Employment: An essential component of aging well with a disability

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Background

- Evaluator of the Kansas Medicaid Buy-In, *Working Healthy*, since its inception in 2002
- Monitored changes in enrollees' health, earnings, quality of life, and health expenditures over time
- Added survey questions about assets in 2012

KS Medicaid Buy-In: *Working Healthy*

- A work incentive program implemented July 1, 2002
- One of 45 state Medicaid Buy-Ins nationally
- Eligibility in Kansas:
  - 16-64 years of age (age out at 65)
  - Income up to 300% of federal poverty level with disregards
  - Assets less than $15,000
  - Meet the SSA disability standard
  - Have verified earned income from competitive employment
  - Be a Kansas resident

Data Sources

- Longitudinal surveys of Buy-In enrollees to monitor employment, quality of life and health status over time
  - Demographics, including self-reported disability
  - Quality of Life (WHO-QOL)
  - Health status (SF-12)
  - Earnings and job type
  - Employment history and experiences
- Administrative data
  - Medicaid & Medicare claims
  - Income and taxes paid**
  - Premiums paid**

KS Buy-In Demographics, 2012

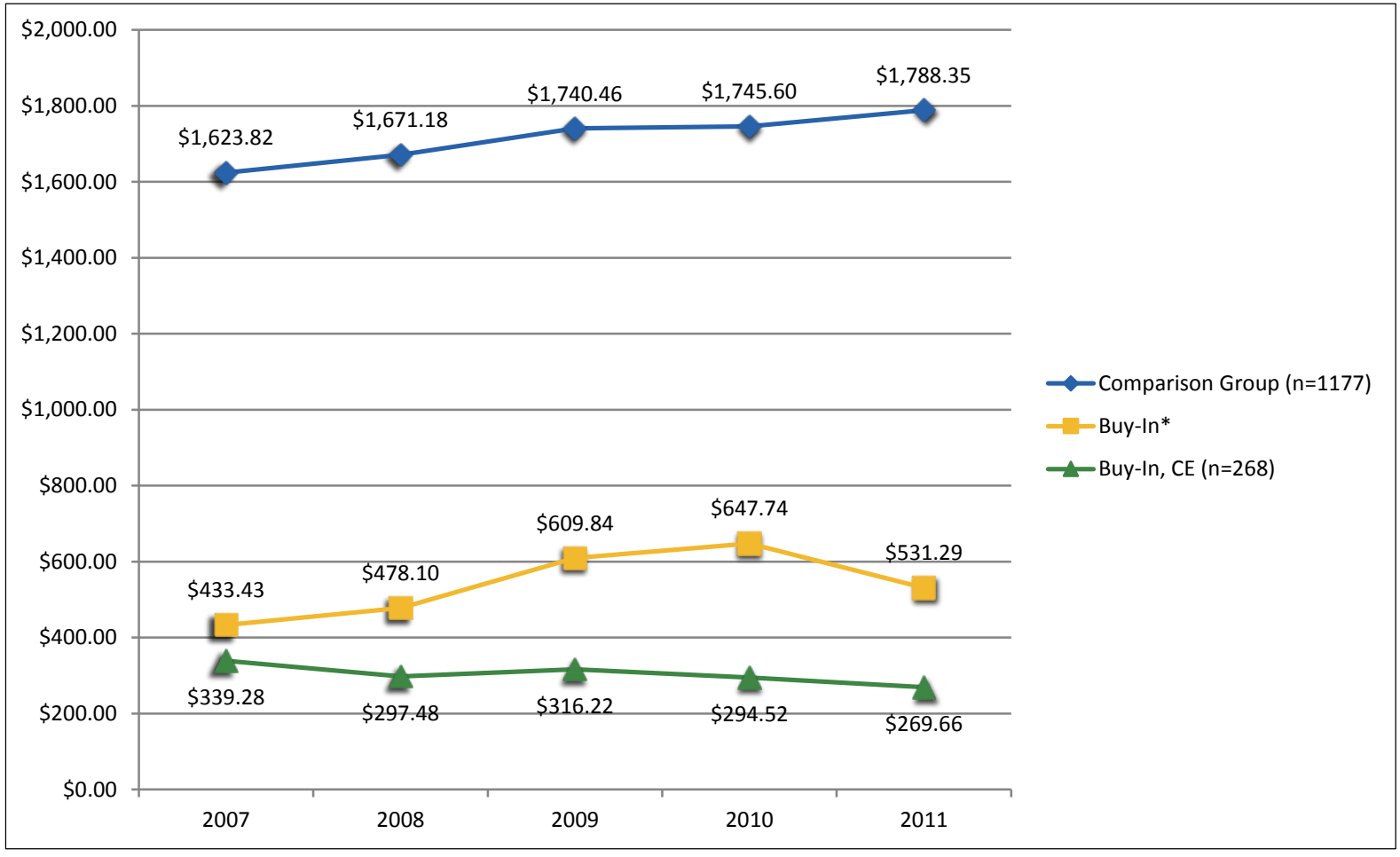
- 1,260 enrollees as of December 2012
- Average age is 47.4 years* (range 21-64)
- 49% male and 51% female*
- 90.9% white; 5.6% black; 1.1% Native American;
  0.9% Asian; 1.5% unknown* 3.6% Hispanic*
- Average hourly wage is $8.98 and average hours worked per week is 16.9+; average annual income is $6,802
- Disability Types:

Mental Illness	34.1%	Intellectual	13.7%
Physical & TBI	22.4%	Sensory	3.2%
Chronic Illnesses	18.7%	Undisclosed	7.9%

Data Sources: *Kansas Medicaid Management Information System (MMIS) and +*Working Healthy Satisfaction Surveys*

Medical costs stabilize

Medicaid Outpatient Expenditures (pmpm)



Notes: *n varies by year due to monthly enrollment & eligibility; 2007 n=1091 , 2008 n=1101, 2009 n=1227, 2010 n=1337, 2011 n=1546
Outpatient expenditures include medical, HCBS and mental health capitation costs. All figures have been adjusted to 2011 for medical inflation. Data Source: *Kansas Medicaid Management Information System (MMIS)*

Buy-In Participants say…

- “I’m so grateful to the state of Kansas for this program – which helps me work when I’d be unable to without it.”
- “I finally feel I am contributing to the economy.”
- “My part-time job gives me meaning and purpose. I don’t worry about paying for meds.”
- “My self-esteem has improved. I’m more confident about myself and can take pride in working.”
- “My stress is low…All of my illnesses are stabilized, I work, I stay socially involved and maintain my independence.”

In 2012, added questions about assets

Over the years, enrollees had shared stories about how having savings allowed them to cope:

- Emergency car repairs
- Offset low earning months for seasonal workers
- Feeling of security – from those who had been homeless

We wanted to explore the relationship between having assets >$2,000 (the standard Medicaid limit) and health and quality of life.

Findings: Health Status and QOL

Measure	Participants w/ Assets≤$2k (%)	Participants w/ Assets>$2k (%)	*p*-value*
PCS score[+]			<.001
≤50	82.7	55.4	
>50	17.3	44.6	
MCS score[+]			<.01
≤50	70.7	53.8	
>50	29.3	46.2	
Quality of Life			.001
Very poor	1.1	0	
Poor	13.7	4.5	
Neither poor nor good	27.4	13.6	
Good	46.0	56.1	
Very good	11.8	25.8	

N = 441; *Using chi-square; [+]SF-12 Physical Component Summary (PCS), Mental Component Summary (MCS); SF-12 Standard scale scores 1-100, national mean= 50 (SD=10)

Who has higher assets?

Characteristic	have assets ≤$2k (%)	have assets >$2k (%)	*p*-value*
Gender			<.001
Male	77.0	23.0	
Female	90.7	9.3	
Age			<.01
<30	69.0	31.0	
30 to 45	81.0	19.0	
>45	88.2	11.8	
Disability Type			.001
Mental Illness	84.4	15.6	
Physical	93.1	6.9	
Chronic Illness	89.2	10.8	
Intellectual	69.0	31.0	
Sensory	85.7	14.3	

*Using chi-square; N = 441

In a nutshell:

- Those with assets > $2K had significantly better PCS, MCS and QOL scores
- Age is significantly, and negatively, correlated with assets>$2K (younger participants are more likely to have assets>$2K)
- Males are significantly more likely to have higher assets than females (23% v. 9%);
- Important implications for the ACA's Medicaid expansion; assets not considered in eligibility and no disability determination is necessary
- Especially for younger individuals already accumulating assets, expansion coverage could provide diversion from dependence on federal disability benefits, if the coverage is sufficient (also, ABLE Accounts may help those eligible)

Comparison Group Study

- Federally-funded NIDRR project began in 2010
- Allowed us to survey a comparison group of dual-eligibles aged 16-64 and obtain their administrative data
- Interested in health status over time as compared to Medicaid Buy-In participants
- We thought that participation in the Buy-In would determine health status, but…

EMPLOYMENT WAS THE KEY FACTOR

Employed v. Not Employed

- For the purposes of this study 'employed' is defined using two survey items:
  - At any time in the past 30 days were you employed for pay?
  - How long have you worked at your current job?
    - 1 year or greater
- Buy-In population
  - 89% working
    - Employment is a requirement for participation (with grace periods)
    - Might not be employed/enrolled for full year prior
- Comparison group
  - 14% working

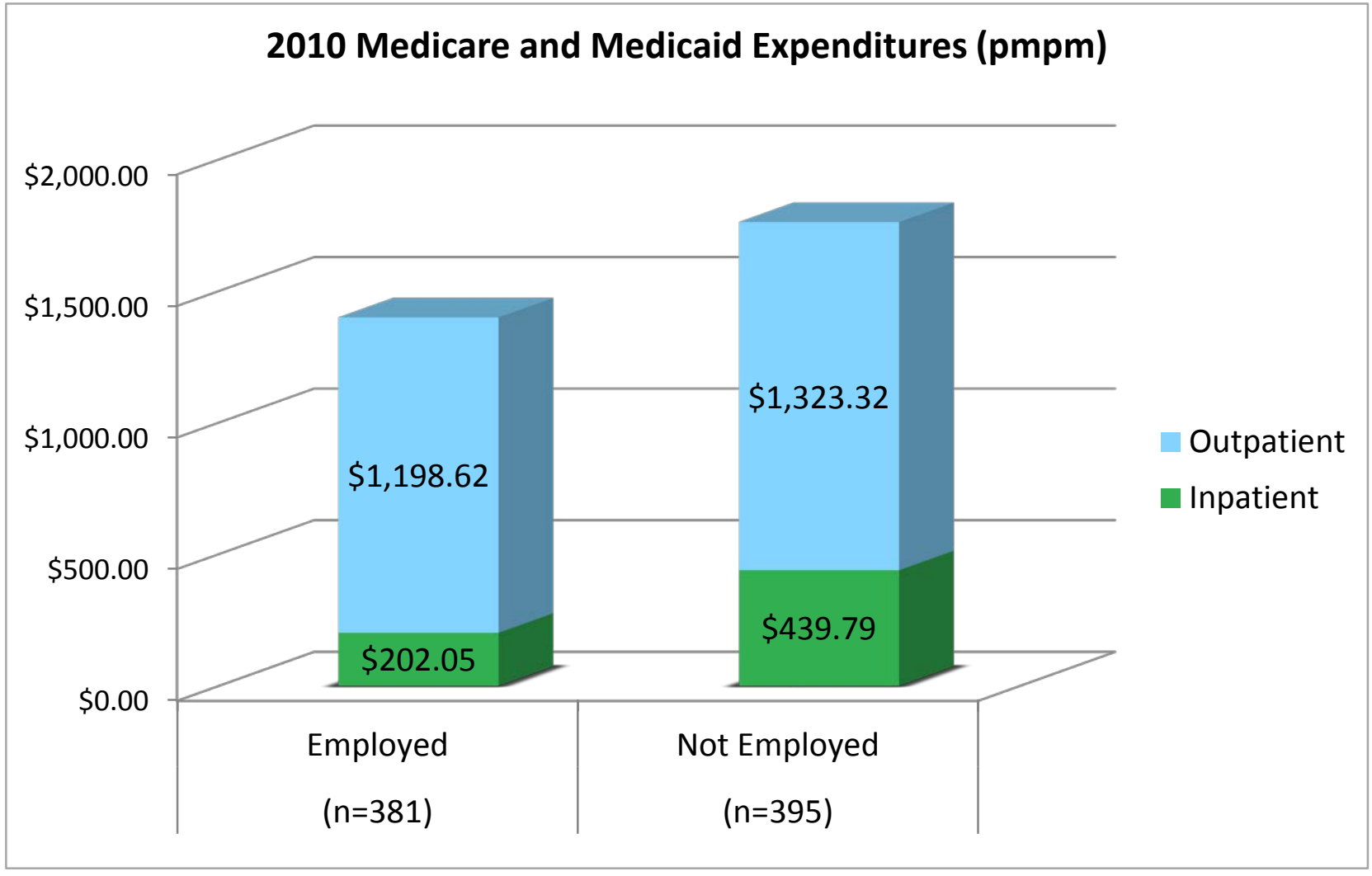
Risk Behaviors & Health Status

	Employed (n=376)	Not employed (n=391)	*p*-value
Report fair or poor health[a]	43.6%	65.3%	< .0001*
Report poor or very poor QOL[a]	13.1%	24.0%	< .0001*
Smoking[b]	25.7%	44.8%	< .0001*
Obesity[b]	58.0%	55.6%	.283
Did not get dental care when needed[b]	31.6%	43.0%	< .001*

	Physical Health Component Summary Score[c]			
	Mean	**SD**	**95% CI**	***p*-value**
Employed (n=361)	39.9	12.4	(38.7,41.3)	< .0001*
Not Employed (n=368)	33.0	11.0	(31.9,34.1)	
	Mental Health Component Summary Score[c]			
Employed (n=361)	44.4	11.6	(43.2,45.6)	< .0001*
Not Employed (n=368)	40.2	11.7	(39.0, 41.4)	

Notes: [a] World Health Organization QOL Survey. [b] Behavioral Risk Factor Surveillance System (BRFSS) items [C] SF-12 Standard scores 1-100, national mean= 50 (SD=10); *Significant p < .01 Data Sources: *2011 Kansas Disability & Health Survey* and *2011 Working Healthy Satisfaction Survey*

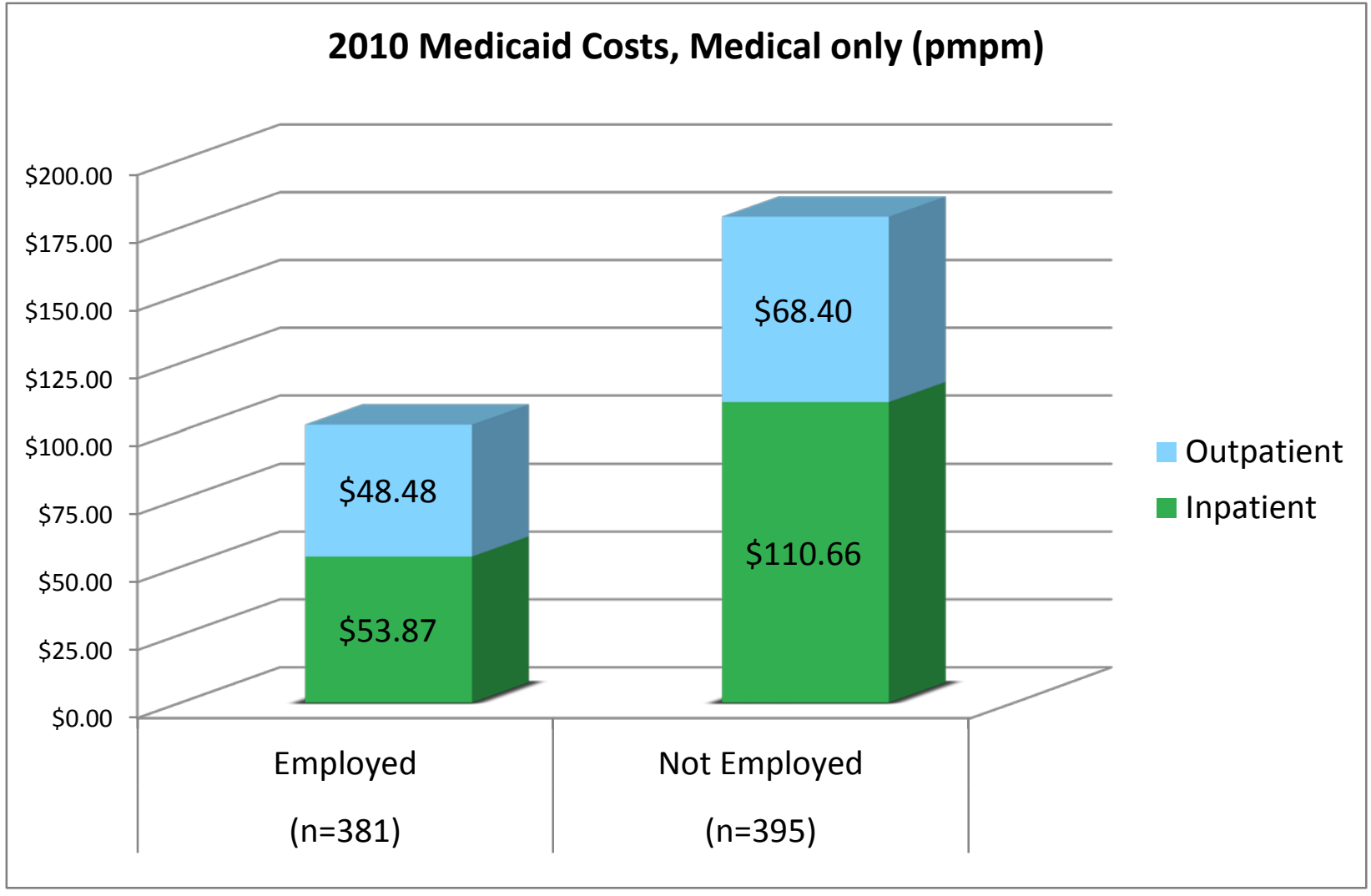
Expenditures



Notes: Outpatient claims include medical, mental health capitation rates, targeted case management and HCBS-related services (dental & drug claims not included)

Data Source: Kansas Medicaid Management Information System (MMIS) and CMS Medicare claims data files

Expenditures (continued)



Notes: Outpatient medical only claims include doctor & clinic visits, rehab, physical therapy.
Data Source: Kansas Medicaid Management Information System (MMIS)

So, working is a good thing, right?

- “I was actually discouraged by my case manager from going to work. She said, ‘you’re eligible for energy assistance, you’re eligible for commodities, you’re eligible for…’ and she listed things I never had done. She said, ‘you’ll lose all those things and you won’t make that much money’ and so she kind of discouraged me from working.”
- My therapist told the VR counselor ‘no way is she ready for a job’.” [person found & maintained job on her own]
- “I would like to work more but they [her physicians] are saying to take it slow.”
- “My doctor, my therapist, my case manager, all these people say don’t try to do any more.”

Policy Barriers

- Disparate state and federal program eligibility requirements (e.g. Section 8 housing, food stamps)
- Social Security Administration (SSA) Disability Determination
- SSA's Ticket-to-Work Guidelines for Employment Networks: "you (EN) cannot say or imply to a Ticket holder concerning their work goals: a Ticket holder can work part-time **indefinitely** with the support of an EN."
- Aging out of MBIs:
  - "People are living longer, so why is a cut off at age 65? I like to fish. Now they are raising the age to 75 to buy a license."
  - "I will have to earn more than double my current earnings just to stay where I am now despite worsening health and disability. My actual retirement age is 66 under SSA. The legislators have not taken into account the raising of retirement age and adjusted WH benefits upward or adjusted as necessary so we can work into retirement as other retirees now do!"

Conclusions & Discussion

- With the exception of obesity, employment has a positive relationship with all measures of health status and health risk behaviors across disability types.
- Additional research is needed to quantify potential savings to state and federal programs when people with disabilities can work unfettered.
- Research is also needed to assess the effects of ACA programs specifically for workers with disabilities.
- The positive effects of employment coupled with the ability to accumulate assets over time could dramatically improve physical and mental health outcomes for people aging with a disability.

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