

Survey of Minnesotans
Enrolled in the Medical
Assistance for
Employed Persons
with Disabilities
(MA-EPD) program

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Human Services*

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Prepared by:

Nicole Martin and Greg Owen
Wilder Research Center
1295 Bandana Boulevard North, Suite 210
Saint Paul, Minnesota 55108
651-647-4600
www.wilder.org

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Summary

In 1999, the Minnesota Legislature unanimously passed legislation creating the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program. This program is implemented by the Minnesota Department of Human Services. The Disabilities Services Division manages evaluation efforts through funding from a Medicaid Infrastructure Grant from the Centers for Medicaid & Medicare Services (CMS). MA-EPD promotes competitive employment and the economic self-sufficiency for people with disabilities by ensuring their continued access to Medical Assistance (MA) under higher income and asset limits than regular MA. It allows people to work and maintain eligibility for MA by paying a monthly sliding fee premium. The Disability Services Division contracted with Wilder Research Center to conduct a telephone survey of 450 MA-EPD consumers, a representative random sample of the nearly 6,000 consumers in the MA-EPD program.

Goals of the survey

This survey is part of an overall evaluation of the MA-EPD program. The Disability Services Division's goals for the study are:

- To gather baseline program information from a random sample of 450 enrollees in the MA-EPD program;
- To establish consumer priorities for MA-EPD program improvements through analysis of the consumer survey;
- To identify barriers to finding and keeping employment for people with disabilities;
- To obtain information and identify barriers to personal assistance services in the workplace; and
- To provide information for the Pathways to Employment's required program evaluation to the Centers for Medicaid & Medicare Services (CMS).

Sampling, survey method, and participants

A total of 456 interviews were completed, which resulted in an 80 percent response rate and a sampling error of +/- 5 percent. All of the consumers in this survey are between the ages of 22 and 65 years old. A vast majority (95%) of the MA-EPD consumers who participated in this survey are White. Half are male and half are female. Consumers reported being in three main disability categories: mental health (38%), physical disability (33%), and cognitive or developmental disability (27%).

Survey results

This first survey of MA-EPD consumers in Minnesota lays the foundation for identifying current program satisfaction, unmet needs, and barriers to employment for this population. Participants generally express high levels of satisfaction with the MA-EPD program. In fact, 72 percent of respondents reported they would be unable to work without MA-EPD. However, they also expressed a variety of needs and expectations for more information and support. Some of the key findings emerging from this survey are:

Experiences with the MA-EPD program

- Nearly half (43%) of respondents said they first found out about the MA-EPD program through their county case managers or service coordinators. Another one-quarter (25%) found out about the program through their county financial workers.
- The most common reasons reported by respondents for being on the MA-EPD program were: good health care or prescription drug benefits (28%) and because of their health problems or disabilities (22%).
- Respondents expressed high levels of satisfaction with various aspects of the MA-EPD program including: getting on the program (70%), the amount of the premium (81%), and being informed by their county financial worker about how to stay eligible for the program (77%).
- Working appears to have improved the quality of life for most respondents: 97 percent reported feeling better about themselves when they are working, 92 percent said that working allows them to give something back to their community, and 83 percent said that working increases their available spending money.

- On the other hand, 45 percent of respondents feel that it will be hard for them to re-qualify for Social Security disability benefits and 43 percent are concerned about losing their Social Security cash benefits as a result of working.
- When asked about their additional needs, 53 percent of respondents reported a need for more information about how working affects the health insurance benefits they receive and 15 percent said they would lower the premiums or make the program more affordable.

Consumer characteristics and supports

- Service and maintenance jobs were the most common types of jobs, reported by 44 percent of MA-EPD respondents. Nearly two-thirds (64%) reported working 20 hours per week or less. Most (79%) felt they were working “about the right number of hours.”
- Most respondents reported having support from their employers (75%) and co-workers (70%).
- Over one-quarter (28%) of respondents reported using disability accommodations in the workplace, with the most common being flexible work schedules (64% of those who used accommodations).
- Two-thirds (65%) of respondents reported having other health insurance, mostly Medicare, in addition to Medical Assistance. Only 7 percent of respondents’ additional insurance coverage is through their employers.
- Only 4 percent of respondents use Personal Care Assistance services at work. Most respondents (88%) who did not report using PCA services at work said the reason why they do not use PCA services is that they do not need them.

Health problems and other barriers to working

- Almost half (44%) of respondents said their health was “about the same” at the time of the survey compared to when they started working, 36 percent said their health was “better,” and 21 percent said their health was “worse” compared to when they started working.
- Health-related issues were the most frequently reported barriers to working by respondents. Forty-eight percent of all respondents reported physical health problems and 30 percent reported mental health problems that had prevented them from working during the last year.

- Some respondents (14%) reported problems with transportation that had prevented them from working during the last year. In addition, 22 percent of respondents said they were unable to afford transportation costs to get to and from work. Nearly half (48%) of respondents drive themselves to work and 21 percent use a special transportation service for people with disabilities.
- Most respondents (92%) reported that their housing arrangements at the time of the survey met their needs. Only 2 percent of respondents reported housing-related problems that had prevented them from working during the last year.

Recommendations

Overall, respondents are satisfied with the MA-EPD program. The results of this survey indicate that the participants' quality of life and ability to maintain gainful employment has improved as a result of their participation in the program. In general, it appears that the respondents' disabilities or health conditions pose significant barriers to working. In fact, health-related barriers were far more commonly reported than other types of barriers, such as housing or transportation. Respondents' most frequently reported physical health problems were weakness, being tired, and fatigue. The second most commonly reported mental health problems were stress, anxiety, panic attacks, and nervous breakdown.

One concern expressed by respondents throughout the survey was the amount of their premiums and co-payments. Legislation was enacted in 2003 to require MA-EPD to be a true "buy-in" program and to address budget constraints. This change resulted in an increase in premiums for most consumers in the month before surveying took place, which may have affected the frequency or intensity with which these issues were raised. On the other hand, most respondents did agree that the amount of their premium is reasonable. Consumers would likely benefit from any efforts to reduce their out-of-pocket expenses since, despite working, MA-EPD recipients are still predominantly low-income individuals.

Given the low number of people of color on the MA-EPD program, the Department of Human Services should consider doing specific outreach and marketing of the MA-EPD program to people of color. Counties should also focus on marketing to communities of color, since most people find out about the MA-EPD program through county personnel.

This survey indicates that there is a need to create additional incentives for people with disabilities to work, as evidenced by respondents who expressed concerns about losing Social Security benefits as a result of going to work. One possibility is to be an early implementation state for a program currently being demonstrated by the Social Security Administration. This program would allow working individuals on Social Security Disability Income (SSDI) to keep \$1 of every \$2 they earn, creating an incentive to work.

Finally, we recommend that the Department of Human Services continue to evaluate program outcomes and process issues through regular surveys of a random sample of MA-EPD consumers. Overall, the methods used in this study appear to be effective means for identifying and interviewing a random sample of consumers. In addition, telephone surveys were appropriate and accessible for most consumers, as shown by the high response rate.

Introduction

The Minnesota Department of Human Services' Medical Assistance for Employed Persons with Disabilities (MA-EPD) program, managed by the Disability Services Division, promotes competitive employment and the economic self-sufficiency of people with disabilities by assuring their continued access to Medical Assistance (MA) under higher income and asset limits than regular MA. The goal of the program is to encourage people with disabilities to work and enjoy the benefits of being employed.

The MA-EPD program provides medical insurance to approximately 6,000 Minnesotans with disabilities. MA-EPD pays for the same services as regular Medical Assistance, including: home care services; inpatient hospital services; mental health services; medical equipment and supplies; personal assistance services; physical, occupational, and speech therapy; prescription drugs; and physician and health clinic visits. Just like regular MA, there are co-pays for some services, such as prescription drugs, non-preventive care visits, and eye glasses. All consumers pay a monthly premium that is a minimum of \$35 and a maximum of 7.5 percent of the consumer's monthly income.¹

Consumers of the MA-EPD program may have physical, emotional, or mental disabilities; chronic illnesses; or other injuries or health conditions that reduce or prevent their ability to maintain employment at a high enough level to provide for their medical insurance needs. To qualify for MA-EPD, a person must be certified disabled by either the Social Security Administration or the State Medical Review Team, be between the ages of 16 and 65, be employed and have required taxes withheld or paid from earned income, have monthly earnings of more than \$65, not be eligible for MA under more beneficial categories, meet the asset limit, pay a premium, and pay an unearned income obligation (if required).

Goals of the survey

The Disability Services Division of the Minnesota Department of Human Services contracted with Wilder Research Center to conduct a telephone survey of 450 MA-EPD consumers. The Disability Services Division's goals for the study are:

- To gather baseline program information from a random sample of 450 enrollees in the MA-EPD program;

¹ It is important to note that recent program changes, including a minimum premium requirement for all enrollees, may have affected some participants' responses to survey questions in related areas, since the policy change was implemented the month before surveying began.

- To establish consumer priorities for MA-EPD program improvements through analysis of the consumer survey;
- To identify barriers to finding and keeping employment for people with disabilities;
- To obtain information and identify barriers to personal assistance services in the workplace; and
- To provide information for the Pathways to Employment's required program evaluation to the Centers for Medicaid & Medicare Services (CMS).

Methodology

Sampling and survey method

The Disability Services Division supplied Wilder Research Center with a list of 5,599 names of MA-EPD consumers with telephone numbers and other descriptive information. The Disability Services Division sent all MA-EPD consumers a letter notifying them that they might be selected to participate in the survey. A total of 690 consumers were randomly selected from the list of 5,599 consumers. The telephone surveys were conducted by trained, professional, on-site interviewers employed by Wilder Research Center using computer-assisted telephone interviewing (CATI) software. A total of 456 interviews were completed and an 80 percent response rate was achieved (see Figure 1).

1. Sample selection and response rate

Consumers of the MA-EPD program	Approximately 6,000
MA-EPD consumer population contact list	5,599
Total random sample released for the survey	690
Consumers determined to be ineligible*	119
Consumers determined to be eligible	571
Completed interviews	456
Response rate	80%

***Note:** *Ineligibility includes deceased and unable to locate.*

A sample size of 456 respondents resulted in a +/- 5 percent sampling error, which means that the survey results can be generalized to the overall population of MA-EPD consumers within 5 percentage points on any survey item. For example, if 84 percent of survey respondents report they live inside towns or cities, we can generalize to the overall population of MA-EPD consumers by saying that between 79 and 89 percent of all consumers live in towns or cities. Furthermore, the sample is representative of the overall population of MA-EPD consumers in terms of gender, age, race, education levels, geographic distribution, and disability types.

Proxies were interviewed in place of MA-EPD consumers in cases where consumers were unable to complete the survey for themselves. Of the 456 completed interviews, 27 surveys were completed with proxies: 13 are parents of the MA-EPD consumer; nine are friends, non-relative guardians, or responsible parties of the consumer; and five are siblings of the consumer.

How the information is reported

The results of the survey of MA-EPD consumers are presented by category of question in the following sections of this report. In each section, the relevant group differences are reported where statistically significant (i.e., not likely to be due to chance).² Key variables that were examined include:

- Consumers who live in rural areas versus consumers who live inside towns or cities
- White consumers versus non-White consumers
- Consumers with some college or more education versus consumers with a high school education or less
- Consumers who identified mental health problems as their primary or secondary disability versus consumers who did not report mental health problems
- Consumers who are working 29 hours per week or less versus consumers who are working 30 or more hours per week
- Consumers age 18 to 40 versus consumers age 41 and older
- Consumers' whose primary disability was present at birth versus consumers whose primary disability developed later in life

See the Appendix for the survey instrument, frequency tables for all closed-ended items, and lists of all open-ended comments given by respondents.

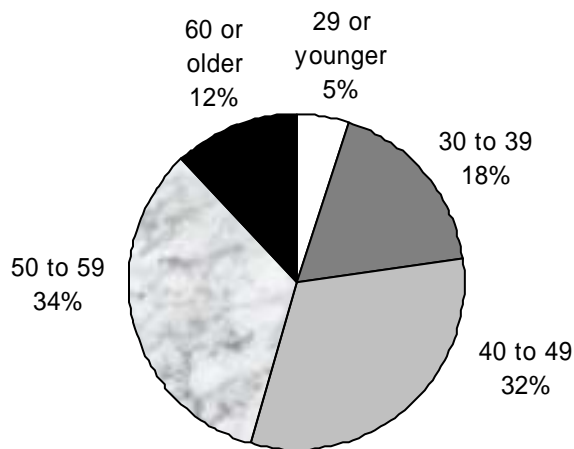
² Chi-square tests of significance were completed for each of the variables listed. Differences were reported when the chi-square was significant at $p \leq 0.05$.

About the survey participants

Age, race, and gender

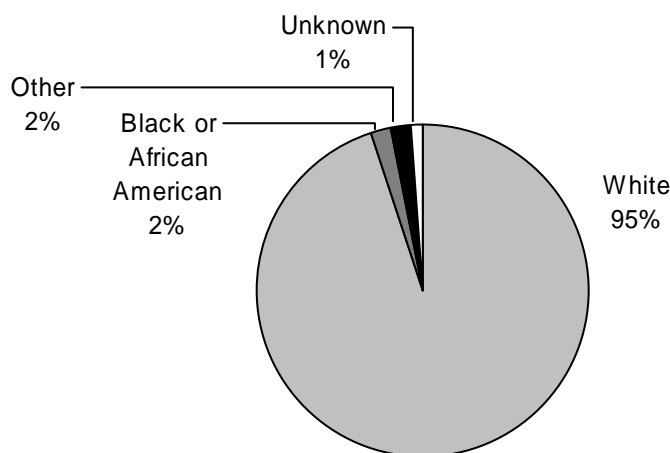
Half (50%) of the respondents are men and the other half (50%) are women. All of the respondents are between the ages of 22 and 65 years. (Enrollees are eligible for MA-EPD through the month of their 65th birthday.) As shown in Figure 2, two-thirds (66%) of respondents are in their 40s and 50s.

2. Age (N=456)



Almost all (95%) of the respondents are White, 2 percent are Black or African American, 2 percent are other races, and 1 percent are of an unknown race (see Figure 3).

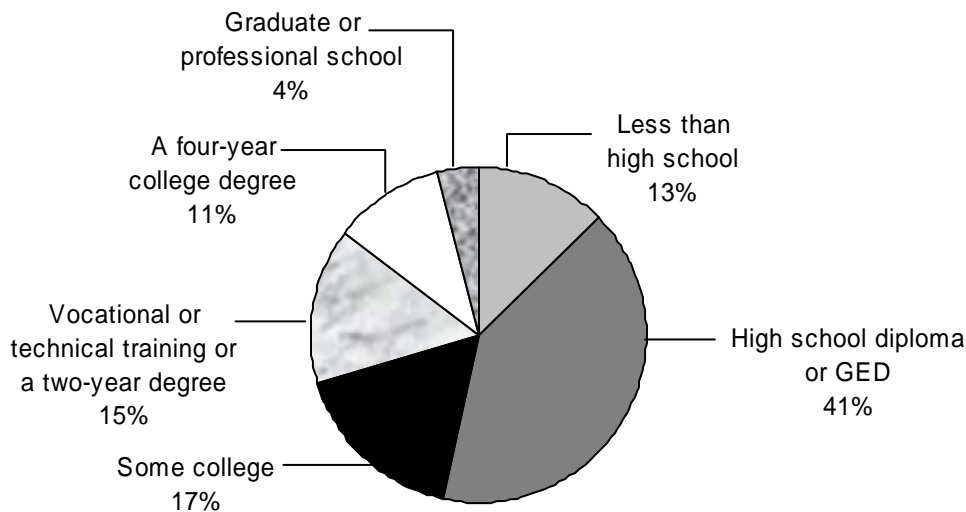
3. Race (N=456)



Education

Nearly half (47%) of respondents have some college or more education, including 15 percent who have a four-year college degree or more. Forty-one percent of respondents have a high school diploma or GED (see Figure 4). Respondents with mental health diagnoses are more likely to have some college or more education compared to respondents with other disabilities or health conditions (54% versus 41%, respectively). Respondents whose disabilities or health conditions developed later in life are significantly more likely to have some college or more education compared to respondents whose disabilities or health conditions were present at birth (54% versus 28%, respectively).

4. Education levels (N=456)



Disability type

Respondents were asked to name their primary disability. Responses were grouped into the following categories:

- Mental health and chemical dependency
- Physical disabilities, illnesses, and health conditions
- Developmental disabilities and cognitive impairments
- Other conditions

A list of the diagnoses assigned to each category is in the Appendix. Respondents are distributed fairly evenly across these categories: 38 percent reported a mental health or chemical dependency problem as their primary disability (the most commonly reported diagnoses are schizophrenia, depression, and bipolar disorder); 33 percent reported a physical disability or health condition (the most commonly reported diagnoses are bone or joint problems, including arthritis, and cardiac or circulatory problems); 27 percent reported a developmental disability or cognitive impairment (most commonly mental retardation, traumatic brain injury or stroke, and learning disabilities, including dyslexia); and 2 percent reported other conditions. (Note: The percentage of MA-EPD consumers who have mental health conditions listed as their primary disability is higher when using the official Department of Human Services' database compared to respondents' self-report. This is likely due to social reporting tendencies and respondents' perceptions of the disability or health condition that is most visible to others. Therefore, caution should be used when interpreting these results.)

Thirty-nine percent of respondents said their primary disability developed gradually, 29 percent said their disability was present at birth, 27 percent said their disability developed suddenly as the result of an illness or accident, and 5 percent said their disability developed in another way (for example, as the result of an addiction or abuse they experienced).

Just over half (52%) of respondents also reported having a secondary disability. These responses were grouped into the same categories that were used for the primary disabilities (see Appendix). Overall, 59 percent of the secondary disabilities reported by respondents are physical disabilities or conditions, 24 percent are mental health or chemical dependency problems, 14 percent are developmental disabilities or cognitive impairments, and 3 percent are other conditions. See Figure 5 for an illustration of respondents' primary and secondary disability types.

5. Primary and secondary disabilities (self-reported)

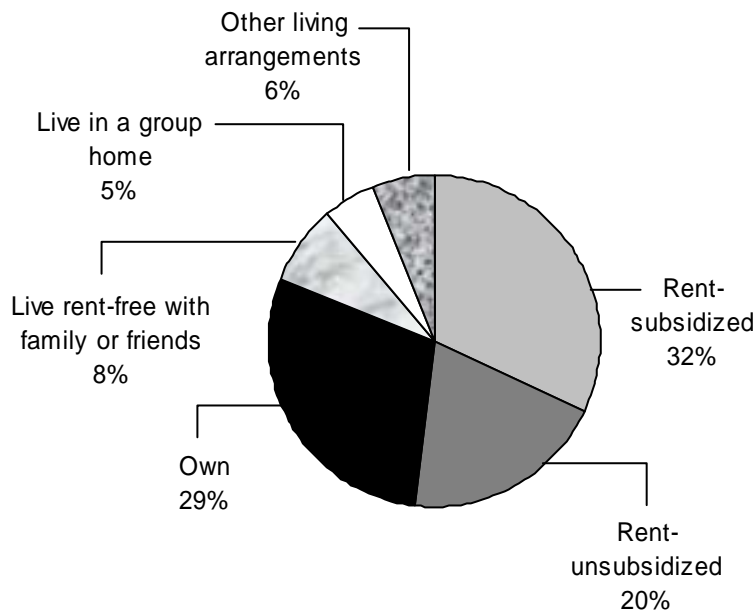
	Primary disability type (N=451)	Secondary disability type (N=238)
Mental health and chemical dependency	38%	24%
Physical disability and other health conditions	33%	59%
Developmental disability and cognitive impairments	27%	14%
Other	2%	3%
Total	100%	100%

Current living arrangements

Eighty-four percent of respondents live inside towns or cities and 16 percent live in rural areas. Over half (52%) of respondents rent their current housing and another 29 percent own their homes (see Figure 6). Homeownership of respondents is significantly related to if they live in rural or urban areas; 23 percent of respondents who live inside towns or cities own their homes compared to 59 percent of respondents who live in rural areas outside any town or city limits. In addition, living arrangements are related to the age of the respondent. Respondents who are age 18 to 40 are more likely than respondents who are age 41 or older to live rent-free with family members or friends (16% versus 5%, respectively) and less likely to own their own homes (21% versus 32%, respectively). Respondents whose disabilities or health conditions were present at birth are significantly less likely to own their homes compared to respondents whose disabilities or health conditions developed later in life (19% versus 33%, respectively). On the other hand, respondents whose disabilities or health conditions were present at birth are more likely to live rent-free with family members or friends compared to respondents whose disabilities or health conditions developed later in life (13% versus 6%, respectively).

Overall, 62 percent of respondents who rent their housing said their rent is subsidized and another 3 percent are on a waiting list for subsidized housing. Respondents with mental health diagnoses were more likely than respondents with other types of disabilities or health conditions to have their rent subsidized (70% versus 55%, respectively).

6. Current living arrangements (N=456)



Activities in the community: volunteering

Over one-quarter (28%) of respondents volunteer in their communities. The most common type of volunteering activities among these 127 respondents is church-related events (25%). Other types of volunteer activities include:

- Helping elderly people, volunteering at nursing homes (14%)
- Serving on boards (10%)
- Fundraising (8%)
- Helping at community centers (8%)
- Helping people with disabilities (4%)
- Disability awareness activities and public speaking (3%)
- Other activities mentioned by three or fewer consumers each (30%)

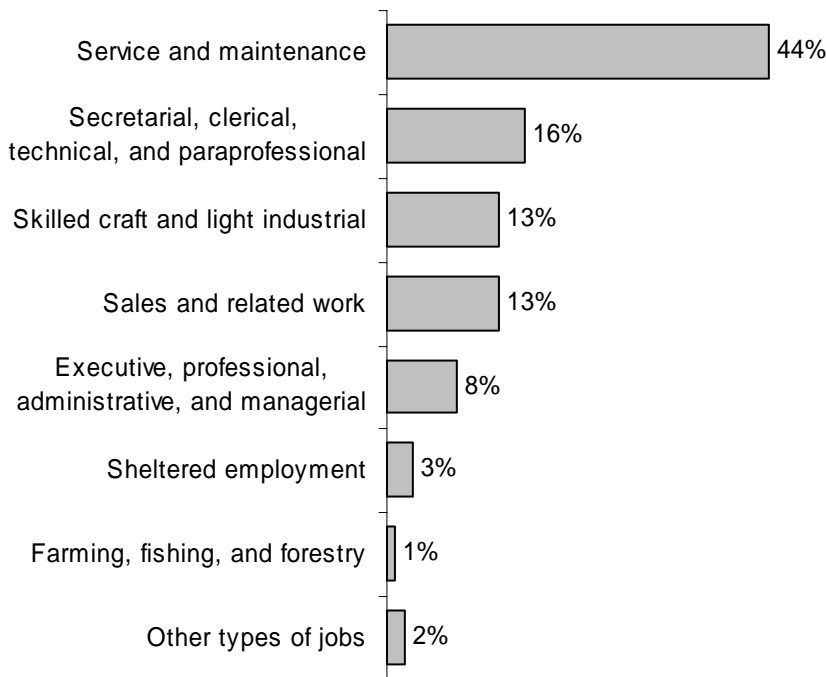
Half (51%) of these respondents spend five hours or less per month volunteering and another one-third (31%) spend 6 to 10 hours per month volunteering. Only 5 percent of these respondents spend more than 20 hours per month volunteering.

Survey results

Current employment status and job types

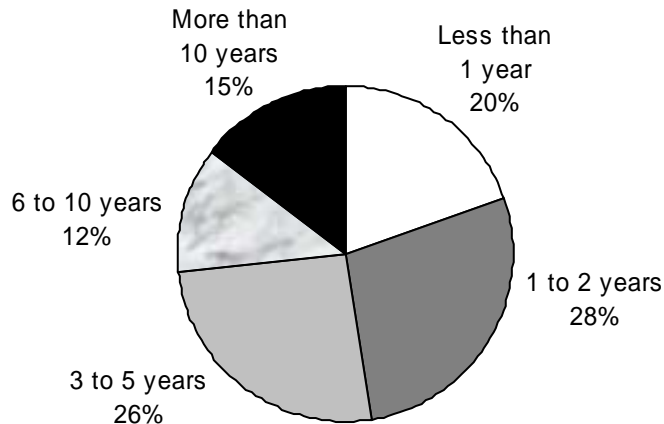
Most respondents (92%) are currently employed. Fourteen percent of employed respondents are self-employed. Respondents with some college or more education are nearly twice as likely to be self-employed compared to respondents with a high school education or less (18% versus 10%, respectively). Service and maintenance jobs are the most common job types for employed respondents (44%). The other job common types include secretarial, clerical, technical, paraprofessional, skilled craft, light industrial, and sales and related work (see Figure 7). When randomly selecting participants for this survey, attempts were made to remove all MA-EPD consumers who are employed in Day Training and Habilitation (DT&H), due to the fact that they are not competitively employed. Therefore, the percentage of respondents who are employed in sheltered workshops is much lower than it would be if most consumers who work in DT&H had not been removed from the sample.

7. Job types (N=418)



Over one-quarter (28%) of employed respondents have had their current jobs for one to two years and another one-quarter (26%) have had their jobs from three to five years. Fifteen percent of respondents have had their jobs for over 10 years (see Figure 8).

8. Length of time in current job of employed respondents (N=418)

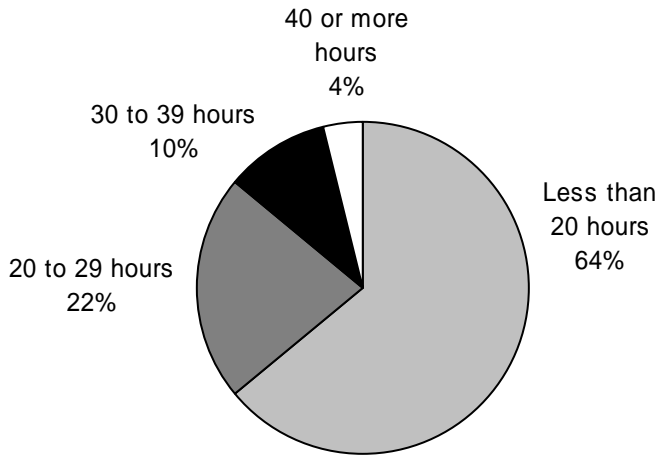


Number of hours MA-EPD consumers are currently working

Two-thirds (64%) of respondents said they work less than 20 hours per week, 22 percent work 20 to 29 hours per week, 10 percent work 30 to 39 hours per week, and only 4 percent work 40 or more hours per week (see Figure 9). Only 9 percent of respondents with some college or more education compared to 19 percent of respondents with a high school education or less work 30 or more hours per week. Respondents whose disabilities or health conditions were present at birth are more than twice as likely as respondents whose disabilities or health conditions developed later in life to be working 30 or more hours per week (25% versus 10%, respectively).

Most employed respondents (79%) feel they are working “about the right number of hours,” 13 percent feel they are working “too few hours,” and 9 percent feel they are working “too many hours.” The 54 respondents who said they are working “too few hours” were asked why they are not working more hours. The most common responses were not having enough hours due to their schedules being cut (57%), disability or health-related reasons (19%), and having to work a limited number of hours to stay eligible for their disability benefits (13%). Other reasons, mentioned by four or fewer respondents each, include: having a seasonal or on-call position, still being in school or wanting to go back to school, having too much housework, discrimination against people with disabilities, and being stressed out.

9. Number of hours per week employed respondents are currently working (N=416)

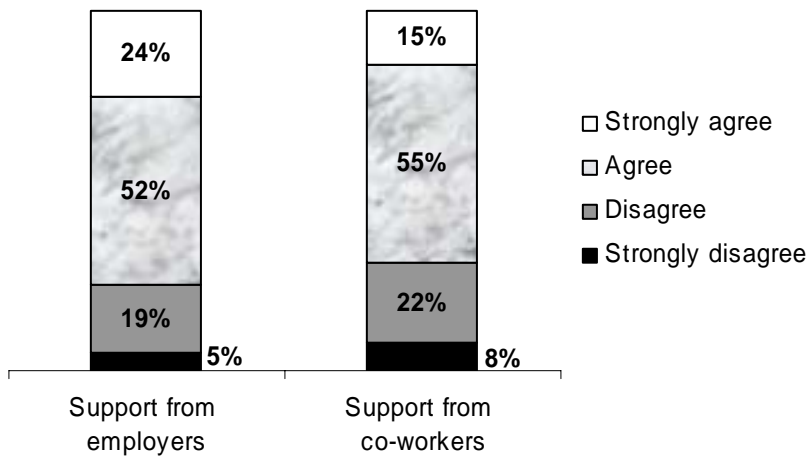


Support from employers & co-workers

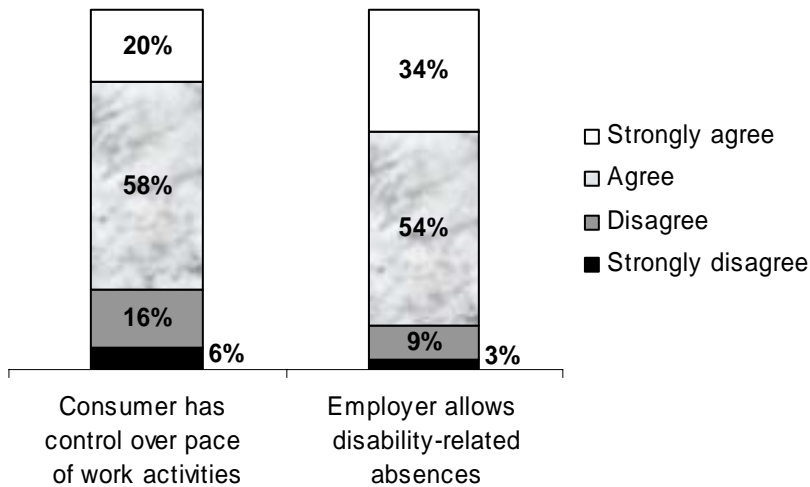
Most respondents (75%) “agree” or “strongly agree” that they have support from their employers if they need assistance. Furthermore, 70 percent of respondents “agree” or “strongly agree” that they have support from their co-workers if they need assistance (see Figure 10). Respondents with mental health diagnoses were somewhat less likely to “agree” or “strongly agree” that they have support from their employers compared to respondents with other disabilities or health conditions (70% versus 79%, respectively). Younger respondents (age 18 to 40) were somewhat more likely to “agree” or “strongly agree” that they have support from their co-workers compared to respondents age 41 or older (75% versus 68%, respectively).

When asked if they feel they have control over the pace of their work activities, 20 percent of respondents “strongly agree” and 58 percent “agree.” In addition, respondents with mental health diagnoses were less likely to “agree” or “strongly agree” that they have control over the pace of their work activities compared to respondents with other disabilities or health conditions (71% versus 83%, respectively). Most respondents (88%) “agree” or “strongly agree” that their employer allows them to take time off for disability-related reasons (see Figure 11).

10. Support from employers (N=408) and co-workers (N=359)



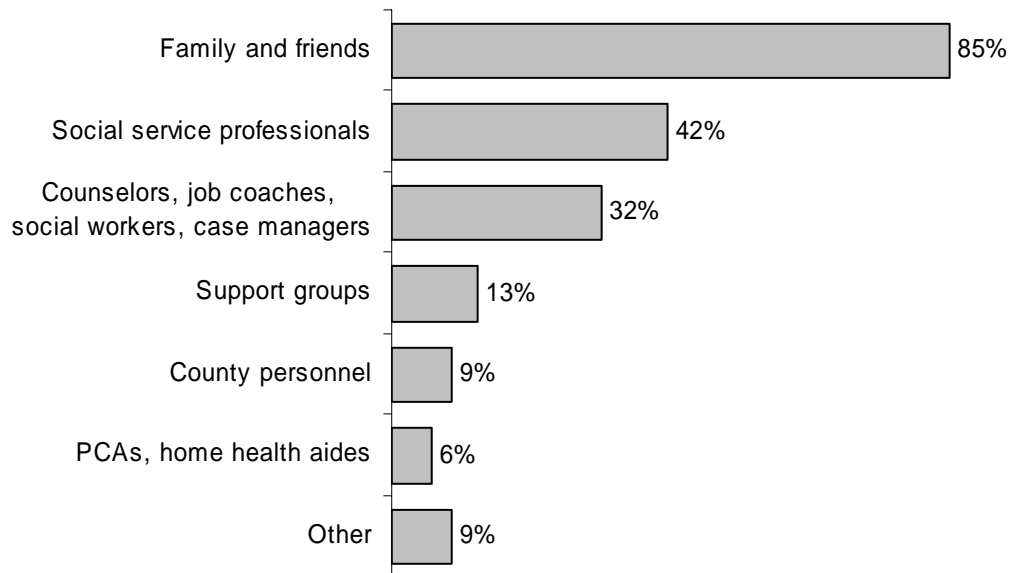
11. Control over the pace of work activities (N=444) and employers' allowances for disability-related absences (N=409)



Support from family & friends

Most respondents (85%) “agree” or “strongly agree” that they have support from their family and friends if they need assistance. Furthermore, 38 percent of respondents reported receiving assistance from others including: counselors, social workers, job coaches, case managers, doctors, nurses, human services professionals, support groups, county personnel, and staff at their housing programs (see Figure 12).

12. Sources of support* (N=451-452)



***Note:** The percent of respondents who reported receiving support from family and friends includes those who “agree” or “strongly agree” with this item on the survey. The other items included in this Figure were open-ended. Respondents were allowed to provide multiple responses, so totals do not add up to 100 percent.

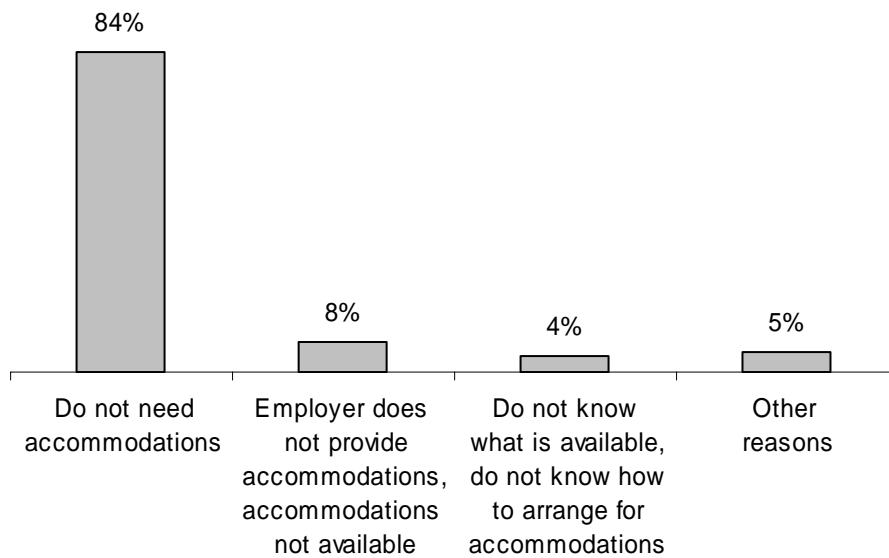
Disability accommodations in the workplace

Over one-quarter (28%) of respondents use disability accommodations or assistive technologies to help them do their jobs. One-third (33%) of respondents with some college or more education reported using disability accommodations in their jobs compared to 22 percent of respondents with a high school education or less.

Flexible work schedules were used by almost two-thirds (64%) of the respondents who reported using disability accommodations. Other frequently mentioned accommodations include modified work stations or equipment (13%), assistive technology (13%), canes or walkers (7%), and job coaches or other people to help with job duties (6%). In addition, other accommodations were mentioned by 11 percent of these respondents each, including extra time to do their job, disability parking stickers, and a van with a wheelchair ramp.

Respondents who do not use disability accommodations at work were asked why they do not use these assistive technologies or other accommodations. The most common reason, mentioned by 84 percent of these respondents, is that they do not need special accommodations to be able to do their jobs. This is probably related to the fact that most MA-EPD consumers have mental health or cognitive disabilities rather than physical disabilities. Eight percent of respondents who do not use accommodations said their employer does not provide accommodations or they are not otherwise available and 4 percent of respondents who do not use disability accommodations do not know how to get accommodations or do not know what would be available (see Figure 13).

13. Reasons why respondents do not use job accommodations (N=308)



Other health insurance coverage

Nearly two-thirds (65%) of respondents said they have other health insurance coverage in addition to Medical Assistance. Only 7 percent of these respondents reported that the insurance is through their employer. In fact, most (95%) of this other insurance coverage is through Medicare. Respondents with some college or higher levels of education are somewhat more likely to have other health insurance in addition to Medical Assistance compared to respondents with a high school education or less (70% versus 60%, respectively). Respondents who work 30 hours per week or more are less likely to have other health insurance besides Medical Assistance compared to respondents who work 29 hours per week or less (50% versus 67%, respectively).

Respondents who do not have health insurance coverage in addition to Medical Assistance were asked why they do not have other coverage. Forty percent of these respondents said they could not afford other coverage. In addition, 18 percent said they do not need any other coverage, 16 percent said they are not eligible for any other coverage, and 16 percent said other insurance coverage is not offered to them. Less than 10 percent each of respondents said they do not have insurance coverage in addition to Medical Assistance because they could not find other coverage or were not accepted into other insurance programs, they lost their other coverage when their job ended, they do not think they will be able to get other coverage or do not know of other available coverage, or other reasons.

Use of employment services

Less than one-quarter (21%) of respondents reported receiving supported employment services. Supported employment services is when a person is paid less than the regular wage for a job because they need support or help from others to complete their job duties due to their disability. Respondents who live in rural areas are less likely to receive supported employment services (10% of those who live outside any town or city limits versus 22% of respondents who live inside a town or city received these services). Respondents with lower levels of education (high school or less) are more than twice as likely to be receiving supported employment services compared to respondents with some college or more education (28% versus 11%, respectively). Thirty percent of respondents who are working 30 or more hours per week are receiving supported employment services compared to only 19 percent of respondents who are working 29 or fewer hours per week. Respondents whose disabilities or health conditions were present at birth are twice as likely to receive supported employment services compared to respondents whose disabilities or health conditions developed later in life (32% versus 16%, respectively).

Nearly half (47%) of respondents said they have received services from the Department of Employment and Economic Development's Vocational Rehabilitation program. Of those respondents who received services from Vocational Rehabilitation, over half (55%) said it helped them to find employment. Respondents who live in rural areas outside any town or city limits were less likely to have received services from Vocational Rehabilitation compared to respondents who live in urban areas (35% versus 49%, respectively). In addition, respondents with some college or more education are more likely to have received services from Vocational Rehabilitation compared to respondents with a high school education or less (59% versus 36%, respectively). Furthermore, respondents with mental health diagnoses were more likely to have received services from Vocational Rehabilitation compared to respondents with other types of disabilities or health conditions (54% versus 41%, respectively). Nearly half (49%) of respondents who work 29 hours per week or less compared to nearly one-third (31%) of respondents who work 30 hours per week or more have received services from Vocational Rehabilitation.

Over one-third (35%) of respondents reported using services other than Vocational Rehabilitation to help them find employment. The most frequently mentioned services (with the percent of respondents who reported using that service) include: private or public rehabilitation agencies (5%); Workforce Centers (Minnesota's general employment support program or one-stop service centers) (2%); unspecified employment services or agencies (2%); and other services or programs that were each mentioned by 1 percent or less of respondents (30%)

In addition, 15 percent of all respondents have received services from the Work Incentives Connection. The Work Incentives Connection provides benefits planning, assistance, and outreach to people with disabilities. They offer information about Social Security Disability Income (SSDI), Supplemental Security Income (SSI), MA-EPD, and the various work incentives that apply to these programs. Respondents with higher levels of education (some college or more) are more likely to have received services from the Work Incentives Connection compared to respondents with a high school education or less (18% versus 11%, respectively). Respondents with mental health diagnoses were also more likely to have received services from the Work Incentives Connection compared to respondents with other disabilities or health conditions (19% versus 12%, respectively).

Use of Personal Care Assistant (PCA) services at work

One of the goals of this survey was to look at the issue of Personal Care Assistant (PCA) services in the workplace and whether lack of these services is a barrier to employment. Overall, only 7 percent of MA-EPD consumers are recipients of PCA services paid for through MA. This is particularly startling when one of the target populations for the MA-EPD program is individuals who receive PCA services, but would lose the services if they went to work.

In further analysis of this area, only 4 percent of respondents reported using Personal Care Assistants (PCAs) at work. A majority (88%) of respondents who do not receive PCA services at work said it is because they do not need these types of services. On the other hand, 30 respondents (7%) said they do not use PCA services at work because they do not know how to sign up for PCA services and 15 respondents (4%) said they do not use PCA services at work because this service is not available.

When asked who pays for their PCA hours at work, seven respondents (47%) said that MA pays for their PCA hours, six respondents (35%) said their employer pays, four respondents (24%) said that Vocational Rehabilitation pays, and three respondents (17%) said they pay for their own PCA hours at work. (Note: These respondents were allowed to give multiple responses when asked who pays for their PCA hours at work, so these percentages do not add up to 100 percent.)

Of the respondents who use PCA services at work, nearly half (44%) get only one hour of PCA services per day. Another one-third (31%) receive PCA services for two to four hours per day. Only one-quarter (25%) of respondents who use PCA services at work receive five or more hours of service per day (the maximum is six hours). Most (90%) of the respondents who receive PCA services at work feel they are getting enough PCA hours at work.

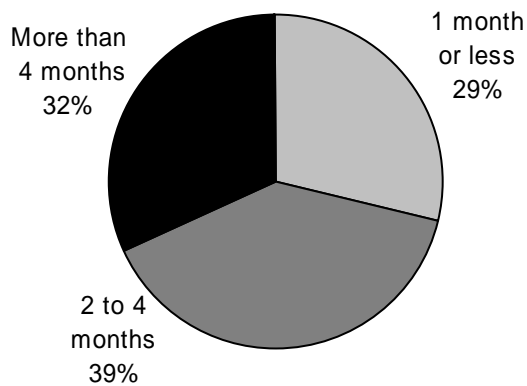
Two-thirds (67%) of the respondents who use PCA services at work reported that their PCAs help them with work-related tasks and one-half (50%) reported that their PCAs help them by driving them to or from work. Other PCA services provided to six or fewer respondents each are: help with eating or meal preparation (including help with feeding tubes), assistance using the restroom, assistance with health-related tasks (including catheters or colostomy bags), emotional support, personal hygiene, and help with problem-solving.

Barriers to working

Currently unemployed MA-EPD consumers

Of the 38 respondents surveyed who are not currently employed, 29 percent have been unemployed for one month or less, 39 percent have been unemployed for two to four months, and 32 percent have been unemployed for more than four months (see Figure 14). (While MA-EPD policy does allow people to stay eligible for the program for up to four months when they are not working because of a medical leave or loss of a job not due to job performance, there were 12 respondents who reported being unemployed for over four months at the time of the survey.) Of those respondents who are unemployed, the main reasons they reported for not having a job are disability or health problems (37%) and being fired or laid off (29%).

14. Length of unemployment for respondents who are currently unemployed (N=38)



Health-related barriers to working

Respondents were asked if they had any problems with their physical or mental health during the last year that had prevented them from working or prevented them from working as much as they were able. Forty-eight percent of respondents reported physical health problems and 30 percent reported mental health problems that had prevented them from working.

When asked to describe the specific physical health problems that had prevented them from working, the most common responses were: weakness, being tired, or fatigue (N=35); illness, headaches, flu, or fever (N=31); back problems (N=30); recent surgery or surgery complications (N=30); progression of an illness or condition (N=18); bone or joint problems, or arthritis (N=18); leg, knee, or foot pains or problems (N=17); injuries, such as car accidents or being hurt on the job (N=16); and other reasons mentioned by 10 or fewer respondents each (N=88).

When asked to describe the specific mental health problems that had prevented them from working, the most common responses were: depression, emotion, or mood (N=78); stress, anxiety, panic attacks, or nervous breakdown (N=32); psychosis or paranoia (N=30); memory or concentration (N=8); social phobia or agoraphobia (N=7); suicidal thoughts (N=7); and other reasons mentioned by fewer than five respondents each (N=11).

Not surprisingly, respondents with mental health diagnoses were less likely than respondents with other disabilities or health conditions to have experienced physical health problems during the last year that prevented them from working (41% versus 53%, respectively) and more likely to have experienced mental health problems during the last year that prevented them from working (54% versus 12%, respectively).

Fifty-eight percent of respondents with some college or more education experienced problems with their physical health during the last year that prevented them from working compared to 39 percent of respondents with a high school education or less. In addition, 42 percent of respondents with some college or more education compared to only 21 percent of respondents with a high school education or less experienced problems with their mental health during the last year that prevented them from working.

Respondents who work 30 or more hours per week were less likely to have experienced either physical health problems or mental health problems during the last year that have prevented them from working (32% and 15%, respectively) compared to respondents who work 29 hours per week or less (48% and 31%, respectively).

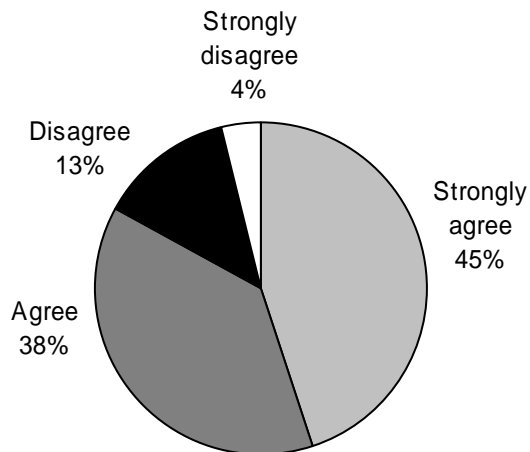
Respondents whose disabilities or health conditions were present at birth were significantly less likely than respondents whose disabilities or health conditions developed later in life to report either problems with their physical health (36% versus 52%, respectively) or problems with their mental health (21% versus 34%, respectively) that prevented them from working during the last year.

Work-limiting disabilities and health conditions

Nearly half of respondents (45%) “strongly agree” and 38 percent “agree” that their disability or health condition limits their ability to work (see Figure 15). Respondents with some college or more education were more likely to “agree” or “strongly agree” that their disability or health condition limits their ability to work compared to respondents with a high school education or less (88% versus 78%, respectively). Not surprisingly, 86 percent of respondents who work 29 hours per week or less compared to only 63 percent of respondents who work 30 or more hours per week “agree” or “strongly agree” that their disability or health condition limits their ability to work. In addition, 86 percent of respondents age 41 or older compared to only 73 percent of respondents age 18 to 40

“agree” or “strongly agree” that their disability or health condition limits their ability to work. Respondents whose disabilities or health conditions developed later in life were more likely to “agree” or “strongly agree” that their disability limits their ability to work compared to respondents whose disabilities or health conditions were present at birth (88% versus 70%, respectively).

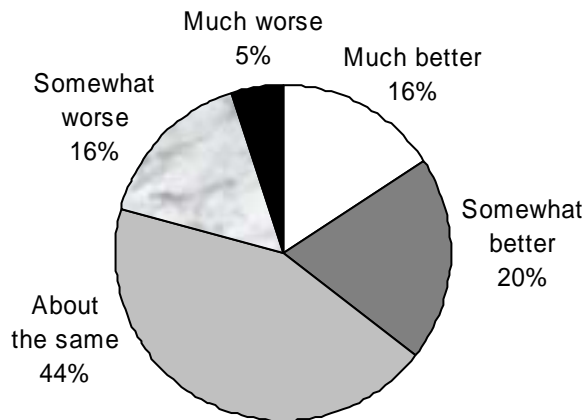
15. Participant responses to the question, “Do your disabilities or health conditions affect your ability to work?” (N=450)



Ratings of current health

Respondents were also asked to rate their overall health at the time of the survey compared to when they first started working. Sixteen percent of respondents said their health was “much better” at the time of the survey compared to when they started working and another 20 percent said their health was “somewhat better” at the time of the survey compared to when they started working. Almost half (44%) of respondents said their health was “about the same” at the time of the survey compared to when they started working. On the other hand, 16 percent of respondents said their health was “somewhat worse” and 5 percent said their health was “much worse” at the time of the survey compared to when they started working (see Figure 16).

16. Respondents' ratings of their overall health at the time of the survey compared to when they started working (N=451)



Respondents with some college or more education were nearly twice as likely to report a decline in their health (either “somewhat worse” or “much worse”) since they started working compared to respondents with a high school education or less (27% versus 15%, respectively). On the other hand, respondents with mental health diagnoses were nearly twice as likely as respondents with other disabilities or health conditions to report their health as “much better” or “somewhat better” at the time of the survey compared to when they started working (45% versus 27%, respectively). Respondents who work 30 or more hours per week were more likely to report improvements in their health compared to respondents who work 29 hours per week or less (44% versus 35% who said “somewhat worse” or “much worse,” respectively).

Those respondents who said their health was either “somewhat worse” or “much worse” at the time of the survey compared to when they started working were asked why their health has gotten worse. The most common responses, given by nearly half (48%) of these respondents, were related to progression of their pre-existing illness, disability, or condition since they started working. Another 18 percent of these respondents said they generally have many health problems and 13 percent reported new injuries or health problems that have occurred since they started working.

Transportation-related barriers to working

Modes of transportation

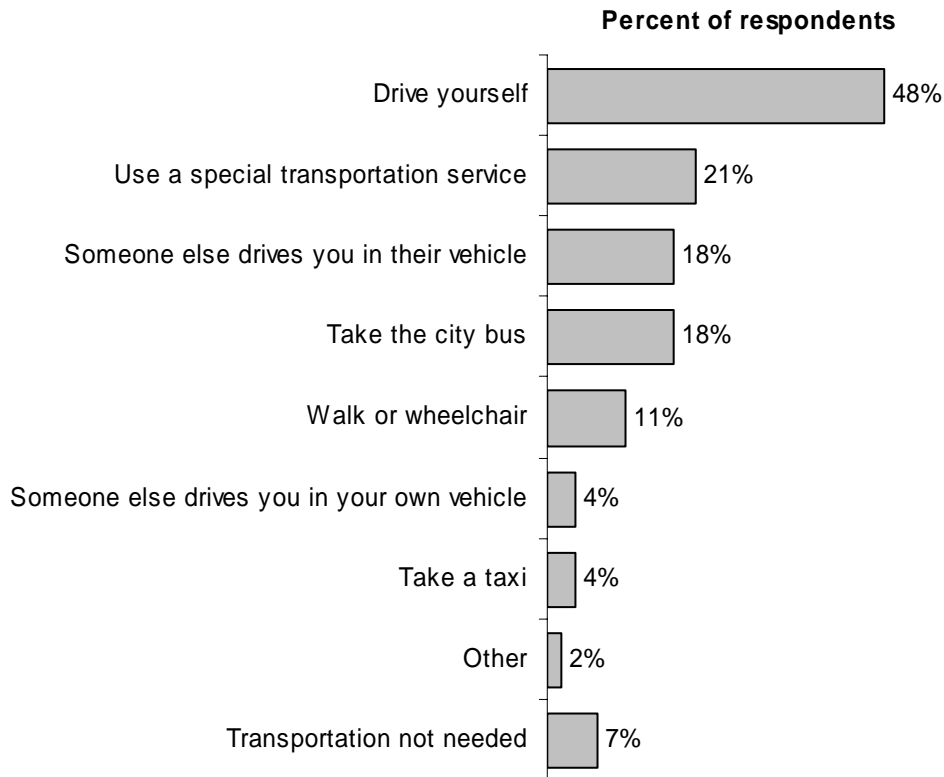
Respondents were asked how they usually get to work. Nearly half (48%) of respondents said they drive themselves to work, 21 percent use special transportation services for people with disabilities (Metro Mobility or other para-transit services), 18 percent said that someone else drives them to work in the other person's vehicle, and 18 percent take the city bus. Eleven percent of respondents walk to work or ride in a wheelchair. Less than 10 percent take taxis, get rides from someone else in a vehicle that they own, or use other forms of transportation. Seven percent of respondents reported that transportation is not needed for their job (e.g., if they are self-employed and work from home) (see Figure 17).

Respondents' means of transportation vary significantly depending on if they live in rural areas or inside towns or cities. Specifically, respondents who live in rural areas are more likely to drive themselves compared to respondents who live inside towns or cities (70% versus 43%, respectively) and to get rides from someone else in a vehicle they own (10% versus 3%, respectively). On the other hand, respondents who live in rural areas are less likely than respondents who live inside towns or cities to get a ride from someone else in the other person's vehicle (8% versus 20%, respectively), ride the city bus (7% versus 20%, respectively), or use special transportation services for people with disabilities (11% versus 23%, respectively).

The number of hours respondents work per week is related to the types of transportation they are likely to use. For example, 48 percent of respondents who work 29 hours per week or less compared to 32 percent of respondents who work 30 or more hours per week drive themselves to work. On the other hand, respondents who work 30 or more hours per week are more likely to get a ride to work in someone else's vehicle compared to respondents who work 29 hours per week or less (29% versus 18%, respectively) and to take the city bus (31% versus 16%, respectively).

Respondents whose disabilities or health conditions were present at birth are significantly less likely than respondents whose disabilities or health conditions developed later in life to drive themselves to work (28% versus 55%, respectively). On the other hand, respondents whose disabilities were present at birth are more likely than respondents whose disabilities or health conditions developed later in life to take the city bus (25% versus 15%, respectively), to use special transportation services for people with disabilities (30% versus 18%, respectively), and to take taxis to work (9% versus 3%, respectively).

17. Modes of transportation to work* (N=456)



***Note:** Respondents were allowed to give multiple responses, so percentages do not add up to 100 percent.

Affordability and accessibility of transportation to work

Two-thirds of respondents (66%) “agree” or “strongly agree” that they are able to afford their transportation costs in order to get to and from work. Fifteen percent of respondents “disagree” and 7 percent “strongly disagree” that they are able to afford their work transportation costs. (Note: 11 percent of respondents reported not having any transportation costs for work.)

Fourteen percent of respondents reported that they have been unable to work or to work as many hours as they were able during the last year due to problems with transportation. When asked to describe their specific transportation problem, the most common responses were mechanical breakdown or non-functioning vehicles (N=17), the bus strike³ (N=14), the

³ In winter of 2004, the Twin Cities area was affected by a Metro Transit strike that took nearly three weeks to resolve; all bus transportation was significantly affected during this time, which may have affected participants’ responses to these survey items.

inconvenience or lack of dependability associated with public transportation (N=11), bad weather (N=9), and not being able to afford transportation or a vehicle (N=6).

Surprisingly, respondents with some college or more education were more than twice as likely to have experienced problems with transportation during the last year that prevented them from working compared to respondents with a high school education or less (20% versus 9%, respectively).

Housing-related barriers to working

Most respondents (92%) feel that their current housing arrangements meet their needs. Of the respondents who reported that their housing *does not* meet their needs, the two main reasons were accessibility (32%) and affordability (24%). Furthermore, 15 percent of respondents “strongly agree” and 63 percent “agree” that they are able to afford their rent or mortgage payments each month. Only 9 percent of respondents “disagree” and 7 percent “strongly disagree” that they are able to afford their monthly housing costs. (Note: 6 percent of respondents reported not having any housing costs.)

When asked if they have been unable to work or unable to work as many hours as they were able during the last year due to problems with their housing, only 2 percent of respondents indicated that this had been an issue for them. Of these respondents, five said they had maintenance problems that prevented them from working, two said their housing rules limited when they could work, and one said their housing costs were too high so they had to turn down lower paying jobs. Seven of the eight respondents who experienced housing problems during the last year that prevented them from working have some college or more education; only one of these respondents has a high school education or less.

Finding out about the MA-EPD program

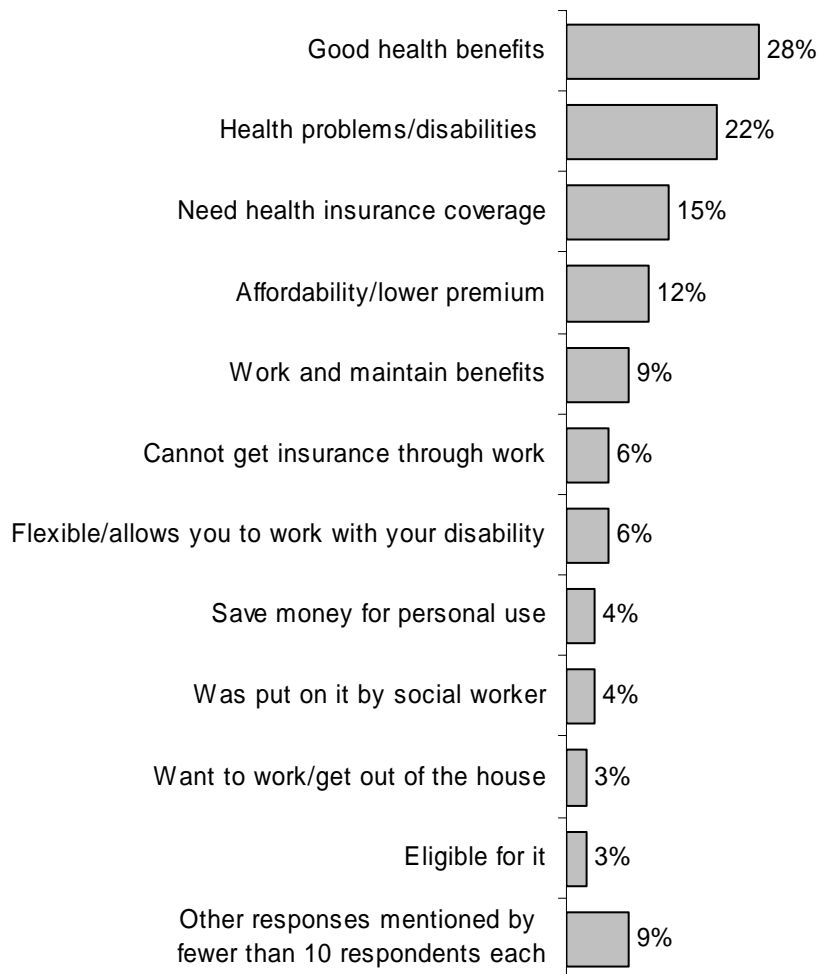
Nearly half (43%) of respondents said they first found out about the MA-EPD program through their case managers or service coordinators. Another one-quarter (25%) found out about the program through their county financial workers. Seven percent of respondents found out about the program through friends, family members, or co-workers and 4 percent heard about the MA-EPD program from a disability advocacy organization. Doctors, psychiatrists, and nurses helped 2 percent of respondents find the program and another 2 percent of respondents found the program on their own, through the newspaper, phone book, or the Internet. Less than one percent of respondents reported finding out about the MA-EPD program through the Work Incentives Connection. Sixteen percent of respondents said they found out about the MA-EPD program from other sources (mentioned by fewer than 10 respondents each).

White respondents were more likely to have heard about the MA-EPD program from their case managers or service coordinators compared to non-White respondents (43% versus 27%, respectively). In addition, White respondents were slightly more likely to have heard about the MA-EPD program from their county financial workers compared to non-White respondents (25% versus 20%, respectively). Non-White respondents were slightly more likely to have heard about the MA-EPD program through the Work Incentives Connection. These results suggest a need for more outreach to people of color, especially by county staff.

Reasons for being on the MA-EPD program

Respondents were asked “What is the main reason you are on the MA-EPD program?” The most common responses include: good health benefits or because it pays for medications (28%), because of the consumers’ health problems or disabilities (22%), need for health insurance coverage (15%), and the affordability or lower premium (12%) (see Figure 18).

18. Self-reported reasons for being on the MA-EPD program* (N=434)

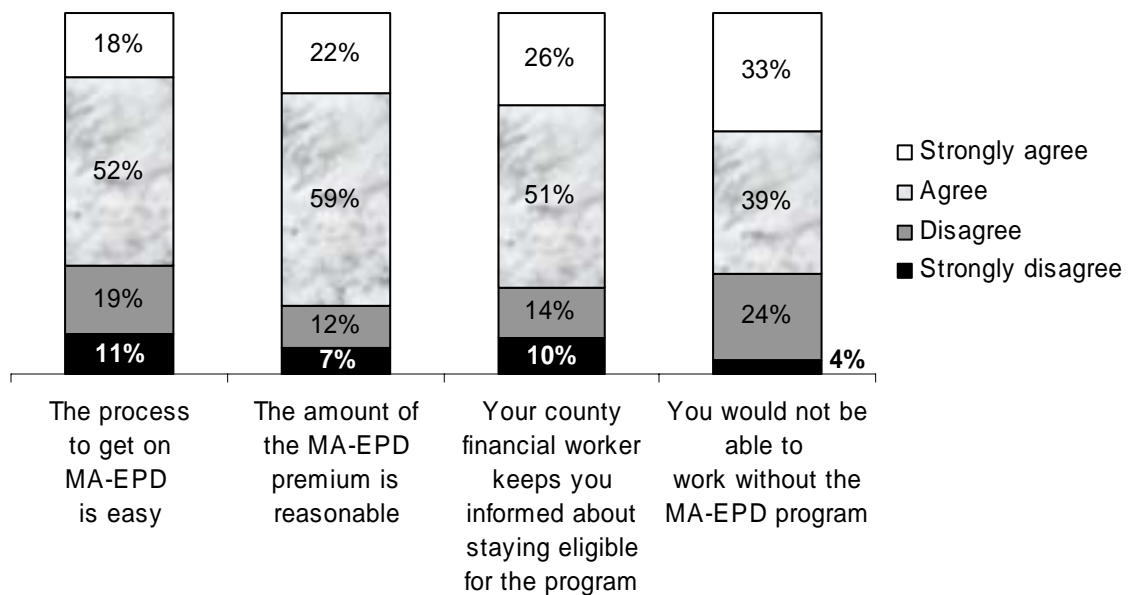


***Note:** Respondents were allowed to give multiple responses, so percentages do not add up to 100 percent.

Satisfaction with the MA-EPD program

Respondents were asked a series of questions about specific aspects of the MA-EPD program as it related to their satisfaction with the program and their ability to obtain the information they need to stay eligible for the program. They were allowed to respond to each item with the responses “strongly agree,” “agree,” “disagree,” or “strongly disagree.” In general, respondents appear to be satisfied with most aspects of the program. In fact, 72 percent of respondents “agree” or “strongly agree” that they would not be able to work without the MA-EPD program. Additionally, 81 percent of respondents “agree” or “strongly agree” that the amount of their MA-EPD premium is reasonable.⁴ Also, 77 percent “agree” or “strongly agree” that their county financial workers keep them informed about what they need to do to stay eligible for the MA-EPD program and 70 percent “agree” or “strongly agree” that the process they went through to get on the MA-EPD program was easy (see Figure 19).

19. Satisfaction with various aspects of the MA-EPD program (N=407-431)



⁴ Not included in the percentages above, 13 respondents responded to this question by saying that the amount of their premium was reasonable before the increase, but is not reasonable now. Most respondents received notification of a premium increase within a month of completing the survey, so caution should be used when interpreting these results.

Interestingly, non-White respondents were more likely to report that they would be unable to work without the MA-EPD program compared to White respondents (86% versus 72%, respectively, who “agree” or “strongly agree”). Also, respondents who work fewer hours (29 hours per week or less) are significantly more likely to “agree” or “strongly agree” that they would not be able to work without the MA-EPD program compared to respondents who work 30 or more hours per week (76% versus 51%, respectively). Finally, 77 percent of respondents who do not have other health insurance in addition to MA compared to 69 percent of respondents who do have other health insurance “agree” or “strongly agree” that they would not be able to work without the MA-EPD program.

Respondents with mental health diagnoses were slightly less likely to “agree” or “strongly agree” that the process they went through to get on the MA-EPD program was easy compared to respondents with other disabilities or health conditions (67% versus 73%, respectively).

Respondents were also asked to describe the best thing about the MA-EPD program. The most common response, mentioned by 40 percent of respondents, is related to better health care coverage or prescription drug coverage. Sixteen percent of respondents also mentioned benefits related to the affordability of the program or their ability to save money as a result of being on the program. Thirteen percent of respondents gave the general response that the MA-EPD program allows people with disabilities to work and maintain their health insurance benefits. Other frequent responses include: having insurance and feeling secure (7%), an increased sense of self-worth as a result of being productive (6%), and generally positive feeling about the MA-EPD program (4%). Some representative respondents’ comments follow:

“It allows people the opportunity to work without losing their medical benefits.”

“Without it, I would get a bigger chunk taken out of my Social Security. It is a lot more affordable and I can get out and work even for a couple of days. And I feel like I am contributing.”

“It gives me a sense of independence. Other people who are working need to pay their bills. I have health insurance and have to pay for it, so it gives me a sense of independence.”

“It pays for my medications. It would be \$343 a month without it. Instead I pay \$43 a month.”

“Prescription coverage. I don’t have to wait until I raise the money to get my prescriptions. I felt my life was in my hands and now the prescription coverage [provided through MA-EPD] has saved my life.”

“I guess the fact that I can go to the doctor anytime I need to and go to the dentist every six months and get my teeth checked and all for the price of \$17 per month. That is a good price for all that.”

“That is allows him to work to all his potential without having to think about the cap on what he could make to still receive services.” [proxy interview]

“I’m thankful that it’s there because through that I am able to receive my medication and I’d really be struggling to get it otherwise... I don’t want to see the day they call me up and say it doesn’t exist or I don’t qualify anymore because it would totally change my life.”

“I’m not afraid anymore about getting the medicine and the appointments I need to see the doctor for my depression. Otherwise, I’d be in really bad shape... MA-EPD has been a Godsend for me.”

“They handle all of the billing side of things so I don’t have a ton of paperwork to worry about. There is a ton of paperwork, being disabled. It is disgusting.”

“It covers bills that Medicare does not cover, especially when it comes to dental work.”

Working & quality of life

One of the goals of the MA-EPD consumer survey is to determine how working affects consumers’ quality of life. Consumers who participated in the survey were asked a series of questions about how working has affected various aspects of their lives. They were asked to “strongly agree,” “agree,” “disagree,” or “strongly disagree” with each item. The results indicate that these respondents have experienced improvements in their quality of life as a result of working. In fact, 97 percent of respondents “agree” or “strongly agree” that they feel better about themselves when they work, 92 percent “agree” or “strongly agree” that working allows them to give something back to the community, and 83 percent “agree” or “strongly agree” that working increases their available spending money for things above and beyond basic living expenses (see Figure 20).

20. How working has affected respondents’ quality of life: benefits

	Percent of respondents			
	Strongly agree	Agree	Disagree	Strongly disagree
You feel better about yourself when you work (N=451)	59%	38%	2%	1%
Working allows you an opportunity to give something back to your community (N=444)	45%	47%	8%	1%
Working increases your available spending money for things above and beyond basic living expenses (N=451)	33%	50%	14%	4%

Most respondents (97%) who work 30 hours or more per week compared to 81 percent of respondents who work 29 hours per week or less “agree” or “strongly agree” that working increases their available spending money. Respondents whose disabilities or health conditions were present at birth were also more likely to “agree” or “strongly agree” that working increases their available spending money compared to respondents whose disabilities or health conditions developed later in life (90% versus 80%, respectively).

On the other hand, 45 percent of respondents “agree” or “strongly agree” that it will be hard for them to re-qualify for Social Security disability benefits and 43 percent “agree” or “strongly agree” that they are concerned about losing their Social Security cash benefits as a result of working (see Figure 21).

Respondents who work 29 hours per week or less are slightly more likely than respondents who work 30 or more hours per week to be concerned that working will cause them to lose their Social Security cash benefits (43% versus 35% who “agree” or “strongly agree,” respectively). Respondents with lower levels of education (high school or less) were also more concerned that by working it will be difficult to re-qualify for Social Security disability benefits compared to respondents with some college or more education (46% versus 40%, respectively).

21. Respondents’ perceptions of how working may impact their Social Security benefits

	Percent of respondents			
	Strongly agree	Agree	Disagree	Strongly disagree
You are concerned that working will cause you to lose your Social Security cash benefits (N=417)	19%	24%	47%	10%
You believe that by working it will be difficult to re-qualify for Social Security disability benefits (N=388)	15%	29%	46%	9%

Need for additional services or supports

When asked specifically what they would change about the MA-EPD program, over one-third (35%) of respondents said they would not change anything about the MA-EPD program. Although most respondents appear to be satisfied with their participation in the MA-EPD program, there are several areas in which they feel they could use more support or assistance. First, over half (53%) of respondents said they would like more information about working and the health insurance benefits they may receive. In addition, 15 percent of respondents said they would lower premiums or make the program more affordable. Other suggestions for program improvements, given by 10 to 20 respondents each, include: making the enrollment process easier, less paper work, or less red tape; lower co-pays or no co-pays; eliminate the new changes on income requirements and prescription coverage; better communication between the program and consumers; be consistent or stop changing things; require less frequent assessments; and add dental insurance or better dental coverage.

Recommendations

Overall, respondents are satisfied with the MA-EPD program. It is operating as intended, in that it creates the opportunity to work for many people with disabilities who would not be able to work otherwise. The largest benefit of the program reported by respondents is the quality of the health care coverage they receive and the prescription drug benefits. In addition, the results of this survey indicate that the respondents' quality of life and ability to maintain gainful employment has improved as a result of their participation in the program. On the other hand, respondents did report some drawbacks of participating in the MA-EPD program, including being concerned about losing their Social Security cash benefits and being unable to re-qualify for Social Security disability benefits. The Department of Human Services should consider providing more referrals to benefits planning assistance services or providing additional information directly to MA-EPD consumers about how working will affect their Social Security and other benefits. In addition, the Department of Human Services should consider providing more general outreach to people with disabilities about the opportunities available for them to work while remaining eligible for their MA and Social Security benefits.

Two-thirds (65%) of respondents have health insurance coverage in addition to Medical Assistance, although only 7 percent of those respondents with additional insurance said it was through their employers. Most of this additional coverage is through Medicare. This is probably related to the fact that most MA-EPD consumers do not work enough hours to receive health insurance coverage through their employer. DHS policymakers may want to consider creating incentives for employers to ensure employees with disabilities working less than full-time. Also, many survey respondents said they did not have additional insurance coverage because it was too expensive. This could point to the need for county workers to explore whether it is cost-effective for DHS to pay consumers' premiums for private insurance as an alternative to MA.

A majority of respondents are currently employed, with most working in service and maintenance occupations. It appears as if most respondents who need disability accommodations in the workplace are currently receiving them. Very few respondents reported using Personal Care Assistants at work, mostly because they say they do not need this service. More MA-EPD outreach should be targeted to the population of PCA users, since an original target group for MA-EPD was PCA recipients.

Consumers of the MA-EPD program tend to have differing experiences based on their characteristics, such as type of disability, age, education level, race, and whether they live in rural or urban areas, including:

- Respondents with mental health conditions reported greater improvements in their health since they started working compared to respondents with physical, developmental, or cognitive disabilities or health conditions. This indicates that people with mental health conditions may be more likely to benefit from gainful employment (at least in terms of their health outcomes) than are individuals with cognitive, developmental, or physical disabilities or health conditions. In addition, respondents with mental health diagnoses are more likely to receive services from both Vocational Rehabilitation and the Work Incentives Connection compared to respondents with other types of disabilities or health conditions.
- Given the low number of people of color on the MA-EPD program, the Department of Human Services should consider doing specific outreach and marketing of the MA-EPD program to people of color. Counties should also focus on outreach to communities of color since most people find out about the MA-EPD program through county personnel and a low proportion of people of color who participated in the survey reported that they found out about the program through their county workers.
- Respondents who live in rural areas are less likely to receive supported employment services compared to respondents who live in urban areas. In addition, respondents who live in rural areas are more likely to drive themselves to work. This could be of concern since vehicle breakdown was the most frequently reported transportation-related barrier to working. On the other hand, respondents who live in urban areas are more likely to use public transportation, and the Twin Cities Metro Transit strike (in January and February 2004) was the second most frequently reported transportation-related barrier to working.
- Respondents with lower levels of education (high school or less) reported working more and wanting to work more compared to respondents with some college or more education. Respondents with lower levels of education were more likely to be receiving supported employment services, but less likely to be receiving services from Vocational Rehabilitation or the Work Incentives Connection compared to respondents with higher levels of education. Health-related barriers to working appear to be a more significant problem for respondents with some college or more education. Furthermore, transportation-related barriers to working appear to have a more significant affect on respondents with higher levels of education, too. In general, it appears as if respondents' satisfaction with the MA-EPD program and their

need for additional services to overcome barriers to employment is closely related to their level of education (which is also related to the number of hours they work per week and whether or not they have health insurance in addition to MA).

Because over half (52%) of respondents reported secondary disabilities, indicating a high prevalence of multiple disabilities and health conditions among this population, the Department of Human Services should recognize issues in attempting to categorize consumers into one disability category. These issues are most problematic in qualifying consumers for the various services and in analysis of consumers' outcomes. Since many consumers have multiple disability conditions, DHS should strive for a more holistic approach in the categorization of consumers into disability categories to ensure meeting their varying needs.

In general, it appears that respondents' disabilities or health conditions often pose a significant barrier to work. In fact, health-related barriers were far more commonly reported than other types of barriers, such as housing or transportation. Stress also contributes to consumers' health problems. This is suggested by the fact that respondents' most frequently reported physical health problems were weakness, being tired, and fatigue. Moreover, the second most commonly reported mental health problems were stress, anxiety, panic attacks, and nervous breakdown. To help reduce the transportation-related barriers to working that affect a small proportion of MA-EPD consumers, the program may wish to consider providing information about or referrals to special transportation services for people with disabilities and other transportation alternatives.

One concern expressed by respondents throughout the survey was the amount of their premiums and co-payments. Legislation was enacted in 2003 to require MA-EPD to be a true "buy-in" program and to address budget constraints. This policy change established a minimum premium requirement for all consumers in the month before surveying took place, which may have affected the frequency or intensity with which these issues were raised. On the other hand, most respondents did agree that the amount of their premium is reasonable. Consumers would likely benefit from any efforts to reduce their out-of-pocket expenses since, despite working, MA-EPD recipients are predominantly low-income individuals. This should be taken into consideration when policymakers have discussions about further increases in MA-EPD premiums.

In addition, more information is needed about creating incentives for disabled individuals to work. There is evidence from the survey that a significant proportion of MA-EPD consumers are concerned about losing their Social Security benefits, and that they may not be working as much as they are able due to concerns about losing Social Security Disability Income (SSDI) benefits. One possibility is to be an early implementation state for a program currently being demonstrated by the Social Security Administration.,

which would allow individuals with disabilities to keep \$1 of every \$2 that they earn. This project should be evaluated to determine the extent to which income incentives encourage individuals with disabilities to work or to work more hours.

Finally, we recommend that the Department of Human Services continue to evaluate program outcomes and process issues through regular surveys of a random sample of MA-EPD consumers. Overall, the methods used in this study appear to be effective means for identifying and interviewing a random sample of consumers. In addition, telephone surveys were appropriate and accessible for most consumers, as shown by the high response rate. The results of surveys like this can be generalized to the overall population of MA-EPD consumers and can give insight into ways in which program changes can affect the lives of all consumers.

Appendix

Disability categories

Survey instrument

Frequency tables

Open-ended responses

Disability categories

1. General mental health/mental illness

2. bipolar/manic depression
3. depression/dysthymia
4. anxiety/panic attacks
5. OCD/obsessive-compulsive
6. schizophrenia
7. schizoaffective/bipolar and schizophrenia
8. adjustment disorder
9. PTSD/post-traumatic stress
10. CD/alcoholic/addict
11. dissociative disorder
12. borderline personality
13. multiple personalities
14. cutting (self)
15. agoraphobia
16. anger management problems
17. social phobia

20. General physical disability/problem

21. spinal cord injury/paraplegic/quadruplegic
22. Multiple Sclerosis/MS
23. neurofibromatosis
24. circulatory/cardiac system/heart problems
25. cystic fibrosis
26. fibromyalgia
27. recent surgery/surgery complications
28. diabetes
29. muscular dystrophy
30. bone problems/arthritis/joint problems/replacements
31. other injury/car accident/hurt on the job/etc
32. pain disorders/headaches/migraines
33. epilepsy/seizures
34. cancer/tumors/leukemia
35. spina bifida

General physical disability/problem (continued)

- 36. chronic fatigue syndrome
- 37. narcolepsy
- 38. obesity
- 39. vision
- 40. polio
- 41. kidneys/renal problems
- 42. lungs/cardiopulmonary disease/COPD/emphysema/asthma
- 43. back (except spinal cord—see #21)/disc problems/scoliosis
- 44. hearing
- 45. lupus
- 46. spinal meningitis
- 47. thyroid problems
- 48. speech impediment
- 49. neuropathy

50. General cognitive impairment/developmental disability

- 51. mental retardation
- 52. TBI/traumatic brain injury/head injury/stroke
- 53. cerebral palsy
- 54. dyslexia/learning disability/can't read or write/slow learner
- 55. Asperger's Syndrome
- 56. Down's Syndrome
- 57. memory loss/dementia/no short term memory/ can't remember things
- 58. hydrocephalus
- 59. ADD/ADHD
- 60. Parkinson's
- 61. Autism

70. Other

-7. Refused

-8. Don't know/can't remember

Survey instrument

To begin, I have just a few general questions about you/<Person's name>.

Q1A What is your/<Person's name>'s current housing situation? Do you/<Person's name>...

- Own your own home,
- Rent,
- Live rent free with family members or friends,
- Live in a group home, or
- Have other living arrangements?
- DON'T KNOW
- REFUSED

Q1B Please describe your/<Person's name>'s living arrangements.

Q1C Is your/<Person's name>'s rent subsidized?

- Yes
- No
- DON'T KNOW
- REFUSED

Q1D Are you/<Person's name> on any waiting lists for subsidized housing?

- Yes
- No
- DON'T KNOW
- REFUSED

Q2A Does your/<Person's name>'s current housing situation meet your/<Person's name>'s needs?

- Yes
- No
- DON'T KNOW
- REFUSED

Q2B Why doesn't your/<Person's name>'s current housing situation meet your/<Person's name>'s needs?

Q3 Which of the following describes where you/<Person's name> live? Would you say it is...

- In a rural area outside of any town or city limits, or
- Inside a town or city?
- DON'T KNOW
- REFUSED

Q4 What is the highest grade or level of education you/<Person's name> have completed?

- Less than 7th grade
- 7th to 12th grade without a diploma
- High school diploma or GED
- Some college
- Vocational/technical training or a 2-year degree
- A 4-year college degree
- Graduate or professional school
- DON'T KNOW
- REFUSED

Q5A What do you consider to be your/<Person's name>'s primary disability?

(INTERVIEWER: IF YOU ARE UNSURE OF SPELLING, PLEASE ASK RESPONDENT/PROXY TO SPELL IT)

Q5B Which best describes how your/<Person's name>'s primary disability occurred? Would you say it was...

- Present at birth,
- Developed suddenly, for example, as the result of an injury,
- Developed gradually, for example, as the result of a progressive illness or condition, or
- Developed in another way?
- DON'T KNOW
- REFUSED

Q5C How did your/<Person's name>'s primary disability develop?

Q6A Do you/<Person's name> have a secondary disability?

- Yes
- No
- DON'T KNOW
- REFUSED

Q6B What do you consider to be your/<Person's name>'s secondary disability?

INTERVIEWER: IF YOU ARE UNSURE OF SPELLING, PLEASE ASK
RESPONDENT/PROXY

The following questions are about your/<Person's name>'s work history.

Q7A Are you/<Person's name> currently working?

- Yes
- No
- DON'T KNOW
- REFUSED

Q7AA How long have you/<Person's name> been unemployed?

INTERVIEWER: RECORD NUMBER OF MONTHS, IF LESS THAN ONE MONTH
RECORD AS "0"

Enter a value
_____ BETWEEN 0 AND 24
DON'T KNOW, REFUSED

Q7B What is the main reason you/<Person's name> are not working?

Q7C How long have you/<Person's name> worked at your/<Person's name>'s current job? Would you say...(READ ALL RESPONSES AND PICK ONE. IF R HAS MORE THAN ONE JOB ASK FOR THE JOB THEY HAVE WORKED AT THE LONGEST)

- Less than 1 year,
- 1 to 2 years,
- 3 to 5 years,
- 6 to 10 years, or
- More than 10 years?
- DON'T KNOW
- REFUSED

Q8 On average, how many hours do you/<Person's name> work per week? Would you say.. (READ RESPONSES AND PICK ONE. IF R HAS MORE THAN ONE JOB, INCLUDE THEIR HOURS FORM ALL JOBS)

- Less than 20 hours per week,
- 20 to 29 hours per week,
- 30 to 39 hours per week, or
- 40 or more hours per week?
- DON'T KNOW
- REFUSED

Q9A Do you/<Person's name> think that, in general, you/<Person's name> are working...

- Too few hours,
- About the right number of hours, or
- Too many hours?
- DON'T KNOW
- REFUSED

Q9B Why are not you/<Person's name> working more hours?

Q10 Are you/<Person's name> receiving supported employment services? AS
NEEDED: For this survey, supported employment is when a person is paid less
than the regular wage for a job because they need support or help from others to
complete their job duties due to their disability.

- Yes
- No
- DON'T KNOW
- REFUSED

Q11 Are you/<Person's name> self-employed? (IF R HAS MORE THAN ONE JOB,
ASK ABOUT THEIR MAIN JOB OR THE JOB THAT THEY WORK THE MOST
HOURS AT.)

- Yes
- No
- DON'T KNOW
- REFUSED

Q12 What type of work do you/<Person's name> do?(PROBES: What is your job title?
What kinds of things do you do at work? What is the name of the company you
work for?)(IF R HAS MORE THAN ONE JOB, ASK ABOUT THEIR MAIN JOB
OR THE JOB THAT THEY WORK THE MOST HOURS AT.)

Q13A Do you/<Person's name> volunteer in your/<Person's name>'s community? This
includes serving on boards, fundraising, working with church groups, working
with schools, and similar kinds of activities?

- Yes
- No
- DON'T KNOW
- REFUSED

Q13B About how many hours per month do you/<Person's name> spend volunteering?
Would you say...

- 5 hours or less per month,
- 6 to 10 hours per month,
- 11 to 15 hours per month,
- 16 to 20 hours per month,
- 21 to 30 hours per month, or
- More than 30 hours per month?
- DON'T KNOW
- REFUSED

Q13C Please describe the type of volunteering you/<Person's name> do.

The next questions are about employment resources.

Q14A Have you/<Person's name> ever received services from state vocational rehabilitation services? AS NEEDED: This program has also been called the Division of Rehabilitation Services or DRS and the Department of Vocational Rehabilitation or DVR. They provide rehab counselors to help with finding a job, going to school, and things like that. Everyone who uses these services receives an individualized rehab plan.

- Yes
- No
- DON'T KNOW
- REFUSED

Q14B Did they help you/<Person's name> find employment?

- Yes
- No
- DON'T KNOW
- REFUSED

Q15A Did you/<Person's name> receive services from other organizations or agencies in helping you/<Person's name> find employment? AS NEEDED: Agencies other than the state.

- Yes
- No
- DON'T KNOW
- REFUSED

Q15B What is the name of those agencies or organizations?

Q16A Have you/<Person's name> ever received services from the Work Incentive Connection such as telling you/<Person's name> about working and the benefits you/<Person's name> may receive? (PROBE: This is a service provided through the state vocational rehabilitation program. They help with things like SSDI and MA benefits analysis, providing information about benefits, and trainings about how working affects your benefits.)

- Yes
- No
- DON'T KNOW
- REFUSED

Q16B Would you/<Person's name> like more information about working and the benefits that you/<Person's name> may receive?

- Yes
- No
- DON'T KNOW
- REFUSED

Now I have some questions about health insurance coverage.

Q17A Do you/<Person's name> have other health insurance in addition to Medical Assistance (MA)?

- Yes
- No
- DON'T KNOW
- REFUSED

Q17B Is this insurance through...

- An employer, or
- From another source?
- DON'T KNOW
- REFUSED

Q17C Please describe your/<Person's name>'s other insurance besides Medical Assistance (MA) and the source (who you/<Person's name> get it from).

Q17D Why do you/<Person's name> not have other insurance coverage?

The next set of questions has to do with barriers or supports that affect your/<Person's name>'s ability to work. We want to know about your/<Person's name>'s experiences with some of these supports and services.

Q18A I am going to read a list of ways people may get to work. Please answer yes or no to each of the following. (READ RESPONSES)

(INTERVIEWER: FOR THIS QUESTION AND THE REMAINDER OF EMPLOYMENT RELATED QUESTIONS IN THIS SURVEY, IF R IS NOT CURRENTLY WORKING ASK THEM TO THINK ABOUT THE LAST JOB THAT THEY HAD OR THE LAST TIME THEY WERE WORKING.)

- 1) Do you/<Person's name> drive yourself
YES NO DK RF
- 2) Does someone else drive you/<Person's name> in a vehicle you own
YES NO DK RF
- 3) Does someone else drive you/<Person's name> in their vehicle
YES NO DK RF
- 4) Do you/<Person's name> take the city bus
YES NO DK RF
- 5) Do you/<Person's name> use a special transportation service for people with disabilities, like para-transit services or Metro Mobility
YES NO DK RF
- 6) Do you/<Person's name> car pool
YES NO DK RF
- 7) Do you/<Person's name> take a taxi
YES NO DK RF
- 8) Do you/<Person's name> have any other ways that you/<Person's name> get to work
YES NO DK RF

Q18B How do you/<Person's name> get to work?

Next, please tell me whether you strongly agree, agree, disagree, or strongly disagree with each of the following statements.

Q19 You/<Person's name> can afford to pay for your transportation costs to get to and from work. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- IF VOLUNTEERED: R does not have any transportation costs
- DON'T KNOW
- REFUSED

Q20 You/<Person's name> can afford to pay your rent or mortgage payment each month. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- IF VOLUNTEERED: R does not pay rent or mortgage payments
- DON'T KNOW
- REFUSED

Q21 You/<Person's name> have control over the pace of your work activities. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q22 Your/<Person's name>'s employer allows you/<Person's name> to take time off work for disability-related reasons. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

For the following questions, the word "support" includes emotional, financial, and material assistance, and any other types of support or assistance you/<Person's name> may receive.

Q23A If you/<Person's name> need assistance, you/<Person's name> have support from your/<Person's name>'s family and friends. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q23B If you/<Person's name> need assistance, you/<Person's name> have support from your employer. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q23C If you/<Person's name> need assistance, you/<Person's name> have support from your/<Person's name>'s co-workers. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- NOT APPLICABLE
- REFUSED

Q23D Do you/<Person's name> receive support from anyone else?

(INTERVIEWER: ONLY INCLUDE RESPONSES "OTHER" THAN THE PREVIOUS THREE QUESTIONS. DO NOT INCLUDE FRIENDS, FAMILY, EMPLOYER, OR CO-WORKERS AGAIN HERE.)

- Yes
- No
- DON'T KNOW
- REFUSED

Q23E Who else gives you/<Person's name> support?

Q24A Do you/<Person's name> use any disability accommodations to help you/<Person's name> do your/<Person's name>'s job? Job accommodations include things like assistive technology, screen readers, voice software, sign language interpreters, modified work stations, and flexible work schedules.

- Yes
- No
- DON'T KNOW
- REFUSED

Q24B Which assistive technologies or other accommodations does your/<Person's name>'s employer provide?

Q24C Why do you/<Person's name> not use any assistive technology or other accommodations?

Q25A In the past 12 months, have you/<Person's name> been unable to work, or unable to work as many hours as you/<Person's name> wanted due to problems with transportation?

- Yes
- No
- DON'T KNOW
- REFUSED

Q25B Please describe the problems you/<Person's name> have had with transportation that have prevented you/<Person's name> from working.

Q26A In the past 12 months, have you/<Person's name> been unable to work, or unable to work as many hours as you/<Person's name> wanted due to problems with your/<Person's name>'s housing?

- Yes
- No
- DON'T KNOW
- REFUSED

Q26B Please describe the problems you/<Person's name> have had with your/<Person's name>'s housing that have prevented you/<Person's name> from working.

Q27A In the past 12 months, have you/<Person's name> been unable to work, or unable to work as many hours as you/<Person's name> wanted due to problems with your/<Person's name>'s physical health?

- Yes
- No
- DON'T KNOW
- REFUSED

Q27B Please describe the physical health problems you/<Person's name> have had that have prevented you/<Person's name> from working.

Q28A In the past 12 months, have you/<Person's name> been unable to work, or unable to work as many hours as you/<Person's name> wanted due to problems with your/<Person's name>'s mental health?

- Yes
- No
- DON'T KNOW
- REFUSED

Q28B Please describe the mental health problems you/<Person's name> have had that have prevented you/<Person's name> from working.

Q29A In the past 12 months, have you/<Person's name> been unable to work, or unable to work as many hours as you/<Person's name> wanted due to problems with your/<Person's name>'s Personal Care Assistants (PCAs)?

- Yes
- No
- IF VOLUNTEERED: Does not have a PCA
- DON'T KNOW
- REFUSED

Q29B Please describe the problems you/<Person's name> have had with your Personal Care Assistants that have prevented you/<Person's name> from working.

Q30A Is there anything I have not asked you about that has caused you/<Person's name> to not be able to work or to not be able to work as much as you/<Person's name> would like during the past 12 months?

- Yes
- No
- DON'T KNOW
- REFUSED

Q30B Please describe the other problems you/<Person's name> have had that have prevented you/<Person's name> from working during the past 12 months.

Q31A Compared to when you/<Person's name> first started working under the MA-EPD program, how would you rate your/<Person's name>'s overall health at this time? Would you say it is...

- Much better than when you started working,
- Somewhat better than when you started working,
- About the same as when you started working,
- Somewhat worse than when you started working, or
- Much worse than when you started working?
- DON'T KNOW
- REFUSED

Q31B Why do you say that?

Q32 What is the main reason you/<Person's name> are on the MA-EPD program?

The next questions have to do with how work impacts your/<Person's name>'s life. We will be using the same rating scale as before. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements.

Q33A You/<Person's name> feel better about yourself when you/<Person's name> work. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q33B Working allows you/<Person's name> an opportunity to give something back to your/<Person's name>'s community. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q33C Working increases your/<Person's name>'s available spending money for things above and beyond your/<Person's name>'s basic living expenses. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q33D Your/<Person's name>'s disability or health condition limits your/<Person's name>'s ability to work. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q33E You/<Person's name> are concerned that working will cause you/<Person's name> to lose your/<Person's name>'s Social Security cash benefits. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- IF VOLUNTEERED: R does not receive Social Security cash benefits
- DON'T KNOW
- REFUSED

Q33F You/<Person's name> believe that by working, it will be difficult to re-qualify for Social Security disability benefits. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- IF VOLUNTEERED: R does not receive Social Security cash benefits or does not have to re-qualify
- DON'T KNOW
- REFUSED

The following questions are about working and the Medical Assistance for Employed Persons with Disabilities (MA-EPD) program. We will be using the same rating scale as before. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements.

Q34A The process you/<Person's name> went through to get on MA-EPD was easy. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q34B The amount of your/<Person's name>'s MA-EPD premium is reasonable. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- IF VOLUNTEERED: Premium was reasonable before the increase, the increase is not reasonable
- IF VOLUNTEERED: R does not have a premium
- DON'T KNOW
- REFUSED

Q34C Your/<Person's name>'s county financial worker keeps you/<Person's name> informed of what you/<Person's name> need to do to stay eligible for MA-EPD. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q34D You/<Person's name> would not be able to work without the MA-EPD program. Do you...

- Strongly agree,
- Agree,
- Disagree, or
- Strongly disagree?
- DON'T KNOW
- REFUSED

Q34E How did you/<Person's name> first find out about the MA-EPD program? Was it from..

(READ RESPONSE OPTIONS AND PICK ONE. IF R REPORTS MULTIPLE SOURCES, PROBE TO FIND THE FIRST PLACE THEY HEARD ABOUT THE PROGRAM.)

- A county financial worker,
- Your/<Person's name>'s case manager or service coordinator,
- A disability advocacy organization,
- A friend, family member, or co-worker,
- The Work Incentive Connection, or
- Another source?
- DON'T KNOW
- REFUSED

Q34F Please describe how you/<Person's name> found out about the MA-EPD program.

Q35 What is the one best thing about the MA-EPD program?

Q36 If you/<Person's name> could change only one thing about the MA-EPD program, what would that one thing be?

The last few questions are about your/<Person's name>'s use of personal care assistants (PCAs) at work. In these questions, a PCA is anyone who is paid to help you/<Person's name> with your/<Person's name>'s job duties. The PCA hours may be covered through your/<Person's name>'s regular PCA hours, your employer may pay for them, or they may be covered through another source.

Q37 Do you/<Person's name> use a PCA at work?

- Yes
- No
- DON'T KNOW
- REFUSED

Q38 What are reasons why you/<Person's name> are not getting PCA services at work?

Q39 On average, how many hours a day does your/<Person's name>'s PCA help you/<Person's name> at work? (ROUND RESPONSES TO NEAREST HOUR)

Enter a value

_____ BETWEEN 1 AND 24
DON'T KNOW, REFUSED

Q40 What types of assistance does your/<Person's name>'s PCA provide for you/<Person's name> at work? What about...

- 1) Assistance using the restroom,
YES NO DK RF
- 2) Work-related tasks, including filing, typing, etc,
YES NO DK RF
- 3) Helping you/<Person's name> with eating or meal preparation, including help with feeding tubes,
YES NO DK RF
- 4) Driving you/<Person's name> to or from work,
YES NO DK RF
- 5) Health-related tasks, for example helping with catheters or colostomy bags, or
YES NO DK RF
- 6) Any other tasks?
YES NO DK RF

Q40B Please describe the other tasks your/<Person's name>'s PCA helps you/<Person's name> with.

Q41 Do you/<Person's name> feel you/<Person's name> are getting enough PCA hours at work?

- Yes
 No
 DON'T KNOW
 REFUSED

Q42A Who pays for your/<Person's name>'s PCA hours at work?

- 1) You/<Person's name> pay
YES NO DK RF
- 2) Vocational rehabilitation pays
YES NO DK RF
- 3) Your/<Person's name>'s employer pays
YES NO DK RF
- 4) Medical Assistance pays through your/<Person's name>'s PCA hours
YES NO DK RF
- 5) Another source pays for your/<Person's name>'s PCA hours at work
YES NO DK RF

Q42F Please describe who else pays for your/<Person's name>'s PCA hours at work.

Q43A Is there anything else you would like to tell us about your/<Person's name>'s PCA services as it relates to working?

- Yes
- No
- DON'T KNOW
- REFUSED

Q43B What would you like to say about your/<Person's name>'s PCA services at work?

Q45 Is there anything we talked about today that you would like someone from the Department of Human Services to follow up on with you?

- Yes
- No

Q46 What is that you would like someone from the Department of Human Services to follow up on with you?

Thank you for taking the time to complete the survey. If you have any questions you may contact Linda Wolford at the Minnesota Department of Human Services by phone at 651-582-1152 or by email at linda.wolford@state.mn.us. You can also go to their Website at www.dhs.state.mn.us if you have any questions or to learn more about the MA-EPD program. The results of this survey will be posted on the DHS Website.

We really appreciate your help with this important study. Thank you, goodbye.

Frequency tables

A1. What is your current housing situation?

	Number	Percent
Own your own home	131	29%
Rent	235	52%
Live rent-free with family members or friends	38	8%
Live in a group home	23	5%
Have other living arrangements	29	6%
Total	456	100%

A2. Is your rent subsidized?*

	Number	Percent
Yes	143	62%
No	88	38%
Total	231	100%

***Note:** This question was only asked of consumers who are renters.

A3. Are you on any waiting lists for subsidized housing?*

	Number	Percent
Yes	15	8%
No	164	92%
Total	179	100%

***Note:** This question was only asked of consumers who are unsubsidized renters.

A4. Does your current housing situation meet your needs?

	Number	Percent
Yes	418	92%
No	37	8%
Total	455	100%

A5. Which of the following describes where you live?

	Number	Percent
In a rural area outside of any town or city limits	71	16%
Inside a town or city	384	84%
Total	455	100%

A6. What is the highest grade or level of school you have completed?

	Number	Percent
Less than 7th grade	15	3%
7th through 12th grade without a diploma	41	9%
High school diploma or GED	183	41%
Some college	77	17%
Vocational/technical training or a 2-year degree	69	15%
A 4-year college degree	47	11%
Graduate or professional school	16	4%
Total	448	100%

A7. What do you consider to be your primary disability?

	Number	Percent
General mental health/mental illness	171	38%
General physical disability/problem	151	33%
General cognitive impairment/developmental disability	122	27%
Other	7	2%
Total	451	100%

A8. Which best describes how your primary disability occurred?

	Number	Percent
Present at birth	128	29%
Developed suddenly	117	27%
Developed gradually	172	39%
Developed in another way	22	5%
Total	439	100%

A9. Do you have a secondary disability?

	Number	Percent
Yes	239	53%
No	211	47%
Total	450	100%

A10. What do you consider to be your secondary disability?

	Number	Percent
General mental health/mental illness	56	24%
General physical disability/problem	140	59%
General cognitive impairment/developmental disability	34	14%
Other	8	3%
Total	238	100%

A11. Are you currently working?

	Number	Percent
Yes	418	92%
No	38	8%
Total	456	100%

A12. How long have you been unemployed? (In months)

	Number	Percent
1 month or less	11	29%
2 to 6 months	19	50%
7 to 12 months	5	13%
1 to 2 years	3	8%
Total	38	100%

A13. How long have you worked at your current job?

	Number	Percent*
Less than 1 year	84	20%
1 to 2 years	115	28%
3 to 5 years	108	26%
6 to 10 years	48	12%
More than 10 years	63	15%
Total	418	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A14. On average, how many hours do you work per week?

	Number	Percent
Less than 20 hours per week	267	64%
20 to 29 hours per week	90	22%
30 to 39 hours per week	43	10%
40 or more hours per week	16	4%
Total	416	100%

A15. Do you think that, in general, you are working...*

	Number	Percent
Too few hours	54	13%
About the right number of hours	325	79%
Too many hours	35	9%
Total	414	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A16. Are you receiving supported employment services?*

	Number	Percent**
Yes	84	21%
No	325	80%
Total	409	101%

***Note:** This question was only asked of employed consumers.

****Note:** Totals do not add up to 100 percent due to rounding.

A17. Are you self-employed?*

	Number	Percent
Yes	58	14%
No	359	86%
Total	417	100%

***Note:** This question was only asked of employed consumers.

A18. What type of work do you do?

	Number	Percent
Executive, professional, administrative, managerial	33	8%
Secretarial, clerical, technical, paraprofessional	65	16%
Skilled craft, light industrial	54	13%
Services, maintenance	184	44%
Sales and related work	54	13%
Farming, fishing, forestry	5	1%
Sheltered employment	13	3%
Other	10	2%
Total	418	100%

A19. Do you volunteer in your community?

	Number	Percent
Yes	128	28%
No	328	72%
Total	456	100%

A20. About how many hours per month do you spend volunteering?*

	Number	Percent
5 hours or less per month	64	51%
6 to 10 hours per month	39	31%
11 to 15 hours per month	12	10%
16 to 20 hours per month	5	4%
21 to 30 hours per month	3	2%
More than 30 hours per month	3	2%
Total	126	100%

***Note:** This question was only asked of consumers who volunteer.

A21. Have you ever received services from state vocational rehabilitation services?

	Number	Percent
Yes	205	47%
No	230	53%
Total	435	100%

A22. Did they help you find employment?*

	Number	Percent
Yes	113	55%
No	91	45%
Total	204	100%

***Note:** This question was only asked of consumers who have received services from vocational rehabilitation.

A23. Did you receive services from other organizations or agencies in helping you find employment?

	Number	Percent
Yes	157	35%
No	287	65%
Total	444	100%

A24. Have you ever received services from the Work Incentive Connection such as telling you about working and the benefits you may receive?

	Number	Percent
Yes	64	15%
No	374	85%
Total	438	100%

A25. Would you like more information about working and the benefits you may receive?*

	Number	Percent
Yes	193	53%
No	174	47%
Total	367	100%

***Note:** This question was only asked of consumers who have not received services from the Work Incentive Connection.

A26. Do you have other health insurance in addition to Medical Assistance (MA)?

	Number	Percent
Yes	292	65%
No	160	35%
Total	452	100%

A27. Is this insurance through...*

	Number	Percent**
An employer	19	7%
From another source	273	94%
Total	292	101%

***Note:** This question was only asked of consumers who have health insurance in addition to MA.

****Note:** Totals do not add up to 100 percent due to rounding.

A28. How do you usually get to work?*

	Number	Percent
Drive yourself	217	48%
Someone else drives in a vehicle you own	17	4%
Someone else drives in their vehicle	82	18%
Take the city bus	81	18%
Use a special transportation service for people with disabilities, like para-transit services or Metro Mobility	97	21%
Car pool	3	1%
Take a taxi	20	4%
Other	91	20%

***Note:** Consumers were allowed to provide multiple responses so totals do not add up to 100 percent.

A29. You are able to afford to pay for your transportation costs to get to and from work.

	Number	Percent
Strongly agree	70	16%
Agree	227	51%
Disagree	69	15%
Strongly disagree	32	7%
IF VOLUNTEERED: R does not have any transportation costs	51	11%
Total	449	100%

A30. You are able to afford to pay your rent or mortgage payment each month.

	Number	Percent
Strongly agree	69	15%
Agree	285	63%
Disagree	39	9%
Strongly disagree	32	7%
IF VOLUNTEERED: R does not pay rent or mortgage payments	28	6%
Total	453	100%

A31. You have control over the pace of your work activities.

	Number	Percent
Strongly agree	88	20%
Agree	258	58%
Disagree	70	16%
Strongly disagree	28	6%
Total	444	100%

A32. Your employer allows you to take time off work for disability-related reasons.

	Number	Percent
Strongly agree	140	34%
Agree	219	54%
Disagree	36	9%
Strongly disagree	14	3%
Total	409	100%

A33. If you need assistance, you have support from family and friends.

	Number	Percent
Strongly agree	192	43%
Agree	191	42%
Disagree	51	11%
Strongly disagree	17	4%
Total	451	100%

A34. If you need assistance, you have support from your employer.

	Number	Percent
Strongly agree	96	24%
Agree	211	52%
Disagree	79	19%
Strongly disagree	22	5%
Total	408	100%

A35. If you need assistance, you have support from your co-workers.

	Number	Percent
Strongly agree	53	15%
Agree	199	55%
Disagree	78	22%
Strongly disagree	29	8%
Total	359	100%

A36. Do you receive support from anyone else?

	Number	Percent
Yes	172	38%
No	280	62%
Total	452	100%

A37. Do you use any disability accommodations to help you do your job?

	Number	Percent
Yes	124	28%
No	321	72%
Total	445	100%

A38. In the past 12 months, have you been unable to work or unable to work as many hours as you wanted, due to problems with transportation?

	Number	Percent
Yes	64	14%
No	388	86%
Total	452	100%

A39. In the past 12 months, have you been unable to work or unable to work as many hours as you wanted, due to problems with your housing?

	Number	Percent
Yes	8	2%
No	444	98%
Total	452	100%

A40. In the past 12 months, have you been unable to work or unable to work as many hours as you wanted, due to problems with your physical health?

	Number	Percent
Yes	215	48%
No	237	52%
Total	452	100%

A41. In the past 12 months, have you been unable to work or unable to work as many hours as you wanted, due to problems with your mental health?

	Number	Percent
Yes	137	30%
No	315	70%
Total	452	100%

A42. In the past 12 months, have you been unable to work or unable to work as many hours as you wanted, due to problems with your Personal Care Assistant (PCA) services?

	Number	Percent
Yes	5	1%
No	310	69%
IF VOLUNTEERED: Does not have a PCA	136	30%
Total	451	100%

A43. Is there anything I have not asked you about that has caused you to not be able to work or to not be able to work as much as you would like, during the past 12 months?

	Number	Percent
Yes	64	14%
No	388	86%
Total	452	100%

A44. Compared to when you first started working under the MA-EPD program, how would you rate your overall health at this time?

	Number	Percent*
Much better than when you started working	71	16%
Somewhat better than when you started working	88	20%
About the same as when you started working	197	44%
Somewhat worse than when you started working	72	16%
Much worse than when you started working	23	5%
Total	451	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A45. You feel better about yourself when you work

	Number	Percent
Strongly agree	266	59%
Agree	173	38%
Disagree	9	2%
Strongly disagree	3	1%
Total	451	100%

A46. Working allows you an opportunity to give something back to your community.

	Number	Percent*
Strongly agree	198	45%
Agree	208	47%
Disagree	36	8%
Strongly disagree	2	1%
Total	444	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A47. Working increases your available spending money for things above and beyond your basic living expenses.

	Number	Percent*
Strongly agree	148	33%
Agree	226	50%
Disagree	61	14%
Strongly disagree	16	4%
Total	451	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A48. Your disability or health condition limits your ability to work.

	Number	Percent
Strongly agree	202	45%
Agree	171	38%
Disagree	60	13%
Strongly disagree	17	4%
Total	450	100%

A49. You are concerned that working will cause you to lose your Social Security cash benefits.

	Number	Percent*
Strongly agree	81	19%
Agree	99	23%
Disagree	195	45%
Strongly disagree	42	10%
IF VOLUNTEERED: R does not receive Social Security cash benefits	17	4%
Total	434	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A50. You believe that by working, it will be difficult to re-qualify for Social Security disability benefits.

	Number	Percent
Strongly agree	60	15%
Agree	114	28%
Disagree	179	44%
Strongly disagree	35	9%
IF VOLUNTEERED: R does not receive Social Security disability benefits	18	4%
Total	406	100%

A51. The process you went through to get on MA-EPD was easy.

	Number	Percent
Strongly agree	75	18%
Agree	212	52%
Disagree	76	19%
Strongly disagree	44	11%
Total	407	100%

A52. The amount of your MA-EPD premium is reasonable.

	Number	Percent
Strongly agree	93	21%
Agree	250	57%
Disagree	50	11%
Strongly disagree	31	7%
IF VOLUNTEERED: Premium was reasonable before the increase but is not reasonable now	13	3%
IF VOLUNTEERED: R does not have a premium	3	1%
Total	440	100%

A53. Your county financial worker keeps you informed of what you need to do to stay eligible for MA-EPD.

	Number	Percent*
Strongly agree	111	26%
Agree	219	51%
Disagree	60	14%
Strongly disagree	41	10%
Total	431	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A54. You would not be able to work without the MA-EPD program.

	Number	Percent
Strongly agree	136	33%
Agree	163	39%
Disagree	100	24%
Strongly disagree	16	4%
Total	415	100%

A55. How did you first find out about the MA-EPD program?

	Number	Percent*
A county financial worker	107	25%
Your case manager or service coordinator	183	43%
A disability advocacy organization	19	4%
A friend, family member, or co-worker	29	7%
The Work Incentive Connection	3	1%
Another source	89	21%
Total	430	101%

***Note:** Totals do not add up to 100 percent due to rounding.

A56. Do you use a PCA at work?

	Number	Percent
Yes	18	4%
No	437	96%
Total	455	100%

A57. On average, how many hours a day does your PCA help you at work?*

	Number	Percent
1	7	44%
2	3	19%
3	1	6%
4	1	6%
5	3	19%
6	1	6%
Total	16	100%

***Note:** This question was only asked of consumers who use PCA services at work.

A58. What types of assistance does your PCA provide for you at work?*

	Number	Percent
Assistance using the restroom	5	28%
Work-related tasks, including filing, typing, etc.	12	67%
Helping you with eating or meal preparation, including help with feeding tubes	6	33%
Driving you to or from work	9	50%
Health-related tasks, for example helping with catheters or colostomy bags	3	17%
Other tasks	9	50%

***Note:** This question was only asked of consumers who use PCA services at work. Consumers were allowed to provide multiple responses so totals do not add up to 100 percent.

A59. Do you feel you are getting enough PCA hours at work?*

	Number	Percent
Yes	16	89%
No	2	11%
Total	18	100%

***Note:** This question was only asked of consumers who use PCA services at work.

A60. Who pays for your PCA hours at work?*

	Number	Percent
You pay	3	17%
Vocational rehabilitation pays	4	24%
Your employer pays	6	35%
Medical Assistance pays through your PCA hours	7	47%
Another source pays for your PCA hours at work	3	20%

***Note:** This question was only asked of consumers who use PCA services at work.

A61. Is there anything else you would like to tell us about your PCA services as it relates to working?*

	Number	Percent
Yes	7	39%
No	11	61%
Total	18	100%

***Note:** This question was only asked of consumers who use PCA services at work.

A62. Is there anything we talked about today that you would like someone from the Department of Human Services to follow up on with you?

	Number	Percent
Yes	92	20%
No	364	80%
Total	456	100%

Open-ended responses