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Maximizing Vocational Rehabilitation Outcomes of New Yorkers with Disabilities Who Receive Supplemental Security Income and Social Security Disability Insurance:

**Connecting Work Incentives Planning, Traditional Cost
Reimbursement, and the Ticket through Partnership Plus**

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Table of Contents

Executive Summary	3
Introduction	4
Evidence-Based Practices	5
Discussion of Issues and Recommendations	10
Recommendation 1	10
Recommendation 2	11
Recommendation 3	13
Recommendation 4	14
References	15

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Executive Summary

Like many other states, New York State (NYS) is facing unprecedented fiscal and economic challenges. The workforce development system in NYS today is confronting these challenges on three fronts. On one front, the fiscal resources devoted to the system are decreasing, while on another front, the needs of individuals continue to increase as more people access services. These are both compounded by the employment and economic outlook in NYS as unemployment rates rise. As a result, NYS must fully investigate all opportunities to address issues across these three primary issues.

This paper aims to investigate the Ticket to Work and Self-Sufficiency Program (Ticket to Work), to describe the evolution of the program, to explain how that evolution can serve as a catalyst for systems change in NYS to strengthen the overall workforce development system, and to identify strategies for maximizing the potential of the Ticket to Work in NYS. A critical component of a successful integration of the Ticket to Work in NYS must include a comprehensive plan to educate beneficiaries on the program. However, each state has embraced the Ticket to Work program somewhat differently, so this paper also presents data on how various states are utilizing the program to more effectively serve individuals with disabilities. Then, drawing from the lessons learned from the history of the Ticket to Work program, a series of recommendations are offered which seek to embrace the current work being done under the New York Makes Work Pay initiative, but also to augment this work by truly capitalizing on the potential of the Ticket to Work program in NYS. To reach this goal a series of recommendations are provided which include:

1. The adoption of statewide benefits and work incentives planning competency and performance standards by NYS agencies providing employment services to individuals with disabilities and assurance of access to these services by beneficiaries served.
2. The development of an aggressive approach by NYS to increase the number of Employment Networks.
3. The formalization of policies and procedures to fully implement the Partnership Plus Option in NYS through the Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR) and the Commission for the Blind and Visually Handicapped (CBVH).
4. The development of a cross-systems incentive program that will maximize outcomes under the Ticket to Work Program.

In summary, the Ticket to Work has undergone significant changes over its first decade of implementation. Given its current structure, the Ticket to Work, when properly embraced and utilized, can offer real opportunity to expand access to new financial resources that support both state systems and Employment Networks (EN) in helping New Yorkers with disabilities who receive Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) in achieving their employment objectives.

Introduction

Since the 1950s, the Social Security Administration (SSA) has provided income through the SSDI program to workers who have a disabling condition that prevents them from working at substantial gainful levels of activity. In the 1970s, SSA's role was expanded to administer SSI, a means-tested program that included children, working aged adults with disabilities, and the elderly.

Despite a myriad of medical, social, educational and legislative developments which have significantly advanced the lives of persons with disabilities, one of the profound ironies of America's disability policy is that individuals must prove that they are totally incapable of working in order to qualify for either of the disability benefit programs administered by the SSA. The application process is protracted, averaging over two years among beneficiaries to qualify (GAO, 2004). Nevertheless a small number of individuals eventually do become employed in some capacity (Social Security Administration, 2009a). For example, when looking at the 2009 SSI Annual Statistical Report we see that 7% of beneficiaries are working, with an average wage of \$577.00 per month (2009a).

There is overwhelming evidence that beneficiaries who are considering employment, their families, and professional caregivers do not know about SSA work incentives, thus potentially limiting the extent of participation in the workforce (Newcomb, Payne, & Waid, 2003). There is a lack of understanding about how earned income impacts cash benefits, and therefore individuals may likely be discouraged from working altogether or encouraged to engage only in part time and menial labor beneath their ability level, resulting in low earnings levels. The situation is often compounded by the eligibility rules for Medicaid and other programs such as food stamps and subsidized housing, which have their own regulations regarding work that do not necessarily correspond with SSA or provide incentives to work. A pervasive fear about losing benefits and/or misunderstanding of how benefits are affected by work has contributed to limited progress in the employment of this growing segment of population.

Since 1981, there has been a collaborative relationship between SSA and the state vocational rehabilitation agencies (SVRA) in which SVRA have been encouraged to serve beneficiaries (O'Day & Revell, 2007). Within this relationship, SSA provided reimbursement to the SVRA when a beneficiary reached a successful closure (nine months of earnings at/ or above the substantial gainful activity level within a 12 month continuous period). The 1999 Ticket to Work and Work Incentives Improvement Act provided additional options for beneficiaries. Through the Ticket to Work program (TTW), organizations can qualify as ENs in order to provide employment related services under a pay for performance mechanism (O'Day & Revell, 2007). While the initial rollout of the TTW allowed for the continuation of the SVRA reimbursement, many of the organizations qualifying as ENs also serve as contractors for SVRA (Social Security Administration, 2004). This created an either-or scenario for beneficiaries seeking services as well as for EN providers in respect to payment options and thus undermined the impact of the TTW (Social Security Administration, 2004). In July 2008, the TTW regulations were modified to allow SSA to pay the SVRA under the tradi-

tional cost reimbursement model, but subsequently allow an EN to qualify for TTW payments following the successful SVRA closure and reimbursement (Federal Register, 2008). This change removes the perceived or actual competition between the SVRA and ENs and also represents an opportunity to significantly increase revenue for the state infrastructure that provides vocational rehabilitation and employment services for persons with disabilities. In order to capitalize on this opportunity, state partners would be encouraged to develop a cohesive system promoting and maximizing TTW participation among consumers and providers while at the same time ensuring that beneficiaries have access to long-term employment supports beyond the SVRA case closure. The term “Partnership Plus” has been adopted by SSA and TTW program managers to describe evolving strategies implemented by SVRA and community agencies participating in respect to the TTW.

Evidence-Based Practices

From 1998 through 2004, SSA and Rehabilitation Services Administration (RSA) jointly funded the State Partnership Initiative (SPI) in 18 states. The SPI was intended to increase employment among SSA beneficiaries and increase use of community resources. These awards helped states develop statewide programs of services and support for their residents with disabilities that increased job opportunities for them and decreased their dependence on benefits, including SSDI and SSI. As part of the SPI, California, Vermont, New York, and Wisconsin implemented SSI waivers to test alternative rules. Results of the demonstrations varied based on the services and supports tested, but did provide evidence that consumers who received benefits and work incentives planning and counseling services coupled with vocational rehabilitation services achieved better employment outcomes than control groups who did not.

The Vermont Division of Vocational Rehabilitation matched over 600 VR consumers who received specialized work incentives counseling with two matched comparison groups (Tremblay, Smith, Xie, & Drake, 2007). One of these comparison groups was current VR customers that might provide a contemporary group to estimate effects of the program among non-work incentives counseling customers. The other group was consumers who received VR services approximately 2.5 years prior in order to provide a historical comparison. The study established that the work incentives group demonstrated consistently higher earnings including \$225 per consumer per quarter over the contemporary group, and \$190 per the historical comparison group (Tremblay, Smith, Xie, & Drake, 2007). While the earnings of all three groups increased with time and involvement with vocational services, the work incentives counseling enrollees achieved a greater increase in earnings (Tremblay, Smith, Xie, & Drake, 2007).

While NYS also implemented an experimental design to their SPI (New York Works) which demonstrated similar outcomes, as impressive as the outcomes achieved was the collaborative model ACCES-VR (formerly known at the time as the Office of Vocational and Educational Services for Individuals with Disability – VESID), the Department of Labor (DOL),

Office of Mental Health (OMH) and their community partners implemented. Together they tested the impact that a collaborative service delivery model would have on the employment outcomes of New Yorkers with mental illness. The model also included a focus on staff development and capacity building in regard to comprehensive benefits and work incentives planning. The success of the experimental model clearly documented the value of integrating vocational rehabilitation, work incentives planning and assistance, mental health treatment in fostering positive employment outcomes, and increased earnings capacity. New York Works preceded the Partnership Plus program under the TTW by more than a decade although the lessons learned through its implementation still apply today.

On a national scale, the Work Incentives Planning and Assistance (WIPA) Program has represented an essential SSA strategic initiative to address myths and correct inaccurate information about receiving benefits while working. SSA serves as the primary sponsor of 104 community-based agreements serving all states (Federal Business Opportunities, 2009). The WIPA is available to assist beneficiaries aged 14-64, and complements employment activities such as TTW, development of an Individualized Plan for Employment (IPE), Supported Employment and Transition from School to Work (Workworld, 2010). The WIPA replaced the previous Benefits Planning, Assistance, and Outreach" (BPAO) program and represented a strategic shift from providing advice about benefits to a more in-depth, long term assistance that would encourage beneficiaries to pursue employment, use work incentives, and connect with employment options, primarily the TTW.

Each WIPA agency employs Community Work Incentives Coordinators (CWIC) who completes certification training for technical knowledge as well as federal security clearance (Virginia Commonwealth University, 2010). CWICs provide individualized in-person work incentives counseling to SSA beneficiaries who are working or interested in becoming employed in the near future (2010). The protocol requires verification of SSA benefits as well as other related federal or state benefits in order to provide accurate assessment (2010). The CWIC provides this assessment in the context of the person's current or future projected earnings and helps the individual review the feasibility of using applicable work incentives. Each session culminates in a written "Benefits Summary Analysis" which is provided to the beneficiary (2010). The new program design encourages both the beneficiary and WIPA staff to maintain ongoing contact. This activity is documented through a "Work Incentives Plan."

The 2007 evaluation of the WIPA, performed by Mathematica, Inc., through interviews and case reviews, indicates that these goals have not been fully implemented or achieved (O'Day & Revell, 2007). To a great extent, programs served a large number of beneficiaries but maintained a low rate of follow-up. Projects also exhibited tension in responding to ongoing demand for WIPA services by beneficiaries and community partners in the context of heightened expectations by SSA in increasing and lengthening the service to individual customers. This is particularly noteworthy since the \$23 million in congressional funding for the entire WIPA program has not increased since the BPAO was initiated in 2000. This potentially demonstrates the inadequacy of the federal program to meet all the needs posed by beneficiaries throughout the country and need for states to develop additional benefits

and work incentives infrastructure and capacity to readily meet the needs of beneficiaries interested in pursuing employment and accessing the workforce development system.

NYS has a rich history of providing comprehensive benefits and work incentives planning services and supports. Even prior to the SPI, BPAO, and WIPA initiatives, NYS had a fee-for-service benefits planning structure accessible through the 38 Independent Living Centers (ILC) throughout the state. ILCs across the state continue to hone their services and staff to provide benefits and work incentives planning and assistance. There are currently 18 ILCs that are active members of the New York Makes Work Pay, Work Incentives Information Network (WIIN). The WIIN is a statewide network of benefits and work incentives planning and assistance professionals, and information and referral specialists. At year ending, September 30, 2010, the ILCs in New York State served 13,679 individuals with benefits assistance and 192 individuals with assistance in obtaining a Plan for Achieving Self Support (PASS). While close to 14,000 individuals with disabilities were provided benefits planning through the ILC network in NYS for year ending September 30, 2010, less than 1.5% of total ACCES-VR case service costs for all open SSI/SSDI cases from October 1, 2006 to September 30, 2007 was expended on benefits and work incentives planning (State Rehabilitation Council, 2008). Interestingly enough, one of the positive benefits reported among SVRA administrators is that the TTW has increased an emphasis on benefits and work incentives planning, and that the legislative initiatives have raised an “agency-wide awareness of the importance of providing work incentives planning early in the employment process” (O’Day & Revell, 2007). As suggested by SVRA leadership, early referral for benefits and work incentives planning services and support helps the customer make a more informed choice about employment and earnings goals, resulting in a substantial long-term increase in cost reimbursements recognized.

It has been reported in promotional literature from the TTW Program Manager that a growing number of states have begun to capitalize on the 2008 changes to the TTW. In Connecticut, the Bureau of Rehabilitation Services (BRS) operates under the traditional cost reimbursement model and encourages beneficiaries to assign their Ticket to an EN for ongoing supports (Social Security Administration, 2009b). Compared to other efforts among the group of Partnership Plus states, Connecticut’s approach might be best described as a passive model that is being adopted by other states. There is absolutely no down side to this less aggressive strategy, as it can lead to continuation of services following SVRA closure and additional revenue to ENs registered in the state. It is therefore encouraging to note that NYS has taken this approach. Further, it can provide essential post-employment supports resulting in beneficiaries remaining employed at or above substantial gainful levels for the required period to seek traditional cost reimbursement.

A few states, however, are implementing more aggressive and strategic approaches to enhance the employment outcomes of beneficiaries served and increase the return on investment under the traditional cost reimbursement program by using some form of financial incentive to EN providers through the SVRA. In Indiana, the Vocational Rehabilitation Services (VRS) offers an incentive of \$1,000 to providers when they have been successful in stabilizing beneficiaries in achieving nine months of Substantial Gainful Activity (SGA;

McGrew, et. al., 2007). Providers are expected to share documentation of the beneficiary's earnings to help facilitate the VRS request for SSA reimbursement. VRS can include this incentive as part of a request for reimbursement for post employment services, following closure—resulting in the incentive provided being offset through the cost reimbursement process. A similar strategy is being employed in Virginia, in which the Department of Rehabilitation Services (DRS) is offering two bonus payments to ENs following closure (Social Security Administration, 2009b). The first payment is made to the EN when the beneficiary achieves earnings of SGA and the second when the individual achieves these earnings for nine months, thus ensuring the cost reimbursement to DRS. In Utah, a model called "Support Work Independence Pilot" provides state HB 45 funding to ENs following 90-day closure by the UT State Office of Rehabilitation (USOR) to ensure an income stream until Ticket payments were available to the EN (Social Security Administration, 2009b).

Maryland has placed a focus on the TTW activity specific to individuals with mental health impairments. The state Mental Health Administration provides services through county authorities (CSA) that are administered by community organizations. The CSA serve as the EN of record under a statewide network of supported employment providers (Social Security Administration, 2009b). Beneficiaries are initially served through the Division of Rehabilitation Services (DORS) through cost reimbursement, and at closure the CSA accepts the ticket (2009b). The CSA EN receives qualifying Phase 2 Milestone and Outcome payments, taking an administrative fee and distributing the balance to the supported employment provider that served the beneficiary (2009b).

Finally, Wisconsin Partnership Plus focuses on individual decision making by the Counselor of the Division of Vocational Rehabilitation (DVR) to determine, during the development of the Individualized Plan for Employment (IPE), whether to pursue traditional cost reimbursement or EN payments (Social Security Administration, 2009b). As a matter of emphasis, this strategy would enable DVR to qualify for Phase I Milestone payments that would not be available among beneficiaries served who do not achieve SGA earnings (2009b). Using the beneficiary's expressed earnings goals, vocational assessment information, and the availability of long-term supports, the DVR Counselor is expected to forecast projected earnings to determine the best payment scenario (2009b). Those who are not expected to achieve SGA will be served under a pilot project in which TTW payments received by DVR will be shared with organizations that provide ongoing support after VR closure (2009b). DVR customers who are on the order of selection waiting list will be informed of the availability of services through local ENs (2009b).

Nationally, the SVRA accounts for over 91% of the TTW activity, including enrollment in the TTW and/or pending traditional cost reimbursements (Social Security Administration, 2010). As of November 2010, as reported in the SSA Ticket Tracker, 2.06% of tickets issued to beneficiaries have been assigned to the SVRA under TTW and/or traditional cost reimbursement and an additional 0.20% have been issued to ENs (2010). Further analysis of this national data is needed, however, to identify other trends. For example, using the states identified as Partnership Plus states (CT, VA, IN, MD, WI, and UT) we can compare

the percentage of beneficiaries enrolled by SVRA and ENs to see the impact of the program in these states.

With the exception of Maryland, the identified Partnership Plus states have their TTW enrollment driven by the SVRA. With only 27 organizations currently registered as ENs in the state, Maryland has the highest EN enrollment ratio in the nation at 0.52% (Social Security Administration, 2010). Also noteworthy, but not listed among Partnership Plus states, is California, where EN activity accounts for 0.45% of that state's enrollment (2010). The VR agencies in Vermont and Utah have enrollment over 5% of the SSA population, suggesting a high responsiveness by these agencies (Social Security Administration, 2010). Other states not included in the Partnership Plus that have a significantly high enrollment with EN's include: Delaware (6.94%) and Wisconsin (9.91%; 2010).

Since the Partnership Plus is a relatively new initiative, it is too early to make inferences about the current enrollment pattern. The authors were not able to obtain data which addresses information pertaining to the number of cases transferred from the SVRA to the EN for continuation of services, or the corresponding SSA revenue trend prior to and following these state initiatives over a multi-year period. One might expect that financial incentives to providers would contribute to an increase in the total number of cases served by ENs in states using this strategy but the historical data pattern would be informative. In addition, minimally, the types of aggressive financial incentives described above, provide a "no risk/no investment" approach to maximizing a return on investment under the traditional cost reimbursement model for SVRAs.

Among the five largest states in respect to SSA population, NYS has the highest percent enrollment of SSA beneficiaries, suggesting that the ACCES-VR/CBVH and community partners have started on a positive path to maximize this opportunity (see Table 1; Social Security Administration, 2010). According to a national survey of 2,508 beneficiaries conducted by Mathematica Policy Research, 44% of beneficiaries reported having goals that included work in the future, with 15% of them identifying expecting to work and earn enough to leave the rolls in the next five years (Livermore, et. al., 2009). The study also reflected a steady increase in these goals during the three year period of survey from 2004-2006, suggesting that the TTW and Medicaid Infrastructure Grant (MIG) sponsored efforts to promote employment could be having an impact on beneficiaries' expectations about work (Livermore, et. al., 2009). Even if survey respondents have been overly optimistic about their future, it would seem that state and community partners have an opportunity to respond to these goals and tap into a pay-for-performance revenue stream to complement existing resources. Rather than an SSA problem, the increased employment, earnings, and corresponding savings among SSA beneficiaries is best viewed as a state and local economic development opportunity (Livermore, et. al., 2009).

**Table 1: Analysis of the Five Largest States (Total Tickets Issued):
EN & VR Total Impact**

	Tickets Issued (Net)	# of ENs	EN: # of Assigned Tickets	VR: # of Tickets In Use	# of Tickets in VR Cost Reimburse (CR)	Total Tickets & CR	% Enrolled
CA	1,152,635	113	5,177	108	21,419	26,704	2.32%
NY	813,056	89	2,305	80	20,161	22,546	2.77%
TX	807,857	84	2,676	105	13,006	15,787	1.95%
FL	690,428	122	3,024	1,185	9,607	13,816	2.00%
PA	576,651	51	1,384	15	5,092	6,491	1.13%

Discussion of Issues and Recommendations

Recommendation 1

NYS Agencies providing employment services to individuals with disabilities should adopt the statewide benefits and work incentives planning competency and performance standards and ensure access to services provided by credentialed practitioners for beneficiaries being served.

There is general consensus that the provision of individualized and well-timed benefits and work incentives planning services and support is a fundamental means of promoting employment among SSA beneficiaries (Lui et al, 2010). To this end, the New York Makes Work Pay initiative has devoted considerable resources not only to growing the cadre of credentialed practitioners throughout NYS by 100 practitioners a year, but also to coordinating information and referral services, and promoting web-based tools to streamline access to information needed to make choices about work and earnings. As suggested by NCHSD in "Building Sustainable Work Incentives Planning & Outreach Infrastructure," the lack of national standards for work incentives counseling including performance standards can potentially undermine the value of the work incentives planning and assistance among state and community partners. Toward that end, NYS has finished and is vetting a statewide code of conduct and professional ethics, as well as competency-standards for benefits and work incentives practitioners. At a minimum, ACCES-VR and CBVH, and other state employment systems, should ascribe to these standards and benchmarks for services ensuring each consumer served has access to development of a comprehensive benefits analysis and work incentives plan.

Further, it is possible that a WIPA provider and SVRA and/or community provider could be simultaneously serving the same consumer and each could be unaware of the guidance being provided by the other entity. In some instances, it is conceivable that this guidance

could be contradictory, for example, in respect to earnings goals. It may be appropriate to receive permission from the beneficiary to share a copy of the Benefits Summary Analysis with a community provider so that there is both a consistent message and cohesive plan of action in respect to employment outcomes and work incentives.

Finally, both the BPA&O and WIPA initiatives have been notoriously underfunded, operating with a fixed allocation from SSA to state providers since the 2001 inception. During 2005-2006, SSA attempted unsuccessfully to enlist other federal partners such as the RSA and DOL to participate financially in the WIPA program in order to expand and intensify the WIPA impact and contribute to a broader effort that promotes employment among SSA beneficiaries. Absent additional federal funding, there is nothing that precludes both ACCES-VR and CBVH from requiring counselors to ensure that every SSI/SSDI beneficiary is referred for a comprehensive benefits analysis and development of a work incentives plan. To establish priority service, the SVRAs are well advised to use their Unified Contract Services to acquire these services from credentialed providers within the Work Incentives Information Network. This would expand resources available for purchasing benefits and work incentives planning and assistance services, while posing a minimal threat to state expenditures, as these costs would be recovered through the traditional cost reimbursement program. A higher probability of reimbursement is ensured given that consumers will understand how they can earn at higher levels which would also inadvertently increase employment outcomes reported to RSA for this currently underserved population.

Recommendation 2

The NYS Workforce Development System should take action to increase the number of providers gaining enrollment as Employment Networks.

One of the fundamental underlying principles of the TTW is encouraging and assisting an SSA beneficiary to maximize his or her financial self-sufficiency through employment, with a corresponding decrease or elimination of federal cash benefits. Along with the TTW, there are options such as Expedited Reinstatement, which provides a five-year window of reinstatement for beneficiaries who terminate due to work. While there are numerous customers who might not currently have the capacity to achieve maximum employment and earnings, it is recommended that the workforce development system in NYS consider the earning of substantial gainful activity and above as a universal and implicit goal when providing vocational rehabilitation and employment services to SSA beneficiaries. This should be the starting point in the industry. Many would purport that a more realistic and viable earnings standard would be 200% of poverty as it is more reflective of a livable wage. Regardless of the amount, if substantial gainful activity was the minimum, the SVRAs in NYS would be assured of higher rates of return under the Traditional Cost Reimbursement Program. In this light, it is hard to comprehend how agencies with missions to serve people with disabilities can choose to not support and/or participate in the TTW. The first step for NYS is to encourage all entities that provide vocational services to be registered as ENs, as the application process is relatively easy for established service providers.

In July 2008, the TTW regulations were modified to allow SSA to pay the SVRA under the cost reimbursement model, but subsequently allow an EN to qualify for TTW payments following the successful closure, typically at 90 days. This change removes the perceived or actual competition between the VR system and ENs, and also represents an opportunity to significantly increase revenue for the state infrastructure that provides vocational rehabilitation and employment services for persons with disabilities. In order to capitalize on this opportunity, state partners would be encouraged to develop a cohesive system promoting and maximizing TTW participation among consumers and providers. The term “Partnership Plus” has been adopted by SSA and TTW program managers to describe evolving strategies implemented by SVRA and community agencies participating in respect to the TTW.

Currently NYS has a TTW enrollment rate above 3%, suggesting that the ACCES-VR/CBVH and community partners have started on a positive path to maximize this opportunity. Nevertheless, as demonstrated by other states, it may be readily achievable to significantly increase enrollment with a coordinated and focused plan of action.

While the total enrollment of beneficiaries in the TTW provides a broad perspective on how individual states are responding, it may be desirable to track enrollment on a regional and/or county basis. It may be discovered that enrollment, as a ratio of the total SSA population, varies significantly throughout the state. Local economic factors, transportation, interest and responsiveness among specific providers, and VR staff may be among the indicators. This detailed analysis (i.e. enrollment by county) can be obtained by the TTW Program Manager Maximus, and may serve as a useful annual or bi-annual benchmark. In addition to beneficiary enrollment, it would be useful to obtain revenue data, ideally reflecting how much was cost reimbursement VR and the total payment amount to NY based ENs. Finally, ENs report annually to Maximus/SSA via “Employment Network Annual Periodic Outcome Report.” This report does not contain confidential information about beneficiaries but rather a summary of job placement activity including:

- Number of Ticket Holders served during the 12 month period;
- Placement rate;
- Average time of signing IWP to placement;
- Earnings of persons placed;
- Job Retention Rate – 6 months after placement;
- Number placed and annualized earnings of individuals in specific industries (grid provided).

Most if not all of the information from the EN report could be pooled among NYS vocational providers and reported through appropriate state and local entities. While providers may or may not want the names of their agencies displayed in a master report, this data could allow agencies to compare their performance to a ready-made template. It could also be presented in a regional format to determine areas of high and low performance throughout the state. This strategy can contribute to heightened awareness among providers and an increased level of accountability to the state infrastructure. The report also speaks to core quality indicators so that regardless of the size and status of an organiza-

tion, it can measure its performance against peers. On an individual agency level, it also provides a means of promoting an agency's results to potential customers: For example, how quickly do we respond to a customer's need for job placement; how much do our customers earn; are we able to place individuals in diverse occupations and industries.

We might recommend to SSA/Maximus that this Annual Report include a few additional questions about Partnership Plus activity, including the number of individuals referred to and accepted by the EN following VR closure. Assuming that these reports would be pooled within a state, this data could be compared to the number of VR/SSA customers who achieve successful closure in order to monitor effectiveness of the Partnership Plus initiative. In addition, some questions, such as "average time of signing IWP to job placement" may need to be modified since preferably, many ENs would be serving numerous customers already placed.

Recommendation 3

NYS ACCES-VR and CBVH should formalize policies and procedures to assist providers in utilizing the Social Security Administration's Ticket to Work program so as to maximize NYS's resources for extended services.

The NYS SVRAs should take a leadership role to formalize the process related to the Partnership Plus option under the Ticket to Work program. Overall, as noted above, NYS should facilitate the registration of all supported employment providers as ENs under the SSA. In 2008, nearly 25% of individuals served through supported employment achieved SGA, and therefore qualify to utilize the TTW program as a supplemental source of funding for extended supported employment services (RSA VR911 Data, 2008). Moreover, nearly 48% of those receiving some level of employment service in the state VR system in 2009 did so at a level higher than SGA. However, there is a disparity in the data reported (RSA VR 911 Data, 2009). For example, even though 5,777 individuals reached SGA, it is unclear how many of these individuals were actually SSI/SSDI beneficiaries. In general, approximately 34% of VR participants are actual beneficiaries, so this could indicate that 1,964 beneficiaries earned above SGA in 2009 (RSA VR911 Data, 2009).

In this scenario, supported employment providers/ENs could receive their current funding from the state agency for extended supported employment services (NYS VR, OMH, or OWPDD) and also potentially collect Phase 2 payments for up to the 11 or 18 months that these 1,964 participants reached SGA-level earnings. The supplemental payments for achieving Phase 2 milestones would both make up for the inadequate reimbursement level of current funding and allow supported employment providers/ENs to expand the services available through extended supported employment. This additional funding could help maintain expanded services that would not only increase job retention, but also promote movement to self-sufficiency. As a result, the need of some individuals to remain on extended supported employment services could decrease.

Finally, the SVRAs should adopt aggressive policies that promote practices to facilitate early consumer understanding of the options for long-term support and services available

under Partnership Plus. For example, SVRAs should strategically identify SSI and/or SSDI beneficiaries early on in the application process. Those individuals should be provided with targeted materials and counseling that helps them to not only understand their rights under the TTW program, but also how depositing their Ticket with an EN during their case closure with the SVRA could provide critical long-term support as well as ongoing access to career development services that help them to advance in work. Further, these individuals should be provided access to high quality benefits and work incentives planning and assistance to ensure they are able to make informed choices about work.

Recommendation 4

NYS SVRAs in connection with the Chapter 515 Work Group, should formalize a nine-month post placement incentive to providers to ensure successful follow-along, which would result in greater reimbursement to the state from the SSA.

NYS SVRAs, via the Chapter 515 Work Group, should specifically work with OPWDD and OMH to formalize a milestone payment for supported employment to providers based on an individual's attainment of nine months of employment. Collaboration between state agencies is necessary for data sharing between NYS VR and the identified extended funding support, to coordinate this payment. Other states such as Indiana have incorporated this model, and it has been shown to increase long-term retention for individuals accessing supported employment. Overall, a study by McGrew et. al., (2005) demonstrated that individuals served in the performance-based contracting system that included a nine month payment point had better retention rates than their respective counterparts in a fee-for-service model. This nine month model should be designed on a two-tier system, where vocational providers would receive greater reimbursement for individuals earning higher than SGA. For example, the payments at far below/above SGA could be \$1,000 and \$1,500 respectively. This modification from the Indiana model would prevent potential creaming, while encouraging providers to assist individuals in moving towards a greater level of self-sufficiency.

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