.4	48.1	51.0	51.6	51.4
6 to 10	11.2	12.4	11.5	10.7	9.9
More than 10	4.9	6.7	5.5	4.7	2.4
Follow-Up Assessments					
Number of WIPA enrollees with at least one follow-up assessment	3,166	973	796	819	578
Percentage of WIPA enrollees with at least one follow-up assessment	14.2	15.7	15.5	13.4	11.8
Average number of follow-up assessments ²	1.3	1.3	1.3	1.3	1.2

Source: WIPA ETO, accessed January 15, 2012.

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

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

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

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

Follow-up assessments occur when WIPA enrollees have a significant change in benefits, education, or employment and inform the WIPA project of such a change. It is possible that enrollees who experience good outcomes such as increased employment will not contact the WIPA project, because they do not see themselves as being in need of services. Thus, it is likely that the number of beneficiaries experiencing changes that theoretically warrant a follow-up is higher than the number who actually have a follow-up assessment recorded. However, we are unable to identify the magnitude of the underreporting.

With this caveat in mind, data collected in WIPA ETO show that 14.2 percent of WIPA enrollees with entry dates from July 1, 2010, to June 30, 2011, had at least one follow-up assessment by December 31, 2011 (Table VI.1). This is about the same as the 13.8 percent of earlier WIPA enrollees with a follow-up assessment over a similar time span (Appendix Table A.16). Reflecting the fact that changes in outcomes may take time to occur, the likelihood of having a follow-up assessment is higher among WIPA enrollees with earlier entry dates; those with entry dates from July 1 to September 30, 2010, are 33 percent more likely to have had a follow-up assessment by March 31, 2011, than enrollees with entry dates from April 1 to June 30, 2011 (15.7 percent versus 11.8 percent).

The number of follow-up assessments is lowest for those with entry dates from April 1 to June 30, 2011, but about the same across the three earlier quarters (Table VI.1). This, combined with the increasing likelihood of having at least one follow-up assessment, may suggest that over time more WIPA users experience changes in their situation, but WIPA users who receive follow-up assessments generally need the same number of them, regardless of when the first follow-up assessment occurs.

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

During 2011, WIPA projects provided services to 59,613 beneficiaries, including those who newly contacted a WIPA project during this period (highlighted in earlier chapters) and those who were already being served at the start of the period. SSA paid the WIPA projects approximately \$20 million for this 12-month period, implying that the cost per beneficiary served during the time was approximately \$334. This overall per-beneficiary cost masks substantial variation in outputs and costs across the 102 WIPA projects.

In this chapter, we examine this variation using three gross cost measures representing rough indicators of WIPA performance. The measures focus on the costs of providing core WIPA services, excluding I&R and outreach-related efforts. We were able to adjust the measures for variation in the local costs of inputs and for non-SSA resources that the WIPA projects obtained to provide services. However, there were many differences across WIPA projects that affected the cost-per-output measures for which we lacked systematic information that could be used to adjust the measures—relative demand for I&R versus WIPA services by beneficiaries, staff experience, actual staff wage rates and rents, and overall beneficiary demand for services. Hence, the measures presented in this chapter provide only a broad-brush assessment of WIPA performance during the period and the extent of variation in performance across the 102 WIPA projects.

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

The findings indicate that output—whether measured in terms of the number of clients or in activities undertaken by WIPA staff—varied substantially across the 102 WIPA projects. This reflected the substantial variation in sites' sizes and funding levels. However, considerable variation still existed in the costs per output when we took into account both SSA and non-SSA funding and input costs. Costs per WIPA enrollee served during the period ranged from \$147 to \$6,561, and costs per WIPA service hour ranged from \$50 to \$4,767 across the projects, after adjusting for differences in input costs and non-SSA funding. Our findings suggest that significant differences across the WIPA projects were affecting their costs. These included the share of clients receiving I&R-only versus WIPA services, and it also might have included the underlying demand for services within the projects' target populations, the availability of substitute services, and efficiency in providing services.

A. WIPA Outputs

Table VII.1 shows the quintile ranges and totals for each of several types of outputs measured in terms of the number of clients served and the type of activity.²⁷ WIPA output varied substantially across projects for the period, regardless of output measure. Some variation was to be expected, given large differences in the size of the projects and their funding levels. Differences in the service needs of each WIPA project's local target population also may have contributed to the large degree of variation. Overall, about 59,600 beneficiaries received services during 2011, with new enrollments representing the large majority (76 percent) of the clients served. Individual WIPA projects enrolled as few as 89 new clients and as many as 1,285 during the 12-month period. Most enrolled between 220 and 700 new clients and served a total of about 250 to 800. There was also a very large degree of variation across WIPA projects in the types of activities undertaken (I&R assessments, WIPA baseline assessments, and other efforts). Again, some variation was to be expected, given the differences across programs in size and funding levels.

In Table VII.2, we examine the proportion of WIPA outputs represented by I&R-only clients or services. This is of interest because SSA has provided guidance to the WIPA projects regarding its priorities for service delivery, indicating that the WIPA projects should be devoting no more than 20 percent of their resources to outreach activities and I&R services, leaving 80 percent for WIPA baseline assessments, follow-up assessments, and efforts.²⁸ Across all WIPA projects, 31 percent of all clients who received any type of service during the period received only I&R; that is, they were not enrolled into WIPA services. The percentage of I&R-only clients was higher (41 percent) among new enrollees during the period. We estimated the share of total direct-service hours (hours spent providing services to clients) devoted to I&R services to be 20 percent overall. Note that outreach efforts are not included as direct services to clients and so are not considered in these calculations. Thus, unless the WIPAs are doing minimal outreach, or are using non-SSA funds for outreach activities, the 20 percent I&R/80 percent WIPA direct-service split suggests that more resources than SSA intends are likely being devoted to activities other than services to WIPA enrollees.

It is important to note that the above numbers alone, while suggestive, do not indicate with certainty the extent to which WIPA projects were operating within a range that might be considered as meeting the SSA 20 percent guidance. This is for at least two possible reasons:

- I&R-only clients likely received substantially less-intensive services and so represented a smaller percentage of total effort than is implied by the two client-based output measures presented in Table VII.2.
- Although in theory, the service hour-based measure should more accurately reflect the share of effort devoted to I&R services than does the number of clients, this measure is based on an assumption regarding the *mean* time spent on I&R and WIPA baseline assessments, rather than the *actual* time, because staff members do not record the actual time spent on WIPA assessments. The same I&R assessment time (one hour) is assumed

²⁷ The number of WIPA projects in each quintile is unequal because the total (102) is not divisible by 5 and because WIPA projects with the same value for a particular statistic are grouped in the same quintile.

²⁸ In the next section, we examine costs per unit of output, focusing only on WIPA-enrolled clients and services and assuming that 80 percent of SSA funding is devoted to these clients and services. For the cost measures that incorporate non-SSA funding, we used the percentage of funding devoted to direct services. We then used 80 percent of the direct service funding to account for I&R services provided.

for all WIPAs, but it is possible that this assumption is biased. For example, if there is a strong negative relationship between the share of I&R-only clients and time spent providing I&R services (that is, if WIPA projects serving relatively large numbers of I&R-only clients are providing relatively less-intensive I&R assessments), then the I&R service time percentages shown in Table VII.2 will overstate the share of effort devoted to I&R services.

For the above reasons, we cannot conclude with certainty that the WIPA projects were not meeting SSA's 80 percent target with respect to the allocation of resources to direct WIPA services.

Table VII.1. WIPA Outputs, January 1, 2011, to December 31, 2011

	Ranges by Quintile					Total
	First	Second	Third	Fourth	Fifth	
Outputs as Measured by Clients						
Number of new/existing I&R-only clients	19–63	72–111	113–155	170–256	279–672	18,719
Number of new/existing WIPA clients	14–175	177–286	312–402	410–584	599–639	40,894
Total (unduplicated) number of new/existing clients	130–256	258–441	442–579	595–825	847–2,017	59,613
Number of new I&R-only clients	19–63	72–110	112–157	170–255	265–660	18,384 ²
Number of new WIPA clients ¹	7–118	119–179	190–261	262–392	394–1,107	26,921
Total (unduplicated) number of new clients	89–210	221–307	309–432	434–677	695–1,285	45,305
Outputs as Measured by Activity						
Number of I&R assessments	72–151	152–228	231–358	360–520	525–1,273	34,896
Number of WIPA baseline assessments	5–110	114–174	175–243	248–379	381–1,135	25,582
Number of WIPA efforts	12–353	355–544	552–914	918–1297	1316–7810	98,988
Total time of efforts (hours)	7–259	280–426	427–662	673–946	1006–5305	72,244

Source: WIPA ETO data, accessed on January 15, 2012.

Notes: The number of each type of assessment is greater than the respective number of new enrollments because WIPA projects could have enrolled the beneficiary before January 1, 2011 (the beginning of our study period) and conducted the assessment after that date. In addition, beneficiaries can have more than one assessment.

"New clients" refers to those enrolled during the observation period (January 1, 2011–December 31, 2011). "Existing clients" refers to those enrolled before the observation period but who received services during the observation period. Beneficiary "efforts" are services provided to WIPA enrollees in addition to the baseline assessment; see Chapter II for a more detailed explanation.

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

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

Table VII.2. Percentage of WIPA Outputs Represented by I&R-Only Clients and Services, January 1, 2011, to December 31, 2011

	Ranges by Quintile					All
	First	Second	Third	Fourth	Fifth	
Percentage of all new/existing clients enrolled in I&R only	5–17	18–26	27–33	33–44	45–93	31
Percentage of all new clients enrolled in I&R only	8–26	28–36	36–42	43–54	54–96	41
Percentage of total direct-service hours devoted to I&R services ¹	8–16	16–19	19–22	22–28	28–89	20

Source: WIPA ETO data, accessed on January 15, 2012.

Note: “New clients” refers to those enrolled during the observation period (January 1, 2011–December 31, 2011). “Existing clients” refers to those enrolled before the observation period but who received services during the observation period.

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

B. WIPA Costs per Output

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

We examined costs using three different measures:

- **Cost per WIPA enrollee.** This measure is equal to total SSA funding for direct WIPA services divided by the total (unduplicated) number of WIPA service enrollees who received any services during the study period, regardless of the types or amounts of services received or when they initially enrolled for services.
- **Cost per new WIPA enrollee.** This measure is equal to total SSA funding for direct WIPA services divided by the total (unduplicated) number of beneficiaries who newly enrolled for WIPA services during the study period, regardless of the amounts of services received.
- **Cost per WIPA service hour.** This measure is equal to total SSA funding for WIPA services divided by the total hours of direct WIPA services provided.²⁹

²⁹ Direct WIPA services include WIPA baseline assessments and efforts, as recorded in the ETO effort forms. The measure excludes outreach activities and I&R assessments. Follow-up assessments are not included because they reflect a change in the beneficiary’s status, rather than the amount of work WIPA staff completed. Services provided in response to a change in beneficiary status should be reflected in the ETO efforts forms. Note that the WIPA projects were not required to report minimal client interactions in the efforts forms, and so the efforts recorded in ETO likely

The focus of the above cost measures is on the cost of serving WIPA enrollees and providing WIPA, rather than I&R, services. Clients who received only I&R services are excluded from the enrollee-based measures, and time associated with conducting I&R assessments is excluded from the direct-service-hour measure. Because the focus is on WIPA enrollees and services, we use 80 percent of total funding as the basis for the cost estimates based only on SSA funding.³⁰

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

The three measures provide somewhat different perspectives on the performance of the WIPA projects. The cost per WIPA enrollee is the broadest measure, indicating the mean per enrollee cost across all enrollees. This measure might be most representative of WIPA costs over a longer period of time. But the majority of enrollees served during 2011 were new enrollees, and the greatest service intensity is expected to occur during early interactions with clients. The cost per new WIPA enrollee measure might therefore better reflect the costs of enrolling and serving clients during the annual period analyzed. This measure also allows us to view the costs in a manner similar to a capitated payment; that is, as a fixed fee paid to the WIPA projects per new enrollee to serve the enrollee over some specified period. Because we expect service intensity to vary markedly across beneficiaries and WIPA projects, the enrollee-based measures might provide an inaccurate picture of the relative performance of particular WIPA projects. By instead representing costs in terms of the hours of direct WIPA services provided, the third measure is intended to account for differences across WIPA projects in service intensity per client (as reflected by efforts) and for the services provided to both new and previously enrolled clients.

Two important factors likely affect WIPA costs as calculated by the three measures described above: (1) the costs associated with inputs and (2) funding obtained from sources other than SSA. All else held constant, WIPA projects in areas where labor and rent costs are lower will be able to serve more beneficiaries and/or provide more hours of service. Similarly, those able to obtain additional funding from non-SSA sources will be able to provide more services. To account for these factors, we applied two adjustments in the computation of each of the cost measures: we adjusted funding levels to reflect labor and rent costs in the geographic areas served by each WIPA and we computed costs after including the additional, non-SSA funding obtained by each project to

(continued)

understate the time devoted to providing direct services. In addition, the activities considered minimal versus substantial, and thus recorded as efforts in ETO, likely varied across WIPA projects.

³⁰ As noted previously, SSA guidance to the WIPA projects has been that 80 percent of resources should be devoted to WIPA services and 20 percent to outreach and the provision of I&R services.

provide WIPA services. Appendix D provides more detail about how the cost measures and adjustments were developed.

In Table VII.3, we present ranges for the three cost measures (with and without adjustments), by quintile. Regardless of the measure or adjustment applied, we found a very large degree of variation across the WIPA projects. Costs per new WIPA enrollee showed the largest variation; unadjusted costs ranged from \$140 to \$16,793. The very large high value is due to one extreme outlier WIPA project, which similarly affects the high values for all of the cost measures. After excluding that WIPA project, the high value for the unadjusted cost per new WIPA enrollee is \$1,818. After adjusting for input costs, the cost per new enrollee ranged from \$153 to \$12,466 (\$1,988 after excluding the outlier). When funding from non-SSA sources was taken into account, the values increased for all measures, as expected (relative to the input cost-adjusted measures). The measure of cost per WIPA service hour shows the least variation across WIPA projects; it ranged from \$50 to \$4,767 when adjusted for input costs and non-SSA funding.

Table VII.3. WIPA Project Costs, January 1, 2011, to December 31, 2011

	Ranges by Quintile					Median
	First	Second	Third	Fourth	Fifth	
Cost per WIPA Enrollee (\$)						
Unadjusted	60–281	294–397	402–521	526–661	675–8,396	452
Adjusted for input costs	65–297	303–405	409–529	530–697	701–6,233	473
Adjusted for input costs and non-SSA funding	147–353	353–465	468–621	631–764	773–6,561	525
Cost per New WIPA Enrollee (\$)						
Unadjusted	140–444	447–639	645–799	807–1,030	1,033–16,793	682
Adjusted for input costs	153–443	447–645	648–817	820–994	1,004–12,466	724
Adjusted for input costs and non-SSA funding	225–538	541–729	738–875	889–1,112	1,129–13,122	807
Cost per WIPA Service Hour (\$)						
Unadjusted	14–81	87–124	124–156	157–220	220–6,101	139
Adjusted for input costs	15–88	92–125	126–151	156–216	220–4,529	140
Adjusted for input costs and non-SSA funding	50–106	106–147	147–194	195–240	240–4,767	164

Source: Tabulations based on WIPA ETO data, accessed on January 15, 2012.

While there is considerable variation in the cost-per-WIPA-service-hours measure across the WIPA projects in the middle three quintiles (\$134, adjusted for input costs and non-SSA funding), it appears that a handful of cost outlier projects, particularly in the fifth (highest cost) quintile, contributed to the very large degree of variation observed overall. Only a handful of WIPA projects (five) had costs per WIPA service hour in excess of \$400 (adjusted for input costs and non-SSA funding). All but one of these projects were estimated to be devoting a relatively large share of their time (28 percent or more) to providing I&R services (based on the measure reported in Table VII.2); this probably contributed to their cost-outlier status.

After excluding the extreme outlier WIPA project, the variations in costs in the recent period are similar to that from an earlier period (earlier period figures are shown in Table A.20). For the

earlier period, it was found that costs per WIPA enrollee ranged from \$64 to \$2,051 and costs per WIPA service hour ranged from \$14 to \$777. After controlling for input costs and non-SSA funding, per-WIPA-service-hour costs in the earlier period ranged from \$52 to \$1,404. Costs per new WIPA enrollee also showed the largest variation in the earlier time period, ranging from \$136 to \$3,636. Thus, while there were differences in the magnitudes of the cross-WIPA project variation, overall, the variation in costs across projects was relatively similar in the current and earlier time period.

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

- **Unadjusted versus adjusted-for-input costs.** When we compared the unadjusted measures to the measures adjusted for input costs, approximately 33 of the 102 WIPA projects moved to a different quintile for the cost-per-WIPA-enrollee and 22 moved for the cost-per-WIPA-service-hour measures. No WIPA project moved between the top two and bottom two quintiles in ranking for the measure of cost per WIPA enrollee and no WIPA projects moved between the top two and bottom two quintiles in ranking for the cost-per-WIPA-service-hour measure.
- **Adjusted-for-input costs versus adjusted-for-input costs and non-SSA funding.** When we compared the measures adjusted for input costs with those adjusted for both input costs and non-SSA funding, a larger number of WIPA projects moved to a different quintile for the per-WIPA-enrollee and per-WIPA-service-hour measures (37 and 36 moved, respectively). Only three WIPA projects moved between the top two and bottom two quintiles for the per-WIPA-enrollee measure, while four did so for the per-WIPA-service-hour measure (two projects moved significantly under both measures). In all of these cases, the WIPA projects moved from the lowest two cost quintiles to the highest two. This suggests that non-SSA funding affected the rankings of approximately one-third of the WIPA projects but only dramatically affected five of them. All five of those WIPA projects had very large amounts of non-SSA funding (over \$100,000).
- **Cost per WIPA enrollee versus cost per WIPA service hour.** When we compared the measures of cost per WIPA enrollee to cost per WIPA service hour (adjusted for input costs and non-SSA funding), 53 WIPA projects changed quintile rankings but only one moved between the top two and bottom two quintiles.
- **Cost per WIPA enrollee versus cost per new WIPA enrollee.** Comparing the two measures based on WIPA enrollee counts (using the versions adjusted for both input costs and non-SSA funding), we found that 42 WIPA projects moved to a different quintile, with only two moving between the top two and bottom two quintiles.
- **Cost per new WIPA enrollee versus cost per WIPA service hour.** When we compared these measures (using the versions adjusted for both input costs and non-SSA funding), we found 53 moved to a different quintile. However, as with the other

comparisons, relatively few WIPA projects moved between the top two and bottom two quintiles—in this case, only eight.

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

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

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

VIII. CONCLUSIONS

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

Our analysis determined that, by and large, activities of the WIPA program have remained unchanged. The beneficiaries recently served by WIPA projects are very similar to earlier ones in terms of demographic characteristics and the needs they have when contacting the WIPA program. The services provided by WIPA projects have also remained relatively stable; projects still provide suggestions about services, work incentives, and benefits geared toward meeting employment goals. As a result, WIPA project costs per unit of output were generally similar in the most recent period to those documented previously,³¹ with large variation across projects persisting. To the extent that changes from the previous report were observed, they were consistent with the intent of the program and instructions provided by SSA to WIPA projects.

Specifically, our key findings are:

1. **The number of beneficiaries served for the first time has continued to decline slightly.** WIPA projects first served 42,846 beneficiaries from January 1, 2011, through December 31, 2011. This was slightly lower than the number served during the previous 12-month period assessed in Schimmel et al. (2011) (45,834 from April 1, 2010, to March 31, 2011), as well as what might have been expected based on the experience during the six-month period from October 1, 2009, to March 31, 2010 reported in Schimmel et al. (2010) (when 26,278 beneficiaries were served). This likely reflects SSA's increased emphasis beginning in early 2011 on the provision of I&R services through the BASS—outside of the WIPA program—leading to fewer beneficiaries receiving such support from WIPA projects. It could also signal that WIPA projects were devoting a greater share of resources providing ongoing support to existing clients and therefore devoting relatively less to outreach or serving new clients, especially as funding for the WIPA program has remained constant. Or it could imply that beneficiaries most interested in employment made contact with the WIPA program in an earlier period or that beneficiaries have less interest in work or fewer employment opportunities during the economic downturn, resulting in diminished perceived need for WIPA services.
2. **The profile of WIPA enrollees in calendar year 2011 and the types of services they were provided by WIPA projects has remained largely unchanged relative to the April 1, 2010, to March 31, 2011, period.** Recent WIPA enrollees during calendar year 2011 were about the same age, had similar levels of education, similar primary disabling

³¹ Excluding one extreme cost outlier WIPA project, as described in Chapter VII.

conditions, and were only very slightly more likely to be employed at intake than earlier enrollees who contacted the program from April 1, 2010, to March 31, 2011 (Table 1.3). During the time of the I&R and WIPA baseline assessments, there was little change in the major topic areas discussed, the suggestions for service use and referral, and the way the contacts were resolved. WIPA projects have continued to focus their discussions around services and supports designed to promote beneficiary employment.

3. **WIPA projects appear to have placed increased emphasis on providing intensive, ongoing services consistent with the intent of the program.** The solicitation for WIPA cooperative agreements (SSA 2006) specified that WIPA projects were to provide intensive, long-term, ongoing assistance and support to beneficiaries who are working or seeking employment (SSA 2006). It appears that WIPA projects have increased their efforts to meet this requirement. Those who first contacted a WIPA project during the calendar year 2011 were more likely to receive WIPA services than enrollees who contacted the program from April 1, 2010, to March 31, 2011 (57.2 versus 54.1 percent) and were therefore less likely to receive I&R only. This is also consistent with SSA placing more reliance on the BASS providing I&R services to beneficiaries, and emphasizing WIPAs primary goal as providing intensive services. Moreover, the proportion of WIPA enrollees receiving additional support beyond the WIPA baseline assessment increased from 77.6 to 80.7 percent. Taken together, these small changes suggest that since the April 1, 2010, to March 31, 2011, WIPA projects in calendar year 2011 prioritized providing ongoing WIPA services to an even greater degree.
4. **After initial improvements in data collection, WIPA projects were less likely to have completed I&R assessments for calendar year 2011 enrollees than they were for enrollees from April 1, 2010, to March 31, 2011.** The percentage with an I&R assessment fell from 97.1 percent among earlier enrollees to 93.9 percent among more recent ones, while the percentage with a baseline assessment stayed about the same (92.1 and 91.9 percent, respectively). This decline may reflect the increasing emphasis on providing ongoing WIPA services to beneficiaries while operating with a fixed level of funding. It might also reflect procedural changes that occurred during this period such that more I&R assessments were initially created by the WIIRC before referring the cases on to the WIPA project; thus, these assessments were not reflected in the WIPA projects' ETO data.
5. **WIPA projects continue to have wide variation in service costs per beneficiary.** Similar to the earlier periods reported in Schimmel et al. (2010; 2011), output varied substantially across the 102 WIPA projects. This was true even after taking into account variation in both SSA and non-SSA funding and input costs, whether measured in terms of client enrollments or the specific activities undertaken by WIPA staff. Adjusting for funding levels and input costs, costs of direct services per WIPA enrollee in calendar year 2011 varied from \$147 to \$6,561; costs per WIPA service hour ranged from \$50 to \$4,767 across the WIPA projects. Excluding one extreme cost outlier project, this variation is similar to that reported for the April 1, 2010, to March 31, 2011, period in Schimmel et al. (2011), when costs per WIPA enrollee ranged from \$157 to \$2,674 and costs per WIPA service hour ranged from \$52 to \$1,404. Most (60 percent) of the WIPA projects operated within a fairly comparable range of cost per WIPA service hour (\$106 to \$240). Part of this difference could be due to the funding algorithm used to fund projects; while it was based on beneficiaries in the service area, minimum and maximum funding levels may mean that some WIPA projects have budgets that are large relative to the demand for services in their area, while others have budgets that are small relative to

demand. In addition, our findings suggest that, in addition to variations in effort devoted to I&R and outreach, other significant differences across the WIPA projects that we did not explore were affecting their costs. These include variations in the underlying demand for services, the availability of substitute services, efficiency in the manner in which services were provided, and possible deviations from SSA's intended WIPA service delivery model.

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

Given the non-experimental design of the WIPA program, it is impossible to answer questions about whether services provided by the WIPA program are associated with improved employment outcomes among WIPA beneficiaries. In a previous report, Livermore et al. (2011) attempted to assess employment outcomes by linking data collected in WIPA ETO with SSA administrative records and IRS earnings data. Using this linkage, the authors were able to explore the relationship between suggestions made by CWICs and the use of work incentive by WIPA beneficiaries, and between the receipt of WIPA services and having benefits suspended or terminated because of work or an increase in earnings. However, no matter what study design is chosen, under the current design of the WIPA program, it is impossible to know how program participants would have fared in their employment efforts in the absence of the WIPA program.

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APPENDIX A

**FINDINGS FROM SCHIMMEL ET AL. (2011) FOR EARLIER
WIPA ENROLLEES WITH ENTRY DATES FROM
APRIL 1, 2010, TO MARCH 31, 2011**

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Table A.1. Distribution of WIPA Funding from SSA

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

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

Note: This table was included in Schimmel et al. (2011) as Table I.1. Table includes only funding provided by SSA; it excludes cost-sharing and funds from other sources.

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

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

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

Notes: This table was included in Schimmel et al. (2011) as Table I.2. Table only includes WIPA projects that report leveraging funds in addition to the required match. We exclude funding WIPA projects receive to provide indirect services such as public information campaigns, or in-kind support (for example, donated office space).

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

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

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

Note: This table was included in Schimmel et al. (2011) as Table I.3. Enrollment to receive WIPA services was determined on the last date shown in the range (i.e., March 31, 2011, for beneficiaries who first contacted the WIPA program from April 1, 2010, through March 31, 2011).

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

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

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

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

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

Note: This table was included in Schimmel et al. (2011) as Table I.4. Statistics shown include all services provided during the specified date range, regardless of when the clients served first contacted the WIPA program.

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

² Unadjusted cost estimates include only SSA funding.

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

Table A.5. Description of Analyses Contained in Report

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

Note: This table was included in Schimmel et al. (2011) as Table II.1.

Table A.6. Number of Beneficiaries Served by WIPA Projects, by Beneficiary Entry Date

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table III.1. Enrollment status as of March 31, 2011. I&R-only enrollees include current as well as previously dismissed enrollees who were not enrolled to receive WIPA services. WIPA enrollees include current as well as previously dismissed enrollees who were enrolled to receive WIPA services.

Table A.7. Groupings of WIPA Projects and Enrollment Intensity

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table III.2. Analysis was limited to WIPA enrollees who first contacted a WIPA between April 1, 2010, and March 31, 2011, based on enrollment status as of March 31, 2011. "Beneficiary efforts" are any additional contacts with WIPA enrollees beyond the baseline assessment. Follow-up assessments are conducted only when WIPA enrollees report a significant change in education, employment, or benefits status.

Table A.8. Characteristics of WIPA Enrollees

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

Table A.8 (continued)

	WIPA Enrollees with Entry Date from April 1, 2010, to March 31, 2011 (Enrolled in WIPA by March 31, 2011)
Veterans' benefits	0.8
Workers' compensation	0.2

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table IV.1. Age, education, self-reported disability, and education categories sum to 100 percent for non-missing responses; any difference is due to rounding. Individuals outside the 14–70 age range were considered missing in the age tabulations. Sensory impairments include blindness or other visual impairments along with impairments to speech, hearing, or other senses. System disease was a single category in ETO but may include diseases of the circulatory system, nervous disorders, or diseases of the respiratory system. The “other” disability category includes beneficiaries with injury, cancer/neoplasm, and infectious disease as well as those whose condition was marked “other” in ETO. Benefits received at intake were “mark all that apply,” so those categories sum to more than 100 percent. Beneficiaries with both SSDI and SSI were counted as concurrent beneficiaries (ignoring other benefits received at intake). The sum of SSDI, SSI, and concurrent is slightly less than 100 percent because benefits status was not provided in a few cases.

Table A.9. How WIPA Enrollees Heard About the WIPA Program

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table IV.2. Categories are mutually exclusive, and only one response was allowed per beneficiary. Percentages sum to 100 among non-missing responses.

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

Table A.10. Topics That WIPA Enrollees Discussed with WIPA Projects at the Time of the I&R Assessment

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

Table A.10 (continued)

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table IV.3. Topic of inquiry and specific items were "mark all that apply." For this reason, the sum for these items is more than the total number of WIPA enrollees with an I&R assessment, and the percentage discussing specific items may sum to more than 100 percent.

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

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

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

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

⁵ Only applicable to SSI beneficiaries under age 22.

Table A.11 Resolution of the I&R Contact for WIPA Enrollees with an I&R Assessment, Based on Topic of Inquiry

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table IV.4. Data reported in the table are limited to WIPA enrollees with an I&R assessment who first contacted a WIPA project between April 1, 2010, and March 31, 2011, and were enrolled in WIPA by March 31, 2011. Topic of inquiry and resolution of I&R contact were "mark all that apply." For this reason, the sum for these items is more than the total number of WIPA enrollees with an I&R assessment. Percentages in the topic of inquiry categories are row percentages.

Table A.12 Employment Status of WIPA Enrollees

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table V.1. Employment status at intake and at the time of the baseline assessment differ because time may have elapsed between intake and the baseline assessment. Analysis of data at the baseline assessment was limited to enrollees with that assessment. Hours per week were top-coded at 80 hours; hourly wage was top-coded at the 95th percentile of reported wages.

Table A.13. Employment and Education Goals Among WIPA Enrollees at Baseline WIPA Assessment

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

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

Note: This table was included in Schimmel et al. (2011) as Table V.2. Analysis was limited to WIPA enrollees with a WIPA baseline assessment. Data exclude missing responses as well as responses indicating that employment and education decisions were made after receiving WIPA services.

Table A.14. Benefits Used by WIPA Enrollees at the WIPA Baseline Assessment

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table V.3. Analysis limited to WIPA enrollees with entry dates from April 1, 2010, to March 31, 2011 (enrollment status determined on March 31, 2011) with a baseline assessment. Number of observations excludes missing responses, beneficiaries not eligible for the item due to SSDI/SSI status, and responses indicating that benefits were used after receiving WIPA services.

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

Table A.15. Knowledge and Use of Work Incentives by WIPA Enrollees at the Baseline WIPA Assessment

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table V.4. Analysis limited to WIPA enrollees with entry dates from April 1, 2010, to March 31, 2011 (enrollment status determined on March 31, 2011) with a baseline assessment. In ETO, knowledge at intake was categorized as a mutually exclusive option (separate from use of incentives). For this reason, percentages sum to 100 percent in each row across the four categories shown. Number of observations excludes missing responses, beneficiaries not eligible for the item due to SSDI/SSI status, and responses indicating that benefits were used after receiving WIPA services. The percentage of beneficiaries with data on blind work expense is low because we were unable to distinguish which beneficiaries were blind.

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

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

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

⁴ Only applicable to SSI beneficiaries under age 22.

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

Table A.16. Services Used by WIPA Enrollees at the WIPA Baseline Assessment

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table V.5. Analysis was limited to WIPA enrollees with entry dates from April 1, 2010, to March 31, 2011 (enrollment status determined on March 31, 2011) with a baseline assessment. Enrollees were asked about their use of VR services for purposes of this table, while the VR element in Table V.2 assessed enrollment with an SVRA—hence the difference in reported percentages. The number of observations excludes missing responses and responses indicating that services were used after receiving WIPA services.

Table A.17. Number of Beneficiary Efforts and Follow-Up Assessments Recorded Among WIPA Enrollees, by Enrollee Entry Date

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

Source: WIPA ETO, accessed April 4, 2011.

Note: This table was included in Schimmel et al. (2011) as Table VI.1. Analysis included WIPA enrollees based on enrollment status as of September 30, 2010, who had a WIPA baseline assessment. Analysis includes efforts and assessments by March 31, 2011 (six months after the latest entry date), to allow time to observe activities.

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

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

Table A.18. WIPA Outputs, April 1, 2010, to March 31, 2011

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

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

Notes: This table was included in Schimmel et al. (2011) as Table VII.1. The number of each type of assessment is greater than the respective number of new enrollments because WIPA projects could have enrolled the beneficiary before April 1, 2010 (the beginning of our study period) and conducted the assessment after that date. In addition, beneficiaries can have more than one assessment.

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

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

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

Table A.19. Percentage of WIPA Outputs Represented by I&R-Only Clients and Services, April 2010 to March 2011

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

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

Note: This table was included in Schimmel et al. (2011) as Table VII.2. “New clients” refers to those enrolled during the observation period (April 2010–March 2011). “Existing clients” refers to those enrolled before the observation period but who received services during the observation period.

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

Table A.20. WIPA Project Costs, April 1, 2010, to March 31, 2011

	Ranges by Quintile				
	First	Second	Third	Fourth	Fifth
Cost per WIPA Enrollee (\$)					
Unadjusted	64–302	307–455	456–547	556–719	748–2,051
Adjusted for input costs	69–310	311–441	446–570	574–801	814–1,548
Adjusted for input costs and non-SSA funding	157–374	380–535	540–631	636–956	964–2,674
Cost per New WIPA Enrollee (\$)					
Unadjusted	136–426	442–588	605–772	779–1,091	1,096–3,636
Adjusted for input costs	146–409	409–579	590–814	821–1,144	1,144–2,743
Adjusted for input costs and non-SSA funding	243–507	521–701	709–917	949–1,298	1,319–3,751
Cost per WIPA Service Hour (\$)					
Unadjusted	14–83	84–127	129–174	178–232	233–777
Adjusted for input costs	16–87	90–125	126–173	174–250	256–685
Adjusted for input costs and non-SSA funding	52–113	114–147	148–193	194–269	283–1,404

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

Note: This table was included in Schimmel et al. (2011) as Table VII.3.

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APPENDIX B

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

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

	Number of WIPA Enrollees	Percentage with I&R Assessment	Percentage with WIPA Baseline Assessment
Total	24,495	93.9	91.7
Entry Date			
January 1, 2011–March 31, 2011	6,703	96.1	94.1
April 1, 2011–June 30, 2011	6,328	95.2	91.7
July 1, 2011–September 31, 2011	6,889	89.9	88.1
October 1, 2011–December 31, 2011	4,575	95.0	93.1
Gender			
Male	12,144	94.0	92.1
Female	11,879	93.9	91.6
Age			
14–17	83	91.6	91.6
18–24	2,917	95.4	93.8
25–39	6,192	94.4	92.3
40–54	9,958	93.4	91.1
55–64	4,755	93.7	91.2
65–70	84	94.0	90.5
Self-Reported Primary Disability at Intake			
Cognitive/developmental disability	2,647	95.7	94.1
Mental or emotional disorders	7,712	94.2	92.8
Non-spinal orthopedic impairment	2,005	93.5	91.3
Sensory impairment	1,417	94.5	93.6
Spinal cord or traumatic brain injury	1,289	94.2	92.8
System disease	2,865	92.1	91.4
Other	2,908	91.1	89.6
SSA Disability Benefits at Intake			
DI-only	15,367	92.8	90.7
SSI-only	5,596	96.6	94.4
Concurrent	3,466	94.5	92.5
Employment at Intake			
Considering employment	4,033	93.7	91.7
Looking for employment	10,048	92.5	92.1
Currently employed	7,510	95.2	91.5
Job offer pending	2,129	96.6	92.2
Self-employed	344	95.9	91.9
Enrollment Intensity Group			
Group 1	11,873	93.5	93.5
Group 2	8,066	95.7	94.1
Group 3	4,556	91.8	82.4

Source: WIPA ETO, accessed January 15, 2012.

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

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

	Number of WIPA Enrollees with Relevant Assessment	Percentage of WIPA Enrollees with Relevant Assessment
Total	24,495	100.0
Intake Assessment		
Age at intake	23,989	97.9
Gender	24,023	98.1
Marital status at intake	19,841	81.0
Educational attainment at intake	17,204	70.2
Self-reported primary disability at intake	20,843	85.1
Self-reported health status at intake	14,861	60.7
Employment status at intake	24,430	99.7
Benefit received at intake	24,495	100.0
How beneficiary heard about WIPA	24,434	99.8
I&R Assessment		
Topic(s) discussed at the time of I&R assessment	22,688	98.6
Resolution of the I&R contact	23,004	100.0
WIPA Assessment		
Employment status		
Employed	20,965	93.4
Hourly wage	6,152	84.6
Hours worked	6,474	89.0
Benefits	6,641	91.3
Use of Benefits		
Food stamps	19,652	87.6
Health insurance		
Public health insurance	21,383	95.3
Medicaid	19,256	85.8
Medicare	19,256	85.8
Medicaid and Medicare	19,256	85.8
Private health insurance	20,385	90.8
Subsidized housing or other rental subsidies	19,260	85.8
SVRA	21,126	94.1
TANF	17,887	79.7
Ticket ¹	20,866	93.0
Unemployment insurance	17,886	79.7
Veterans benefits	17,865	79.6
Workers' compensation	17,885	79.7
Knowledge and Use of Work Incentives		
1619a ²	6,931	81.7
1619b ²	7,545	88.9
Blind work expense ²	6,280	74.0
EITC	17,534	78.1
EPE ³	15,514	90.5
Expedited Reinstatement ¹	18,920	84.4
Extended Medicare ³	14,899	86.9
IRWE ¹	19,702	87.9
Medicaid Buy-In ⁴	11,632	83.5
PASS ²	6,879	81.1
Property Essential to Self-Support ²	6,325	74.6
Section 301 ¹	16,850	75.2
SGA ¹	19,177	85.5
Student Earned Income Exclusion ⁵	1,217	97.7
Subsidy development ¹	17,601	78.5
TWP ³	15,711	91.7

Table B.2 (continued)

	Number of WIPA Enrollees with Relevant Assessment	Percentage of WIPA Enrollees with Relevant Assessment
Use of Services		
DOL One-Stop Center	18,094	80.6
Employer Assistance and Referral Network (EARN)	16,626	74.1
EN	18,781	83.7
Para-transit	17,003	75.8
Protection and advocacy	17,277	77.0
Transitional youth services	16,628	74.1
VR	20,466	91.2
Work-related training/counseling	18,381	81.9

Source: WIPA ETO, accessed January 15, 2012.

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

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

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

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

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

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

Table B.3. Intensity of WIPA Data Collection

WIPA Project	State	Beneficiaries in Service Area	Percentage of Beneficiaries in Service Area with WIPA Baseline Assessment	WIPA Data Collection Intensity Tercile (1 is highest, 3 is lowest)
Black Hills Special Services Corp.	SD	25,269	1.03	1
Maine Medical Center	ME	76,716	0.75	1
DE DOL Division of Voc Rehab	DE	35,044	0.69	1
Aspire Indiana	IN	195,630	0.56	1
Riverfront Activity Center	WI	58,266	0.56	1
Bureau of Rehabilitation Services	CT	113,423	0.53	1
Imagine Enterprises Inc.	TX	102,250	0.46	1
Verdugo Workforce Investment Board	CA	55,590	0.45	1
Department of Human Services of RI	RI	52,080	0.43	1
Massachusetts Rehabilitation Commission	MA	99,060	0.38	1
University of Alaska	AK	18,963	0.35	1
Rehab Services Inc.	ND	18,883	0.34	1
Southern Indiana Resource Solutions	IN	67,620	0.34	1
Walton Options	SC	53,681	0.33	1
Iowa Workforce Development	IA	101,378	0.33	1
Employment Works Cerebral Palsy of Colorado	CO	129,524	0.31	1
South Carolina Voc Rehab Dept.	SC	174,365	0.31	1
Independence First	WI	74,661	0.29	1
Easter Seals UCP North Carolina	NC	144,605	0.29	1
Centrum for Disability Services	WY	15,712	0.28	1
Granite State Independent Living	NH	53,893	0.27	1
Minnesota Work Incentives Connection	MN	199,284	0.26	1
Team Management 2000 Inc.	NJ	66,565	0.26	1
Opportunity Development Inc./ILRC	FL	69,795	0.26	1
MT Center on Disability- Montana State Univ.	MT	36,332	0.25	1
AHEDD	PA	204,089	0.25	1
CBFL/Houston Center of Independent Living	TX	164,646	0.25	1
Vermont Agency of Human Services	VT	29,277	0.24	1
City Univ. of NY Research Foundation	NY	85,384	0.24	1
Center for Accessible Living	KY	186,773	0.23	1
The Arc of Michigan Inc.	MI	135,361	0.23	1
Brevard Achievement Center	FL	185,619	0.22	1
VA ACCSES	VA	189,029	0.22	1
North Central Independent Living Service Inc.	MT	36,332	0.22	1
Epilepsy Foundation of New Jersey/FRN	NJ	104,140	0.22	1
Shepherd Center	GA	201,184	0.21	2
BenePLAN	MA	189,367	0.21	2
GA DOL Division of Rehab Services	GA	172,851	0.21	2
Utah State Office of Rehabilitation	UT	59,068	0.20	2
Goodwill Industries of North Florida	FL	83,665	0.20	2
Chicago Mayors Office for People with Disabilities	IL	133,902	0.20	2
State of W. VA Div of Rehabilitation Services	WV	147,762	0.19	2
Easter Seals Nebraska	NE	55,124	0.19	2
Center for Independent Living of Middle Tenn.	TN	160,319	0.19	2
Independent Living Resources of Greater Birmingham	AL	197,592	0.18	2
Crossroads Diversified Services	CA	205,676	0.18	2
DisAbility Rights Idaho	ID	54,341	0.18	2
Valley Assoc for Independent Living (VAIL)	TX	80,430	0.17	2
Sources for Community Independent Living Services	AR	190,036	0.16	2
Tennessee Disability Coalition	TN	172,738	0.16	2
Mississippi Dept. of Rehabilitation Services	MS	194,057	0.16	2
Hawaii Disability Rights Center	HI	35,935	0.16	2
Goodwill Industries of Central Pennsylvania	PA	216,228	0.16	2
Positive Solutions	WA	59,320	0.16	2
NM Public Education Dept. Div of Voc Rehab	NM	88,656	0.15	2

Table B.3 (continued)

WIPA Project	State	Beneficiaries in Service Area	Percentage of Beneficiaries in Service Area with WIPA Baseline Assessment	WIPA Data Collection Intensity Tercile (1 is highest, 3 is lowest)
Illinois Assistive Technology Program–WIPA	IL	180,665	0.15	2
Human Potential Consultants LLC	CA	66,185	0.15	2
DRAIL	CA	149,987	0.15	2
Independent Living Inc.	NY	87,987	0.15	2
Tri-County Industries	NC	59,260	0.15	2
Employment Resources Inc.	WI	78,971	0.14	2
United Cerebral Palsy of Michigan	MI	150,100	0.14	2
Research Foundation for Mental Hygiene Inc.	NY	88,650	0.14	2
Life Plan Trust	NC	69,056	0.14	2
Arizona Bridge to Independent Living	AZ	202,284	0.14	2
Missouri Protection and Advocacy Services	MO	89,550	0.14	2
Legal Aid Society of Cincinnati	OH	68,536	0.14	2
IL DHS Division of Mental Health	IL	127,777	0.13	2
Disability Rights Network of PA	PA	169,459	0.13	2
Project Independence	CA	135,056	0.13	2
Movimiento para el Alcance de Vida Indep	PR/VI	174,716	0.13	2
Southern Nevada Independent Living Ctr	NV	76,130	0.12	3
UCP of Metropolitan Detroit	MI	70,418	0.12	3
Paraquad	MO	194,749	0.12	3
Neighborhood Legal Service	NY	141,167	0.11	3
Easter Seals North Texas	TX	178,528	0.11	3
LSU Health Sciences Center	LA	130,266	0.11	3
Center for Independent Living of CA	CA	48,610	0.11	3
NC DHHS Division of Voc Rehab	NC	155,149	0.11	3
Goodwill Ind. of Greater NY and Northern NJ	NY	171,314	0.11	3
Center for Independent Living in Central Florida	FL	169,188	0.11	3
Dept of Rehabilitation Services of AL	AL	117,295	0.10	3
Center for Independence of the Disabled	CA	80,550	0.10	3
Disability Rights Oregon	OR	141,241	0.10	3
Endeppence Center Inc.	DC	120,480	0.10	3
Abilities Inc. of Florida	FL	196,006	0.10	3
Cerebral Palsy of New Jersey	NJ	100,367	0.10	3
Cerebral Palsy Research Fdn of Kansas/KBCN	KS	96,267	0.09	3
University of Oklahoma	OK	175,910	0.09	3
WA State Employment Security Dept.	WA	179,521	0.09	3
Goodwill Industries of Southern California	CA	128,507	0.09	3
Independence Now	MD	178,191	0.08	3
Goodwill Industries of Greater Detroit	MI	120,041	0.07	3
Independence Place	KY	124,821	0.07	3
Ctr of Vocational Alternatives for Mental Health	OH	228,429	0.07	3
ARCIL	TX	192,004	0.07	3
Crockett Resource Center for Independent Living	TX	110,812	0.06	3
Resource Center for Independent Living	NY	153,273	0.05	3
Advocacy Center	LA	116,173	0.05	3
Ohio Legal Rights Service	OH	202,138	0.05	3
CA–Disability Services Legal Center	CA	95,915	0.05	3
Abilities Inc. of New York	NY	86,898	0.01	3

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

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APPENDIX C

DETAILS SURROUNDING ANALYSIS IN CHAPTERS III-VI

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

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

A. Inconsistencies in the Number or Timing of Assessments

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

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

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

B. Difficulties with Specific Data Elements

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

- **Identifying disability program status.** WIPA project staff record the type of benefit each beneficiary receives only at intake; they do not collect these data during the baseline or follow-up WIPA assessments. Therefore, it is not possible to measure a change in disability program status while enrolled in I&R or WIPA services; if beneficiaries work enough to discontinue receiving benefits while receiving WIPA services or if they begin to receive a different benefit, it cannot be captured in WIPA ETO. Moreover, we suspect that some WIPA staff updated intake information to reflect a change in program status, but we had no way of identifying individual cases in which this occurred because the data were overwritten. In our analysis, this implies that when we categorize eligibility for work incentives on the basis of DI or SSI receipt, we may be classifying some cases incorrectly—either assuming that a work incentive does not apply to a beneficiary when it actually did at the time of the assessment, or vice-versa. However, we view this type of issue as relatively minor because of the short time frame considered in our analysis, though we do not have a way of knowing whether or how often individuals' statuses are changed in WIPA ETO.
- **Inconsistencies in the I&R assessment.** At the time of the I&R assessment, information is collected about the reason the beneficiary contacted the WIPA project. WIPA ETO allows the CWIC to select a larger category, such as work incentives, as well as more detailed topics contained within the work incentives heading, such as the TWP. At times, this information is contradictory; the larger category may be selected without any subtopics being selected, or the subtopics might be selected without selecting the larger category. To deal with this, we applied the following method. First, we determined whether individuals were eligible for each work incentive and captured whether that incentive was discussed with the beneficiary. We then looked across all of the possible work incentives to determine whether the topic was discussed, and changed whether the larger category was discussed, if needed. This latter cleaning method reduced the number of WIPA enrollees discussing the larger benefits category by approximately 7 percent

and the number discussing work incentives by about 2 percent, but allowed us to ensure internal consistency.³²

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

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

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

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APPENDIX D

METHODOLOGY USED TO DEVELOP COST MEASURES USED IN CHAPTER VII

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

A. WIPA Outputs

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

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

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

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

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

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

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

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

Total number of beneficiaries served. We defined this output as the number of new or existing beneficiary clients who received services (as reflected in the WIPA ETO) between January 1, 2011, and December 31, 2011. This includes I&R and WIPA enrollments, assessments, and efforts. Table D.2 presents these values by WIPA project. If a beneficiary had only a WIPA effort during the time period, and that effort was zero minutes in duration, we excluded the beneficiary from this count. For certain statistics, we divided this group into two mutually exclusive subgroups:

those receiving I&R only (enrollment and/or assessments) and those receiving any type of WIPA service (enrollment, assessment, and/or efforts), either with or without I&R.

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

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

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

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

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

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

	All Cases	Cases with Only One BPAO Contact
I&R-Only Cases		
Number	34,663	28,334
Average service time (hours)	1.02	0.73
Benefits Counseling Cases		
Number	77,327	48,328
Average service time (hours)	3.74	2.59

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

B. WIPA Funding

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

Most WIPA projects obtain additional funding from partner organizations, such as their parent organization, the SVRA, MIG, or other sources. WIPA projects provide information about the annual amounts and sources of additional direct funding for WIPA services in ETO, including the 5 percent match to the SSA funding that each WIPA is required to provide from its own resources. We included these additional, non-SSA funding amounts in one set of cost measures presented. We used only the percentage of the total non-SSA funding amounts that WIPA projects indicated as being used for direct services (rather than outreach or other activities) during the reporting period of January 1, 2011, to December 31, 2011.³⁵ We then excluded 20 percent to reflect possible I&R direct service activities under the similar assumption applied to the SSA funding.

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

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

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

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

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served that Received only I&R		Percent of New Enrollees Enrolled Into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (12-month)	Non-SSA Funding for WIPA Services (12-month)	Input Cost Adjustment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank			
University of Alaska	AK	130	1	89	1	445	1	17.7	2	25.8	1	18.2	2	\$80,000	\$200	1.09
Dept of Rehabilitation Services of AL	AL	550	3	337	3	1445	3	34.5	4	55.2	5	19.9	3	\$146,820	\$1,878	0.93
Independent Living Resources of Greater Birmingham	AL	882	5	720	5	2391	5	25.9	2	31.4	2	22.0	3	\$239,632	\$11,982	0.91
Sources for Community Independent Living Services	AR	933	5	798	5	2591	5	46.9	5	53.1	4	28.2	5	\$223,030	\$30,000	0.82
Arizona Bridge to Independent Living	AZ	1390	5	1032	5	3151	5	48.3	5	64.0	5	25.0	4	\$240,000	\$36,460	0.96
CA—Disability Services Legal Center	CA	220	1	211	2	456	1	48.6	5	50.7	4	19.3	3	\$125,514	\$2,493	1.24
Center for Independence of the Disabled	CA	237	1	203	1	520	1	44.3	4	51.7	4	23.7	4	\$110,728	\$9,050	1.26
Center for Independent Living of CA	CA	241	1	214	2	512	1	61.0	5	66.8	5	29.7	5	\$80,000	\$30,684	1.31
Crossroads Diversified Services	CA	724	4	615	4	2432	5	31.6	3	37.2	3	22.2	4	\$240,000	\$20,400	1.20
DRAIL	CA	759	4	465	4	3665	5	28.2	3	41.5	3	13.6	1	\$202,031	\$38,281	1.12
Goodwill Industries of Southern California	CA	363	2	275	2	872	2	23.7	2	30.9	2	14.0	1	\$181,038	\$490	1.25
Human Potential Consultants LLC	CA	310	2	181	1	860	2	16.5	1	28.2	2	19.1	2	\$99,395	\$262	1.25
Project Independence	CA	483	3	453	4	931	2	46.2	5	48.6	4	22.7	4	\$160,000	\$8,400	1.26
Verdugo Workforce Investment Board	CA	510	3	364	3	1841	4	21.2	2	29.9	2	11.2	1	\$162,878	\$8,573	1.25
Employment Works Cerebral Palsy of Colorado	CO	963	5	823	5	2151	4	32.6	3	38.0	3	27.7	4	\$152,688	\$19,596	1.00
Bureau of Rehabilitation Services	CT	875	5	722	5	3020	5	12.7	1	15.5	1	21.8	3	\$148,966	\$442,039	1.23
Endeppence Center Inc.	DC	503	3	371	3	1125	2	30.2	3	41.5	3	16.9	2	\$199,068	\$0	1.03
DE DOL Division of Voc Rehab	DE	738	4	432	3	2102	4	20.9	2	35.9	3	17.9	2	\$80,000	\$7,368	1.02
Abilities Inc. of Florida	FL	745	4	703	5	1505	3	42.1	4	44.2	4	34.2	5	\$240,000	\$0	0.94
Brevard Achievement Center	FL	1025	5	756	5	2752	5	28.0	3	37.2	3	14.1	1	\$232,547	\$11,627	0.99
Center for Independent Living in Central Florida	FL	822	4	613	4	1791	4	24.5	2	29.2	2	20.2	3	\$220,836	\$11,042	1.04
Goodwill Industries of North Florida	FL	442	3	294	2	1253	3	24.2	2	35.4	2	18.2	2	\$105,342	\$34,174	0.88
Opportunity Development Inc./ILRC	FL	466	3	309	3	1547	3	20.2	2	28.2	2	15.0	1	\$84,255	\$4,213	0.92
GA DOL Division of Rehab Services	GA	987	5	672	4	3017	5	24.7	2	35.9	2	19.0	2	\$218,783	\$1,668	0.84
Shepherd Center	GA	718	4	576	4	2223	4	15.7	1	19.4	1	20.4	3	\$240,000	\$20,367	0.96

Table D.2 (continued)

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served that Received only I&R		Percent of New Enrollees Enrolled Into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (12-month)	Non-SSA Funding for WIPA Services (12-month)	Input Cost Adjustment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank			
Hawaii Disability Rights Center	HI	145	1	118	1	562	1	36.6	4	44.9	4	16.2	2	\$80,000	\$0	1.26
Iowa Workforce Development	IA	847	5	576	4	2295	4	20.1	2	29.5	2	21.1	3	\$129,770	\$75,000	0.84
DisAbility Rights Idaho	ID	480	3	260	2	1569	3	31.5	3	58.1	5	14.1	1	\$80,000	\$0	0.90
Chicago Mayors Office for People with Disabilities	IL	479	3	388	3	1329	3	22.3	2	28.4	2	23.1	4	\$188,938	\$0	1.05
Illinois Assistive Technology Program—WIPA	IL	1394	5	908	5	2999	5	39.3	4	60.5	5	22.2	4	\$233,249	\$18,133	1.01
IL DHS Division of Mental Health	IL	633	4	432	3	1424	3	36.7	4	53.7	4	25.8	4	\$161,358	\$15,490	1.02
Aspire Indiana	IN	1428	5	1285	5	5134	5	13.0	1	13.9	1	24.8	4	\$227,483	\$47,437	0.89
Southern Indiana Resource Solutions	IN	595	4	315	3	1456	3	9.1	1	17.1	1	18.3	2	\$80,022	\$2,614	0.86
Cerebral Palsy Research Fdn of Kansas/KBCN	KS	258	2	229	2	631	1	47.3	5	53.7	5	20.3	3	\$114,926	\$302	0.86
Center for Accessible Living	KY	754	4	617	4	3043	5	17.2	1	21.1	1	15.3	1	\$238,620	\$0	0.88
Independence Place	KY	482	3	153	1	1147	2	11.2	1	31.4	2	13.2	1	\$169,185	\$8,459	0.81
Advocacy Center	LA	311	2	257	2	699	1	33.1	4	40.1	3	34.2	5	\$168,373	\$8,862	0.97
LSU Health Sciences Center	LA	481	3	372	3	1617	3	31.6	3	41.1	3	19.9	3	\$161,233	\$0	0.93
BenePLAN	MA	803	4	638	4	2482	5	25.4	2	32.0	2	20.9	3	\$235,782	\$113,825	1.05
Massachusetts Rehabilitation Commission	MA	548	3	475	4	1755	4	15.0	1	17.1	1	24.2	4	\$131,028	\$157,950	1.03
Independence Now	MD	804	4	677	4	1737	4	57.7	5	67.5	5	26.1	4	\$217,447	\$1,143	1.16
Maine Medical Center	ME	2017	5	1084	5	7606	5	18.7	2	35.3	2	7.9	1	\$98,107	\$29,2101	0.92
Goodwill Industries of Greater Detroit	MI	352	2	307	2	631	1	55.7	5	63.8	5	31.4	5	\$158,608	\$10,971	0.96
The Arc of Michigan Inc.	MI	532	3	475	4	1495	3	26.7	3	29.1	2	24.4	4	\$159,057	\$8,371	1.00
UCP of Metropolitan Detroit	MI	340	2	319	3	582	1	55.6	5	58.0	5	29.0	5	\$80,479	\$64,595	1.00
United Cerebral Palsy of Michigan	MI	441	2	381	3	1144	2	35.1	4	40.4	3	28.0	4	\$181,377	\$2,920	0.93
Minnesota Work Incentives Connection	MN	1667	5	1066	5	5246	5	31.9	3	44.1	4	21.2	3	\$199,421	\$165,265	0.96
Missouri Protection and Advocacy Services	MO	292	2	225	2	768	2	34.6	4	44.0	4	24.0	4	\$108,974	\$5,735	0.87
Paraquad	MO	763	4	639	4	1492	3	48.4	5	57.0	5	33.6	5	\$238,270	\$0	0.86
Mississippi Dept. of Rehabilitation Services	MS	910	5	636	4	2769	5	30.7	3	41.7	3	21.5	3	\$240,000	\$12,631	0.81
MT Center on Disability- Montana State Univ.	MT	247	1	175	1	1061	2	23.1	2	32.6	2	13.8	1	\$80,000	\$43,440	0.80

Table D.2 (continued)

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served that Received only I&R		Percent of New Enrollees Enrolled Into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (12-month)	Non-SSA Funding for WIPA Services (12-month)	Input Cost Adjustment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank			
North Central Independent Living Service Inc.	MT	210	1	142	1	638	1	20.5	2	30.3	2	19.6	3	\$80,000	\$4,421	0.80
Easter Seals UCP North Carolina Life Plan Trust	NC	802	4	703	5	1997	4	31.9	3	36.3	3	28.8	5	\$179,437	\$42,425	0.92
NC DHHS Division of Voc Rehab Tri-County Industries	NC	232	1	200	1	574	1	41.8	4	49.0	4	28.4	5	\$85,450	\$4,920	0.89
Rehab Services Inc.	NC	778	4	717	5	1466	3	65.3	5	69.6	5	37.9	5	\$185,044	\$2,323	0.94
Easter Seals Nebraska	NC	164	1	148	1	462	1	16.5	1	18.2	1	25.7	4	\$80,000	\$0	0.91
Granite State Independent Living Cerebral Palsy of New Jersey	ND	204	1	110	1	748	2	20.6	2	35.5	2	13.6	1	\$80,000	\$61,307	0.88
Epilepsy Foundation of New Jersey/FRN	NE	288	2	196	1	1009	2	26.4	2	39.3	3	16.3	2	\$80,000	\$32,8911	0.80
Team Management 2000 Inc.	NH	490	3	242	2	1572	3	12.9	1	26.0	1	11.3	1	\$80,000	\$52,968	0.96
NM Public Education Dept. Div of Voc Rehab	NJ	237	1	226	2	448	1	41.4	4	43.4	4	22.1	3	\$127,262	\$318	1.20
Southern Nevada Independent Living Ctr	NJ	402	2	303	2	1200	2	11.9	1	15.8	1	17.3	2	\$131,996	\$617	1.26
Abilities Inc. of New York	NJ	234	1	196	1	729	1	9.0	1	10.7	1	20.4	3	\$91,172	\$0	1.25
City Univ. of NY Research Foundation	NM	620	4	341	3	1868	4	30.3	3	54.3	5	17.0	2	\$105,940	\$24,5240	0.88
Goodwill Ind. of Greater NY and Northern NJ	NV	255	1	184	1	711	1	28.2	3	39.1	3	13.1	1	\$93,144	\$4,658	1.18
Research Foundation for Mental Hygiene Inc.	NY	200	1	188	1	176	1	93.0	5	96.3	5	89.1	5	\$117,550	\$6,187	1.35
Resource Center for Independent Living	NY	271	2	228	2	1176	2	7.0	1	8.3	1	14.6	1	\$112,924	\$0	1.22
Legal Aid Society of Cincinnati	NY	907	5	695	5	1867	4	51.0	5	66.0	5	32.6	5	\$240,000	\$12,000	1.22
Disability Rights Oregon	NY	256	1	218	2	754	2	32.4	3	38.5	3	16.8	2	\$117,381	\$13,667	1.18
AHEDD	NY	454	3	387	3	1080	2	42.3	4	49.4	4	23.0	4	\$176,905	\$480	0.97
Disability Rights Network of PA	NY	243	1	199	1	691	1	11.9	1	15.1	1	25.6	4	\$121,863	\$305	1.22
OH Legal Rights Service	OH	825	4	641	4	1000	2	61.9	5	74.4	5	35.4	5	\$196,503	\$523	0.99
University of Oklahoma	OH	402	2	335	3	1183	2	36.8	4	46.9	4	18.2	2	\$240,000	\$7,819	0.93
Disability Rights Oregon	OH	256	1	201	1	818	2	39.8	4	50.7	4	18.5	2	\$85,997	\$398	0.92
Disability Rights Oregon	OH	303	2	259	2	721	1	42.2	4	49.0	4	28.4	5	\$240,000	\$9,117	0.96
Disability Rights Oregon	OK	465	3	348	3	1661	4	32.9	4	44.3	4	13.9	1	\$202,372	\$64,091	0.85
Disability Rights Oregon	OR	339	2	282	2	1260	3	31.9	3	38.7	3	18.6	2	\$164,468	\$444	0.97
Disability Rights Oregon	PA	1354	5	985	5	4351	5	32.8	4	45.1	4	17.5	2	\$240,000	\$249,290	0.84
Disability Rights Oregon	PA	545	3	424	3	1763	4	28.1	3	36.1	3	17.5	2	\$219,462	\$75,795	1.00

Table D.2 (continued)

WIPA Name	State	Total Number of Beneficiaries Served		Total Number of New Enrollees		Total Direct Service Time (estimated)		Percent of Beneficiaries Served that Received only I&R		Percent of New Enrollees Enrolled Into I&R Only		Percent of Total Direct Service Time Spent Only on I&R		SSA Funding for WIPA Services (12-month)	Non-SSA Funding for WIPA Services (12-month)	Input Cost Adjustment
		#	Rank	#	Rank	Hours	Rank	%	Rank	%	Rank	%	Rank			
Goodwill Industries of Central Pennsylvania	PA	1137	5	1012	5	3052	5	57.2	5	63.3	5	30.0	5	\$240,000	\$63,852	0.90
Movimiento para el Alcance de Vida Indep	PR/VI	909	5	704	5	2169	4	49.3	5	62.8	5	29.8	5	\$240,000	\$4,333	0.67
Department of Human Services of RI	RI	375	2	297	2	1460	3	16.0	1	20.2	1	26.4	4	\$80,000	\$30,224	1.05
South Carolina Voc Rehab Dept.	SC	1632	5	1281	5	4473	5	31.6	3	38.6	3	20.1	3	\$214,215	\$0	0.86
Walton Options	SC	390	2	337	3	1264	3	33.3	4	37.7	3	21.8	3	\$80,000	\$8,957	0.85
Black Hills Special Services Corp.	SD	433	2	296	2	1846	4	5.3	1	7.8	1	15.1	1	\$80,000	\$40,615	0.83
Center for Independent Living of Middle Tenn.	TN	696	4	511	4	2878	5	19.3	2	25.6	1	11.0	1	\$198,082	\$379	0.88
Tennessee Disability Coalition	TN	632	4	432	3	2254	4	19.8	2	29.2	2	17.1	2	\$216,275	\$36,675	0.83
ARCIL	TX	823	4	589	4	1586	3	48.6	5	66.7	5	21.2	3	\$202,521	\$9,696	0.96
CBFL/Houston Center of Independent Living	TX	579	3	526	4	1812	4	13.0	1	14.3	1	19.9	3	\$176,203	\$15,803	1.05
Crockett Resource Center for Independent Living	TX	220	1	210	1	400	1	54.5	5	56.2	5	28.5	5	\$125,584	\$9,600	0.90
Easter Seals North Texas	TX	721	4	647	4	1258	3	53.1	5	58.7	5	28.4	5	\$187,443	\$21,043	1.07
Imagine Enterprises Inc.	TX/CA	1130	5	762	5	4685	5	16.4	1	24.0	1	10.4	1	\$157,794	\$19,200	0.93
Valley Assoc for Independent Living (VAIL)	TX	329	2	196	1	792	2	14.9	1	25.0	1	17.7	2	\$89,208	\$9,470	0.94
Utah State Office of Rehabilitation	UT	255	1	214	2	896	2	30.6	3	36.4	3	16.0	1	\$80,000	\$0	0.87
VA ACCSES	VA	936	5	819	5	2331	4	24.4	2	27.7	2	26.5	4	\$239,757	\$0	1.12
Vermont Agency of Human Services	VT	153	1	103	1	551	1	20.9	2	29.1	2	13.1	1	\$80,000	8,000	0.94
Positive Solutions	WA	276	2	231	2	754	2	44.9	5	51.9	4	28.0	5	\$80,000	4,000	1.10
WA State Employment Security Dept.	WA	458	3	368	3	1366	3	43.2	4	51.6	4	26.4	4	\$209,784	\$10	1.04
Employment Resources Inc.	WI	274	2	196	1	912	2	28.8	3	39.3	3	19.0	2	\$90,891	\$4,650	1.01
Independence First	WI	375	2	279	2	1445	3	13.6	1	18.3	1	16.7	2	\$89,538	\$29,858	1.00
Riverfront Activity Center	WI	495	3	434	4	1744	4	11.7	1	13.1	1	21.5	3	\$80,000	\$4,000	0.99
State of W. VA Div of Rehabilitation Services	WV	493	3	431	3	1650	4	27.4	3	31.6	2	15.3	1	\$201,611	\$0	0.71
Centrum for Disability Services	WY	137	1	97	1	323	1	43.8	4	48.5	4	28.5	5	\$80,000	\$438	0.98

Source: WIPA ETO, accessed on January 15, 2012.

Table D.2 *(continued)*

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

C. Cost Measures

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

1. Cost per WIPA Enrollee

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

$$\text{Cost per WIPA Enrollee} = \text{Funding Amount} / (\text{Number of WIPA-enrolled beneficiaries receiving any type of service January 2011–December 2011})$$

2. Cost per New WIPA Enrollee

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

$$\text{Cost per New WIPA Enrollee} = \text{Funding Amount} / (\text{Number of new WIPA enrollments January 2011–December 2011})$$

3. Cost per Direct WIPA Service Hour

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

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

$$\text{Total WIPA Service Hours} = (2.5 * \text{Number of WIPA baseline assessments}) + \text{Total hours from beneficiary efforts form}$$

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

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

D. Cost Adjustments

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

Wages. We used the 2010 median hourly wage for the Community and Social Services Occupation (21-0000) for metropolitan and nonmetropolitan areas (BLS n.d.) to reflect the wages of WIPA staff. For each WIPA project, we mapped each of the counties served by it to the corresponding wage statistic for that county.^{37, 38} When computing the average median wage across all areas served by a WIPA project, we weighted each county’s wage value by its population as a share of the total population residing in the entire area served by the WIPA.³⁹ In instances where WIPA projects served an entire state, we used the state-level median wage. We then divided each WIPA’s median hourly wage by the national median wage to obtain the wage index value.

In Massachusetts, the counties did not map well to the areas served by each WIPA. Therefore, we calculated the wage information for counties in that state by finding the ratio of the 2011 county-level median wage for all occupations to the 2011 state-level median wage. Then we multiplied the 2010 state-level Community and Social Services Occupation (21-0000) median wage by that factor to get the wage for each county.

Rent. We used residential housing rents as a proxy for commercial rent values. We obtained fiscal year 2011 county-level median rent values for two-bedroom housing units from the Department of Housing and Urban Development’s website (HUD n.d.). As with the wage data, we mapped the rent data to the geographic areas served by each WIPA and computed a population-weighted median rent value for each WIPA project. Some counties had more than one median rent value for different geographic areas. In those cases, we used the mean of the county median rents. We then divided each WIPA’s median rent by the national value to obtain the rent index value.

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

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

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

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

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

³⁹ We used 2011 county-level population estimates available on the U.S. Census Bureau website (Census n.d.), except in the cases of Puerto Rico and the Virgin Islands, where we used 2010 estimates.

APPENDIX E

COST MEASURES AND QUINTILE RANKINGS, BY WIPA PROJECT

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

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding					
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
University of Alaska Dept of Rehabilitation	AK	\$748	5	\$1,212	5	\$220	4	\$684	4	\$1,109	5	\$201	4	\$686	4	\$1,112	4	\$202	4
Services of AL Independent Living	AL	\$408	3	\$972	4	\$127	3	\$439	3	\$1,048	5	\$137	3	\$445	2	\$1,061	4	\$138	2
Resources of Greater Birmingham	AL	\$366	2	\$485	2	\$128	3	\$401	2	\$531	2	\$140	3	\$421	2	\$557	2	\$147	3
Sources for Community Independent Living Services	AR	\$451	3	\$596	2	\$120	2	\$547	4	\$724	3	\$146	3	\$621	3	\$822	3	\$165	3
Arizona Bridge to Independent Living	AZ	\$334	2	\$645	3	\$102	2	\$347	2	\$670	3	\$106	2	\$400	2	\$772	3	\$122	2
CA--Disability Services Legal Center	CA	\$1,111	5	\$1,207	5	\$341	5	\$895	5	\$972	4	\$275	5	\$912	5	\$991	4	\$280	5
Center for Independence of the Disabled	CA	\$839	5	\$1,130	5	\$279	5	\$664	4	\$894	4	\$221	5	\$718	4	\$967	4	\$239	4
Center for Independent Living of CA	CA	\$851	5	\$1,127	5	\$222	5	\$649	4	\$859	4	\$169	4	\$898	5	\$1,189	5	\$234	4
Crossroads Diversified Services	CA	\$485	3	\$622	2	\$127	3	\$405	2	\$519	2	\$106	2	\$439	2	\$563	2	\$115	2
DRAIL	CA	\$371	2	\$743	3	\$64	1	\$332	2	\$666	3	\$57	1	\$395	2	\$792	3	\$68	1
Goodwill Industries of Southern California	CA	\$654	4	\$953	4	\$241	5	\$524	3	\$764	3	\$194	4	\$525	3	\$766	3	\$194	3
Human Potential Consultants LLC	CA	\$384	2	\$765	3	\$143	3	\$307	2	\$611	2	\$114	2	\$308	1	\$613	2	\$114	2
Project Independence Verdugo Workforce Investment Board	CA	\$923	5	\$1,030	4	\$333	5	\$735	5	\$820	4	\$266	5	\$761	4	\$849	3	\$275	5
Employment Works Cerebral Palsy of Colorado	CA	\$405	3	\$639	2	\$100	2	\$324	2	\$511	2	\$80	1	\$341	1	\$538	1	\$84	1
Bureau of Rehabilitation Services	CO	\$235	1	\$299	1	\$98	2	\$235	1	\$299	1	\$98	2	\$265	1	\$338	1	\$111	2
Endeavour Center Inc.	CT	\$195	1	\$244	1	\$63	1	\$159	1	\$199	1	\$51	1	\$631	4	\$791	3	\$204	4
DE DOL Division of Voc Rehab	DC	\$567	4	\$917	4	\$213	4	\$549	4	\$889	4	\$206	4	\$549	3	\$889	4	\$206	4
Abilities Inc. of Florida	DE	\$137	1	\$289	1	\$46	1	\$135	1	\$284	1	\$46	1	\$147	1	\$311	1	\$50	1
Brevard Achievement Center	FL	\$557	4	\$612	2	\$242	5	\$590	4	\$648	3	\$257	5	\$590	3	\$648	2	\$257	5
Center for Independent Living in Central Florida	FL	\$315	2	\$490	2	\$98	2	\$317	2	\$493	2	\$99	2	\$333	1	\$518	1	\$104	1
Goodwill Industries of North Florida	FL	\$356	2	\$509	2	\$155	3	\$343	2	\$491	2	\$149	3	\$360	2	\$516	1	\$157	3
Opportunity Development Inc./ILRC	FL	\$314	2	\$554	2	\$103	2	\$356	2	\$628	2	\$116	2	\$472	3	\$831	3	\$154	3
GA DOL Division of Rehab Services	FL	\$226	1	\$380	1	\$64	1	\$247	1	\$413	1	\$70	1	\$259	1	\$434	1	\$73	1
Shepherd Center	GA	\$294	2	\$508	2	\$90	2	\$350	2	\$604	2	\$106	2	\$353	1	\$608	2	\$107	2
Hawaii Disability Rights Center	GA	\$397	2	\$517	2	\$136	3	\$415	3	\$541	2	\$142	3	\$450	2	\$587	2	\$154	3
Iowa Workforce Development	HI	\$870	5	\$1,231	5	\$170	4	\$691	4	\$977	4	\$135	3	\$691	4	\$977	4	\$135	2
DisAbility Rights Idaho	IA	\$192	1	\$320	1	\$72	1	\$228	1	\$380	1	\$85	1	\$360	2	\$600	2	\$135	2
Chicago Mayors Office for People with Disabilities	ID	\$243	1	\$734	3	\$59	1	\$271	1	\$817	3	\$66	1	\$271	1	\$817	3	\$66	1
Illinois Assistive Technology Program-WIPA	IL	\$508	3	\$680	3	\$185	4	\$485	3	\$649	3	\$177	4	\$485	3	\$649	2	\$177	3
	IL	\$276	1	\$650	3	\$100	2	\$274	1	\$645	2	\$99	2	\$295	1	\$696	2	\$107	2

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding					
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
IL DHS Division of Mental Health	IL	\$402	3	\$807	4	\$153	3	\$396	2	\$794	3	\$150	3	\$434	2	\$870	3	\$165	3
Aspire Indiana	IN	\$183	1	\$205	1	\$59	1	\$207	1	\$232	1	\$66	1	\$250	1	\$280	1	\$80	1
Southern Indiana Resource Solutions	IN	\$148	1	\$307	1	\$67	1	\$173	1	\$358	1	\$79	1	\$178	1	\$370	1	\$81	1
Cerebral Palsy Research Fdn of Kansas/KBCN	KS	\$845	5	\$1,084	5	\$228	5	\$983	5	\$1,261	5	\$266	5	\$986	5	\$1,265	5	\$266	5
Center for Accessible Living	KY	\$382	2	\$490	2	\$93	2	\$435	3	\$558	2	\$105	2	\$435	2	\$558	2	\$105	1
Independence Place	KY	\$395	2	\$1,611	5	\$170	4	\$488	3	\$1,988	5	\$210	4	\$512	3	\$2,088	5	\$220	4
Advocacy Center	LA	\$809	5	\$1,093	5	\$366	5	\$831	5	\$1,122	5	\$376	5	\$875	5	\$1,181	5	\$396	5
LSU Health Sciences Center	LA	\$490	3	\$736	3	\$124	3	\$529	3	\$794	3	\$134	3	\$529	3	\$794	3	\$134	2
BenePLAN	MA	\$394	2	\$543	2	\$120	2	\$373	2	\$515	2	\$114	2	\$553	3	\$764	3	\$169	3
Massachusetts Rehabilitation Commission	MA	\$281	1	\$333	1	\$99	2	\$272	1	\$322	1	\$95	2	\$600	3	\$710	2	\$210	4
Independence Now	MD	\$640	4	\$988	4	\$169	4	\$552	4	\$854	4	\$146	3	\$555	3	\$858	3	\$147	2
Maine Medical Center	ME	\$60	1	\$140	1	\$14	1	\$65	1	\$153	1	\$15	1	\$260	1	\$607	2	\$61	1
Goodwill Industries of Greater Detroit	MI	\$1,017	5	\$1,429	5	\$366	5	\$1,058	5	\$1,488	5	\$381	5	\$1,132	5	\$1,591	5	\$408	5
The Arc of Michigan Inc.	MI	\$408	3	\$472	2	\$141	3	\$409	3	\$474	2	\$141	3	\$431	2	\$499	1	\$149	3
UCP of Metropolitan Detroit	MI	\$533	4	\$601	2	\$195	4	\$530	4	\$598	2	\$194	4	\$956	5	\$1,077	4	\$350	5
United Cerebral Palsy of Michigan	MI	\$634	4	\$799	3	\$220	5	\$681	4	\$858	4	\$236	5	\$692	4	\$872	3	\$240	4
Minnesota Work Incentives Connection	MN	\$176	1	\$335	1	\$48	1	\$184	1	\$350	1	\$50	1	\$336	1	\$640	2	\$92	1
Missouri Protection and Advocacy Services	MO	\$571	4	\$865	4	\$187	4	\$656	4	\$994	4	\$214	4	\$690	4	\$1,046	4	\$226	4
Paraquad	MO	\$605	4	\$866	4	\$241	5	\$701	5	\$1,004	5	\$279	5	\$701	4	\$1,004	4	\$279	5
Mississippi Dept. of Rehabilitation Services	MS	\$380	2	\$647	3	\$110	2	\$472	3	\$803	3	\$137	3	\$497	3	\$846	3	\$144	2
MT Center on Disability-Montana State Univ.	MT	\$421	3	\$678	3	\$87	2	\$526	3	\$847	4	\$109	2	\$811	5	\$1,307	5	\$169	3
North Central Independent Living Service Inc.	MT	\$479	3	\$808	4	\$156	3	\$598	4	\$1,009	5	\$195	4	\$631	4	\$1,065	4	\$206	4
Easter Seals UCP North Carolina	NC	\$329	2	\$401	1	\$126	3	\$359	2	\$437	1	\$138	3	\$444	2	\$541	2	\$170	3
Life Plan Trust	NC	\$633	4	\$838	4	\$208	4	\$711	5	\$941	4	\$233	5	\$752	4	\$995	4	\$247	5
NC DHHS Division of Voc Rehab	NC	\$685	5	\$849	4	\$203	4	\$729	5	\$903	4	\$216	4	\$738	4	\$914	4	\$219	4
Tri-County Industries	NC	\$584	4	\$661	3	\$233	5	\$642	4	\$727	3	\$256	5	\$642	4	\$727	2	\$256	5
Rehab Services Inc.	ND	\$494	3	\$1,127	5	\$124	2	\$563	4	\$1,284	5	\$141	3	\$994	5	\$2,268	5	\$249	5
Easter Seals Nebraska	NE	\$377	2	\$672	3	\$95	2	\$473	3	\$842	4	\$119	2	\$2,416	5	\$4,304	5	\$607	5
Granite State Independent Living	NH	\$187	1	\$447	2	\$57	1	\$196	1	\$467	2	\$60	1	\$325	1	\$776	3	\$100	1
Cerebral Palsy of New Jersey	NJ	\$916	5	\$994	4	\$365	5	\$762	5	\$828	4	\$304	5	\$764	4	\$830	3	\$305	5
Epilepsy Foundation of New Jersey/FRN	NJ	\$373	2	\$518	2	\$133	3	\$297	1	\$412	1	\$106	2	\$298	1	\$414	1	\$106	2
Team Management 2000 Inc.	NJ	\$428	3	\$521	2	\$157	4	\$343	2	\$417	1	\$126	3	\$343	1	\$417	1	\$126	2
NM Public Education Dept. Div of Voc Rehab	NM	\$245	1	\$679	3	\$68	1	\$279	1	\$774	3	\$78	1	\$926	5	\$2,565	5	\$258	5
Southern Nevada Independent Living Ctr	NV	\$509	3	\$832	4	\$151	3	\$430	3	\$702	3	\$127	3	\$451	2	\$738	3	\$134	2
Abilities Inc. of New York	NY	\$8,396	5	\$16,793	5	\$6,101	5	\$6,233	5	\$12,466	5	\$4,529	5	\$6,561	5	\$13,122	5	\$4,76	5

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs				Adjusted for Input Costs				Adjusted for Input Costs and Non-SSA Funding									
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
																			7
City Univ. of NY Research Foundation	NY	\$448	3	\$540	2	\$113	2	\$367	2	\$443	1	\$92	2	\$367	2	\$443	1	\$92	1
Goodwill Ind. of Greater NY and Northern NJ	NY	\$541	4	\$1,017	4	\$191	4	\$443	3	\$833	4	\$156	4	\$465	2	\$875	3	\$164	3
Independent Living Inc.	NY	\$679	5	\$876	4	\$187	4	\$575	4	\$742	3	\$159	4	\$642	4	\$829	3	\$177	3
Neighborhood Legal Service Research Foundation for Mental Hygiene Inc.	NY	\$675	5	\$903	4	\$213	4	\$697	4	\$932	4	\$220	5	\$699	4	\$935	4	\$220	4
Resource Center for Independent Living	NY	\$569	4	\$721	3	\$237	5	\$467	3	\$591	2	\$194	4	\$468	3	\$592	2	\$195	4
Ctr of Vocational Alternatives for Mental Health	NY	\$626	4	\$1,198	5	\$304	5	\$632	4	\$1,210	5	\$307	5	\$634	4	\$1,214	5	\$308	5
Legal Aid Society of Cincinnati	OH	\$945	5	\$1,348	5	\$248	5	\$1,021	5	\$1,457	5	\$268	5	\$1,054	5	\$1,504	5	\$277	5
Ohio Legal Rights Service	OH	\$558	4	\$869	4	\$129	3	\$604	4	\$940	4	\$139	3	\$607	3	\$944	4	\$140	2
University of Oklahoma	OH	\$1,371	5	\$1,818	5	\$465	5	\$1,429	5	\$1,895	5	\$485	5	\$1,483	5	\$1,967	5	\$503	5
Disability Rights Oregon	OK	\$649	4	\$1,043	5	\$142	3	\$764	5	\$1,229	5	\$167	4	\$1,006	5	\$1,618	5	\$220	4
AHEDD	OR	\$712	5	\$951	4	\$160	4	\$731	5	\$975	4	\$165	4	\$733	4	\$978	4	\$165	3
Disability Rights Network of PA	PA	\$264	1	\$444	1	\$67	1	\$312	2	\$525	2	\$79	1	\$636	4	\$1,071	4	\$161	3
Goodwill Industries of Central Pennsylvania	PA	\$560	4	\$810	4	\$151	3	\$562	4	\$812	3	\$151	3	\$756	4	\$1,093	4	\$204	4
Movimiento para el Alcance de Vida Indep	PR/VI	\$493	3	\$647	3	\$112	2	\$550	4	\$722	3	\$125	2	\$696	4	\$914	4	\$159	3
Department of Human Services of RI	RI	\$521	3	\$916	4	\$158	4	\$779	5	\$1,370	5	\$236	5	\$793	5	\$1,395	5	\$240	4
South Carolina Voc Rehab Dept.	SC	\$254	1	\$338	1	\$74	1	\$243	1	\$323	1	\$71	1	\$335	1	\$445	1	\$98	1
Walton Options	SC	\$192	1	\$272	1	\$60	1	\$222	1	\$315	1	\$69	1	\$222	1	\$315	1	\$69	1
Black Hills Special Services Corp.	SD	\$308	2	\$381	1	\$81	1	\$361	2	\$447	2	\$95	2	\$401	2	\$497	1	\$106	1
Center for Independent Living of Middle Tenn.	SD	\$195	1	\$293	1	\$51	1	\$234	1	\$352	1	\$61	1	\$353	2	\$530	1	\$92	1
Tennessee Disability Coalition	TN	\$352	2	\$521	2	\$77	1	\$400	2	\$591	2	\$88	1	\$400	2	\$592	2	\$88	1
ARCIL	TN	\$427	3	\$707	3	\$116	2	\$516	3	\$855	4	\$140	3	\$603	3	\$1,000	4	\$164	3
CBFL/Houston Center of Independent Living	TX	\$479	3	\$1,033	5	\$162	4	\$501	3	\$1,080	5	\$169	4	\$525	3	\$1,132	5	\$178	3
Crockett Resource Center for Independent Living	TX	\$350	2	\$391	1	\$121	2	\$332	2	\$371	1	\$115	2	\$362	2	\$405	1	\$126	2
Easter Seals North Texas	TX	\$1,256	5	\$1,365	5	\$438	5	\$1,393	5	\$1,514	5	\$486	5	\$1,499	5	\$1,630	5	\$524	5
Imagine Enterprises Inc.	TX/C	\$555	4	\$702	3	\$208	4	\$518	3	\$655	3	\$194	4	\$576	3	\$729	2	\$216	4
Valley Assoc for Independent Living (VAIL)	A	\$254	1	\$415	1	\$57	1	\$274	1	\$447	2	\$62	1	\$296	1	\$483	1	\$67	1
Utah State Office of Rehabilitation	TX	\$319	2	\$607	2	\$137	3	\$339	2	\$645	2	\$145	3	\$375	2	\$713	2	\$161	3
VA ACCSES	UT	\$452	3	\$588	2	\$106	2	\$519	3	\$676	3	\$122	2	\$519	3	\$676	2	\$122	2
Vermont Agency of Human Services	VA	\$339	2	\$405	1	\$140	3	\$303	2	\$362	1	\$125	2	\$303	1	\$362	1	\$125	2
Positive Solutions	VT	\$661	4	\$1,096	5	\$167	4	\$705	5	\$1,169	5	\$178	4	\$776	5	\$1,286	5	\$196	4
	WA	\$526	4	\$721	3	\$147	3	\$478	3	\$654	3	\$134	3	\$502	3	\$687	2	\$141	2

Table E.1 (continued)

WIPA Name	State	Unadjusted Costs						Adjusted for Input Costs						Adjusted for Input Costs and Non-SSA Funding					
		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour		Cost per WIPA Enrollee		Cost per New WIPA Enrollee		Cost per WIPA Service Hour	
		Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank	Cost	Rank
WA State Employment Security Dept.	WA	\$807	5	\$1,179	5	\$209	4	\$773	5	\$1,129	5	\$200	4	\$773	5	\$1,129	5	\$200	4
Employment Resources Inc.	WI	\$466	3	\$764	3	\$123	2	\$462	3	\$756	3	\$122	2	\$485	3	\$795	3	\$128	2
Independence First	WI	\$276	1	\$393	1	\$74	1	\$276	1	\$392	1	\$74	1	\$368	2	\$522	1	\$99	1
Riverfront Activity Center	WI	\$183	1	\$212	1	\$58	1	\$185	1	\$214	1	\$59	1	\$194	1	\$225	1	\$62	1
State of W. VA Div of Rehabilitation Services	WV	\$563	4	\$683	3	\$144	3	\$797	5	\$968	4	\$204	4	\$797	5	\$968	4	\$204	4
Centrum for Disability Services	WY	\$1,039	5	\$1,600	5	\$346	5	\$1,058	5	\$1,630	5	\$353	5	\$1,064	5	\$1,639	5	\$355	5

Source: WIPA ETO, accessed January 15, 2012.

Note: Costs are expressed in dollars. The quintile rankings represent the ranking of the WIPA with respect to the particular cost measure, where 1 is the lowest cost quintile and 5 is the highest. The number of WIPA projects in each quintile is unequal because (1) the total number of WIPA projects (102) is not divisible by 5 and (2) WIPA projects with the same value for a particular statistic are grouped in the same quintile.

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