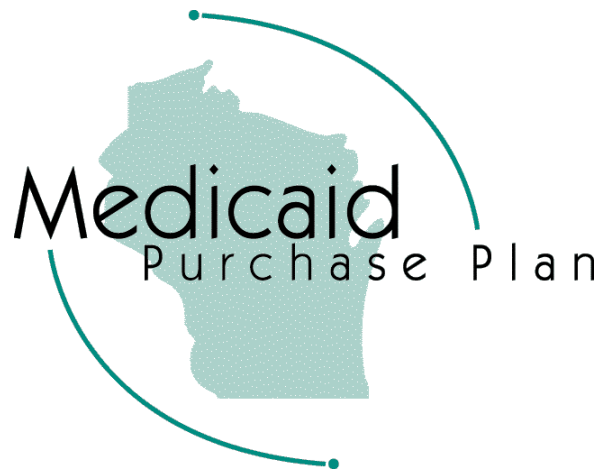


Medicaid Purchase Plan Evaluation Annual Report



for

Office of Independence and Employment,
Department of Health Services

June, 2009

Submitted by:
APS Healthcare

Table of Contents

I. EXECUTIVE SUMMARY.....	2
II. BACKGROUND.....	5
EVALUATION CONTRACT	5
EVALUATION COMPONENTS	5
III. PROGRAM OVERVIEW.....	6
PROGRAM GOALS	6
ELIGIBILITY CRITERIA	6
PROGRAM FEATURES.....	6
HEALTH CARE COVERAGE	7
PREMIUMS REQUIREMENTS	7
IV. PROGRAM DEMOGRAPHICS/PARTICIPANT CHARACTERISTICS.....	9
EXPLANATION OF DATA SOURCES.....	9
ENROLLMENT TRENDS	9
DEMOGRAPHIC DATA	11
EARNED INCOME	12
PREMIUM STATUS.....	15
MEDICAID AND MAPP	18
MRE AND IRWES	19
WORK EXEMPTION.....	20
INDEPENDENCE ACCOUNTS	20
MAPP ENROLLEES ON SSDI	21
MAPP ENROLLEES IN FAMILY CARE.....	21
V. EMPLOYMENT SUPPORT NEEDS ANALYSIS.....	25
SURVEY ADMINISTRATION	25
EARNINGS GROUPS USED IN PRIMARY SURVEY ANALYSIS	25
EARNINGS GROUPS USED IN CURRENT ANALYSIS.....	26
1. EMPLOYMENT SUPPORT NEEDS BY EARNINGS	29
2. EMPLOYMENT SUPPORT NEEDS BY EARNINGS BY AGE	35
3. EMPLOYMENT SUPPORT NEED BY EARNINGS BY LEVEL OF UNDERSTANDING.....	37
4. SUPPORT NEEDS BY EARNINGS BY PERCEIVED HEALTH.....	39
5. SUPPORT NEEDS BY EARNINGS BY PRIMARY DISABILITY	40
SUMMARY	42
VI. FUTURE ANALYSES.....	43
VII. APPENDIX.....	44
ATTACHMENT A: PREMIUM SCHEDULE	44
ATTACHMENT B: ELIGIBILITY TRENDS FOR MAPP PARTICIPANTS	45
ATTACHMENT C: CUMULATIVE ENROLLMENT VS. CURRENT ENROLLMENT BY MONTH	48
ATTACHMENT D: MAPP ENROLLMENT BY PREMIUM STATUS	49
ATTACHMENT E: IRWE AND MRE EXAMPLES	52
ATTACHMENT F: COUNTY BREAKOUT OF MEDICAID RECIPIENTS WITH DISABILITIES, MAPP PARTICIPANTS, RANKED BY RATE OF PARTICIPATION IN MAPP (AS OF DECEMBER, 2008)	54

I. Executive Summary

Under a contract with the Department of Health Services (DHS), Division of Long-Term Care, Office of Independence and Employment (OIE), APS Healthcare (APS) is conducting an ongoing evaluation of the Medicaid Purchase Plan (MAPP). This annual report summarizes findings from year eight of the evaluation, from January 2008 through December 2008.

Section 4733 of the Balanced Budget Act of 1997 (Public Law 105-33) allows states to make available a new Medicaid subprogram for individuals with disabilities whose family income is below 250% of the federal poverty level (\$26,000 in 2008 for an individual). In Wisconsin, this subprogram is called MAPP. MAPP was created by 1999 Wisconsin Act 9 and was implemented on March 15, 2000. The purpose of MAPP is to provide people with disabilities an opportunity to overcome key barriers to employment. Specifically, the three stated goals of the program are to:

- Encourage people with disabilities to earn more income without risking loss of health and long-term care coverage.
- Allow people with disabilities to save and make purchases toward their independence, similar to opportunities currently available to the majority of the workforce.
- Offer an effective, efficient and equitable program to allow people with significant disabilities the opportunity to work without jeopardizing their health care coverage.

The evaluation of MAPP conducted by APS began shortly after program implementation in 2000. This year's Annual Report is focused on analyses developed throughout 2008 to address specific questions regarding MAPP, or results of long-term analyses completed in 2008.

Since the program's inception, MAPP enrollment has grown steadily. As of December 2008, a total of 24,138 individuals had ever been enrolled in the program. As of December 2008, there were 14,222 individuals currently enrolled.

The majority of participants (61%) are between the ages of 45 and 64, as in 2007 and 2006. Overall, the MAPP population is split evenly between males and females, although the proportion of males and females varies across age categories. In December 2008, MAPP participants had earned income ranging from \$0 to \$5,395 per month with an average of \$167 and a median of \$27.¹ The 2008 figures represent a continued decline in average earnings, reflecting an increase in the number enrollees, most of whom enter MAPP with very low cash earnings from work.

MAPP participants whose gross individual income exceeds 150% of the federal poverty level for their family size (FPL) are subject to a premium². The majority of MAPP participants are not paying a premium to participate in MAPP. According to Medicaid eligibility data, the percentage of MAPP participants paying a premium has dropped from 13% in 2002 to about 6% in 2008. The sum of all premiums collected in September 2008 was \$155,094. From January

¹ These figures include 11,976 participants with income information available through the CARES system. Earned income figures represent monthly earned income reported by participants through CARES as of December 2008.

² 150% of FPL in 2008 was \$15,600 (\$1,300 monthly)

2002 through September 2008, MAPP premiums have generated almost \$8.7 million. During the 2008 calendar year, premiums totaled \$1.3 million³.

In addition to regular reporting conducted in 2008, APS conducted ongoing analyses to support initiatives from Pathways to Independence. Results from these analyses are contained in this report within section IV. Program Demographics..

As a follow up to the consumer survey completed in 2007, survey data were used to learn more about the relationships between earned income and level of various services members perceive are needed to support their employment. The analysis showed that higher earners were more likely than those without earnings to be satisfied with the level of employment support services received. There are several possible reasons for these findings. This pattern suggests higher earners might have a high level of knowledge and familiarity with the program and its benefits, as it indicates these individuals are more aware of the support available, and are able to navigate the system and arrange to have a satisfactory level of these services. Higher earners may also face fewer challenges in accessing supports, including those related to geography and service availability. Higher earners typically reported the lowest degree of unmet need, which again may be related to a greater awareness of support available or greater access to adequate support. Those without earnings were consistently more likely to express a need for a service that they were not currently using. Additional variables, including age, gender, level of understanding, perceived health and disability, were also examined within the context of earnings and employment support need.

Based on the findings from year eight of the MAPP evaluation, OIE, in conjunction with APS, has developed a detailed list of 2009 activities and analyses to be conducted as part of the year eight MAPP evaluation. These activities are designed to strengthen the findings presented in this report, but more importantly, to fill gaps where specific program and policy questions remain unanswered. The evaluators will examine the following topics.

- Develop additional analyses based on participant survey data, including but not limited to:
 - Use data to more fully understand the nature of consumers' disabilities. Data were gathered about primary disability, other health problems, and functional limitations. More data were collected than could be presented in this summary report, and so further analyses are planned.
 - Data will also be used to inform various policy initiatives. For example, survey data may be used to help inform discussion about how spousal income should be regarded when determining eligibility for benefits.
- Conduct a cost comparison of enrollees using HIPP (Health Insurance Premium Payment).

³ Excluding those premiums collected in the final quarter of 2008, for which data collection is still pending.

- Consider methods for collecting data on participants who earn at substantial levels but disenroll from MAPP
- Assess the need for development and implementation of a second survey of county economic support workers.
- Perform data analyses in support of policy alternatives and recommendations suggested by the Managed Care Employment Task Force (MCETF) .
- Develop a cohort analysis to support any anticipated policy changes.

II. Background

Section 4733 of the Balanced Budget Act of 1997 (Public Law 105-33) allows states to make available a new Medicaid subprogram for individuals with disabilities whose family income is below 250% of the federal poverty level (\$26,000 in 2008 for an individual). In Wisconsin, this subprogram is called the Medicaid Purchase Plan (MAPP). MAPP was created by 1999 Wisconsin Act 9 and was implemented on March 15, 2000.

Evaluation Contract

Under a contract with the Department of Health Services (DHS), Division of Long-Term Care, Office of Independence and Employment (OIE), APS Healthcare (APS) is conducting an ongoing evaluation of the Medicaid Purchase Plan (MAPP). This annual report summarizes findings from year seven of the evaluation, from January 2008 through December 2008.

APS offers diversified health care consulting services, specializing in data analysis and reporting, program evaluation, survey administration and other technical health care services.

Evaluation Components

The initial MAPP evaluation had three components: impact, fiscal and process. The impact evaluation examined the effects of MAPP on enrollee's employment, earnings, savings, health care utilization and health status. The fiscal evaluation monitored the effects of MAPP on state and federal Medicaid funding and examined the effects of MAPP on locally funded long-term care services. Finally, the process evaluation determined if the program was implemented equitably across the state and whether the program was efficient and effective.

In the first few years, MAPP annual reports emphasized the impact, fiscal, and process evaluation components, and elements of these components have been continued. However, more recent reports are organized differently, focusing on analyses developed after the initial evaluation period to address specific questions regarding MAPP, or results of long-term analyses that reached completion. Many of these analyses contribute significantly to MAPP policy discussions, while others – a member survey, for example - provide a deeper understanding of program operations.

III. Program Overview

Program Goals

The purpose of MAPP is to provide people with disabilities an opportunity to overcome key barriers to employment. Specifically, the three stated goals of the program are to:

- Encourage people with disabilities to earn more income without risking loss of health and long-term care coverage.
- Allow people with disabilities to save and make purchases toward their independence, similar to opportunities currently available to the majority of the workforce.
- Offer an effective, efficient and equitable program to allow people with significant disabilities the opportunity to work without jeopardizing their health care coverage.

Eligibility Criteria

In order to be eligible for MAPP, an individual must be a Wisconsin resident and at least 18 years old. They are typically determined to be disabled by the DHS Disability Determination Bureau (DDB). Participants must also be working or enrolled in a Health and Employment Counseling Program (HEC) and have countable assets under \$15,000. Countable assets include items such as cash savings, life insurance policies, and stocks and bonds, but do not include an individual's home or vehicle.

Program Features

In addition to providing health care coverage, the MAPP program includes a number of features designed to foster independence.

Enrollment in the Health and Employment Counseling (HEC) program provides individuals an opportunity to enroll in MAPP to secure health care coverage, while seeking employment. Enrollment in the HEC program temporarily fulfills the MAPP work requirement by requiring development of an employment plan consisting of benefit counseling, employment barriers assessment, and a plan to address all identified barriers to employment. Upon approval of the employment plan, the MAPP work requirement is waived and the applicant becomes eligible for the MAPP program for at least nine months, with the opportunity for a three-month extension if necessary. If the enrollee remains unemployed after the three-month extension, he/she loses MAPP program eligibility. The HEC program is administered by Employment Resources, Inc. (ERI) under contract with the OIE.

Once enrolled in MAPP, participants can establish Independence Accounts (IAs), which are intended to foster savings for items that increase personal and financial independence. By establishing an IA, MAPP participants can save earnings above the \$15,000 countable asset limit for the program. Total annual deposits to IAs can not exceed 50% of gross earned income each year.

MAPP policies include a work exemption provision for individuals who are sick and need to take off of work for a period of time. Participants who have participated in MAPP for at least six

months are eligible for the exemption. The exemption itself can last up to six months and is limited to two exemptions every three years.

Health Care Coverage

The MAPP program offers health care coverage to eligible individuals. Family coverage is not available. However, if more than one family member has a disability, each person with a disability may be eligible for the program if he/she meets all of the eligibility requirements.

MAPP participants are eligible for the same health care services available to any other group through Wisconsin's Medicaid program. These services are available at no cost to individuals whose total income is less than 150% of the federal poverty level (FPL)⁴. Individuals with a total income that meets or exceeds 150% of the FPL are required to pay a premium to participate in the program.

Premium Requirements

Monthly premiums for MAPP are based on an individual's monthly income and family size. Spousal or other family member income is not counted in the premium calculation, but those individuals would be counted when determining family size. The amount of a MAPP recipient's premium is based on his/her adjusted earned and unearned income.

Unearned income includes Social Security benefits, disability benefits and pensions. Adjusted unearned income equals total unearned income less the following deductions:

- Standard living allowance (\$740.00 per month for calendar year 2008)
- MAPP specific impairment-related work expenses (IRWEs), such as transportation to employment
- Medical and remedial expenses (MREs), such as attendant care

Earned income is income from paid or self-employment. Adjusted earned income equals gross earned income before taxes and any remaining income deductions from one's unearned income. In other words, if one's unearned income is less than the sum of the allowable deductions, the difference can be applied as a deduction to one's earned income.

⁴ 150% of FPL in 2008 was \$15,600 (\$1,300 monthly)

Premium income is the sum of one's adjusted unearned income and 3% of one's earned income. In the following example, the applicant receives an \$900 monthly Social Security Disability Insurance (SSDI) payment and earns \$1,200 per month. He spends \$50 a month on cab fare to work and has \$10 in medical payments per month.

Calculation of Monthly Premium

Monthly Unearned Income =	\$ 900
Less Standard Living Allowance	\$ 740
Less IRWEs	\$ 50
Less MREs	<u>\$ 10</u>
Adjusted Unearned Income	\$ 100
Monthly Earned Income=	\$1,200
Less Remaining Deductions	<u>\$ 0</u>
Adjusted Earned Income	<u>\$1,200</u>
	<u>x .03</u>
	\$ 36
	<u>+ 100</u>
Premium Income	\$ 136
Premium Amount ⁵	\$ 125

⁵ Premium income between \$125 and \$150 results in a premium of \$125. A premium Schedule is included as Attachment A in Section VII. Appendix.

IV. Program Demographics/Participant Characteristics

Explanation of Data Sources

Data used in this section come from four sources: the Eligibility Trends Worksheet, a log of enrollment statistics based on quarterly reports; various Wisconsin Medicaid data universes; and CARES data.

APS Healthcare drew on several sources of data for the following analyses. For example, analyses including earned income will refer to CARES data, the only readily available repository for such data. However, data from CARES is not identical in format or content to data from other sources. Therefore, some calculations will be slightly different.

Each analysis included in this section will include a reference to the data source used.

Enrollment Trends⁶

As of December 31, 2008, a total of 24,138 individuals had ever been enrolled in MAPP, an increase of 16% from one year prior. Current enrollment as of the same date was 14,222 – a 7.3% increase since December 2007. Although cumulative MAPP enrollment continues to increase by about 800 members per quarter, this steady enrollment has been met by disenrollment that nearly matches the pace of enrollment. The result is a net enrollment that continues to increase, but at a slower pace. Throughout 2008, the MAPP program experienced an average net growth of 242 members per quarter.

Historically, MAPP enrollment has grown steadily since the program's inception. Following the automation of the MAPP application process in CARES in January 2002, the program began to experience significant growth. In the two quarters preceding automation, new enrollment averaged about 200 individuals per quarter. In the two quarters following automation, this average almost tripled to about 600 new enrollees per quarter.

The growth in 2002 appeared to be a direct result of automation of the MAPP eligibility process in CARES. As noted in previous annual reports, the complexity of the manual enrollment process was seen by many county workers as a deterrent to enrollment. Consequently, it was expected—and correctly so—that by making it easier for economic support (ES) workers to enroll people in MAPP through automation, MAPP enrollment would increase.

Steady enrollment growth continued following the automation of the application process. Quarterly net growth (i.e., new enrollees minus disenrollees per quarter) in 2002 averaged 569 new enrollees per quarter. This average dropped to 496 in 2003, and rebounded to 553 in 2004. That steady growth continued well beyond the six months following automation suggests that other factors contributed to the consistent growth. For example, MAPP growth has coincided with an overall increase in Medicaid enrollment. Factors that might be contributing to the overall growth of Wisconsin Medicaid, and concurrently the MAPP program, may include a weaker economy, lack of livable wage jobs or other socioeconomic factors.

⁶ Source: Calculations for enrollment analyses derived from the Eligibility Trends Worksheet.

MAPP experienced an average quarterly net growth of 451 enrollees in 2005, falling to 285 per quarter in 2006, 224 per quarter in 2007, and bouncing back up slightly to 242 per quarter in 2008.

Figure 1 shows new enrollment and disenrollment by quarter. The blue (taller) bars represent the number of newly enrolled individuals that quarter while the red (shorter) bars represent the number of newly disenrolled individuals that quarter. While enrollment continued to grow each quarter, the number of disenrollees increasingly approached the number of new enrollees.

Figure 1

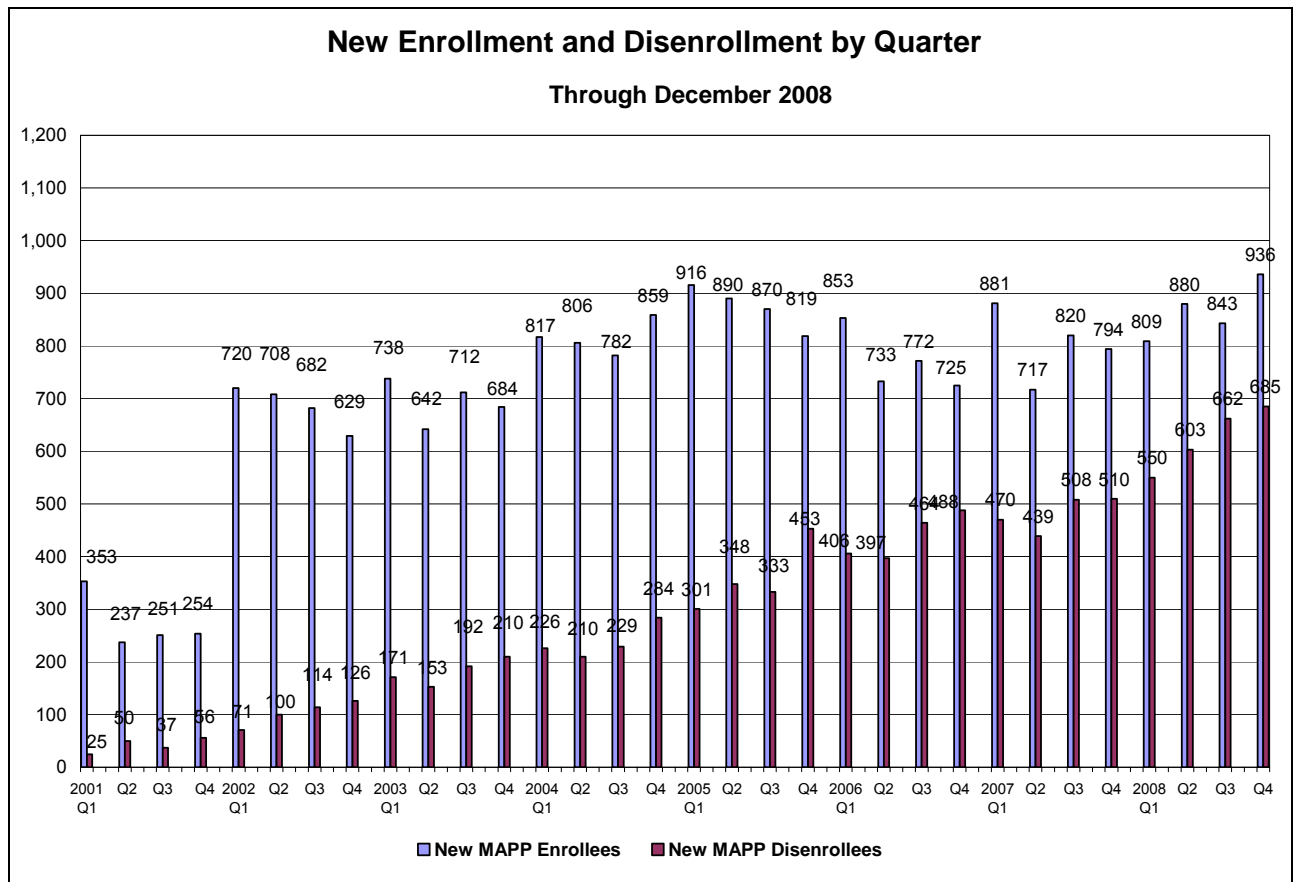
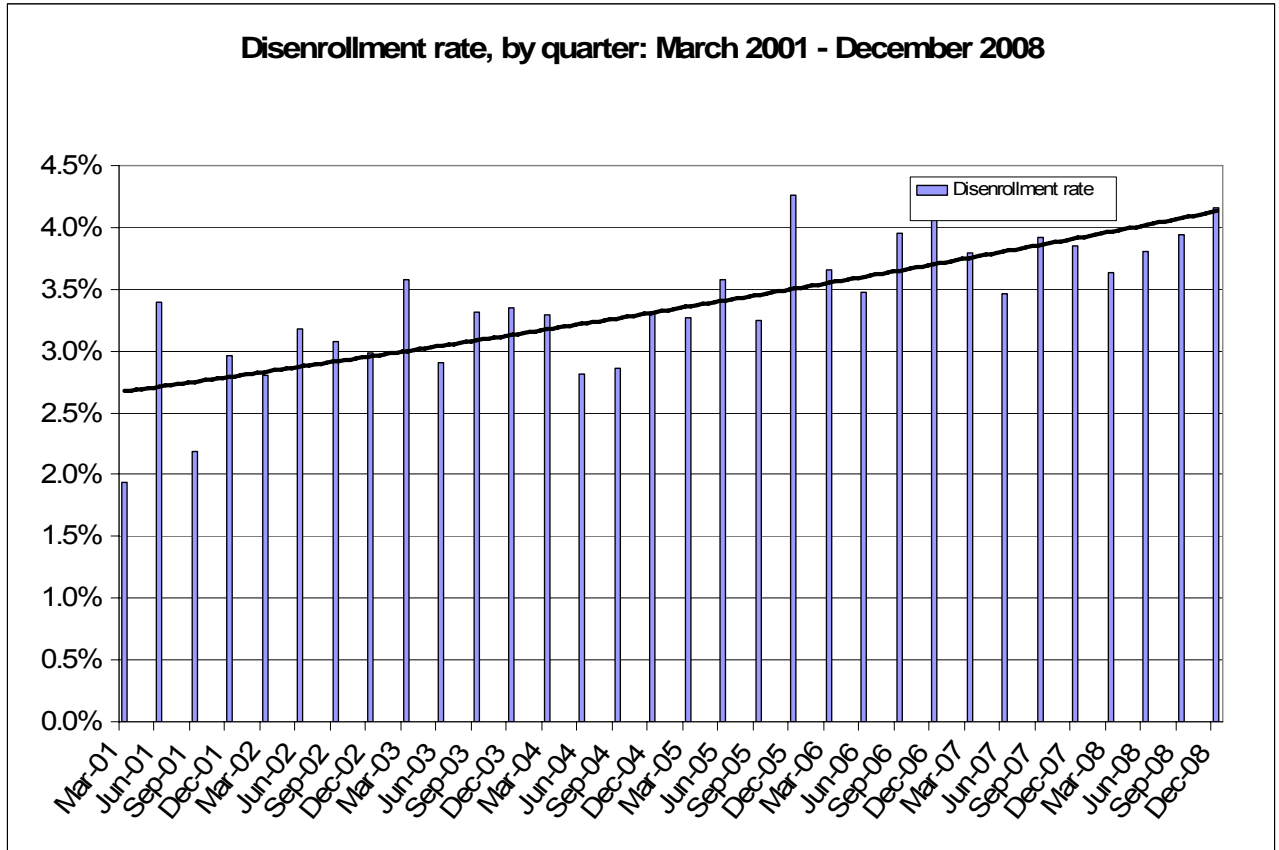


Figure 2 below shows that throughout 2002, 2003 and 2004 about 3.5% of MAPP enrollees disenrolled per quarter. So, while the absolute number of disenrollees increased, the percentage remained fairly constant. In 2005, however, the percentage of enrollees disenrolling rose to an average of 3.7% per quarter, and then up to 3.8% per quarter in 2006. In 2007, this trend continued and the percentage of individuals disenrolling averaged 3.8% per quarter. In 2008, the disenrollment rate per quarter held steady, with an average of 3.9% members disenrolling per quarter. Over time, the percentage of MAPP enrollees disenrolling per quarter has increased slightly; however, this increase appears to have reached a plateau around 3.8%.

Figure 2



There are several reasons that might have contributed to this slight increase in disenrollment over time. Medicare’s drug coverage plan, Medicare Part D, may have impacted enrollment. For example, dual eligibles (i.e., those eligible for both Medicaid and Medicare), whose primary coverage need is for prescription medication, might have disenrolled from MAPP since their need for prescription drug coverage was met by Medicare Part D.

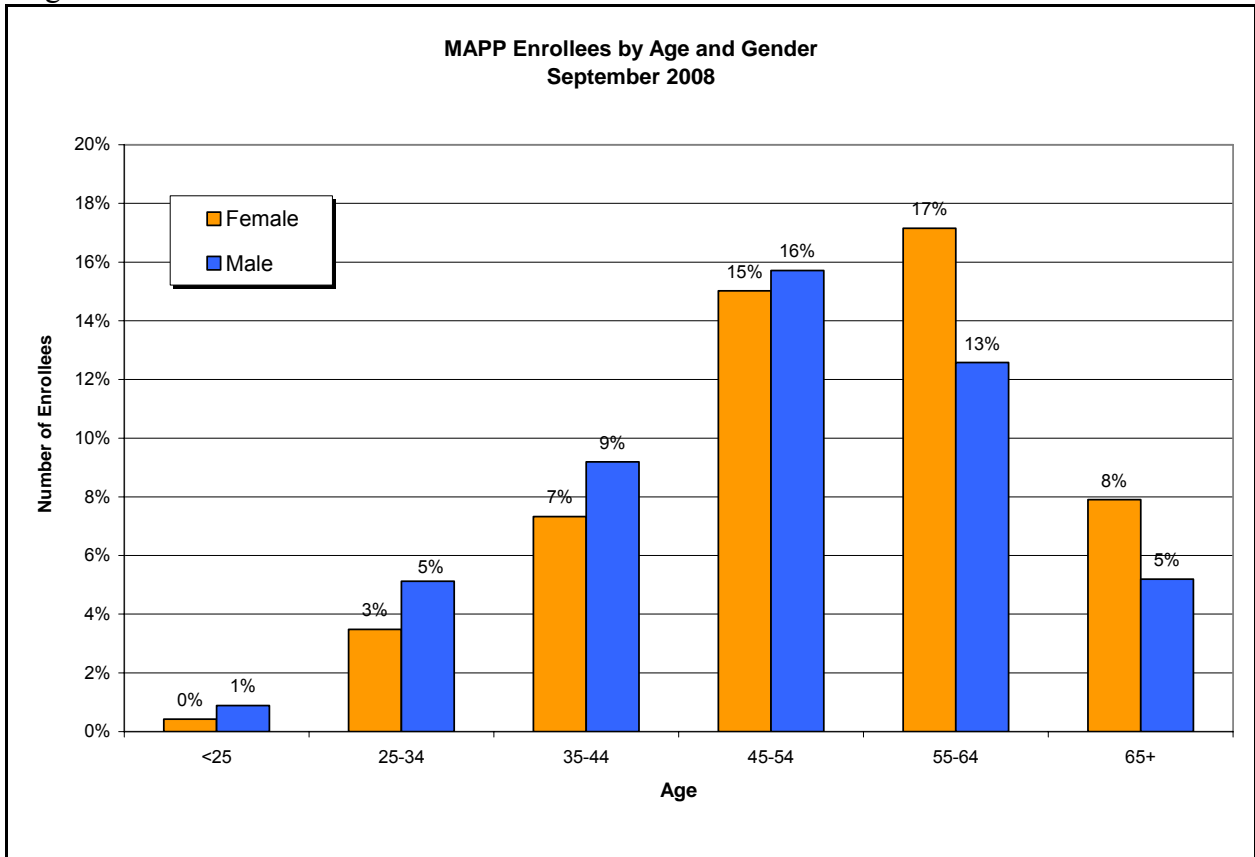
Please see Section VII Appendix, Attachments B and C for summaries of enrollment and disenrollment as of December, 2008.

Demographic Data⁷

The following chart provides a breakout of the population by age and gender, as it was in September, 2008. As the chart illustrates, the majority of participants (61%) are between the ages of 45 and 64, as it was in 2007 and up slightly from previous years. Overall, the MAPP population is split evenly between males and females, although the proportion of males and females varies across age categories. Up to ages 45-54, men comprise more than 50% of the age category. In the two oldest age categories, there are considerably more females than males.

⁷ Source: Data used in demographic analyses derived from Member Universe, Medicaid Data Warehouse.

Figure 3



The percentage of African American recipients has increased from 1.6% in 2001 to 5.3% in 2008. During the same period of time the percentage of Caucasian enrollees has remained steady, hovering around 90%.

Earned Income⁸

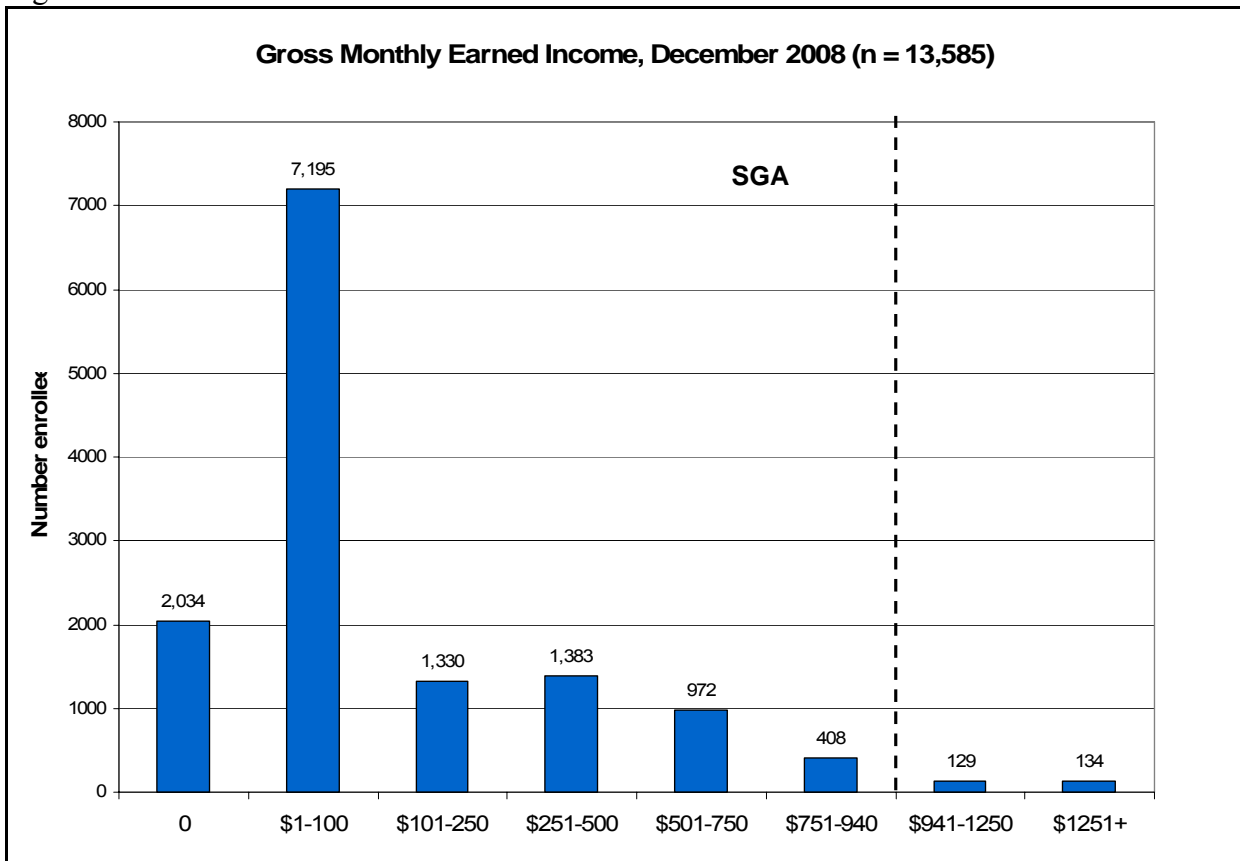
In December 2008, MAPP participants had earned income ranging from \$0 to \$5,395 per month, with an average of \$167/month median of \$27/month. This represents a decline from December 2007 where the average gross earned income was \$185/month with a median of \$36/month.

Figure 4 shows the distribution of participants by the amount of their monthly earned income. Of the 13,585 individuals for whom earned income data were available in December 2008, 1.9% (263) were earning at or above SGA⁹, with the remainder falling below – most far below. This has decreased slightly from 2007, where 2.6% earned at or above earned at or above SGA. About 68% of MAPP participants had an earned income of \$100 or less, up slightly from 65% in 2007 and 63% in 2006. This helps explain why the median earned income is significantly less than the average.

⁸ These figures include 13,585 participants with income information available through the CARES system. Earned income figures represent monthly earned income reported by participants through CARES as of December, 2008.

⁹ \$940/month in 2008. SGA is used as the threshold to separate people as several benefit rules are tied to it.

Figure 4



Source: CARES data, December 2008

The percentage of MAPP participants reporting \$0 in earnings in 2007 was 13%, as it was in both 2005 and 2006. In 2008, this percentage climbed to 15.0%. Although it is possible that some of these participants are not working, there are several other possible explanations as well. MAPP allows its participants to engage in in-kind employment, an activity for which wages are not reported. Participants who work solely for in-kind compensation will likely have \$0 in reported income. Another possible explanation is that some participants may be enrolled in the Health and Employment Counseling (HEC) program, which temporarily fulfills the MAPP work requirement and will result in \$0 reported income. Zero earned income may also reflect a health-related leave from employment, a benefit permitted while enrolled in MAPP. Finally, the increase in the number of individuals reporting no earnings may be related to the recession, an event which may also be impacting the number of individuals working at or above SGA.

Average and median earned income in year eight continued to be well below the substantial gainful activity (SGA) level of \$940 per month used by the federal government to maintain social security disability eligibility. People with disabilities who earn above \$940 per month risk losing their federal Social Security Disability Insurance (SSDI) benefits, which may account for the large drop-off in wage earners above the SGA level (see Figure 4 above).¹⁰

¹⁰ According to data obtained from Mathematica Policy Research, Inc., more than 83% of consumers who had ever been enrolled in MAPP as of December 2005 were SSDI recipients within 12 months before MAPP enrollment, making the SGA level a relevant earnings consideration for the majority of MAPP participants.

Since the SGA over time is of greater pertinence to MAPP eligibility policies than a snapshot in time, it is helpful to look at the number of MAPP enrollees who maintain earnings at or above SGA over a longer time period.

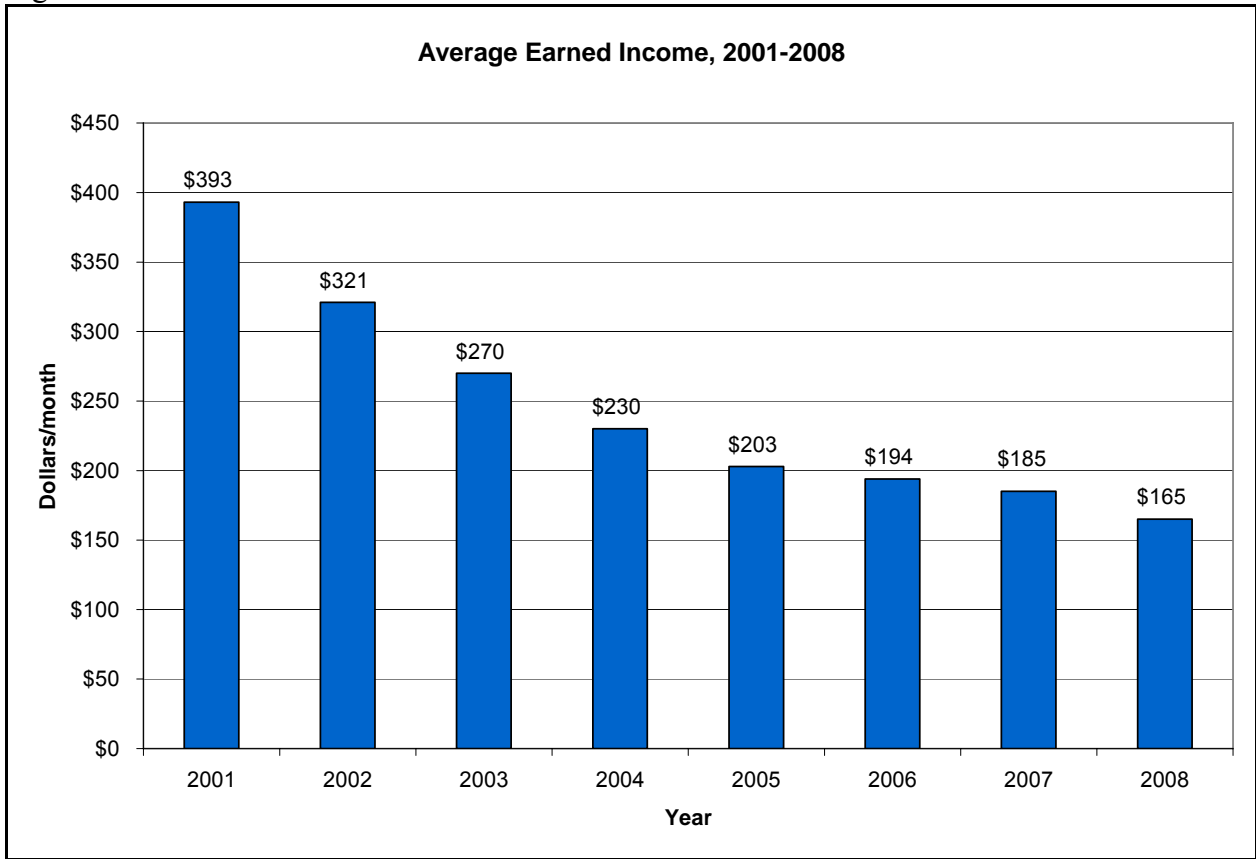
Looking at those individuals with 24 of 36 months with earned income at or above SGA:¹¹

- 35% of MAPP enrollees had 24 months or more of eligibility in the three years prior
- 1.4% of these individuals had earned income at or above SGA for at least two points in time during eligibility, for an overall percentage of .50%
- Recalculating this percentage based on the MAPP DI individuals, .57% were earning at or above SGA including those aged 65+, and .64% excluding 65+.
- This percentage is corroborated by national estimates found by the GAO. Reports estimate that nationally, .5% of DI recipients leave because of work (i.e., consistent earnings over SGA).

The 2008 earned income figures represent a continued decline in average earnings from the first year following implementation. Figure 5 illustrates the decline in average monthly earnings. MAPP participants averaged \$393 per month in year one, yet this amount has declined each year, dipping to \$165 in 2008. The drop in average monthly income likely might reflect characteristics of new participants, most of whom enter MAPP with very low cash earnings from work. In addition to the income level of new participants, age might also be a factor. Future reports will look at age to determine if newer participants tend to be older, a variable that might correlate with earnings due to retirement from more traditional employment.

¹¹ Earnings data were based on CARES data which has limitations. MAPP enrollees undergo review once per year, resulting in monthly earnings totals that may not be accurate (i.e., based on monthly averages calculated from an annual total). SGA was \$860/month for 2006, \$900 for 2007, \$940 for 2008.

Figure 5



Source: CARES data December 2008

Premium Status¹²

MAPP participants whose gross individual income exceeds 150% of the federal poverty level (FPL) for their family size are subject to a premium¹³. The majority of MAPP participants are not paying a premium to participate in MAPP. According to Medicaid eligibility data, the percentage of MAPP participants paying a premium continued to decline in 2008. Between December 2002 and September 2008, the percentage of premium paying MAPP enrollees decreased from 13% to 6.3%. Further, in one year, the percentage of premium paying enrollees has decreased from 7.3% in December 2006 to 6.3% in December 2007. The trend toward a decreasing percentage of premium paying members was seen again in 2008, with 5.8% of members paying premiums.

While the total amount of actual premium collections is gradually increasing due to growth in overall enrollment numbers, the number of premium payers has been declining gradually since MAPP's inception. Attachment D in Section VII, Appendix provides a summary of monthly MAPP enrollment by premium status, as September 2008.

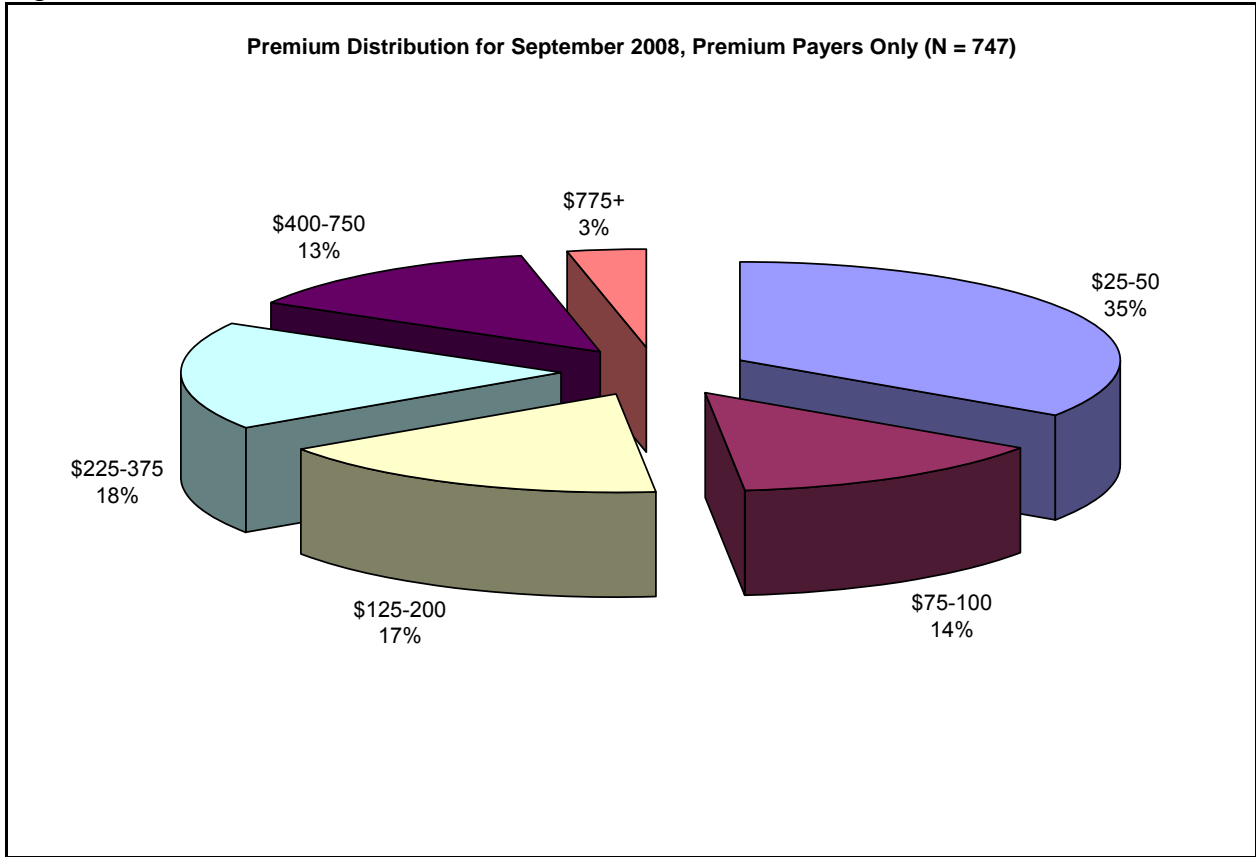
For the September 2008 benefit month, MAPP premiums ranged from \$25 (the minimum possible premium amount) to \$1,149. Of the 795 individuals assessed premiums for September

¹² Source: Member Universe, Wisconsin Medicaid Data Warehouse.

¹³ 150% of FPL in 2008 was \$15,600 (\$1,300 monthly)

2008 coverage, 747 paid. Just over 34% (258) were paying either a \$25 or \$50 premium.¹⁴ The average premium amount collected was \$207, up from \$198 in 2007 and \$186 in 2006. In September 2008, the median premium value was \$125. Figure 6 shows the distribution of premium paying MAPP members, grouped by premium amount.

Figure 6

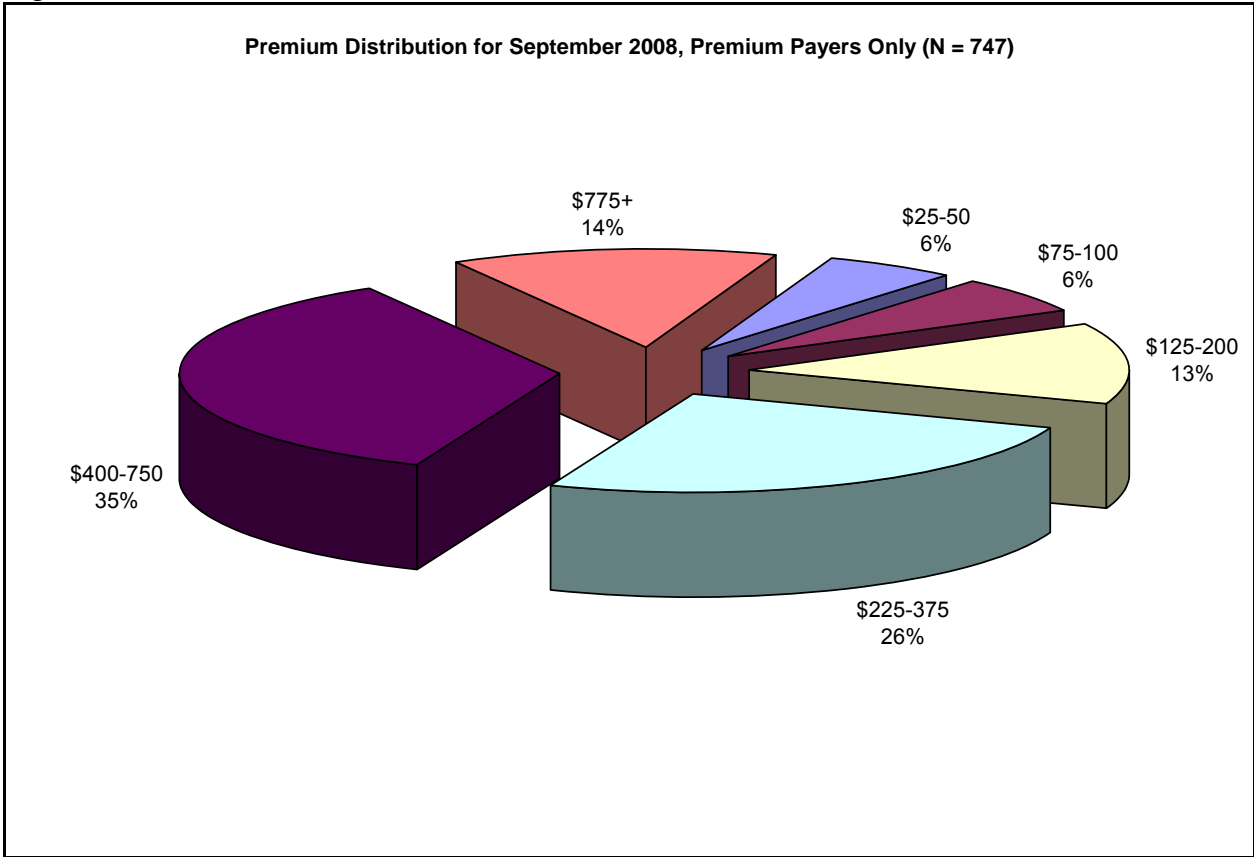


Source: Member Universe, Medicaid Data Warehouse

Figure 7 shows the distribution of premium payments, grouped by premium amount. While the first chart shows the percentage of individuals per premium category, the second chart shows the percentage of total premiums collected per premium group. For example, while those paying premiums of \$25-50 comprise 35% of total premium payers, they contribute just 6% of the total premiums collected. Those paying upward of \$775 per month comprise 3% of the premium paying group yet contribute 14% of the total premiums paid.

¹⁴ Up to \$1000, premium amounts are rounded down to the nearest \$25 increment. If the sum of Adjusted Countable Unearned Income and Adjusted Earned Income is greater than \$1,000 per month, the premium is equal to the exact dollar amount of this sum.

Figure 7



Source: Member Universe, Medicaid Data Warehouse

The following table details premium payments received for each benefit month from January to September 2008. In addition to the total amount of payments received, the average, median and maximum premium payments for each month are also reported. Data for the table is obtained from the Member Universe, which is loaded with premium data from CARES.

Total premium payments dipped slightly in January (\$136,498) and February (\$132,387) of 2008 and then rose steadily throughout the rest of 2008, culminating in September with a total of \$155,094. This pattern has been demonstrated each year since 2005.

The average premium paid was highest in September (\$207). The median remained at \$125 throughout 2008. The median premium value in 2006 held at \$100 for most of the year, so it appears that there has been an upward shift the last two years.

The maximum premium was \$1,157. Please refer to Attachment D in Section VII Appendix for a complete table of 2008 premium information.

Table 1

MAPP Premium Payment History, January –September 2008				
Benefit Month	Payments			
	Received	Average	Median	Maximum
January 2008	\$136,498	\$197	\$125	\$1,135
February 2008	\$132,387	\$193	\$125	\$1,157
March 2008	\$146,013	\$200	\$125	\$1,157
April 2008	\$147,338	\$201	\$125	\$1,157
May 2008	\$146,488	\$197	\$125	\$1,157
June 2008	\$152,337	\$202	\$125	\$1,590
July 2008	\$149,919	\$199	\$125	\$1,157
August 2008	\$151,019	\$203	\$125	\$1,157
September 2008	\$155,094	\$207	\$125	\$1,157

Source: Member Universe, Wisconsin Medicaid Data Warehouse,

The sum of all premiums collected in September 2008 was \$155,094. 2008 premiums totaled \$1.3 million¹⁵. From January 2002 through September 2008, MAPP premiums have generated \$8.7 million.

Medicaid and MAPP

The vast majority of MAPP participants were Medicaid eligible prior to their enrollment in MAPP. Sixty-two percent of all MAPP enrollees were enrolled in Medicaid in the month immediately prior to their MAPP enrollment. Just over 87% were enrolled in Medicaid at some point in time prior to their MAPP enrollment. This suggests that MAPP is not a typical point of entry into public health care coverage – a large majority of members have previous experience in Medicaid. There are undoubtedly some MAPP members who move back and forth from MAPP to Medicaid, although the extent and potential impact of this “churning” has yet to be examined.

Eighty-five percent of the MAPP participants eligible in September 2008 also had Medicare coverage.

From the program’s inception through December 2008, there have been 24,138 individuals enrolled in MAPP. Of these, 9,917 (41%) have disenrolled from MAPP at least once. The majority of the individuals who disenroll from the program subsequently re-enroll in non-MAPP Medicaid. About 64%, or 15,306, 16,998 of program participants with at least one disenrollment had at least one post-MAPP Medicaid eligibility segment.¹⁶ The majority of the post-MAPP Medicaid eligibility segments were under SSI-related eligibility criteria.

¹⁵ Excluding those premiums collected in the final quarter of 2008.

¹⁶ Please note that an individual may have more than one disenrollment and more than one post-MAPP eligibility segment. For example, as a result of changing income, a participant could have disenrolled from MAPP in February 2001; been on SSI-related Medicaid in March and April; re-enrolled in MAPP for May and June; disenrolled from MAPP and became eligible for non-MAPP Medicaid a second time.

MRE and IRWEs¹⁷

MAPP participants are allowed to deduct Impairment Related Work Expenses (IRWEs) from their income for the purposes of calculating financial eligibility and premium amounts for MAPP and are able to deduct Medical & Remedial Expenses (MREs) for the purpose of calculating premiums amounts. Information on MREs and IRWEs is collected by ES Workers as part of the MAPP application process. Detailed lists of IRWEs and MREs can be found in Attachment E in Section IX Appendix.

Consistent with prior years, it appears that very few participants report MRE or IRWE expenses in 2007. December 2007 CARES data indicated that only 1% MAPP participants report IRWE expenses. December 2008 data shows that the number of members claiming IRWEs declined to 106 members, or .8% of the membership population.

The minimum expense identified was \$.12 and the maximum was \$4,345. The average IRWE expense in 2008 was \$227 (up from \$173 one year prior) and the median was \$81, about the same as it was one year prior.

Figure 8

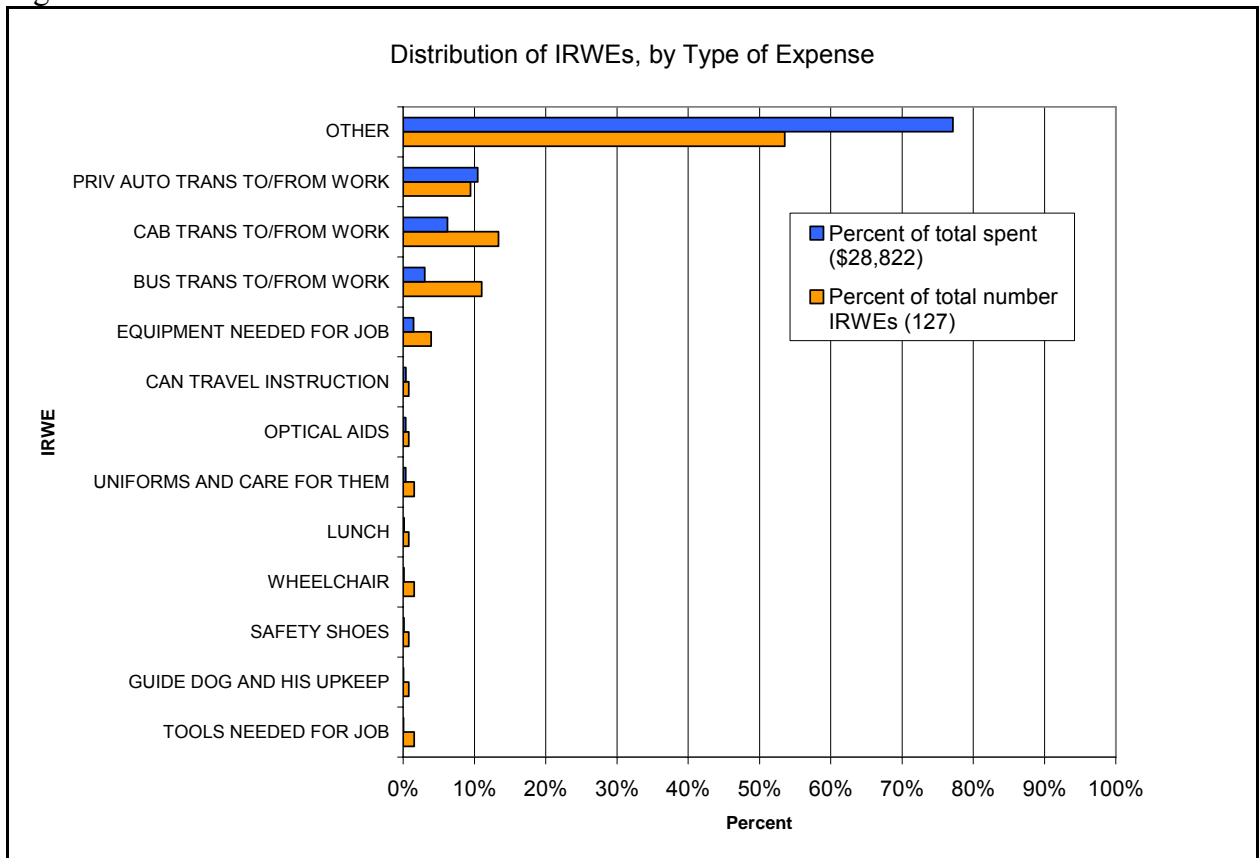


Figure 8 categorizes the 127 reported expenses, representing 106 participants, by category as reported in CARES. The frequency with which the “Other” category is used limits the ability to

¹⁷ Source: CARES, December 2008

assess the needs of MAPP participants in terms of work-related supports, since it provides very little information. Transportation expenses (private car, bus, cab) accounted for just under 20% of all dollars spent on IRWEs, down from about 25% the year prior. The remaining categories comprised 4% or less of the total number of individuals reporting IRWEs as well as 2% or less of the total dollars spent on IRWEs.

About 5.8% of participants reported MREs in December 2008, up from 5% the year prior. Prior to these last two years, a greater percentage of individuals reported MREs (e.g., 10% in 2002). The sum of all MREs reported in December 2008 was \$130,544, up significantly from \$62,000 in 2007. The average MRE was \$161 (median \$30). The median tells a more accurate story – it has remained constant since 2007 even though the average MRE in 2008 was over 50% higher than in 2007. In reviewing the data, it is seen that an outlier is pulling the average up, with a \$52,000 MRE in December 2008. Of the 813 MREs claimed in December 2008, all but ten of them were less than \$1,000 – clearly, the \$52,000 was anomalous and exerted an upward pull on the average.

The minimum expense was less than \$1, and the maximum expense, as stated previously, was \$52,000. The format of MRE data limits the type of analyses performed on it. ES Workers enter data into CARES as “out of pocket/remedial;” therefore, there is no way of identifying the types of expenses incurred by MAPP participants.

County ES workers have had seven years to become familiar with the IRWE benefit, yet its use has remained minimal. MREs are used throughout Medicaid in other sub-programs and therefore are likely more recognized among county workers. The data suggest that reporting IRWEs and MREs at the county level requires continued investigation to determine if the reporting process is flawed, or if participants are not taking advantage of this benefit.

Work Exemption

Although MAPP requires employment, a work exemption for up to six months can be granted if certain criteria are met. Twenty-nine individuals claimed a work exemption in the past year.

Independence Accounts

Once enrolled in MAPP, participants can establish Independence Accounts (IAs), which are intended to foster savings for items that increase personal and financial independence. By establishing an IA, MAPP participants can save earnings above the \$15,000 countable asset limit for the program. Total annual deposits to IAs can not exceed 50% of gross earned income each year.

A one-month snapshot of Independence Account data showed that:

- About .6% of MAPP enrollees have one or more IAs.
- There were 36 accounts of \$2000 or greater (36 accounts over \$2000, and 31 individuals, some with multiple accounts).
- Of those accounts over \$1, the average account is \$4980.

MAPP enrollees on SSDI

There is no single data element available to indicate whether or not a person received SSDI; however, the number can be approximated with a query that selects all MAPP enrollees who are under the age of 65 and enrolled in Medicare. Of those individuals enrolled in MAPP in December 2008 78% fit these criteria. This figure likely underestimates the actual number of SSDI recipients, as some may still be in their two year Medicare waiting period and will therefore not appear in the Medicare data used to produce this estimate.

MAPP enrollees in Family Care

Family Care is Wisconsin's long-term care program. Begun as a pilot program in five counties, Family Care is a comprehensive and flexible long-term care service system for older adults and people with disabilities that emphasizes the importance of independence and quality life by increasing the availability of community based care options.

As Wisconsin's Family Care program continues to expand, its potential impact on MAPP participants has developed into an area of interest for the MAPP evaluation team. In a preliminary analysis, it was determined that in a given month, about 1,400 MAPP participants were also eligible for Family Care. This number will continue to increase as the state continues to roll out Family Care in additional counties. Survey data collected in 2007's MAPP Participant Survey will be analyzed in 2009 within the context of Family Care's potential impact on MAPP participants.

County Breakdown of Medicaid Recipients¹⁸

Attachment F in Section IX Appendix shows the statewide count of Medicaid recipients with disabilities by county, as well as a count of MAPP enrollees by county. The first column reflects the percentage of people with disabilities who are enrolled in MAPP, by county. Although there is no maximum age for MAPP eligibility, all counts were limited to enrollees aged between 18 and 65.¹⁹

As of December 2008, the majority of Medicaid enrollees with disabilities between the ages of 18-65 resided in Milwaukee County (N = 32,761). Correspondingly, the largest percentage of MAPP enrollees also resided in Milwaukee County (N = 1,502), resulting in a MAPP enrollment percentage of 4.6%. After removing Milwaukee from the percentage calculations so as not to overwhelm the percentage calculations for the remaining counties, Green County has the largest percentage of individuals with disabilities on Medicaid who are enrolled in MAPP, with 33% of its disabled Medicaid population enrolled. Green County also had the largest percentage of individuals with disabilities on Medicaid enrolled in MAPP on year ago, with 31% enrolled. Iron, Washburn and Burnett counties have over one-quarter of their disabled Medicaid population enrolled in MAPP.

Of counties with over 50 Medicaid recipients with disabilities, Brown, Juneau, Racine, Oconto and Forest have the lowest rate of MAPP enrollment at 6% or lower. Statewide including

¹⁸ Source: Recipient Database, MEDS Data Warehouse.

¹⁹ The age restriction is used so that the denominator used in calculating percentages is more appropriate. Without the age restriction, the denominator becomes inappropriately inflated with disabled persons aged 65 years and older.

Milwaukee, 10.5% of Medicaid enrollees with disabilities between the ages of 18-65 were enrolled in MAPP, up from 10.0% in December 2007.

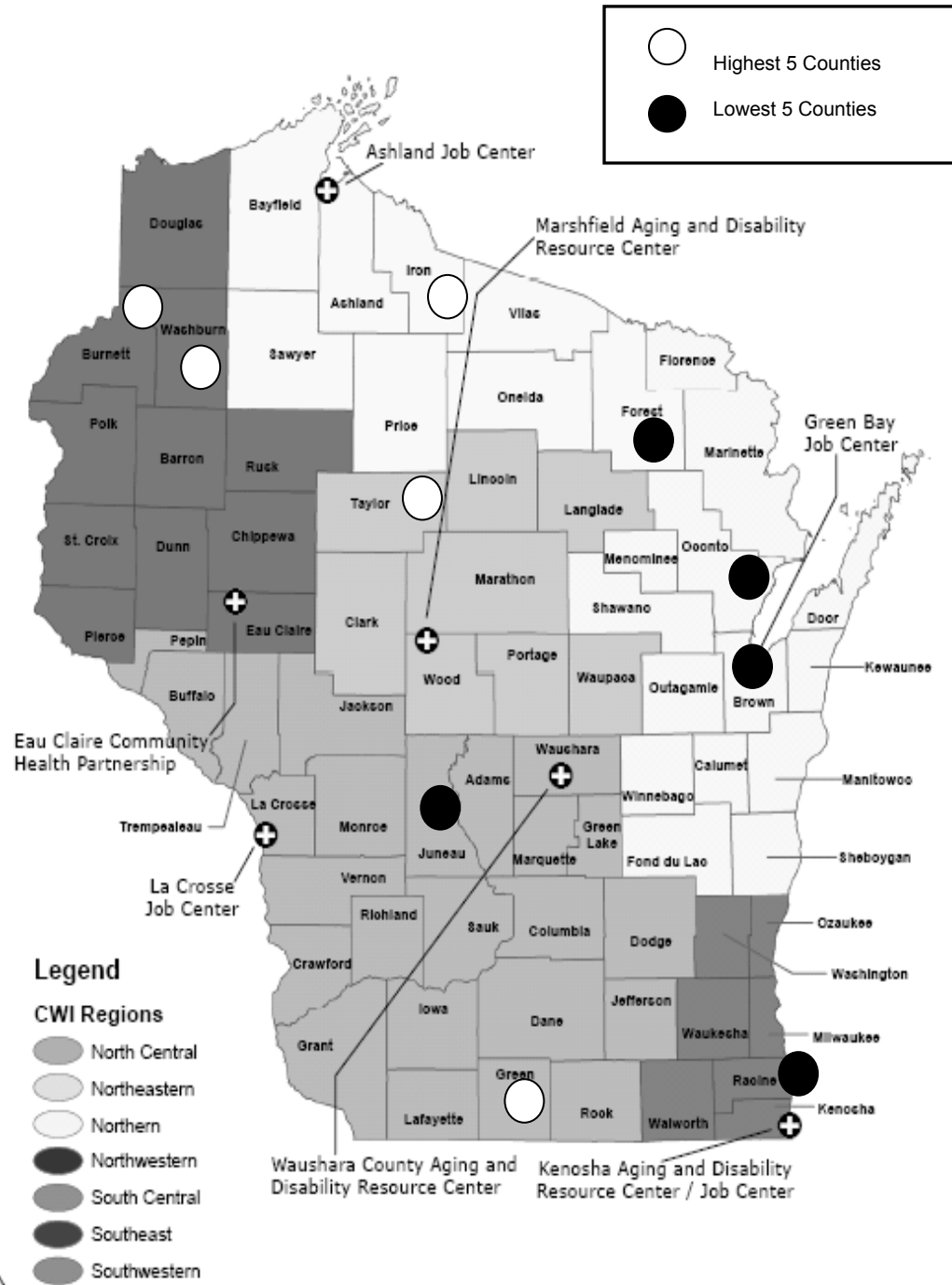
The five counties with the highest and lowest percentages of people with disabilities in Medicaid who are enrolled in MAPP were plotted on the Pathways to Independence Regional Initiatives map (see Figure 9)²⁰. Four of the five counties with the highest percentages were clustered in the geographical northwestern area of the state (i.e., Burnett, Washburn, Iron and Taylor Counties), bridging Pathways' Northwestern, North Central and Northern regions.

Three of the five counties with the lowest percentages of people with disabilities in Medicaid enrolled in MAPP were clustered in a band running from Forest County in the Northern region to Brown County in the Northeastern region.

²⁰ Excluding counties with less than 50 Medicaid recipients with a disability, and excluding Milwaukee.

Figure 9

High and Low MAPP Participation Rates, by County



Health Insurance Premium Payment (HIPP)²¹

Under HIPP, Medicaid pays the “employee share” of the participant’s or the participant’s spouse’s employer sponsored health insurance premium if it is cost effective, thereby reducing Medicaid expenditures. This benefit became available to MAPP participants in October 2001. Employers include county governments, hospitals and large private employers.

Until 2006, HIPP participation was growing steadily if not rapidly. However, 2006 marked the first year in which HIPP participation decreased. As of December 2006, 70 MAPP enrollees were participating in the HIPP program, down from 88 in 2005. In December 2007, participation in HIPP rebounded to 91 individuals. In December 2008, there were 53 individuals participating in HIPP with 8 cases pending, signifying a substantial decline in the percentage of MAPP members participating in HIPP.

The amount of HIPP premiums paid ranged from \$94/month to \$891/month, with the average payment being \$300/month.

The low participation rate suggests that either employer sponsored health care insurance is not available to most MAPP participants, HIPP is not a cost effective alternative for most participants, or county workers are not familiar with the benefit.

It is expected that HIPP will be cost-effective for Wisconsin Medicaid by allowing the MAPP participant’s employer sponsored insurance policy to cover most medical expenses. Evaluators conducted a preliminary analysis in 2002 comparing the Medicaid claims expenditures for HIPP participants pre-participation and post-participation. Only 28 individuals were enrolled in HIPP at that point who had sufficient pre- and post- enrollment Medicaid eligibility to qualify for the analysis. Per-member-per-month expenditures increased from \$311 to \$478 for the 28 participants in the analysis. Given the small number of observations, the difference is not significant; however, it did contradict the assumption that Medicaid costs should go down following enrollment.

A comprehensive cost-effectiveness analysis of MAPP HIPP has been proposed which will investigate the cost effectiveness of HIPP for MAPP enrollees and the barriers to enrollment.

²¹ Source: Member Universe, Wisconsin Medicaid Data Warehouse

V. Employment Support Needs Analysis

In 2007, APS conducted a survey to measure the Medicaid Purchase Plan's (MAPP) progress in meeting its goals of supporting employment and independence. In 2008, the data gleaned from this survey was used for several smaller analyses. It was also used to learn more about the relationships between earned income and the perceived level of services needed to support employment.

Survey Administration

The survey was mailed out to all recipients in the spring of 2007. The survey was mailed to all MAPP enrollees who had been enrolled in MAPP as of December, 2006, and who had six months or more of MAPP enrollment in 2005 and 2006 combined. The survey was mailed to 9,667 members who fit these criteria.

There were 3,613 responses for a response rate of 39%²².

Earnings Groups Used in Primary Survey Analysis

The primary independent variable in the primary survey analysis was an individual's level of success in the program. Although success can be defined in many ways, for the purpose of that report, it was defined monetarily. That is, once a person enrolled in MAPP, did earnings increase, decrease, or remain the same? And further, what factors relate to one's success in MAPP? This concept of "earnings trajectory" – that is, the classification of a person based on their earnings before and then after enrolling in MAPP – was used to capture one's relative success in the program, and served as the main variable by which survey respondents were compared.

It was expected that an analysis based on earnings trajectories would reveal relationships between the characteristics of a person (e.g., attitude toward work, type of disability(ies), type of employment) and success in the program (e.g., satisfaction with employment, perceived health). For example, it might be expected that there are differences in how barriers are perceived by someone who moves from a high earnings category to a low earnings category as compared to someone who moves in the opposite direction. The level of support services required and used might also be similarly related to one's success in the program. It was also hoped that more could be learned about which types of disabilities are more likely to be associated with greater success in the program.

Earnings trajectories were based on Wisconsin unemployment insurance (UI) wage data²³. Wage data is collected from employers for unemployment insurance tracking and is compiled on a

²² Response rate excludes from denominator 434 surveys mailed to outdated addresses.

²³ Wisconsin UI wage data excludes earnings from those who are self employed, those who are employed by the federal government, those who work in a bordering state. Additionally, because UI employment is reported quarterly, it is impossible to know the specific time period (e.g., months) during which an individual was actually employed. UI wage data may not include federal employment.

quarterly basis. UI wage data is a convenient source of earnings data that is easily linked to other data from the MEDS data warehouse.

Using UI wage data, all MAPP enrollees who were sent a survey were classified according to the following categories based on their average wage during the pre-MAPP enrollment period and the post-MAPP enrollment period.²⁴

None indicates no earnings for that particular time period, *Low* indicates lower than average earnings, and *High* indicates higher than average earnings. For example, a person categorized as “*Low-High*” indicates that his or her pre-period average earnings were Low and increased to high over the course of his or her post-period.

1. *None-Low*: Change in earnings from pre-MAPP to post-MAPP
2. *None-High*: Change in earnings from pre-MAPP to post-MAPP
3. *Low-None*: Change in earnings from pre-MAPP to post-MAPP
4. *Low-High*: Change in earnings from pre-MAPP to post-MAPP
5. *High-Low*: Change in earnings from pre-MAPP to post-MAPP
6. *High-None*: Change in earnings from pre-MAPP to post-MAPP
7. *None-None*: No change in earnings from pre-MAPP to post-MAPP
8. *Low-Low*: No change in earnings from pre-MAPP to post-MAPP
9. *High-High*: No change in earnings from pre-MAPP to post-MAPP

Earnings Groups Used in Current Analysis

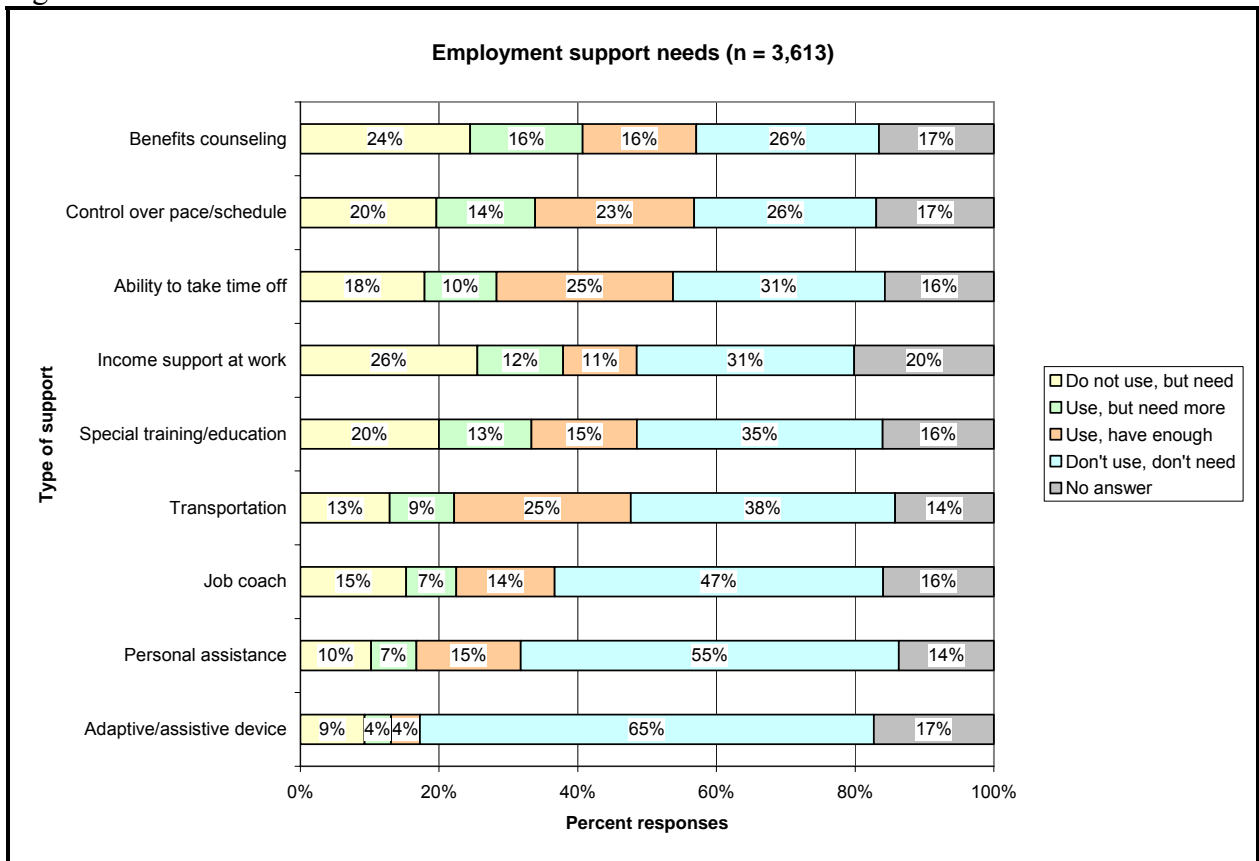
For the purpose of the following analyses, these nine groups were collapsed into three (*None*, *Low*, *High*), based on post-MAPP enrollment earnings. This was done because the initial survey results suggested that it was as effective to group a person based on his or her post-period average as it was use group by pre-post category. For example, it was seen that often, participants in the Low-Low, None-Low and High-Low (i.e., those earning less than average in their post-period) tended to respond to a survey question the same way. This pattern was seen throughout the survey and across all groups (i.e., not just those categorized as low earners during the post period). Finally, collapsing the categories into three groups increased the likelihood of adequate cell counts in the contingency tables, which becomes an issue when introducing a third, control variable, as was done in the current analysis.

Employment support

Results from preliminary survey data analysis suggest that lack of employment related support may act as a barrier to working or earning more. Nine types of support that people might need to work were presented to respondents who were asked to choose the statement that best described how they felt about each type of support. Figure 10 presents how enrollees rated each type of support.

²⁴ The quarter immediately following MAPP enrollment was included in the post-MAPP time period. Null indicates zero earnings or no record of earnings; low indicates lower than average earnings; and high indicates higher than average earnings. Quarters included were based on individual’s entry into MAPP and so one member’s quarters are not necessarily the same quarters used for another member.

Figure 10.



Assuming that use of a support reflects need, the first three possible responses capture need (i.e., do not use but need, use this need more, use this have enough). Therefore, to better understand overall need of a particular support, these first three bar segments can be added together. For example, looking at “control over pace/schedule,” 57% of survey respondents indicated some level of need while 26% indicated no need for it. If only *unmet* need is of interest, the first *two* segments can be added together. Looking at the same example, we can see that 34% of survey respondents require more control over their pace and/or schedule than they are currently granted.

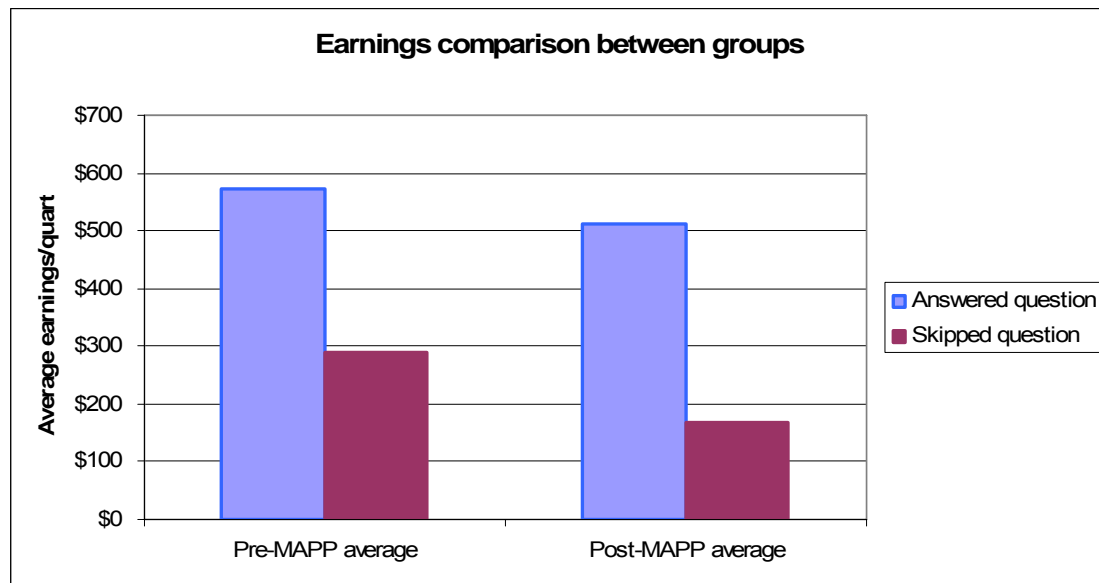
The greatest overall need (i.e., first three segments combined) appears to be for benefits counseling, control over pace/schedule, ability to take time off, and income support at work (i.e., long term disability insurance). Of these, benefits counseling had the largest unmet need. Combining the percentages of the first two segments, responses indicate that 40% did not use benefits counseling but need it, or had used benefits counseling but require more.

Missing responses – that is, people who did not provide a rating for a type of support – are included on Figure 1 as they represented a significant number of survey participants and therefore deserve attention. All respondents were instructed to rate each of the nine types of employment support provided, yet 14%-20% (or, 515-728 individuals, depending on type of support) of respondents chose not to respond. Of the 3,613 survey respondents, 10.5% (378) skipped this entire question completely. Although the nine types of support were analyzed

separately, if we look at the series of statements as a single survey item, 10.5% is a higher percentage of missing responses than was typical.

Looking at the individuals who skipped the entire question, it is seen that the average income before MAPP enrollment was \$290/quarter, falling to an average of \$168 following MAPP enrollment. Individuals who answered this survey question, even just partially, had average pre-MAPP earnings of \$573 and post-MAPP earnings of \$512. While both groups demonstrated a decrease in average earnings, those who skipped this question in its entirety had a significantly lower average income, and greater relative decrease in average earnings, than those who responded to the question. Figure 11 shows this comparison:

Figure 11



Further, of those 378 who skipped the question, 69% had no earnings before or after MAPP enrollment. Of those who did respond, 50% had no earnings before or after MAPP enrollment. These comparisons suggest that the amount of earnings, and possibly whether or not someone was working, might be related to whether or not this question was answered.

The question was introduced with the sentence, “What kind of support do you need to work?” Although a subsequent sentence instructed respondents to complete the section even if they were not currently working, it is possible that some individuals skipped the question entirely based on the lead sentence. For example, if a person was not currently working, he or she might have assumed the question was for employed individuals only. Since the skip patterns on the previous survey questions were based on employment, this assumption is understandable and might have been prevented with clearer instructions.

Looking further at the missing responses for this question, it appears that some respondents were unsure what some of types of support are. For example, out of the 3,613 respondents, there were about 200 fewer who provided a response for “income support at work” than provided a response

for “personal assistance.” This suggests that respondents might not have understood the concept adequately enough to provide an answer.

1. Employment support needs by earnings

Each of the nine employment support needs was paired with the post-MAPP earnings group (ie., None, Low, High) in a crosstab. Chi square tests were statistically significant for eight of the nine support areas suggesting a non-random relationship between variables. Tables are presented for each of the statistically significant relationships in the order from most overall need to least overall need, as indicated in Section 1, and a brief interpretation is provided²⁵.

a. Benefits counseling

Benefits counseling, including services that help one to learn how work affects SSDI/SSI, health insurance and other disability benefits, had both the greatest overall need as well as the most unmet need of any type of support with nearly 30% of respondents not using it but needing it, and 20% using it but requiring more.

Table 2

			Benefits counseling				Total
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	
Earnings group	None	Count	580	318	285	609	1792
		%	32.4%	17.7%	15.9%	34.0%	100.0%
	Low	Count	177	151	165	190	683
		%	25.9%	22.1%	24.2%	27.8%	100.0%
	High	Count	127	118	142	152	539
		%	23.6%	21.9%	26.3%	28.2%	100.0%
Total	Count		884	587	592	951	3014
	%		29.3%	19.5%	19.6%	31.6%	100.0%

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 61.72$, $df = 6$, $p < .001$)

Individuals without earnings were the most likely to indicate that they did not use benefits counseling because they didn’t need it, but they were also the most likely to report that they did not use it but needed it. The other two earnings categories showed an even distribution across the four responses and appear similar to each other.

b. Control over pace/schedule

The demand for greater control over one’s pace and/or schedule was the second highest after the need for benefits counseling, with nearly 70% of respondents indicating some level of need. Nearly 45% of respondents reported unmet demand for this type of support; that is, they either used this type of support but needed more, or did not currently use it but needed it.

²⁵ Missing responses were excluded from the remaining analyses, and so percentages will not match those presented in Figure 1 which included missing responses as a category.

Table 3

			Control over pace/schedule				Total
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	
Earnings group	None	Count	280	416	460	619	1775
		%	15.8%	23.4%	25.9%	34.9%	100.0%
	Low	Count	146	209	156	178	689
		%	21.2%	30.3%	22.6%	25.8%	100.0%
	High	Count	88	203	93	152	536
		%	16.4%	37.9%	17.4%	28.4%	100.0%
Total		Count	514	828	709	949	3000
		%	17.1%	27.6%	23.6%	31.6%	100.0%

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 70.38$, $df = 6$, $p < .001$)

Table 3 shows that those with no earnings were more likely than others to report not using this type of support because they did not need it. Also standing out is the percentage of high earners who indicated that they had some degree of control over their pace and/or schedule but required more. Nearly 38% of high earners indicated this, contrasting with about 17% who were satisfied with this level of support.

Although the overall need (i.e., the total of the first three responses) for control over pace and/or schedule was about the same as the overall need for benefits counseling, 30% reported that they did not use benefits counseling but needed it as compared to the 17% who said this about control over schedule, suggesting the existence of a larger segment of people who are not receiving any benefits counseling at all.

c. Ability to take time off

Figure 1 shows a relatively high demand for the ability to take time off, and that a significant portion of this demand was unmet. About 34% of respondents said they either used this type of support but needed more, or did not currently use it but needed it.

Introducing earnings group into this analysis, Table 4 shows that those with no earnings in his or her post-MAPP enrollment period were the least likely to use the ability to take time off as a support while the higher earners were more likely to use this. However, those without earnings were the most likely to choose the response indicative of the greatest need: those who indicate that they do not use a support but need it. About 24% of those without earnings reported this, as compared to 18% of low earners, and 15% of high earners.

So while a person with few or no hours of employment may already have enough flexibility to accommodate the need to take time off and hence indicate little need for this support, the data also suggests that a quarter of those without earnings might be able to work more if given the ability to take time off.

Table 4

			Ability to take time off				
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	Total
Earnings group	None	Count	436	213	432	722	1803
		%	24.2%	11.8%	24.0%	40.0%	100.0%
	Low	Count	128	80	250	232	690
		%	18.6%	11.6%	36.2%	33.6%	100.0%
	High	Count	83	82	238	149	552
		%	15.0%	14.9%	43.1%	27.0%	100.0%
Total		Count	647	375	920	1103	3045
		%	21.2%	12.3%	30.2%	36.2%	100.0%

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 106.8$, $df = 6$, $p < .001$)

d. Income support at work (long-term disability insurance)

The chi square test was not statistically significant. There was no apparent relationship between earnings group and responses. The result of this chi square test suggests that this type of support has about the same level of need across all earnings groups. About 47% of respondents indicated an unmet need for income support at work. This item had the lowest total response of any of the nine types of support, suggesting that more explanation might have been necessary for survey respondents.

e. Special training/education for work

About 42% of respondents said that they did not require special training or education for work. Overall, about 58% of respondents express some need for special training or education to support their employment. The chi square test shows that there is a relationship between earnings group and responses.

As seen with other types of support, both high and low earners were more likely that those without earnings to use this type of support. High earners were the least likely to indicate unmet need (i.e., sum of first two column percentages) while low earners were the most likely to report an unmet need in this area. Just under 44% of low earners indicated an unmet need in this area of support.

Table 5 reiterates an emerging pattern: those without earnings have the highest percentages in the “do not use, but need” and “do not use, do not need” columns. These are the two responses that capture when the support is not being used. It follows that those without earnings also have the lowest percentages in the middle two columns – those which capture when the support *is* being used. Perhaps support is not used because the person does not work and so it is not necessary; however, the high percentage who selected “do not use, but need” suggests the opposite. That is, if the need were met, perhaps the individual could engage in more successful employment.

Table 5

			Special training/education for work				
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	Total
Earnings group	None	Count	466	258	275	805	1804
		%	25.8%	14.3%	15.2%	44.6%	100.0%
	Low	Count	169	134	149	239	691
		%	24.5%	19.4%	21.6%	34.6%	100.0%
	High	Count	87	90	125	237	539
		%	16.1%	16.7%	23.2%	44.0%	100.0%
Total		Count	722	482	549	1281	3034
		%	23.8%	15.9%	18.1%	42.2%	100.0%

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 57.79$, $df = 6$, $p < .001$)

f. Transportation to/from work

Of the nine types of support, transportation to/from work had the highest percentage of respondents who said they used it and were satisfied with their level of support. Further, unmet need was indicated by 26% of respondents. Together, this suggests that transportation is a better developed or better publicized type of support.

About 37% of low earners and 37% of high earners reported that they used this type of support and were satisfied with the amount of support received. While unmet need for this type of support was overall less than was indicated for other types of support, those without earnings were again most likely to report not using this type of support but needing it. Table 6 shows results.

Table 6

			Transportation to/from work				
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	Total
Earnings group	None	Count	314	196	449	872	1831
		%	17.1%	10.7%	24.5%	47.6%	100.0%
	Low	Count	95	79	264	272	710
		%	13.4%	11.1%	37.2%	38.3%	100.0%
	High	Count	57	60	207	233	557
		%	10.2%	10.8%	37.2%	41.8%	100.0%
Total		Count	466	335	920	1377	3098
		%	15.0%	10.8%	29.7%	44.4%	100.0%

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 66.75$, $df = 6$, $p < .001$)

g. Job coach

As compared to many of the other types of support, respondents expressed an overall lower demand for job coaching. About 56% of respondents said they did not use this type of support and did not need it. Similar to other types of support, those without earnings were the least likely to report using a job coach (21%, as compared to 35% and 29% for lower and higher earners) and the most likely to report “I do not use this type of support but need it.” The low reported usage combined with the higher percentage of “do not use but need” suggests that those without earnings may be unaware that such supports exist, or that there are challenges in arranging this type of support.

Table 7

			Job coach				Total
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	
Earnings group	None	Count	349	143	231	1078	1801
		%	19.4%	7.9%	12.8%	59.9%	100.0%
Low	Count	130	74	167	322	693	
	%	18.8%	10.7%	24.1%	46.5%	100.0%	
High	Count	72	44	115	311	542	
	%	13.3%	8.1%	21.2%	57.4%	100.0%	
Total	Count	551	261	513	1711	3036	
	%	18.1%	8.6%	16.9%	56.4%	100.0%	

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 74.21$, $df = 6$, $p < .001$)

It is interesting to note that both high earners and non-earners were much more likely to choose “do not use, do not need” than the low earners in between them. High earners might be doing well enough and therefore do not require job coaching, while non-earners might have a high proportion of unemployed individuals among them who also have little need for job coaching. It is the low earners who demonstrate the most usage of this type of support as well as the most unmet need.

h. Personal assistance

There is a lower demand for personal assistance as compared to other areas of support. Looking at Table 8, 63% of all respondents indicated that they did not need or use this type of support. Lower and non-earners were more likely than higher earners to report that they did not currently use personal assistance but needed it. It may be that higher earners, of whom only 14% reported a need for more personal assistance, know more about the support services available to them and so report a lower degree of unmet needs.

Table 8

			Personal assistance				Total
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	
Earnings group	None	Count	263	135	298	1166	1862
		%	14.1%	7.3%	16.0%	62.6%	100.0%
	Low	Count	74	55	154	419	702
		%	10.5%	7.8%	21.9%	59.7%	100.0%
	High	Count	32	46	91	385	554
		%	5.8%	8.3%	16.4%	69.5%	100.0%
Total	Count		369	236	543	1970	3118
	%		11.8%	7.6%	17.4%	63.2%	100.0%

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 42.76$, $df = 6$, $p < .001$)

i. Adaptive or assistive device

Overall, respondents indicated less demand for adaptive or assistive devices than any other type of support included on the survey. Overall, 79% of respondents did not need or use this type of support. Similar to other types of support, non-earners were the most likely to indicate that they did not use this type of support yet needed it, while high earners indicated the lowest level of unmet need across the three groups. Higher earners may be more aware of the supports available or may have better access to these supports. Higher earners also had the highest percentage of individuals who simply did not require adaptive or assistive devices.

Table 9

			Adaptive or assistive device				Total
			Do not use, but need	Use, need more	Use, have enough	Do not use, do not need	
Earnings group	None	Count	231	88	91	1359	1769
		%	13.1%	5.0%	5.1%	76.8%	100.0%
	Low	Count	65	30	30	554	679
		%	9.6%	4.4%	4.4%	81.6%	100.0%
	High	Count	38	20	30	452	540
		%	7.0%	3.7%	5.6%	83.7%	100.0%
Total	Count		334	138	151	2365	2988
	%		11.2%	4.6%	5.1%	79.1%	100.0%

Chi Square test statistically significant at $\alpha = .05$ ($X^2 = 20.94$, $df = 6$, $p < .005$)

Summary

When responses were further broken down into post-MAPP enrollment earnings groups, a few clear patterns emerged:

- Those without earnings were typically the least likely to choose, “I use this type of

support and have enough” while high earners were the most likely to choose it. Although several explanations are possible, this particular response may suggest a higher level of knowledge and familiarity with the program and its benefits, as it indicates the person is aware of the service’s availability, and can navigate the system and arrange to have a satisfactory level of these services. It follows that those without earnings encountered the most challenges in accessing adequate support.

- Following from the first point, higher earners typically reported the lowest degree of unmet need, as defined by the percentage of respondents who chose either, “I do not use but need,” or, “I use this and need more.” This supports the previously discussed suggestion that higher earners may be better able to navigate the system of benefits and arrange the types of employment services they require.
- Those without earnings consistently were more likely to choose the response, “I do not use, but need,” than other groups. While these analyses do not support a causal relationship between unmet support needs and earnings status, a correlation appears to exist. It is difficult to determine the direction of causality – does the high level of unmet needs contribute to zero earnings, or does zero earned income remove the need to use such employment supports? The relationship is likely more complicated than these two variables can explain.
- Below average earners often answered more like high earners than those without earnings, suggesting that for some analyses, there are truly two distinct groups and not three – those with earned income and those without.

2. Employment support needs by earnings by age

Although clear patterns emerged when examining the relationships between earnings group and support type, there are other variables available in the survey data set which might help understand these relationships better. The following set of analyses introduces a third variable in an effort to learn more about the level of employment support need within the MAPP population.

Of the nine types of support, the four demonstrating the greatest utilization were selected for the following chi square tests: ability to take time off; control over pace/schedule; benefits counseling; and special education/training at work.²⁶

Age group was hypothesized to be related to the type and amount of employment support needed.

Table 10 shows how many respondents were included in each of the age groups.²⁷

²⁶ Income support at work had the fourth greatest utilization but was not included in subsequent analyses because no bivariate relationship was found between earnings group and responses.

²⁷ After reviewing an initial frequency table, the <20 age group was combined with the 20-29 age group, and the >80 group was combined with the 70-79 group. This was done to ensure adequate cell counts in the subsequent chi square tests.

Table 10

Age category - Frequencies			
		Frequency	Percent
Age group	<29	153	4.2%
	30-39	395	10.9%
	40-49	809	22.4%
	50-59	1118	30.9%
	60-69	896	24.8%
	>70	242	6.7%
	Total	3,613	100.0%

A series of chi square tests were conducted using age group and earnings group as independent variables, and survey response as the dependent variable. Previously, the chi square test had shown a relationship between earnings group and support need; age group was introduced to determine its impact on the original bivariate relationship.

Separate crosstabs were produced for each age group, dividing the original crosstab into smaller groups so that each combination of age group and earnings category was tested. The following table shows the age groups for which the relationship between earnings and responses remained statistically significant following the addition of age group as an additional variable.

Table 11

Type of employment support	Statistically significant relationship between earnings group and support need?					
	Age group					
	<29	30-39	40-49	50-59	60-69	>70
Ability to take time off ^a			•	•	•	
Control over pace/schedule ^b			•	•	•	
Special education/training ^c			•	•	•	
Benefits counseling ^d			•	•	•	

^a Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 18.4$, $df = 6$, $p < .005$), ($X^2 = 31.67$, $df = 6$, $p < .001$), ($X^2 = 24.4$, $df = 6$, $p < .001$)

^b Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 15.3$, $df = 6$, $p < .05$), ($X^2 = 21.5$, $df = 6$, $p < .001$), ($X^2 = 19.8$, $df = 6$, $p < .005$)

^c Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 18.4$, $df = 6$, $p < .005$), ($X^2 = 18.6$, $df = 6$, $p < .005$), ($X^2 = 28.6$, $df = 6$, $p < .001$)

^d Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 15.3$, $df = 6$, $p < .05$), ($X^2 = 35.4$, $df = 6$, $p < .001$), ($X^2 = 14.7$, $df = 6$, $p < .05$)

After adding age group as a control variable, the relationship between earnings group and responses is only present in three of the six age groups. For example, when looking only at individuals aged 30-39 years, there appears to be no relationship between earnings group and responses. Therefore, we cannot generalize the original bivariate results to all age groups. Once

age group is used to break out the results, the relationship disappears for those respondents in all of the other age groups.

The result of these chi square tests supports the hypothesis that age also impacts the relationship between one’s earnings and his or her level of support need. Age is a powerful predictor, and so it is not surprising that its inclusion would have an impact on the original relationship. A chi square test was conducted on age and the need for benefits counseling: the statistically significant results ($\alpha = .05$ $X^2 = 131$, $df = 15$, $p < .001$) show that when omitting earnings group from the analysis, there is a strong relationship between age and responses.

Summary

These chi square tests show that age is indeed a powerful demographic predictor of how individuals responded to these survey items. For these four items, once age was used to break out responses, the apparent relationship between earnings group and responses disappeared for those individuals outside of the 40-69 age range. It should be noted that while the majority of MAPP respondents (and enrollees) fall within this age range we can still claim that for a significant portion of respondents, earnings group and responses demonstrate a non-random association even when examined within the context of age group.

3. Employment support need by earnings by level of understanding

Five survey questions assessed the how well individuals thought they understood the verbal and written explanations about employment given to them by professionals who work with people with disabilities (e.g., ADRCs, county case managers, benefits specialists). It was expected that one’s level of perceived understanding will impact the relationship between earnings group and support needs, since there is likely a certain level of understanding necessary to successfully organize one’s support services. To explore this, age group was replaced with “level of understanding” in a series of crosstabs.²⁸

Table 12

Level of understanding category - Frequencies		
	Frequency	Percent
Understood everything	521	31.3%
Understood most	610	36.6%
Understood some	360	21.6%
Understood little/not given explanation	175	10.5%
Total	1,666	100%

Of the 3,613 survey respondents, 1,697 indicated that they had spoken to a professional who works with people with disabilities about employment. These individuals were included in the following analysis, minus the 31 individuals who did not provide an answer regarding level of understanding.

²⁸ Level of understanding regarding what professionals explained to individuals. Understanding of written materials was assessed in a separate question.

The four types of support demonstrating the greatest utilization were selected for the following chi square tests: ability to take time off; control over pace/schedule; benefits counseling; and special education/training at work.

Separate crosstabs were produced for each “level of understanding” group, dividing the original crosstab into smaller groups so that each combination of group and earnings category was tested.

The following table shows the groups for which the relationship between earnings and responses remained statistically significant following the addition of “level of understanding” as an additional variable.

Table 13

Statistically significant relationship between earnings group and support need?

Type of employment support	Level of understanding			
	Understood everything	Understood most	Understood some	Understood little/no explanation given ²⁹
Ability to take time off ^a	•	•		
Control over pace/schedule ^b	•			
Special education/training ^c	•		•	
Benefits counseling ^d	•	•		

^a Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 23.3$, $df = 6$, $p < .005$), ($X^2 = 19.6$, $df = 6$, $p < .005$)

^b Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 23.1$, $df = 6$, $p < .005$)

^c Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 25.1$, $df = 6$, $p < .001$), ($X^2 = 16.2$, $df = 6$, $p < .05$)

^d Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 22.3$, $df = 6$, $p < .005$), ($X^2 = 24.2$, $df = 6$, $p < .001$)

The relationship between earnings group and responses remained statistically significant for each of the four types of support when looking at those individuals who reporting having “understood everything” that was explained to them. The relationship between earnings group and responses was no longer statistically significant for those who reported understanding only some of what was explained, or for those who reported little understanding or that they did not receive any explanations.

Therefore, the bivariate results (i.e., the previously established relationship between earnings group and responses) should not be generalized to individuals beyond those who reported having understood everything explained to them.

²⁹ Very few individuals who indicated they had spoken with a professional about employment reported that they were given no explanation; therefore, these individuals were grouped with those indicating they understood “little” of what was explained to them for the sake of adequate cell counts. Although the groups have their differences, there is one important similarity that allows them to be grouped together: both groups of individuals have little or no understanding about the topics that are typically discussed with professionals.

One result of particular salience is that there were few or no above average earners who said that they did not receive any explanations, depending on the type of support.

Summary

Adding level of understanding as a control variable provided additional insight into the relationship between earnings group and responses. For the most part, when breaking responses out by both earnings group and level of understanding, the relationship between earnings group and responses remains only for those respondents who understood everything that was explained to them. For the other categories of understanding, the relationship between earnings and responses is less consistent.

Although the bivariate relationship between earnings and responses is still valuable, the level of understanding appears to be an important variable to consider when examining this association. The impact of this variable on the relationship between earnings and responses is to be expected; in order for someone to obtain a satisfactory level of employment support, it probably helps to understand the various supports available and how to go about arranging them. Professionals who work with people with disabilities (e.g., ADRCs, county case managers, benefits specialists) are a valuable source of this information.

4. Support needs by earnings by perceived health

Initial survey results indicated that individuals earning at high levels following their MAPP enrollment rated their health as excellent, very good or good with a greater frequency than those earning at lower levels. The differences in perceived health are not unexpected; MAPP is a program for people with disabilities and so it follows that its participants will have disabilities and lower perceived health.

The relationship between income and health is well-documented in research and so it was not surprising to see this relationship supported in this analysis. However, a causal relationship cannot be inferred from the results of the chi square test; that is, it does not show that low earned income causes poor health, or that poor health causes low earned income. It merely shows that the two variables are related.

Following age group and level of understanding, perceived health was included as a control variable to explore how it impacts the relationship between earnings group and employment support need. Of the 3,613 survey respondents, 3,484 provided a rating of perceived health. Table 14 displays the frequency with which respondents chose each level of perceived health. The “excellent” and “very good” groups were collapsed into one to ensure adequate cell counts in subsequent analyses.

Table 14

Perceived health - Frequencies		
	Frequency	Percent
Excellent/very good	539	15.5%
Good	886	25.4%
Fair	1241	35.6%
Poor	818	23.5%
Total	3,484	100%

Chi-square tests were run on those types of employment support with demonstrating the highest demand. The following table shows the groups for which the relationship between earnings and responses remained statistically significant following the addition of perceived health as a control variable.

Table 15

Type of employment support	Statistically significant relationship between earnings group and support need?			
	Perceived health			
	Excellent/ very good	Good	Fair	Poor
Ability to take time off ^a		•	•	•
Control over pace/schedule ^b	•	•	•	•
Special training ^c		•	•	•
Benefits counseling ^d		•		•

^a Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 16.9$, $df = 6$, $p < .05$), ($X^2 = 59.0$, $df = 6$, $p < .001$), ($X^2 = 27.6$, $df = 6$, $p < .001$)
^b Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 13.8$, $df = 6$, $p < .05$), ($X^2 = 20.2$, $df = 6$, $p < .005$), ($X^2 = 39.6$, $df = 6$, $p < .001$), ($X^2 = 13.2$, $df = 6$, $p < .05$)
^c Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 17.2$, $df = 6$, $p < .01$), ($X^2 = 14.8$, $df = 6$, $p < .05$), ($X^2 = 22.5$, $df = 6$, $p < .005$)
^d Chi Square tests statistically significant at $\alpha = .05$ ($X^2 = 18.4$, $df = 6$, $p < .01$), ($X^2 = 20.5$, $df = 6$, $p < .005$)

Summary

Perceived health appears to be an important variable to consider when examining this association. Table 15 shows that perceived health had a nearly uniform impact on the relationships between earnings groups and responses. With a few exceptions, the relationship remained statistically significant for individuals with good, fair or poor health but disappeared for those reporting excellent or very good health. This suggests that for people with higher perceived health, perceived health status may be more strongly related to employment support than earnings group.

5. Support needs by earnings by primary disability

The final control variable examined within the context of earnings and employment support was primary disability, which should be strongly related to the type and amount of support that is necessary for employment. Primary disability is a complex variable to measure, and some challenges were encountered when collecting and processing this data.

The first challenge was that people evidently have a difficult time choosing a single primary disabling condition, despite being given clear instructions to do so. The high number of missing data is evidence of this difficulty – if a person selected more than one primary disabling condition, the survey processing software was unable to determine which of the multiple responses was the primary disabling condition, and so assigned a missing value for that person. The unfortunate result is that no data on primary disabling condition is available for that person, except the assumptions we can infer from the missing data. For example, we might assume that any person with a missing value for this question had multiple disabling conditions, each of which were equally disabling. Because of the number and potential importance of the missing data, it was included in its own category in the subsequent analysis.³⁰

Further evidence of the difficulty involved in choosing a single primary disabling condition was the number of individuals who chose “other” and then proceeded to describe a disability that in fact was covered by one of the seven categories. These were examined and recoded to fit into existing categories when possible (e.g., “I am blind” was recoded to “Sensory”).

Final evidence of the question’s difficulty were the number of individuals who simply wrote in their primary disabling condition(s) in the space provided, apparently without reading through the list provided. These responses were coded appropriately when possible.

Table 16 displays the frequency with which respondents chose each health condition. Missing (i.e., non-interpretable) responses formed the largest group, with about 23% of respondents. Mental health and musculoskeletal/orthopedic conditions were the second and third most frequently chosen types of primary disabling conditions.

Table 16

Primary disabling condition - Frequencies		
	Frequency	Percent
Missing responses	834	23.1%
Mental health	727	20.1%
Musculoskeletal/orthopedic	614	17.0%
Developmental disability	348	9.6%
Other	348	9.6%
Cardiovascular/respiratory	345	9.5%
Neurological	319	8.8%
Sensory	78	2.2%
Total	3613	100.0%

Chi-square tests were run first on the four types of employment support demonstrating the highest demand. The following table shows the groups for which the relationship between earnings and responses remained statistically significant following the addition of perceived health as a control variable. With primary disabling condition as a control variable, the relationship between earnings group and responses remains in about two-thirds of the chi square

³⁰ Although methods exist by which missing data can be imputed based on other data available, this was not conducted for this analysis given its exploratory nature.

tests, without a clear discernable pattern. For some groups, such as those identifying a cardiovascular/respiratory issue as their primary disabling condition, the relationship between earnings and responses disappears.

To gain further understanding of the relationship between primary disabling condition, earnings group and responses, the remaining five types of support were included in the analysis. Income support at work, which resulting in a chi square test that was not statistically significant when paired with earnings group, now shows a statistically significant relationship among those with a sensory disorder as their primary disabling condition.

Overall, it appears that primary disabling condition has mixed effects on the relationships between earnings and responses. With a very strong association with each of the support needs, primary disabling condition might be better examined within a context other than earnings.

Table 17

Type of employment support	Statistically significant relationship between earnings group and support need?							
	Primary disabling condition							
	Musculo-skeletal	Neuro-logical	Mental health	Cardio/respire-atory	Sensory	DD	Other	Missing
Ability to take time off ^a	•	•	•		•		•	•
Control over pace/schedule	•		•	•		•	•	•
Special training	•	•	•		•	•	•	•
Benefits counseling	•		•			•		
Personal assistance			•			•		
Income support at work					•			
Job coach	•	•	•		•			
Transportation to/from work			•	•		•		•
Adaptive/assistive device						•		

^a For complete chi square statistics please see Appendix.

Summary

Initial results showed an overall relationship between earnings group and the level of support needed. Although the introduction of age group, perceived health and level of understanding appear to have provided additional information about within the context of earnings and support need, primary disabling condition “explained away” previously existing relationships with no apparent pattern. Primary disabling condition requires further analysis, perhaps outside of the earnings/support context.

VI. Future Analyses

Based on the findings from year eight of the MAPP evaluation, OIE, in conjunction with APS, has developed a detailed list of 2009 activities and analyses to be conducted as part of the year five MAPP evaluation. These activities are designed to strengthen the findings presented in this report, but more importantly, to fill gaps where specific program and policy questions remain unanswered.

- Develop additional analyses based on participant survey data, including but not limited to:
 - Use data to more fully understand the nature of consumers' disabilities. Data were gathered about primary disability, other health problems, and functional limitations. More Data were collected than could be presented in this summary report, and so further analyses are planned.
 - Data will also be used to inform various policy initiatives. For example, survey data may be used to help inform discussion about how spousal income should be regarded when determining eligibility for benefits.
- Conduct a cost comparison of enrollees using HIPP (Health Insurance Premium Payment).
- Consider methods for collecting data on participants who earn at substantial levels but disenroll from MAPP
- Assess the need for development and implementation of a second survey of county economic support workers.
- Perform data analyses in support of policy alternatives and recommendations suggested by the Managed Care Employment Task Force (MCETF) .
- Develop a cohort analysis to support any anticipated policy changes.

VII. Appendix

Attachment A: Premium Schedule

PREMIUM SCHEDULE					
Sum of Adjusted Countable Unearned and Adjusted Earned Income		The Premium is:	Sum of Adjusted countable Unearned and Adjusted Earned Income		The Premium is:
From	To	Premium	From	To	Premium
\$0	\$10.00	\$0.00	500.01	525.00	500.00
10.01	25.00	\$0.00	525.01	550.00	525.00
25.01	50.00	25.00	550.01	575.01	550.00
50.01	75.00	50.00	575.01	600.00	575.00
75.01	100.00	75.00	600.01	625.00	600.00
100.01	125.00	100.00	625.01	650.00	625.00
125.01	150.00	125.00	650.01	675.00	650.00
150.01	175.00	150.00	675.01	700.00	675.00
175.01	200.00	175.00	700.01	725.00	700.00
200.01	225.00	200.00	725.01	750.00	725.00
225.01	250.00	225.00	750.01	775.00	750.00
250.01	275.00	250.00	775.01	800.00	775.00
275.01	300.00	275.00	800.01	825.00	800.00
300.01	325.00	300.00	825.01	850.00	825.00
325.01	350.00	325.00	850.01	875.00	850.00
350.01	375.00	350.00	875.01	900.00	875.00
375.01	400.00	375.00	900.01	925.00	900.00
400.01	425.00	400.00	925.01	950.00	925.00
450.01	475.00	450.00	9950.01	975.00	950.00
475.01	500.00	475.00	975.01	1,000.00	975.00

Note: If the sum of Adjusted Countable Unearned Income and Adjusted Earned Income is greater than \$1,000.00 per month, the premium shall be equal to the exact dollar amount of this sum.

Attachment B: Eligibility Trends for MAPP Participants

Month/ Year	New MAPP Enrollees	# With Elig. Prior Month	% With Elig. Prior Month	# With Any Prior Elig.	% With Any Prior Elig.	# With Post MAPP Elig.	# MAPP Disenroll	# MAPP Net Enroll
Jan-00	32	7	21.9%	24	75.0%	14	0	32
Feb-00	14	5	35.7%	10	71.4%	9	1	13
Mar-00	40	19	47.5%	32	80.0%	22	0	40
Apr-00	40	17	42.5%	34	85.0%	26	0	40
May-00	61	32	52.5%	51	83.6%	34	3	58
Jun-00	113	66	58.4%	94	83.2%	57	1	112
Jul-00	133	81	60.9%	117	88.0%	73	3	130
Aug-00	107	59	55.1%	93	86.9%	64	3	104
Sep-00	104	53	51.0%	91	87.5%	52	6	98
Oct-00	124	72	58.1%	108	87.1%	64	6	118
Nov-00	116	75	64.7%	96	82.8%	55	9	107
Dec-00	131	106	80.9%	120	91.6%	63	14	117
Jan-01	159	88	55.3%	134	84.3%	87	8	151
Feb-01	95	57	60.0%	79	83.2%	42	7	88
Mar-01	99	61	61.6%	85	85.9%	48	13	86
Apr-01	76	46	60.5%	66	86.8%	36	16	60
May-01	85	56	65.9%	78	91.8%	43	19	66
Jun-01	78	49	62.8%	62	79.5%	43	20	58
Jul-01	80	54	67.5%	68	85.0%	36	13	67
Aug-01	76	44	57.9%	66	86.8%	37	9	67
Sep-01	92	57	62.0%	79	85.9%	37	18	74
Oct-01	80	43	53.8%	68	85.0%	40	25	55
Nov-01	94	56	59.6%	82	87.2%	48	18	76
Dec-01	80	45	56.3%	64	80.0%	37	16	64
Jan-02	185	115	62.2%	158	85.4%	83	23	162
Feb-02	293	224	76.5%	262	89.4%	104	18	275
Mar-02	241	156	64.7%	211	87.6%	107	33	208
Apr-02	230	149	64.8%	194	84.3%	89	28	202
May-02	243	155	63.8%	202	83.1%	106	40	203
Jun-02	235	150	63.8%	205	87.2%	127	42	193
Jul-02	264	173	65.5%	220	83.3%	115	50	214
Aug-02	207	127	61.4%	173	83.6%	86	41	166
Sep-02	211	135	64.0%	184	87.2%	89	35	176
Oct-02	233	143	61.4%	199	85.4%	104	40	193
Nov-02	196	123	62.8%	171	87.2%	85	46	150
Dec-02	200	134	67.0%	173	86.5%	83	46	154
Jan-03	285	188	66.0%	253	88.8%	119	68	217
Feb-03	212	133	62.7%	178	84.0%	80	57	155
Mar-03	241	161	66.8%	202	83.8%	101	60	181
Apr-03	219	137	62.6%	188	85.8%	79	67	152
May-03	201	126	62.7%	172	85.6%	66	46	155
Jun-03	222	145	65.3%	191	86.0%	92	55	167
Jul-03	237	142	59.9%	194	81.9%	80	52	185
Aug-03	229	145	63.3%	192	83.8%	96	89	140
Sep-03	247	143	57.9%	205	83.0%	82	68	179
Oct-03	223	143	64.1%	183	82.1%	96	72	151
Nov-03	241	135	56.0%	193	80.1%	96	62	179
Dec-03	220	133	60.5%	179	81.4%	96	98	122
Jan-04	283	196	69.3%	259	91.5%	115	81	202
Feb-04	307	203	66.1%	265	86.3%	105	90	217
Mar-04	226	134	59.3%	187	82.7%	79	79	147

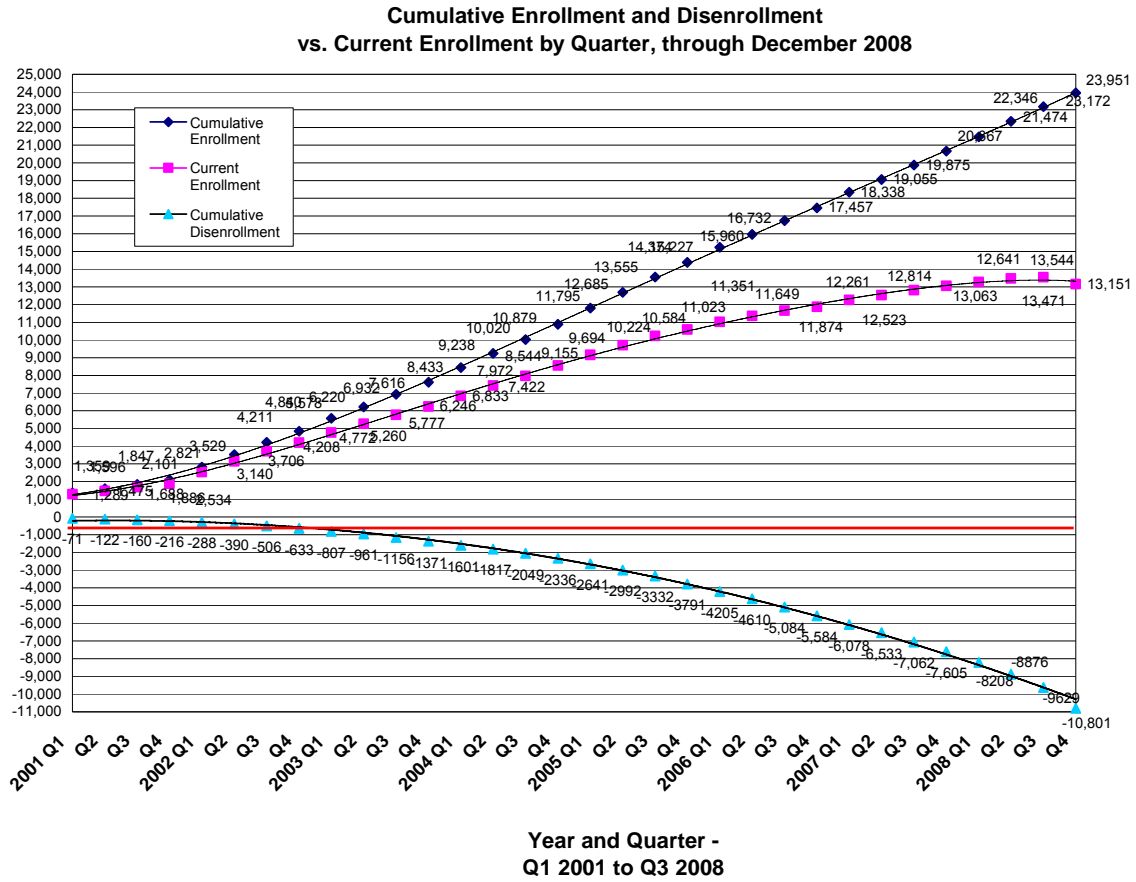
Month/ Year	New MAPP Enrollees	# With Elig. Prior Month	% With Elig. Prior Month	# With Any Prior Elig.	% With Any Prior Elig.	# With Post MAPP Elig.	# MAPP Disenroll	# MAPP Net Enroll
Apr-04	270	177	65.6%	242	89.6%	98	76	194
May-04	283	199	70.3%	240	84.8%	102	72	211
Jun-04	253	168	66.4%	213	84.2%	90	86	167
Jul-04	262	184	70.2%	230	87.8%	91	81	181
Aug-04	266	174	65.4%	222	83.5%	100	88	178
Sep-04	254	162	63.8%	223	87.8%	75	89	165
Oct-04	269	170	63.2%	229	85.1%	84	94	175
Nov-04	260	163	62.7%	220	84.6%	87	111	149
Dec-04	330	253	76.7%	295	89.4%	111	104	226
Jan-05	354	242	68.4%	314	88.7%	111	109	245
Feb-05	279	189	67.7%	243	87.1%	75	119	160
Mar-05	283	181	64.0%	239	84.5%	82	113	170
Apr-05	287	192	66.9%	247	86.1%	78	142	145
May-05	284	185	65.1%	240	84.5%	85	134	150
Jun-05	319	221	69.3%	276	86.5%	97	126	193
Jul-05	275	184	66.9%	232	84.4%	76	125	150
Aug-05	302	192	63.6%	258	85.4%	73	155	147
Sep-05	293	184	62.8%	249	85.0%	63	123	170
Oct-05	289	190	65.7%	243	84.1%	69	177	112
Nov-05	255	164	64.3%	221	86.7%	65	187	68
Dec-05	274	186	67.9%	240	87.6%	71	181	93
Jan-06	335	209	62.4%	291	86.9%	208	118	217
Feb-06	240	162	67.5%	208	86.7%	157	135	105
Mar-06	278	178	64.0%	246	88.5%	183	161	117
Apr-06	236	139	58.9%	208	88.1%	136	119	117
May-06	241	150	62.2%	213	88.4%	156	147	94
Jun-06	256	169	66.0%	229	89.5%	159	139	117
Jul-06	245	153	62.4%	216	88.2%	155	163	82
Aug-06	257	155	60.3%	223	86.8%	158	157	100
Sep-06	270	169	62.6%	240	88.9%	167	154	116
Oct-06	249	156	62.7%	219	88.0%	150	148	101
Nov-06	219	140	63.9%	196	89.5%	135	154	65
Dec-06	257	156	60.7%	228	88.7%	149	198	59
Jan-07	336	204	60.7%	307	91.4%	206	143	193
Feb-07	284	182	64.1%	258	90.8%	154	166	118
Mar-07	261	165	63.2%	244	93.5%	154	185	76
Apr-07	226	131	58.0%	203	89.8%	134	159	67
May-07	235	136	57.9%	205	87.2%	113	164	71
Jun-07	256	139	54.3%	229	89.5%	143	132	124
Jul-07	261	150	57.5%	227	87.0%	144	184	77
Aug-07	289	159	55.0%	255	88.2%	121	177	112
Sep-07	270	160	59.3%	238	88.1%	138	168	102
Oct-07	280	166	59.3%	249	88.9%	134	198	82
Nov-07	248	136	54.8%	216	87.1%	113	162	86
Dec-07	264	172	65.2%	236	89.4%	127	183	81
Jan-08	278	155	55.8%	244	87.8%	125	183	95
Feb-08	278	186	66.9%	261	93.9%	111	208	70
Mar-08	250	153	61.2%	220	88.0%	117	212	38
Apr-08	281	143	50.9%	247	87.9%	92	236	45
May-08	308	180	58.4%	277	89.9%	118	181	127
Jun-08	284	156	54.9%	258	90.8%	95	251	33
Jul-08	284	167	58.8%	256	90.1%	87	235	49

Month/ Year	New MAPP Enrollees	# With Elig. Prior Month	% With Elig. Prior Month	# With Any Prior Elig.	% With Any Prior Elig.	# With Post MAPP Elig.	# MAPP Disenroll	# MAPP Net Enroll
Aug-08	271	143	52.8%	234	86.3%	85	273	-2
Sep-08	271	146	53.9%	243	89.7%	82	245	26
Oct-08	283	172	60.8%	253	89.4%	77	259	24
Nov-08	291	151	51.9%	266	91.4%	54	296	-5
Dec-08	205	99	48.3%	197	96.1%	2	617	-412
	23,951	14,887	62.2%	21,061	87.9%	15,306	10,801	13,150

* Source: Eligibility trends spreadsheet

- 1 The minimum MAPP enrollment date for an individual
- 2 Individuals having a non-MAPP eligibility segment with an end date between the minimum MAPP start date and 31 days prior to the minimum MAPP start date
- 3 Individuals having a non-MAPP eligibility segment with an end date before the minimum MAPP start date
- 4 Individuals having a non-MAPP eligibility segment beginning after their minimum MAPP start date. The assigned month represents the first month of the non-MAPP eligibility segment.
- 5 The maximum MAPP end date for an individual (most recent disenrollment). Disenrollees include all MAPP enrollees that have not re-enrolled in MAPP as of the month of this report.
- 6 New MAPP enrollees minus MAPP disenrollees for each month

Attachment C: Cumulative Enrollment vs. Current Enrollment by Month



Attachment D: MAPP Enrollment by Premium Status

MAPP Enrollment by Premium Status & Premium Collections					
January 2000-September 2008					
Month/Year	Number with Premium Medstat	Number with Non-premium Medstat	Total	Percent with Premium Medstat	Actual Premium Collections for Benefit Month
Jan-00	4	28	32	12.5%	\$325
Feb-00	5	39	44	11.4%	\$400
Mar-00	7	74	81	8.6%	\$695
Apr-00	9	109	118	7.6%	\$920
May-00	21	156	177	11.9%	\$1,465
Jun-00	41	244	285	14.4%	\$3,555
Jul-00	67	350	417	16.1%	\$6,485
Aug-00	87	433	520	16.7%	\$7,675
Sep-00	103	507	610	16.9%	\$7,995
Oct-00	124	597	721	17.2%	\$11,025
Nov-00	147	678	825	17.8%	\$12,615
Dec-00	165	776	941	17.5%	\$14,235
Jan-01	191	883	1074	17.8%	\$19,585
Feb-01	207	941	1148	18.0%	\$21,400
Mar-01	226	1010	1236	18.3%	\$23,115
Apr-01	234	1051	1285	18.2%	\$24,500
May-01	239	1104	1343	17.8%	\$26,130
Jun-01	238	1149	1387	17.2%	\$26,350
Jul-01	239	1196	1435	16.7%	\$29,385
Aug-01	245	1252	1497	16.4%	\$31,585
Sep-01	257	1313	1570	16.4%	\$33,950
Oct-01	256	1358	1614	15.9%	\$33,215
Nov-01	261	1410	1671	15.6%	\$33,865
Dec-01	263	1458	1721	15.3%	\$29,465
Jan-02	238	1611	1849	12.9%	\$34,870
Feb-02	283	1810	2093	13.5%	\$38,200
Mar-02	354	1962	2316	15.3%	\$47,875
Apr-02	387	2097	2484	15.6%	\$56,025
May-02	391	2314	2705	14.5%	\$55,825
Jun-02	399	2485	2884	13.8%	\$58,100
Jul-02	419	2666	3085	13.6%	\$57,775
Aug-02	429	2784	3213	13.4%	\$56,950
Sep-02	434	2933	3367	12.9%	\$58,975
Oct-02	443	3106	3549	12.5%	\$59,975
Nov-02	446	3265	3711	12.0%	\$60,250
Dec-02	466	3387	3853	12.1%	\$60,950
Jan-03	517	3572	4089	12.6%	\$69,125
Feb-03	493	3701	4194	11.8%	\$67,450
Mar-03	514	3844	4358	11.8%	\$73,075
Apr-03	506	4020	4526	11.2%	\$71,500
May-03	496	4141	4637	10.7%	\$73,025
Jun-03	499	4294	4793	10.4%	\$73,575
Jul-03	518	4438	4956	10.5%	\$75,850

MAPP Enrollment by Premium Status & Premium Collections					
January 2000-September 2008					
Month/Year	Number with Premium Medstat	Number with Non-premium Medstat	Total	Percent with Premium Medstat	Actual Premium Collections for Benefit Month
Aug-03	545	4588	5133	10.6%	\$78,316
Sep-03	546	4729	5275	10.4%	\$76,700
Oct-03	547	4862	5409	10.1%	\$78,725
Nov-03	549	5012	5561	9.9%	\$79,550
Dec-03	565	5147	5712	9.9%	\$81,000
Jan-04	604	5295	5899	10.2%	\$89,800
Feb-04	604	5509	6113	9.9%	\$93,293
Mar-04	597	5632	6229	9.6%	\$91,918
Apr-04	553	5854	6407	8.6%	\$86,068
May-04	565	6052	6617	8.5%	\$88,118
Jun-04	585	6225	6810	8.6%	\$90,493
Jul-04	583	6390	6973	8.4%	\$90,925
Aug-04	599	6550	7149	8.4%	\$96,499
Sep-04	644	6649	7293	8.8%	\$101,949
Oct-04	652	6810	7462	8.7%	\$102,399
Nov-04	677	6933	7610	8.9%	\$106,374
Dec-04	717	7131	7848	9.1%	\$111,724
Jan-05	673	7420	8093	8.3%	\$101,584
Feb-05	692	7531	8223	8.4%	\$107,259
Mar-05	695	7696	8391	8.3%	\$113,209
Apr-05	731	7831	8562	8.5%	\$122,446
May-05	727	7969	8696	8.4%	\$123,094
Jun-05	718	8161	8879	8.1%	\$122,094
Jul-05	724	8317	9041	8.0%	\$125,519
Aug-05	722	8479	9201	7.8%	\$127,244
Sep-05	729	8620	9349	7.8%	\$128,432
Oct-05	738	8800	9538	7.7%	\$129,863
Nov-05	743	8913	9656	7.7%	\$129,138
Dec-05	762	8993	9755	7.8%	\$130,713
Jan-06	660	9,237	9896	6.7%	\$116,461
Feb-06	654	9,355	10009	6.5%	\$113,714
Mar-06	743	9,400	10138	7.3%	\$131,543
Apr-06	732	9,449	10176	7.2%	\$133,118
May-06	753	9,547	10294	7.3%	\$133,043
Jun-06	755	9,626	10373	7.3%	\$132,518
Jul-06	736	9,734	10459	7.0%	\$128,943
Aug-06	762	9,790	10539	7.2%	\$136,743
Sep-06	773	9,881	10637	7.3%	\$138,843
Oct-06	791	9,973	10731	7.3%	\$138,442
Nov-06	787	10,029	10758	7.2%	\$136,642
Dec-06	801	10,102	10804	7.3%	\$141,717
Jan-07	718	10,349	11,063	6.5%	126,569
Feb-07	740	10,464	11,200	6.6%	129,481
Mar-07	761	10,565	11,323	6.7%	142,263
Apr-07	743	10,654	11,394	6.5%	138,936

MAPP Enrollment by Premium Status & Premium Collections					
January 2000-September 2008					
Month/Year	Number with Premium Medstat	Number with Non-premium Medstat	Total	Percent with Premium Medstat	Actual Premium Collections for Benefit Month
May-07	746	10,746	11,488	6.5%	137,538
Jun-07	775	10,807	11,576	6.7%	143,050
Jul-07	792	10,972	11,753	6.7%	142,825
Aug-07	783	11,093	11,861	6.6%	145,400
Sep-07	770	11,208	11,947	6.4%	145,350
Oct-07	755	11,356	12,049	6.2%	143,897
Nov-07	761	11,422	12,082	6.3%	140,912
Dec-07	777	11,536	12,164	6.3%	144,625
Jan-08	727	11,747	12,474	5.8%	136,498
Feb-08	722	11,882	12,604	5.7%	132,387
Mar-08	771	11,910	12,681	6.1%	146,013
Apr-08	774	12,034	12,808	6.0%	147,338
May-08	771	12,166	12,937	6.0%	146,488
Jun-08	794	12,293	13,087	6.1%	152,337
Jul-08	787	12,393	13,180	6.0%	149,919
Aug-08	809	12,479	13,288	6.1%	151,019
Sep-08	789	12,557	13,346	5.9%	155,094

Attachment E: IRWE and MRE Examples

Examples of Impairment Related Work Expenses (IRWE):

- Attendant care services (at work, for transportation, other)
- Diagnostic procedures
- Durable medical equipment (plus installation, maintenance, and associated repair costs)
- Essential non-medical appliances and devices (electric air cleaner, etc.)
- Exterior home modifications that allow access to the street or to transportation (ramps, railings, pathways, etc.)
- Interior home modifications which create a work to accommodate impairment (enlargement of doorway, etc.)
- Interpreter (at workplace)
- Job Coach
- Medical devices
- Measuring instruments
- Mileage allowance (to and from work)
- Modified audio/visual equipment (enlarged monitor, speech activated computer, etc.)
- Pacemakers
- Physical therapy
- Prostheses
- Reading aids
- Regularly prescribed medical treatment or therapy and physician's fees associated with this treatment
- Respirators
- Routine prescription drugs
- Special work tools
- Traction equipment, braces
- Typing aids
- Vehicle modification (plus installation, maintenance, and associated repair costs)
- Wheelchairs
- Work animal and associated costs (plus food, maintenance, and veterinary services)
- Workspace modifications (adjustable desk, etc.)
- Work subsidy (increased supervision, etc.)

Examples of Medical Remedial Expenses

- Abdominal supports; Back supports
- Acupuncture
- Artificial teeth, eyes, limbs
- Attendant care (at workplace or other)
- Audio/visual equipment, such as screen magnifiers
- Automobile or van modification
- Automobile modified equipment; Autoette
- Bath tub/Shower accessibility modifications and related adaptive hardware
- Bed pads; Bed boards
- Chiropractor
- Computer/desk modifications
- Convalescent home
- Diapers
- Dietician/Nutritionist Services or Information
- Elevator

- Eyeglass prescriptions
- Excess energy costs related to a medical condition
- Handrails
- Healing services
- Health institute fees
- Health spa
- Hearing aids
- Home improvements made for medical reasons: air conditioning system, bathroom on the first floor, ramps, doorway modifications, etc.
- Hydrotherapy
- Inclinator or other device for managing stairs
- Invalid chair
- Job coach
- Life-care fee (medical portion only)
- Lodging on trips to obtain medical care
- Medicaid co-payments
- Medical supplies
- Modified clothing
- Modified eating utensils
- Outstanding medical bills
- Practical/other nonprofessional nurse for med services
- Prescription drugs
- Private health insurance premiums
- Reclining chairs
- Registered nurse
- Rental of medical equipment
- Repair of special medical equipment
- Respite care
- Special mattresses
- Special plumbing fixtures
- Special telephone equipment and associated repair costs
- Special technology needs
- Transportation costs for medical visits
- Vitamin Supplements
- Wheelchair; other equipment
- Wages of guide/assistant
- Whirlpool
- Work animals and associated maintenance costs (plus food, maintenance, and veterinary services)

Attachment F: County Breakout of Medicaid Recipients with Disabilities, MAPP Participants, Ranked by Rate of Participation in MAPP (as of December, 2008)

Percent of Disabled Medicaid Enrollees Participating in MAPP		Total Medicaid Enrollees With Disabilities** (including MAPP)		Total MAPP Enrollment, as of December, 2008	
Percent	County	Count	Percent of Total	Count	Percent of Total
33.3%	Bad River	24	0.0%	8	0.1%
32.8%	Green	609	0.7%	200	1.9%
28.2%	Iron	202	0.2%	57	0.5%
27.4%	Washburn	533	0.6%	146	1.4%
26.8%	Burnett	384	0.5%	103	1.0%
24.3%	Taylor	350	0.4%	85	0.8%
23.8%	Barron	1199	1.4%	285	2.7%
23.0%	Adams	573	0.7%	132	1.2%
22.6%	Price	416	0.5%	94	0.9%
22.3%	Ashland	610	0.7%	136	1.3%
22.1%	Lafayette	272	0.3%	60	0.6%
21.9%	Waushara	635	0.8%	139	1.3%
21.8%	Pepin	142	0.2%	31	0.3%
21.8%	Green Lake	385	0.5%	84	0.8%
21.4%	Trempealeau	513	0.6%	110	1.0%
20.5%	Iowa	337	0.4%	69	0.6%
20.5%	Buffalo	254	0.3%	52	0.5%
20.2%	Rusk	381	0.5%	77	0.7%
19.2%	Kewaunee	292	0.4%	56	0.5%
19.0%	Calumet	353	0.4%	67	0.6%
18.4%	Winnebago	2788	3.4%	514	4.8%
17.7%	Ozaukee	751	0.9%	133	1.2%
17.6%	Polk	664	0.8%	117	1.1%
17.4%	Waupaca	996	1.2%	173	1.6%
17.3%	Marquette	382	0.5%	66	0.6%
16.8%	Clark	578	0.7%	97	0.9%
16.7%	Sokaogon Chippewa	6	0.0%	1	0.0%
16.1%	Florence	112	0.1%	18	0.2%
15.7%	Wood	1658	2.0%	261	2.4%
15.7%	Vernon	612	0.7%	96	0.9%
15.4%	Grant	874	1.1%	135	1.3%
15.2%	Langlade	519	0.6%	79	0.7%
15.0%	Portage	1289	1.6%	193	1.8%
15.0%	Kenosha	3634	4.4%	544	5.1%
14.9%	Douglas	1492	1.8%	222	2.1%
14.3%	Columbia	921	1.1%	132	1.2%
13.9%	Bayfield	259	0.3%	36	0.3%
13.8%	Dodge	1058	1.3%	146	1.4%
13.5%	St Croix	773	0.9%	104	1.0%

Percent of Disabled Medicaid Enrollees Participating in MAPP		Total Medicaid Enrollees With Disabilities** (including MAPP)		Total MAPP Enrollment, as of December, 2008	
13.4%	Washington	1233	1.5%	165	1.5%
13.4%	Walworth	1295	1.6%	173	1.6%
13.2%	La Crosse	3153	3.8%	416	3.9%
13.1%	Sauk	999	1.2%	131	1.2%
12.9%	Richland	572	0.7%	74	0.7%
12.6%	Dane	7558	9.1%	953	8.9%
12.6%	Crawford	374	0.5%	47	0.4%
12.5%	Sawyer	463	0.6%	58	0.5%
12.4%	Manitowoc	1412	1.7%	175	1.6%
12.2%	Jefferson	1473	1.8%	180	1.7%
12.0%	Waukesha	3516	4.2%	421	3.9%
11.8%	Sheboygan	2009	2.4%	237	2.2%
11.7%	Lincoln	571	0.7%	67	0.6%
11.4%	Oneida	813	1.0%	93	0.9%
11.0%	Outagamie	2325	2.8%	256	2.4%
10.9%	Marathon	2468	3.0%	269	2.5%
10.7%	Eau Claire	2516	3.0%	270	2.5%
10.7%	Chippewa	1392	1.7%	149	1.4%
10.5%	Marinette	963	1.2%	101	0.9%
10.4%	Door	367	0.4%	38	0.4%
10.0%	Dunn	946	1.1%	95	0.9%
10.0%	Monroe	827	1.0%	83	0.8%
9.6%	Fond Du Lac	1898	2.3%	183	1.7%
9.6%	Jackson	480	0.6%	46	0.4%
8.0%	Rock	3677	4.4%	293	2.7%
7.8%	Vilas	296	0.4%	23	0.2%
6.8%	Shawano	647	0.8%	44	0.4%
6.3%	Pierce	427	0.5%	27	0.3%
6.2%	Brown	4291	5.2%	266	2.5%
5.6%	Juneau	593	0.7%	33	0.3%
5.6%	Red Cliff	18	0.0%	1	0.0%
4.9%	Racine	4689	5.7%	230	2.2%
4.4%	Oconto	587	0.7%	26	0.2%
2.3%	Forest	219	0.3%	5	0.0%
2.2%	Lac Du Flambeau	46	0.1%	1	0.0%
Totals		82,943		10,687	

* Excluding Milwaukee, as per request. If included in the denominator of percentage calculations, Milwaukee's relatively large population of people with disabilities and number of MAPP enrollees reduces the degree to which differences can be seen between other counties.

** Medicaid recipients between the ages of 18 and 65 with disabilities include individuals with the following med stat codes:

07,10,11,12,13,14,15,16,17,19,21,22,23,24,25,26,28,5C,5D,6C,6D,90,91,92,93

BD,DC,DD,DN,IC,IM,L1,L2,L3,L4,L5,L6,L7,L8,M3,M4,M5,M6,M7,M8,M9,MP,Q1,Q2,QN,QR,QW

SB,W2,W4,W5,W6,WA,WB,WC,WI,WP,WR,WW,ZN,ZZ