

Medicaid for Employed People with Disabilities: A Client Profile and Program Evaluation

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Executive Summary

The Medicaid for Employed People with Disabilities (MEPD) eligibility group is administered by the Iowa Department of Human Services (DHS) to provide health insurance coverage to working disabled people who would not otherwise have access to health coverage while working. The program seeks to provide incentives for disabled people to begin to work or to increase their hours of work, and also to increase the earned income of enrollees. The MEPD program has an advisory committee made up of consumers and policy makers who provide input and advise on refining the program to achieve these goals.

In the spring of 2004, work began on a client evaluation of MEPD funded by a federal Medicaid Infrastructure Grant. With input from the MEPD Advisory Committee and other policy makers, the DHS Division of Results Based Accountability designed a scientific survey of MEPD clients to gauge their satisfaction with various components of the program, as well as their demographic factors and their overall attitudes toward work. The survey was designed to provide data in support of refinements to best achieve the goals of this program. A telephone survey was administered in the fall of 2004 with a sample of 676 MEPD clients, utilizing a sampling design that ensured sufficient numbers of clients in both the premium-paying and non-premium categories are represented.

Of the 7,111 clients eligible for MEPD as of August, 2004, nearly 23% pay a premium, amounts ranging from \$22 to \$180 per month. The remaining 77% receive Medicaid coverage without paying any premium. Those paying a premium have earned income of approximately \$410 per month, while those not paying a premium earn about \$98 per month. The overall average income for all MEPD clients is \$950 per month (\$169 earned income, \$781 unearned). Approximately 79% of all MEPD clients live in a residence that they own or rent. Over 26% of MEPD clients are married, and more than 15% have children living with them.

Because the enrollment process may be confusing to clients, the research team was interested in gauging awareness of MEPD. Overall, just over 81% of all clients are aware of MEPD, while nearly 19% are not familiar with it. Those that are familiar with it were asked to evaluate the program. Overall satisfaction with MEPD is quite high, with 92% of all clients satisfied or very satisfied with MEPD. Another measure of the program's success is the client's willingness to recommend MEPD to others. Among all clients familiar with the program, 97% agree or strongly agree with the statement *I would recommend the MEPD program to other people with a disability*. In total, over 83% of clients are currently employed, of which more than 96% would like to increase or maintain their current level of work.

Most (62%) clients learned about MEPD from their DHS worker. Asked to evaluate their satisfaction with the process of enrolling in MEPD, 91% of all clients agree or strongly agree with the statement *I'm satisfied overall with the process of enrolling in MEPD*. Clients identified that the helpfulness of the DHS caseworker was the most important part of the process impacting their overall satisfaction. Ratings for this attribute indicate that nearly 89% agree or strongly agree that their DHS worker was helpful in the enrollment process. Client comments indicate that the enrollment process could be improved by making the application easier and improving the worker's knowledge of the program.

The MEPD program evaluation does offer evidence that some clients are working just the minimum amount to maintain Medicaid eligibility, although it appears that most MEPD clients appear to appreciate the opportunity to work without endangering their Medicaid coverage. The average MEPD client is working ten hours per week or less, with 21% working less than two hours per week,

and over 29% are working less now than they were 12 months ago. However, nearly 40% of all clients would like to be working more than they are now. Asked why they might want to work more, clients' top reasons are that they "feel good about working", "feel useful when working" and that they would like to earn more. Among clients who do not want to increase the amount they work, the highest-rated reason is that they are "not physically able to work more". Other reasons include "working is stressful" or "my health has gotten worse". Asked specifically about the concern over losing Medicaid coverage, over 29% of clients are quite concerned or very concerned about losing their coverage because they work.

Of those surveyed, nearly 22% indicate that they have faced discrimination seeking or maintaining employment.

Almost 30% of clients have experienced problems securing transportation to and from work. About 25% don't feel they have sufficient education or training for their job goals.

Over 21% of all MEPD clients would rate their health as *good* or *excellent*, while nearly 40% rate their health as *poor* or *very poor*. The most common type of primary disability among this population is physical disability (43%), although about 35% are disabled due to mental health, mental retardation, or brain injury.

Over the following 120 pages, the report **Medicaid for Employed People with Disabilities Client Profile and Program Evaluation** provides additional details on these topics and many others, including comparisons of the premium-paying population to those clients who do not pay a premium. This report includes a full profile of the MEPD client population, their attitudes toward work, and an evaluation of the MEPD program. Appendices to this report provide a copy of the survey instrument used to collect the data, as well as the verbatim responses from clients to all open-ended questions.

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1 Background and Methodology

1.1 Background and Purpose of Study

In the spring of 2004, the Iowa Department of Human Services identified the need for a client evaluation of the Medicaid for Employed People with Disabilities (MEPD) program. This program has been operating since March of 2000, but initially client feedback on the program was primarily anecdotal in nature. The MEPD Advisory Committee, a panel of consumers and policy makers had been formed in the fall of 2003 to guide the program, and this group also sought the opinions of clients to meet their role as an advisory and outreach committee.

DHS applied for and won a Federal grant to study the MEPD program. With these funds, the department was able to perform a scientific survey with a random sample of clients in the MEPD program. The survey was designed by the DHS **Bureau of Research and Statistics**, in concert with policy experts from the **Division of Medical Services**, the **Division of Financial, Health and Work Supports**, and the **Bureau of Community Services**, and with guidance from the **MEPD Advisory Committee**. This survey had three main goals:

1. To develop a profile of current MEPD clients' health and demographic factors
2. To evaluate the MEPD program's accessibility and usability for clients, and to find areas in which the program could be improved
3. To identify client attitudes toward work and profile their experiences with work.

In addition to these three main goals, the research was designed to investigate any differences in satisfaction and work attitudes between those MEPD clients who pay an insurance premium and those who do not.

1.2 Methodology

Program evaluations were collected from a random sample of clients using a telephone survey developed especially for the Iowa MEPD program by the DHS Division of Results Based Accountability (RBA), Bureau of Research and Statistics. The sampling procedure and survey questionnaire were designed to collect information from a representative sample of clients in the MEPD program. Because a scientific survey method was used, it can be inferred with reasonable certainty that the responses of the clients in the sample are representative of all clients in the MEPD program.

It was hypothesized that the amount of premium a client must pay in the MEPD program could influence their satisfaction levels. In order to control for this factor, the total population of 7,111 active MEPD clients (as of August 23, 2004) was split into two groups, or "strata". One group of 5,487 clients pay no premium for the program, while the remaining 1,624 pay at least some premium for MEPD (between \$22 and \$180 per month). In order to make sure there is good representation in each of these strata, responses were selected from the following numbers of clients:

Table 1-1: Sample Configuration

358	Who pay no premium
318	Who pay some premium (between \$22 and \$180/month)
676	Total clients in sample

All results in this report have been weighted to reflect the overall population totals and the relative over-sampling of those clients who do pay a monthly premium.

Responses were collected from September to October of 2004. Telephone interviews were conducted by the University of Northern Iowa Center for Social and Behavioral Research and the data were analyzed by the Bureau of Research and Statistics at DHS.

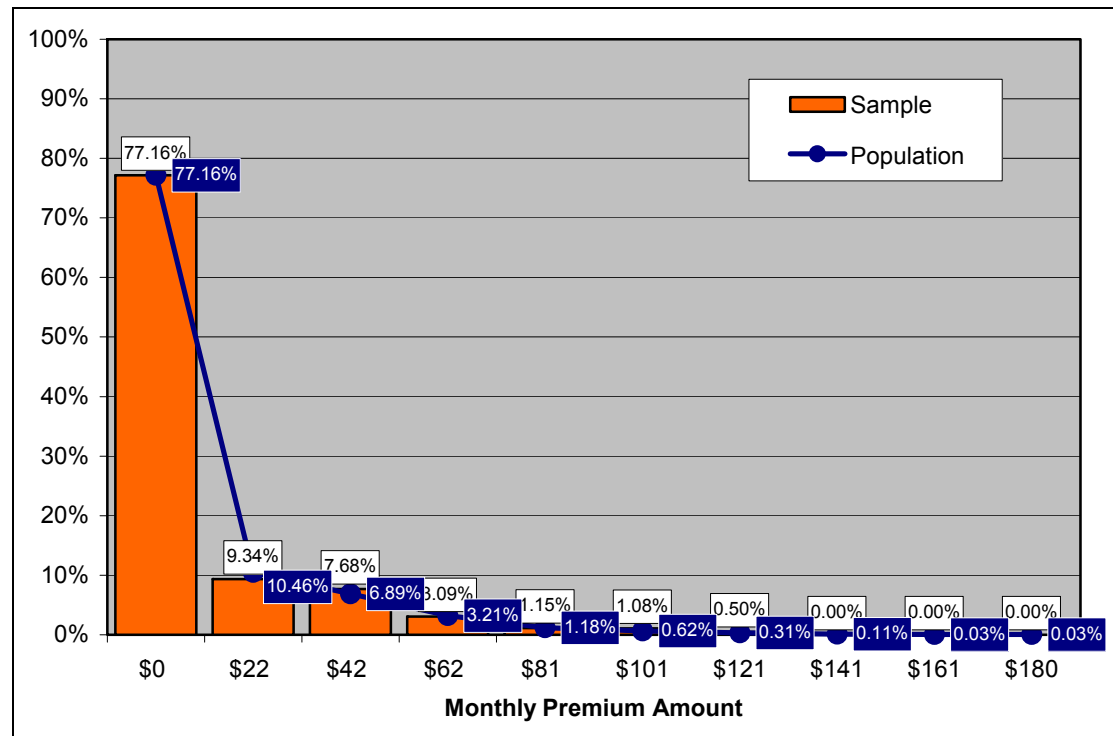
2 Respondent Characteristics

2.1 Premiums

Of the 7111 MEPD clients in the overall population as of August, 2004, only 1,624 (22.8%) pay a premium for Medicaid coverage. Because our sample procedure controlled for this factor, the sample proportion of premium-paying clients is identical to the population proportion.

For those clients who are paying a premium, the premium amount can vary from \$22 per month to a maximum of \$355 per month, although in August of 2004 no client was paying more than \$180 per month. Chart 2-1 depicts the current number of clients at each premium level.

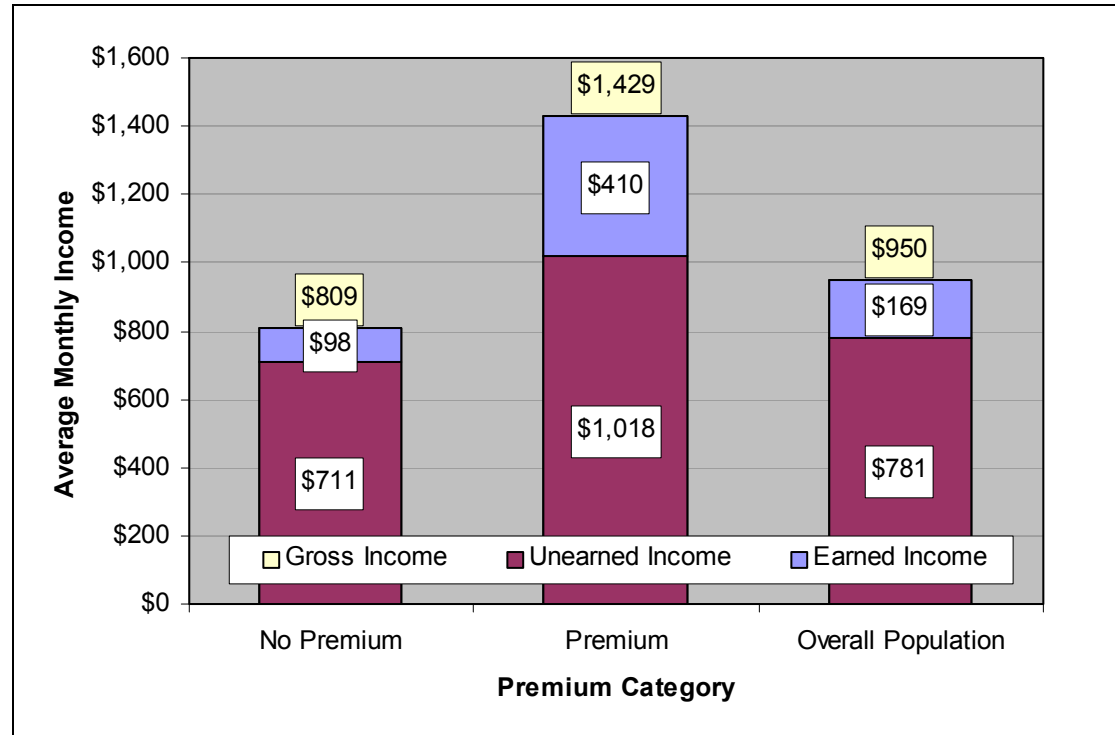
Figure 2-1: Premium Amounts



2.2 Reported Income

Income level is important to the MEPD program for two reasons. First, the goal of the program is to allow people with disabilities to work while still maintaining their Medicaid insurance benefit. Secondly, the income level is important in the calculation of the premium that must be paid. If gross income exceeds a certain level, clients are required to pay a premium for their Medicaid insurance coverage.

Figure 2-2: Income Levels for MEPD Program Clients

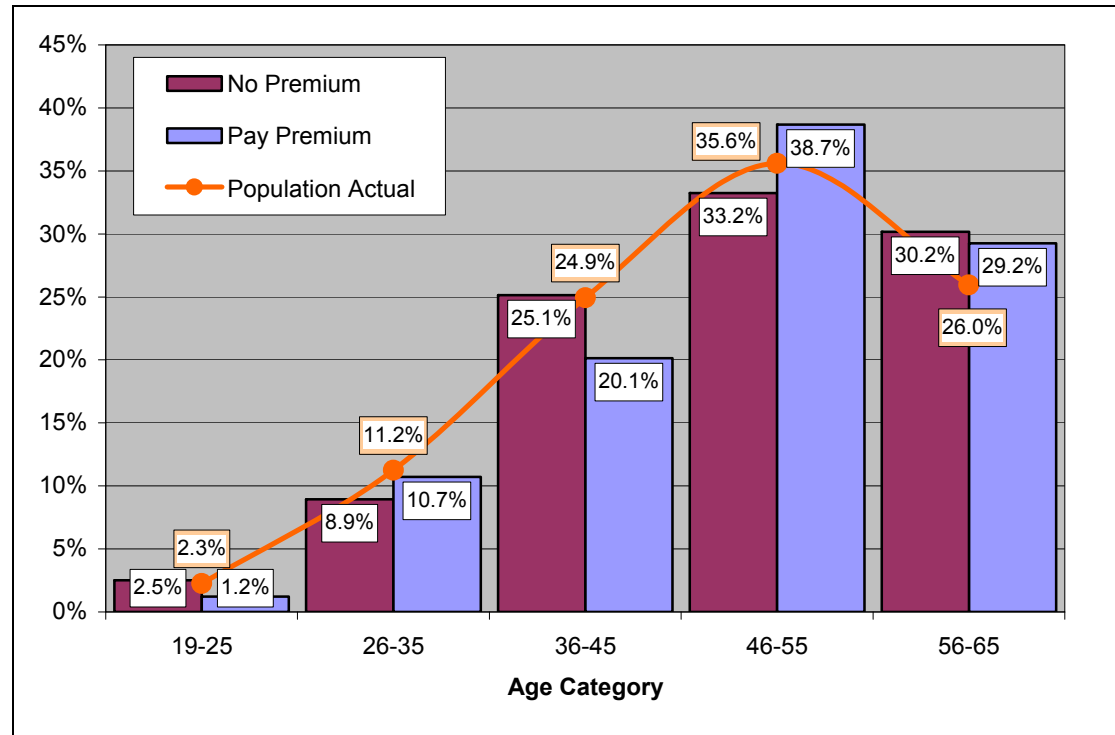


2.3 Demographics

2.3.1 Age

Only clients under age 65 are eligible under MEPD. The average age for all clients in the MEPD program is 47.8 (48.2 for premium payers, 47.7 for the non-premium group). Figure 2-3 presents the overall population age distribution (the orange line) in comparison to the age distribution in the sample (the bars). As shown in the chart, our sample very closely mirrors the overall population, with just a slight over-representation of older individuals (those aged 56-65).

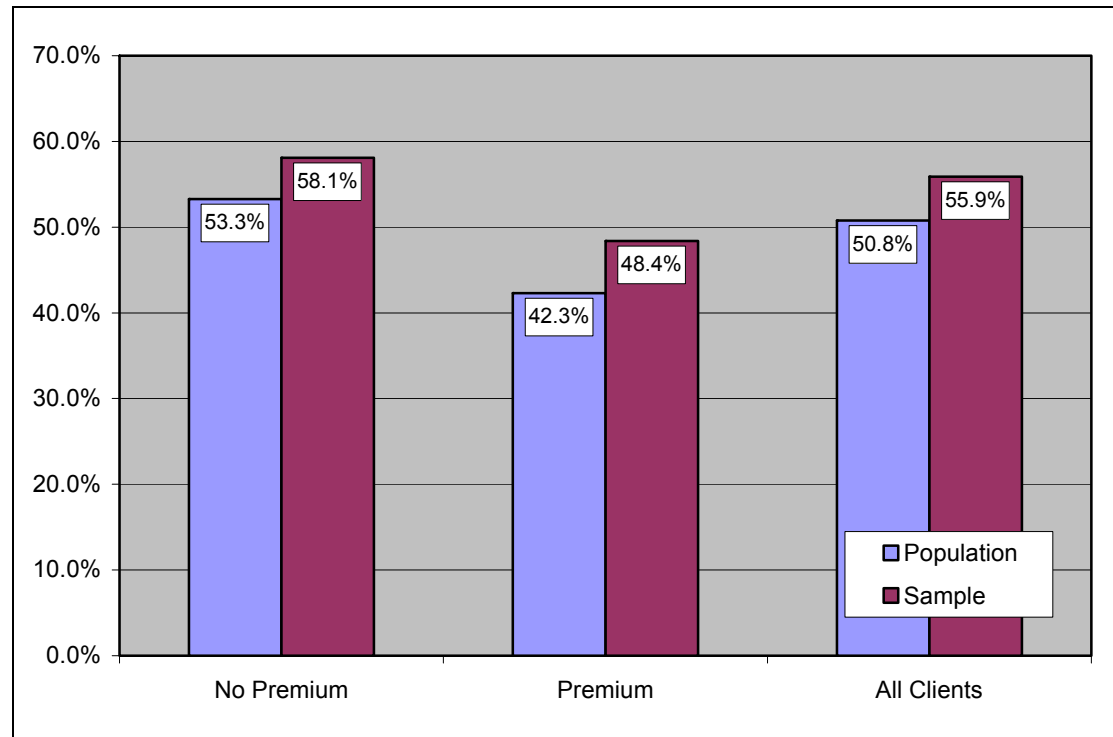
Figure 2-3: Age Distribution of the Sample and the Population



2.3.2 Gender

In the overall MEPD population, approximately 50.8% are female and 49.2% are male. The survey sample has a slightly higher percentage of females (55.9%) than males (44.1%). Among those paying a premium, only 42.3% of the population is female, while 48.4% of the sample is female. Comparing the premium and non-premium groups, females make up a significantly smaller percentage of those paying a premium.

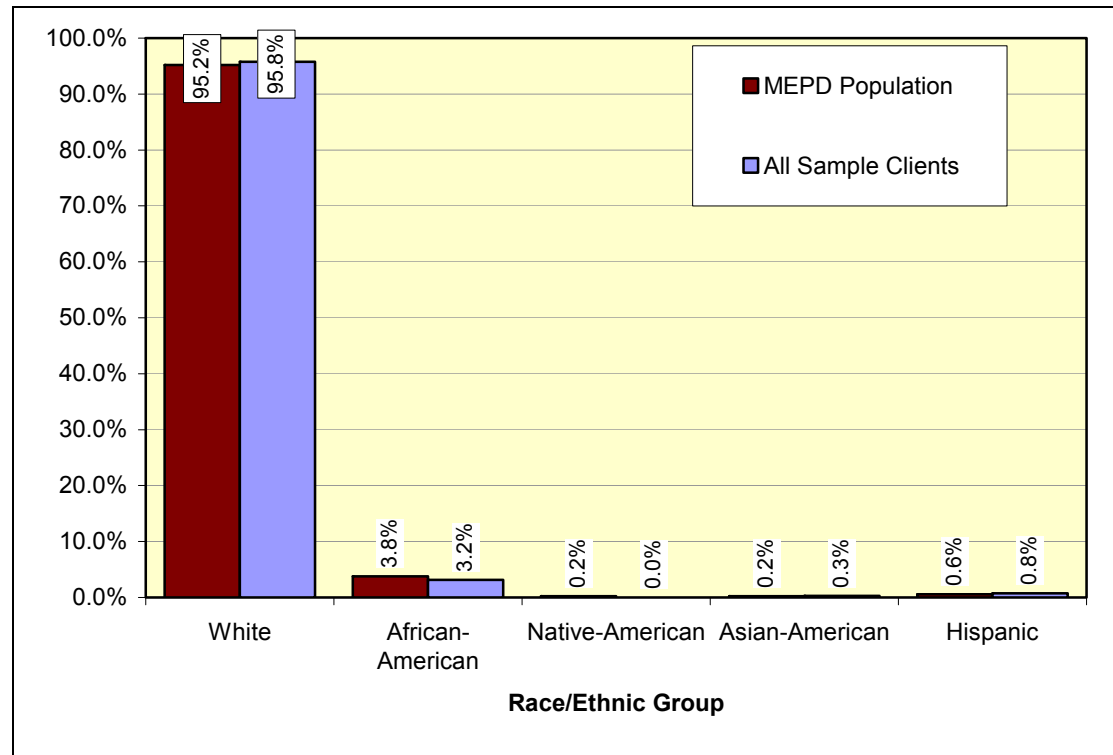
Figure 2-4: Percent Female for Population and Survey Sample



2.3.3 Ethnicity

The race/ethnic makeup of the MEPD population is presented in Figure 2-5. The rust-colored bars represent the percentage of each race in the overall population, while the blue-colored bars represent our sample proportion for each race/ethnic category. Data are incomplete for approximately one in four of our MEPD clients. Overall, the race/ethnic makeup of the sample is very similar to our overall population makeup.

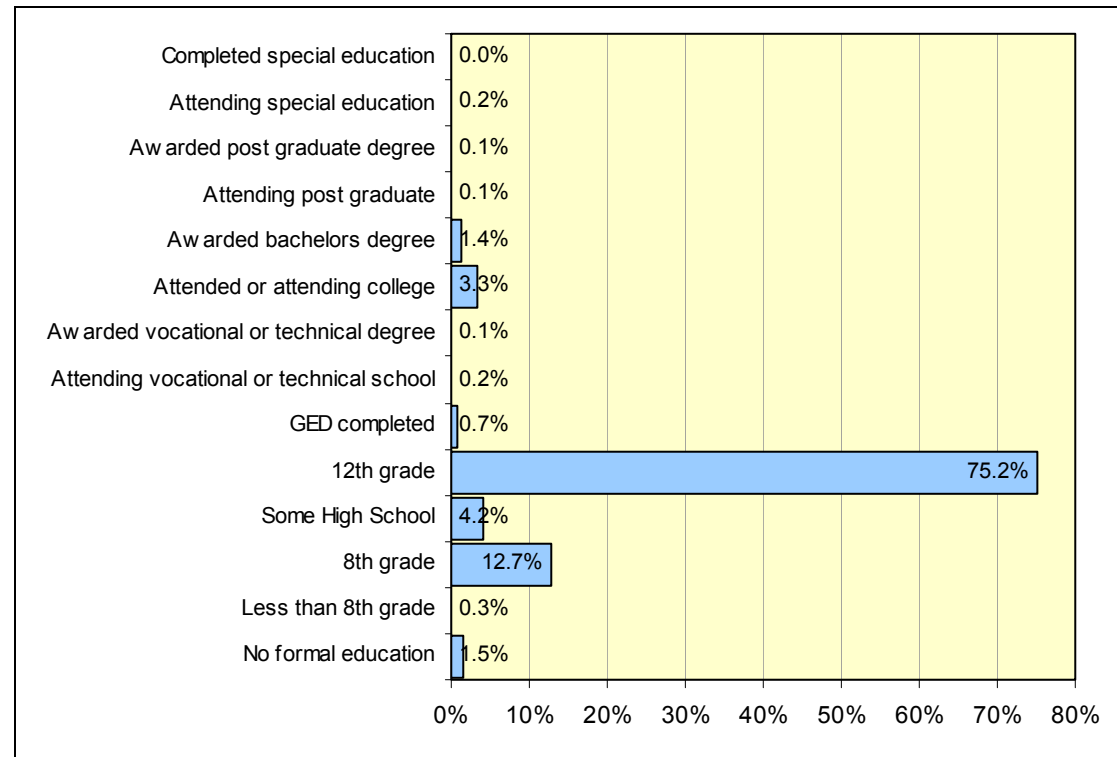
Figure 2-5: Race/Ethnicity of MEPD Clients



2.3.4 Education

Figure 2-6 presents the highest level of education received by MEPD clients. The chart presents overall population data. In about 25% of the cases, data for this item are incomplete. The responses for the remaining 75% of clients have been extrapolated to represent the overall population fractions. As shown, about three out of four MEPD clients have completed the 12th grade. Comparisons between the sample and the overall population suggest that we have slightly over-sampled those with higher levels of education, but the differences are not sufficient to suspect that our sample is not representative of the population on this dimension.

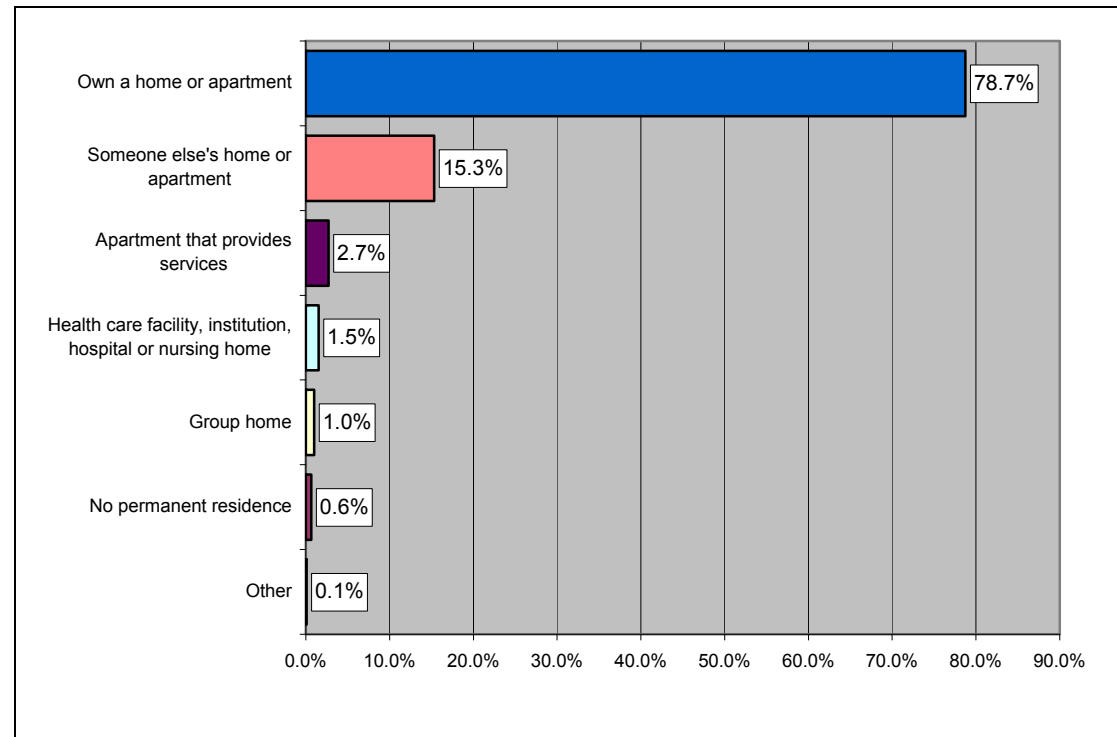
Figure 2-6: Highest Level of Education Achieved



2.3.5 Living Arrangement

Respondents were asked to describe their current living arrangement. Most clients own their own or rent their own home or apartment. There are no significant differences between clients paying a premium and those not paying a premium.

Figure 2-7: Living Arrangement



2.3.6 Family Demographics

2.3.6.1 Marital Status

Respondents were asked their current marital status. 26.1% of all MEPD clients are married, including 22.7% of premium-paying clients and 27.1% of clients who pay no premium.

2.3.6.2 Children

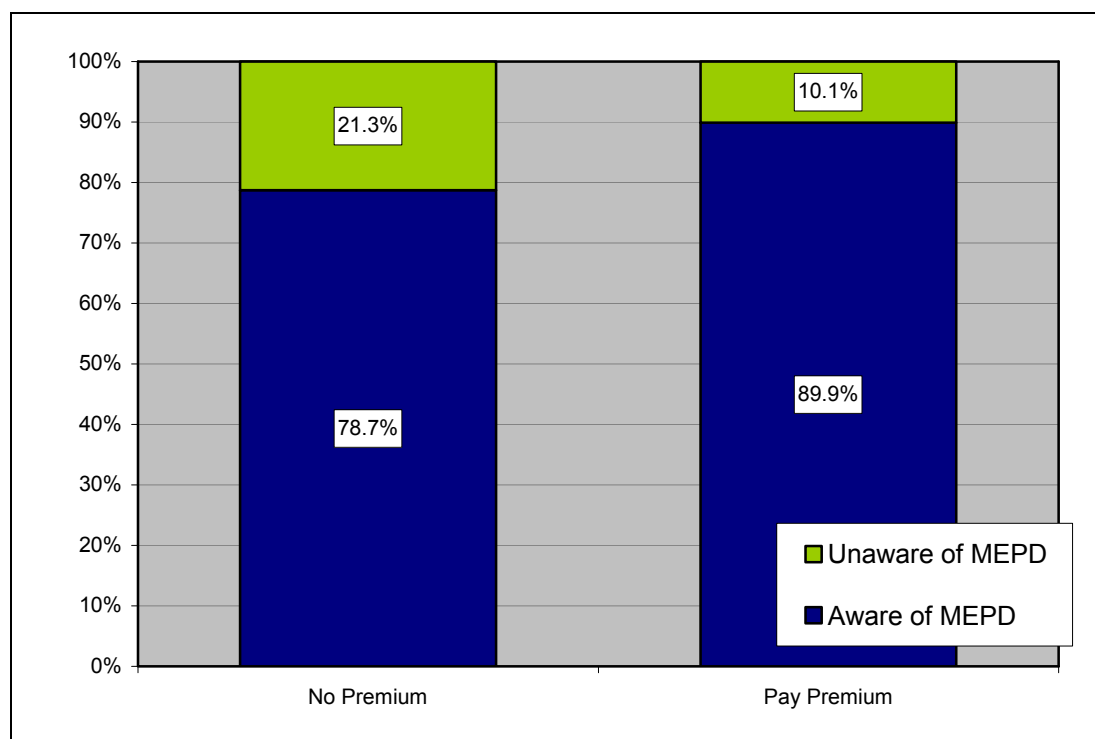
Overall, 15.3% of all MEPD clients have children living at home. This includes 15.1% of those who pay a premium and 15.4% of clients who do not pay a premium. Those respondents who have children at home were asked if they have a child with a disability. Of MEPD clients with children at home, 15.7% have a child with a disability, including 24.9% of premium-paying parents and 12.9% of parents not paying a premium.

3 Key Indicators

3.1 Familiarity with MEPD program

A basic question of the research team is the level of familiarity with the MEPD program. Are clients who are on the MEPD program aware of it, or have they been enrolled without being informed or aware of the program and its benefits? As shown in Figure 3-1, over 21% of non-premium respondents and 10% of premium-payers were unaware of MEPD. This translates to about 18.7% of all respondents in the MEPD program who are unaware of it. Clients who were unfamiliar with the MEPD program were not asked to directly evaluate the program, but were asked to participate in the questions about work experiences and attitudes.

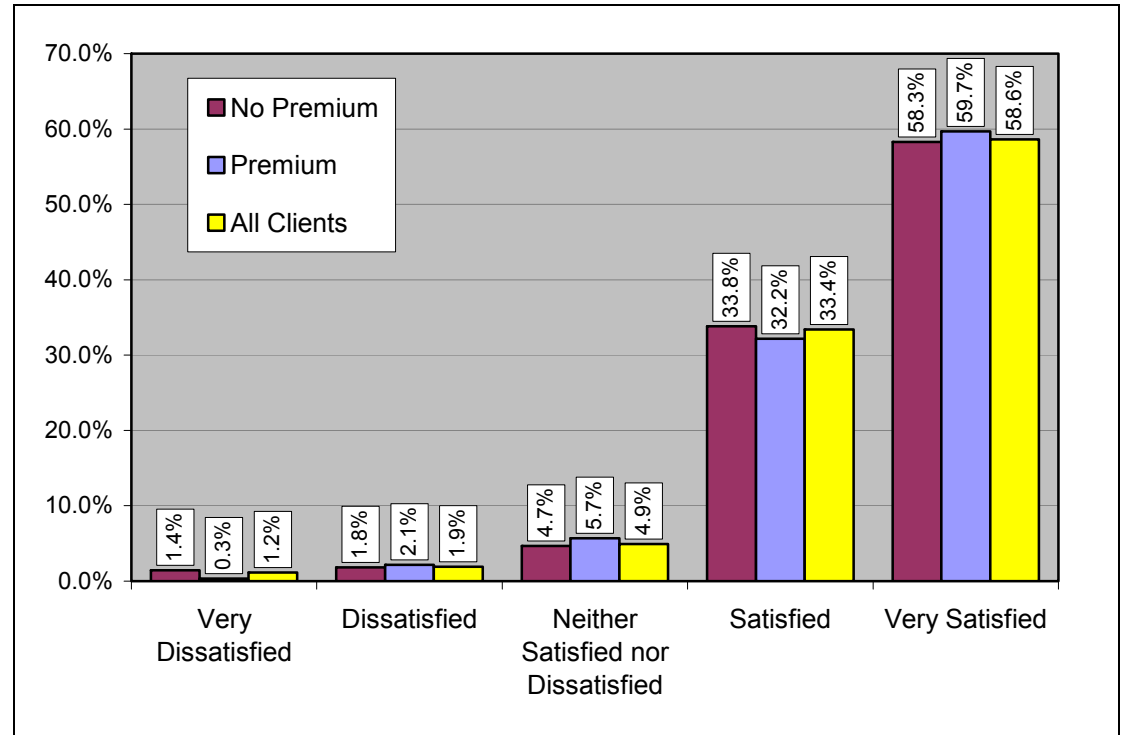
Figure 3-1: Is Respondent Familiar with the MEPD Program?



3.2 Overall Satisfaction

An important measure of the MEPD program is the overall satisfaction of clients with the program. As shown in Figure 3-2, 92.0% of all clients are satisfied or very satisfied with the MEPD program.

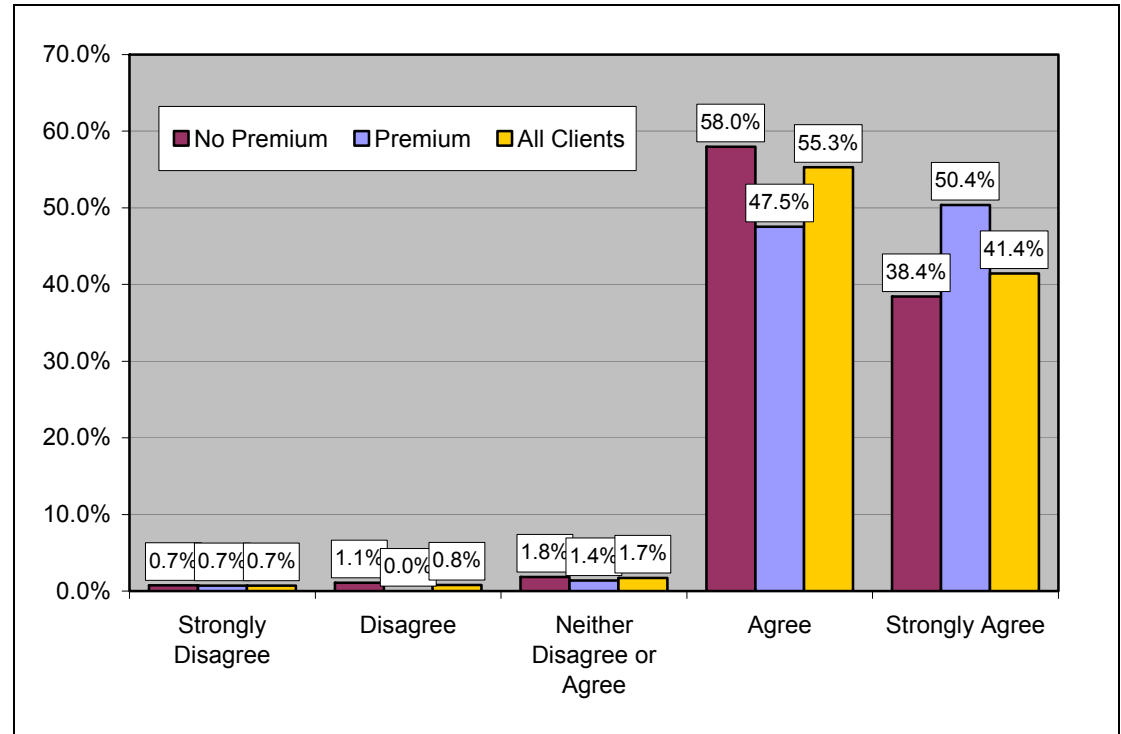
Figure 3-2: Overall Satisfaction with MEPD



3.3 Likelihood to Recommend MEPD to Others

As part of a battery of questions concerning experience with the MEPD program, clients were asked whether they agreed or disagreed with the statement that *I would recommend the MEPD program to other people with a disability*. Their responses were recorded on a five-point scale (1=strongly disagree, 5=strongly agree). Figure 3-3 presents results for those that pay no premium in comparison to those who do pay a premium. Overall, nearly 97% of all clients agree or strongly agree that they would recommend MEPD. Those that pay a premium are actually slightly more likely to strongly agree with this statement than those who do not pay a premium.

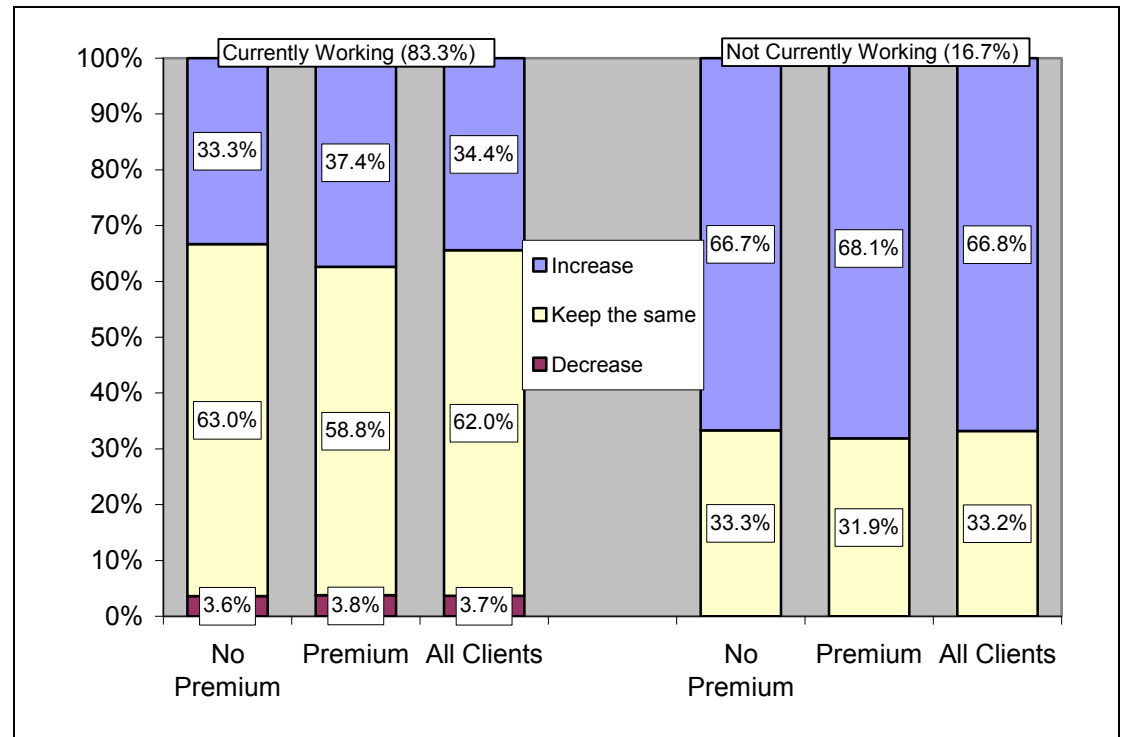
Figure 3-3: Client Would Recommend MEPD to Others



3.4 Disposition Toward Working

Another key indicator for the MEPD program is the client's attitude toward working. This can be indirectly measured by evaluating if clients would like the amount they are currently working to increase, decrease, or stay the same over the next 12 months. Since some clients are not working at all right now (16.7% of all clients in the sample), these clients were simply asked if they would like to be working over the next 12 months. Figure 3-4 presents results for both groups. As depicted, there are not strong differences in the attitudes toward work among those clients who pay a premium in comparison to those who do not. Only 3.7% of those currently working would like to decrease the amount of work, while 34.4% would like it to increase. About 5.5% of all MEPD clients report that they are not currently working and do not seek to gain employment within the next 12 months.

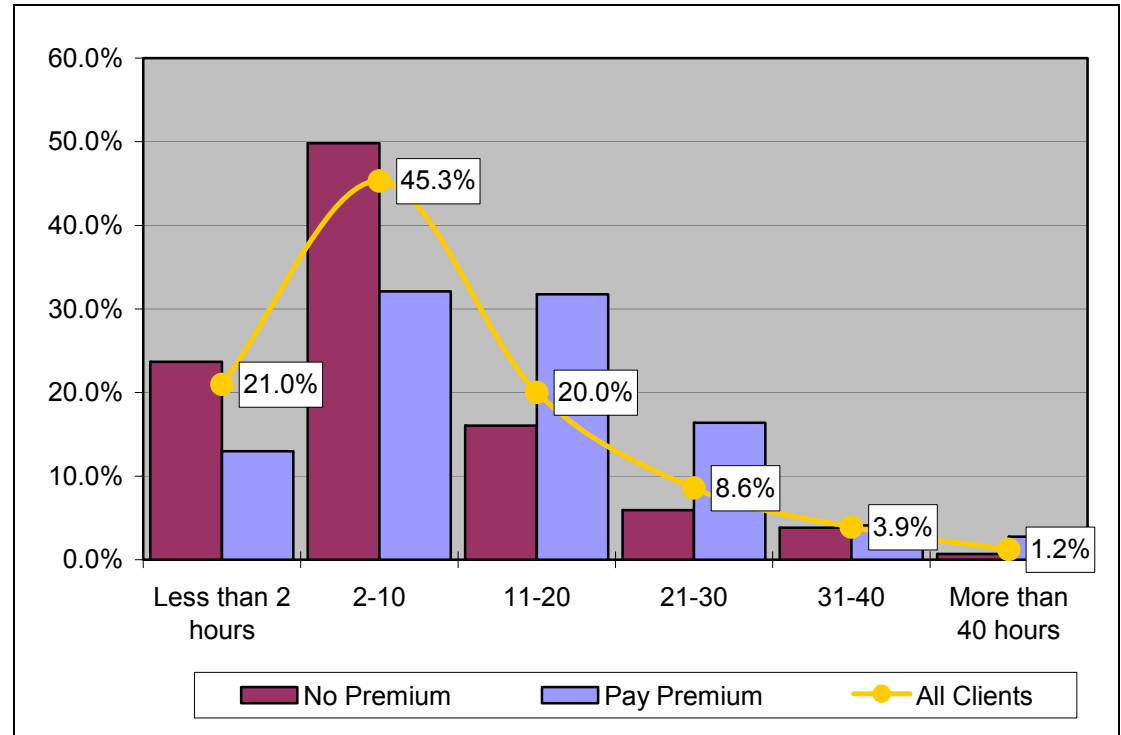
Figure 3-4: Client Attitudes Concerning the Amount They Currently Work



3.5 Current Work Intensity

The average MEPD client works between 7 and 8 hours per week. Results are shown in Figure 3-5 for each of the respondent categories and for all clients overall. These results only pertain to the 83.3 percent of clients who are currently working for pay. Only 13.7% of all clients are working half-time or greater. Those clients paying a premium in the program are working a significantly greater number of hours than those who pay no premium, with nearly one in four clients working half time or greater, compared with one in ten for the non-premium group.

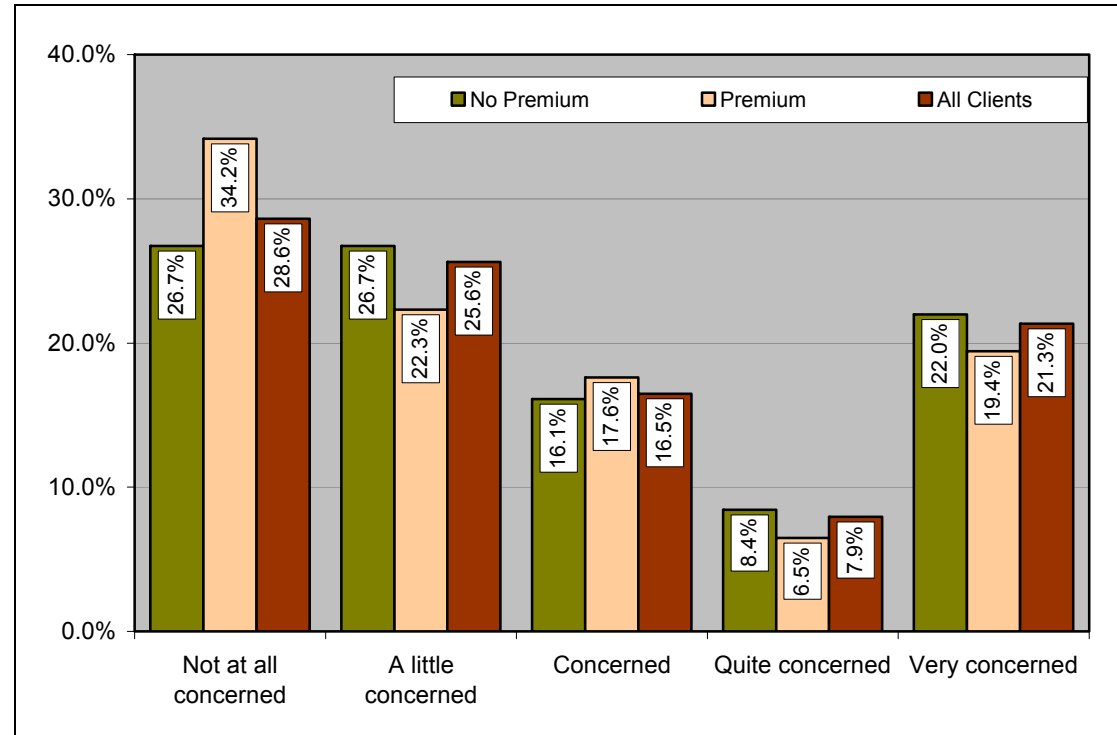
Figure 3-5: Average Number of Hours Worked per Week



3.6 Concerns about Losing Medicaid Because of Work

Figure 3-6 presents results for the question: *Now that you are enrolled in MEPD, how concerned are you that you could lose your Medicaid because you work?* As shown, even after enrolling in MEPD, 29.3% of all clients are quite concerned or very concerned about losing their Medicaid benefits.

Figure 3-6: Concern of Losing Medicaid with MEPD

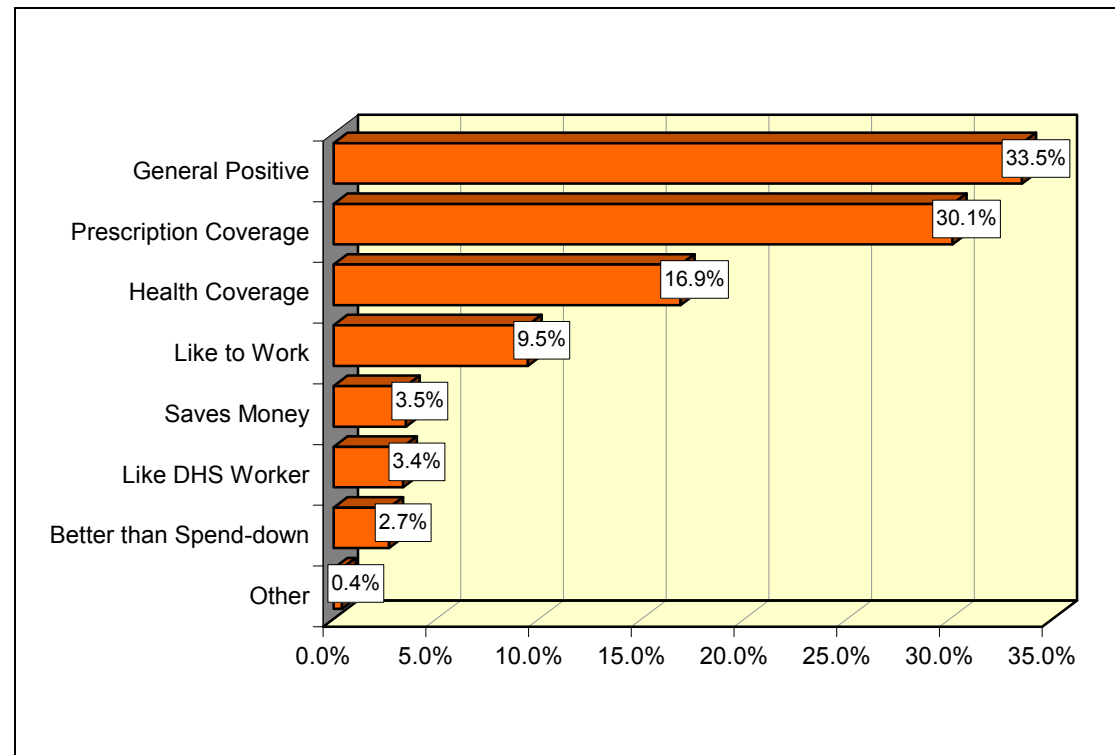


3.7 Comments on the Program

3.7.1 Likes About the Program

A total of 380 respondents commented on something they particularly liked about MEPD. These responses generally represented four major themes in MEPD. Figure 3-7 presents results for each of these categories. Nearly half of all responses concerned the security that insurance coverage provides, including both medical and prescription coverage. About 9.5% of respondents are pleased to be able to work while maintaining their Medicaid coverage. The full text of all client responses may be found in Appendix B.

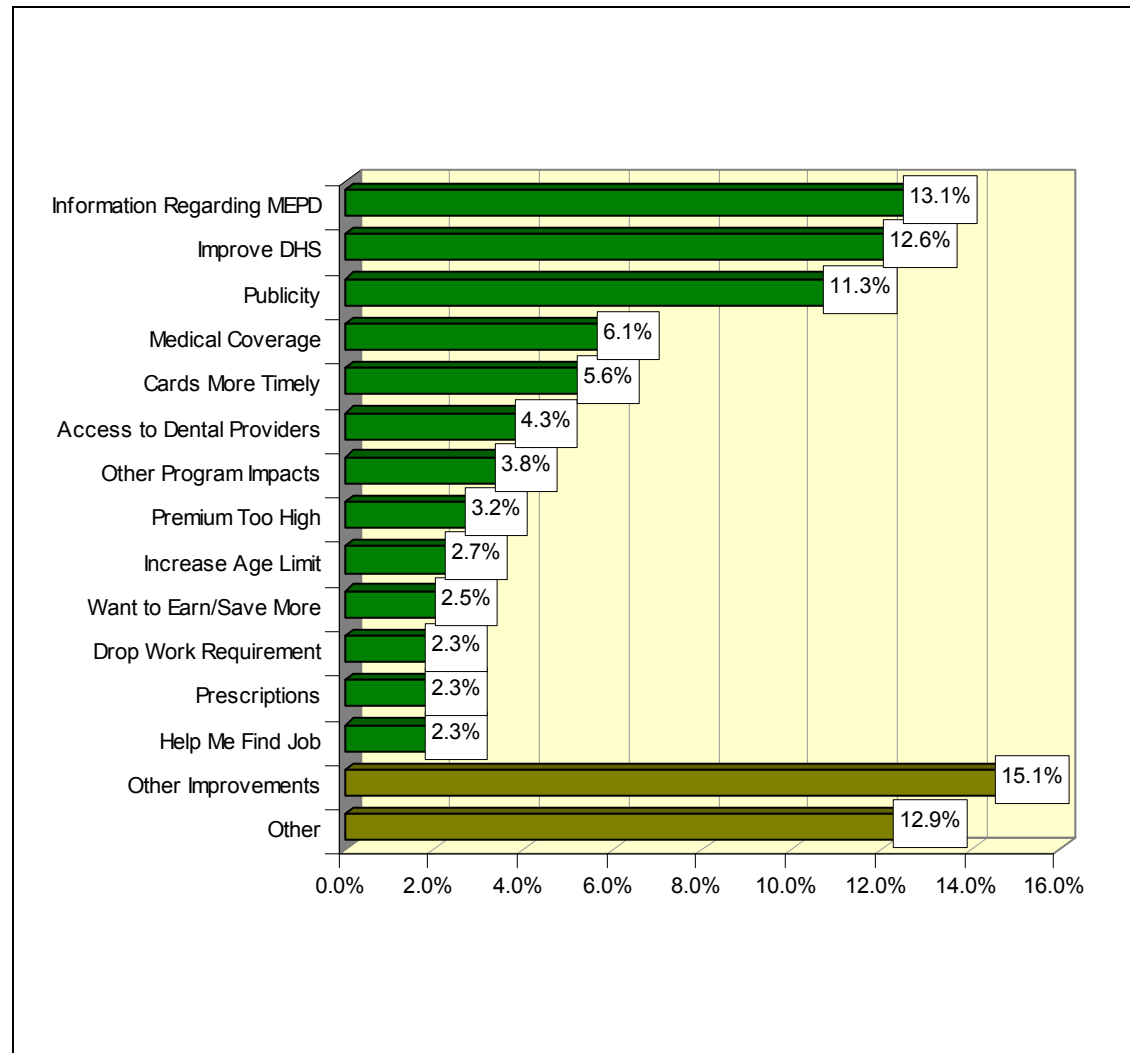
Figure 3-7: Client Likes About MEPD



3.7.2 Desired Improvements

In all, 231 clients offered comments regarding what they would like to see improved in MEPD. About 13.1% would like additional information about the program, while 12.6% would like to see DHS improve worker training program flexibility. Medical problems include prescription problems and difficulty finding a doctor that accepts Title XIX. The full text of all client responses may be found in Appendix B.

Figure 3-8: Desired Improvements in MEPD



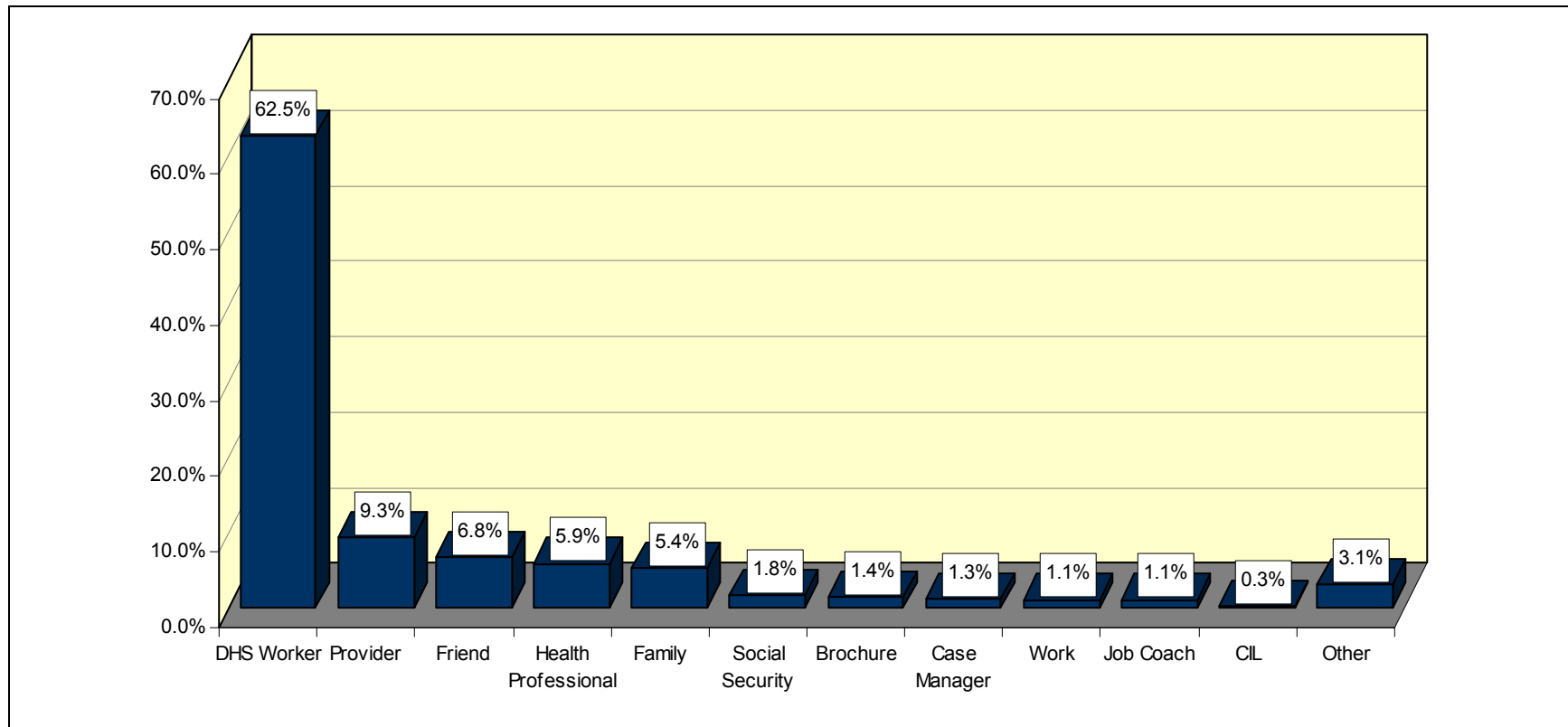
4 Intake and Enrollment

This section represents the responses of the 81.3% of MEPD clients who are aware of the program (Figure 3-1).

4.1 How Did Client Learn About Program?

Clients were asked how they first became aware of the MEPD program. The client's responses fall into the categories presented in Figure 4-1. DHS case workers are the most commonly mentioned point of introduction to the MEPD program for these clients. CIL is an abbreviation for Center for Independent Living.

Figure 4-1: How Client First Learned of MEPD

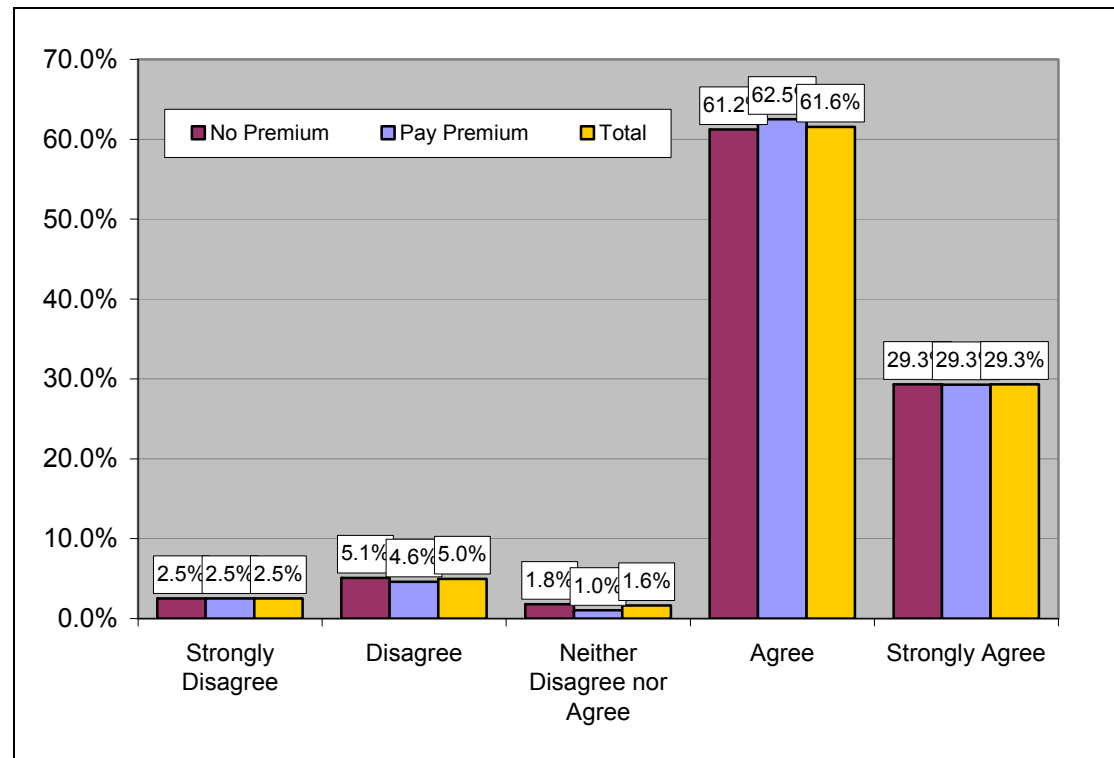


4.2 The Enrollment Process

4.2.1 Satisfaction With Enrollment Process

Clients were asked to evaluate their overall satisfaction with the process of enrolling in MEPD. They were offered the statement *I'm satisfied overall with the process of enrolling in MEPD*, and asked to indicate the degree to which they agreed with that statement. Agreement was rated on a five-point scale (1=strongly disagree, 2=disagree, 3=neither disagree nor agree, 4=agree, 5=strongly agree). Results are presented in Figure 4-2. Overall, nearly 91% of all clients agree or strongly agree with this statement. There is no significant difference in satisfaction between those who pay a premium and those who do not.

Figure 4-2: Satisfaction with the Enrollment Process



4.2.2 Key Drivers of Enrollment Process Satisfaction

In addition to their overall satisfaction, clients were asked to rate six other statements that describe components of the enrollment process. The relationship between performance on these attributes and satisfaction is demonstrated by comparing the ratings for these elements with the overall satisfaction rating. Figure 4-3 indicates the rankings of each of these six statements and enrollment process satisfaction, expressed as a percentage. This rank order is based upon the weight of the relationship between each attribute and enrollment satisfaction¹.

Figure 4-3: Drivers of Enrollment Process Satisfaction

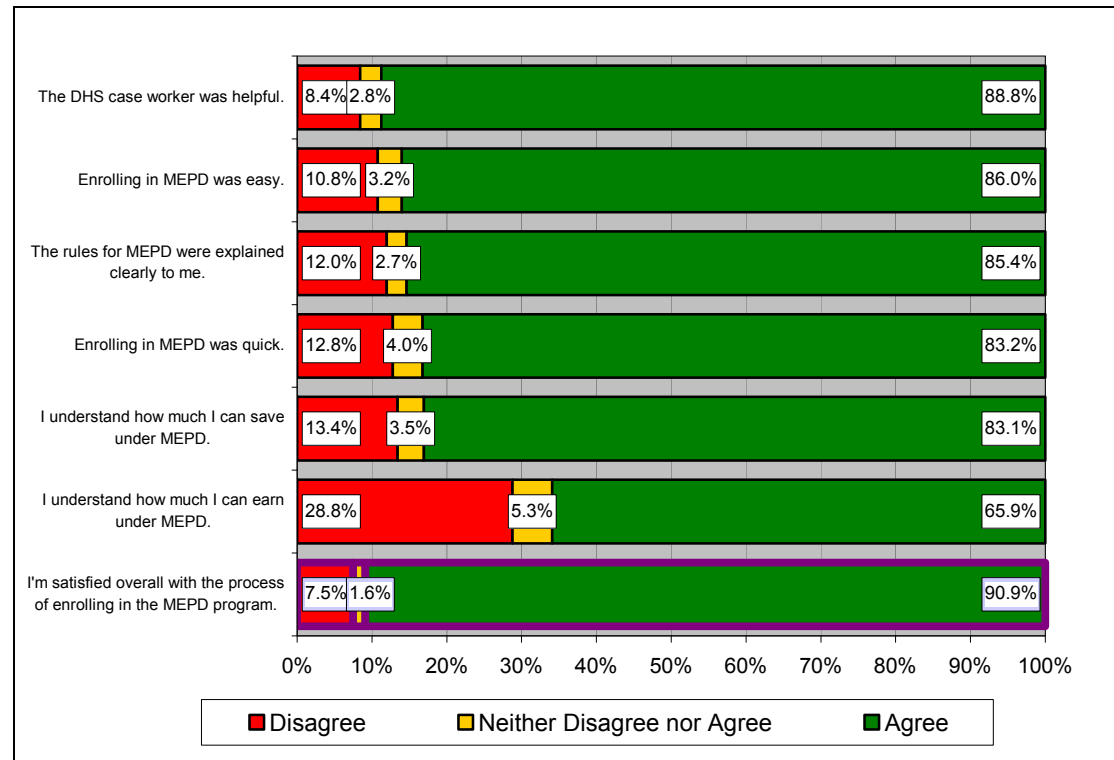
Rank	Attribute
1	<i>The DHS case worker was helpful.</i>
2	<i>Enrolling in MEPD was easy.</i>
3	<i>The rules for MEPD were explained clearly to me.</i>
4	<i>Enrolling in MEPD was quick.</i>
5	<i>I understand how much I can save under MEPD.</i>
6	<i>I understand how much I can earn under MEPD.</i>

¹ These rankings are based on the pairwise Pearson correlation coefficients. A linear regression model of these six variables against overall enrollment process satisfaction suggests that all variables together explain about 29.2% of the variability in satisfaction.

4.2.3 Ratings for Enrollment Process Satisfiers

Respondents were asked to rate the extent to which they agree with a series of statements that could describe the process of enrolling in MEPD. Figure 4-4 presents ratings for all clients on each of these six elements, as well as the overall satisfaction with this process. For clarity, the top two and bottom two ratings categories for each item have been collapsed, so that strongly agree and agree are combined, as are strongly disagree and disagree. The highest-rated attribute is *The DHS case worker was helpful*, which 88.8% of clients agreed or strongly agreed. Recalling Figure 4-3, this attribute also has the strongest relationship with overall enrollment process satisfaction. The lowest-rated attribute is *I understand how much I can earn under MEPD*. Nearly 29% of all clients disagreed or strongly disagreed with this statement. *The premium and non-premium client groups do not rate these items significantly differently, therefore to simplify Figure 4-4, only the combined results are presented.*

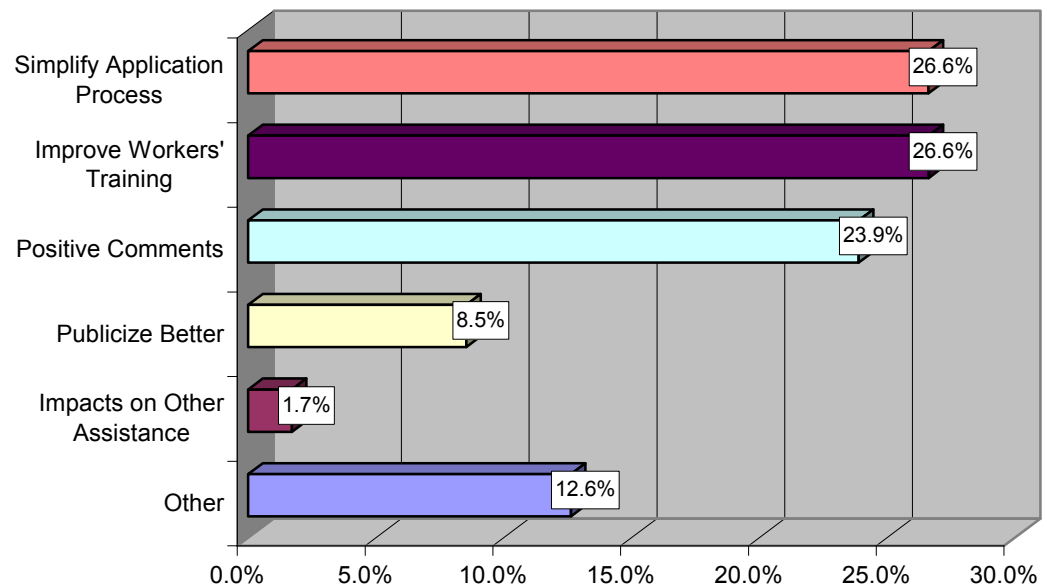
Figure 4-4: Ratings for Enrollment Process Satisfaction Elements



4.2.4 Comments on Enrollment Process

Clients were asked to comment on the enrollment process. A total of 170 comments were offered. The most common themes of the comments are presented in Figure 4-5. Most frequently mentioned is a desire to make the process of applying easier, including reducing the amount of paperwork and decreasing the re-enrollment frequency.

Figure 4-5: Comments on Enrollment Process



5 Program Evaluation

This section represents the responses of the 81.3% of MEPD clients who are aware of the program (Figure 3-1).

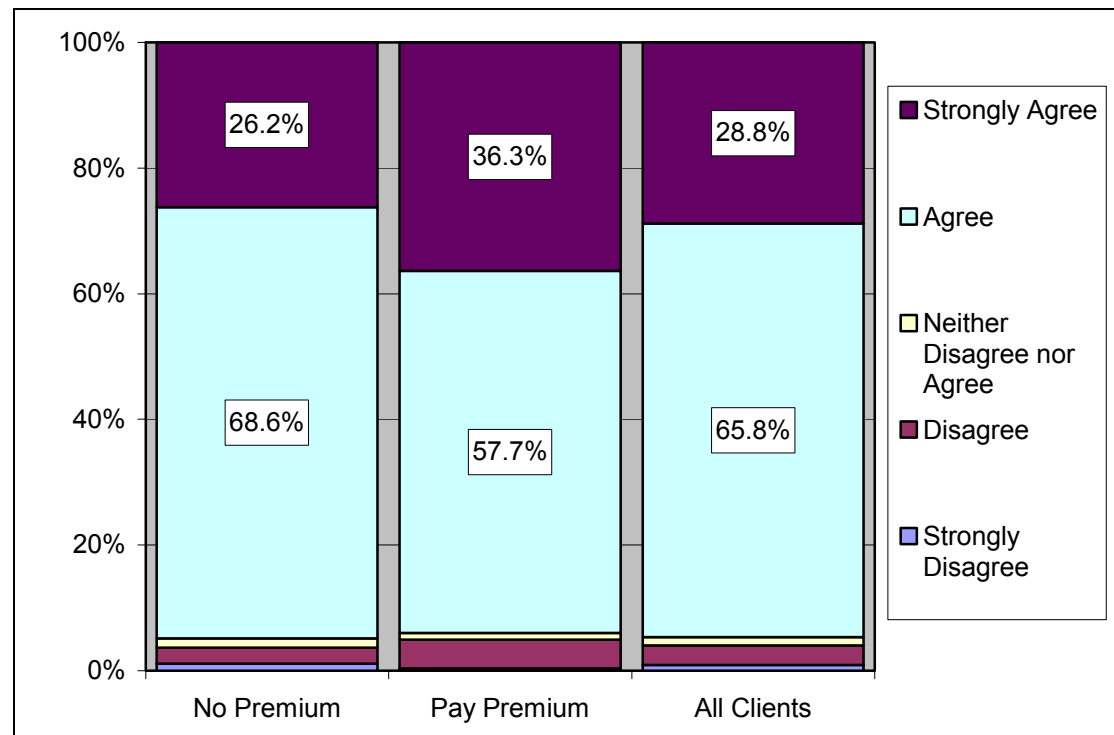
5.1 Key Descriptors of MEPD Program

Clients were asked to evaluate five statements related to the MEPD program. Each statement was evaluated on a five-point scale indicating the extent to which the client agreed (1=strongly disagree, 2=disagree, 3=neither disagree nor agree, 4=agree, 5=strongly agree). The following five charts present results for each of these statements, comparing those that pay a premium with those that do not.

5.1.1 The MEPD Program Allows Me To Work

Among this series of questions, the first statement that clients were asked to evaluate was *The MEPD program allows me to work*. As shown in Figure 5-1, 94.6% of all clients agree or strongly agree with this statement. Those who pay a premium are somewhat more likely to agree strongly.

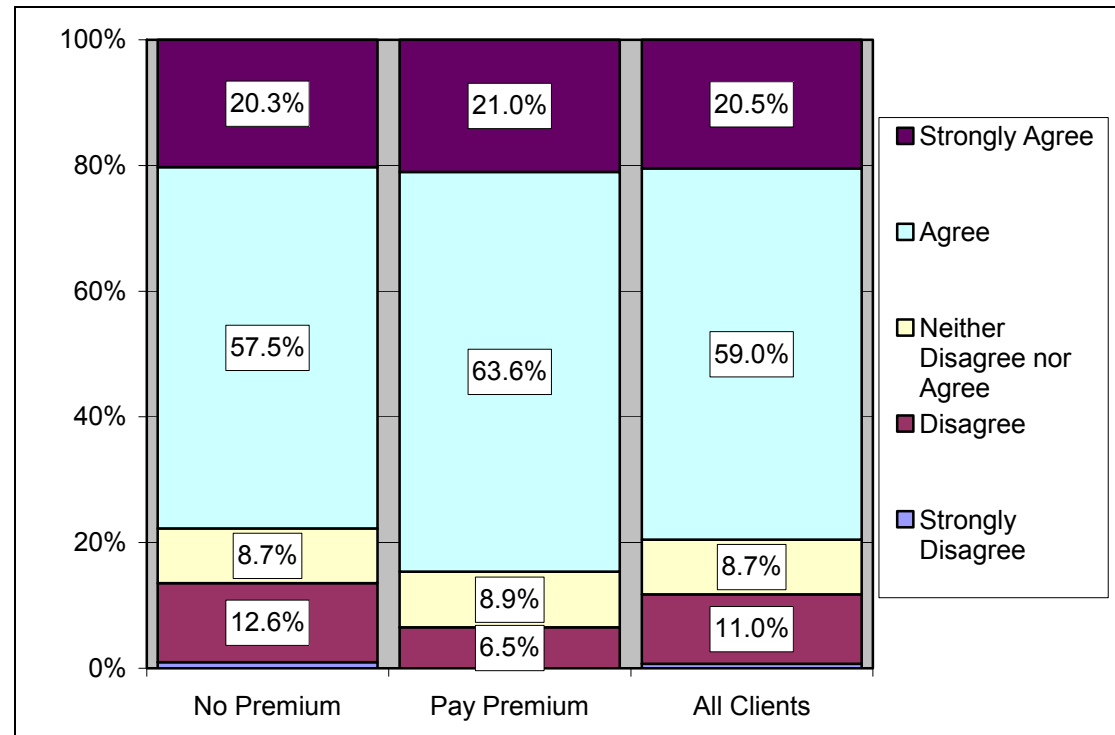
Figure 5-1: The MEPD Program Allows Me To Work



5.1.2 The MEPD Program Allows Me To Keep My Medicaid Even If I Am Over the Resource Limit For Other Medicaid Programs

Figure 5-2 presents evaluations for the statement *The MEPD Program Allows Me To Keep My Medicaid Even If I Am Over the Resource Limit For Other Medicaid Programs*. Results are presented for all MEPD Medicaid clients. Those who are paying a premium are somewhat more likely to agree with this statement than clients paying no premium.

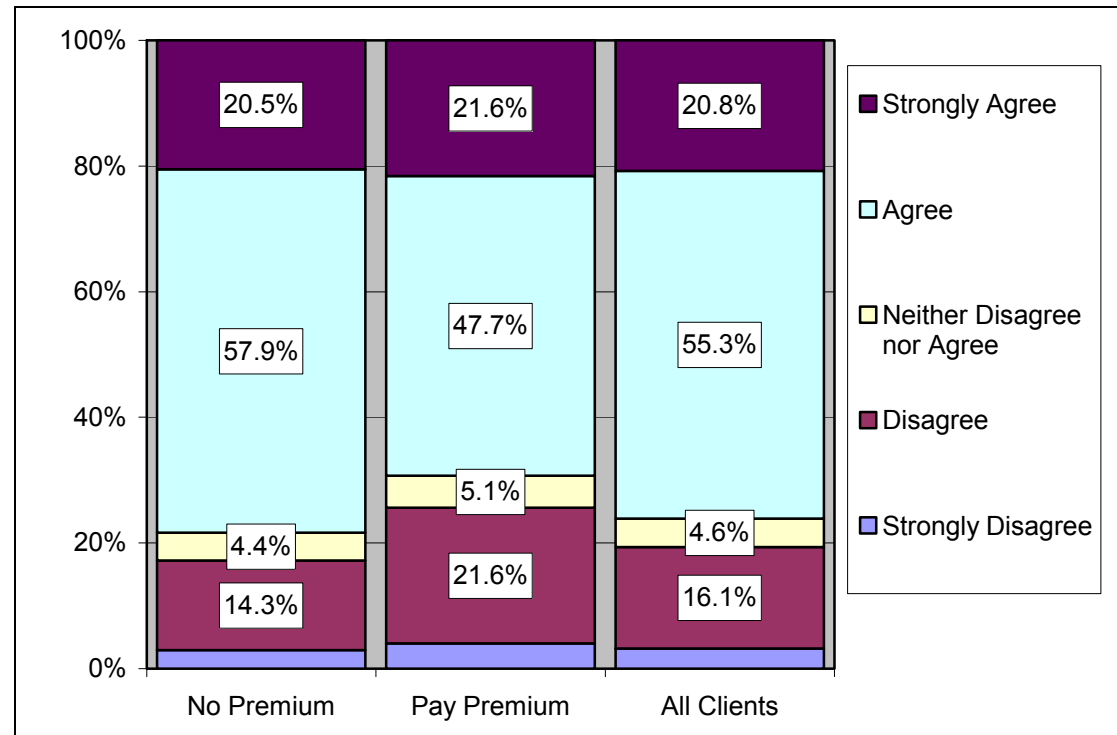
Figure 5-2: The MEPD Program Allows Me To Keep Medicaid Even If I Am Over the Resource Limit



5.1.3 If I Could, I Would Work More

The third statement in this series of questions that respondents were asked to evaluate is *If I Could, I Would Work More*. Ratings for this statement are presented in Figure 5-3. Over 75% of all clients agree or strongly agree with this statement.

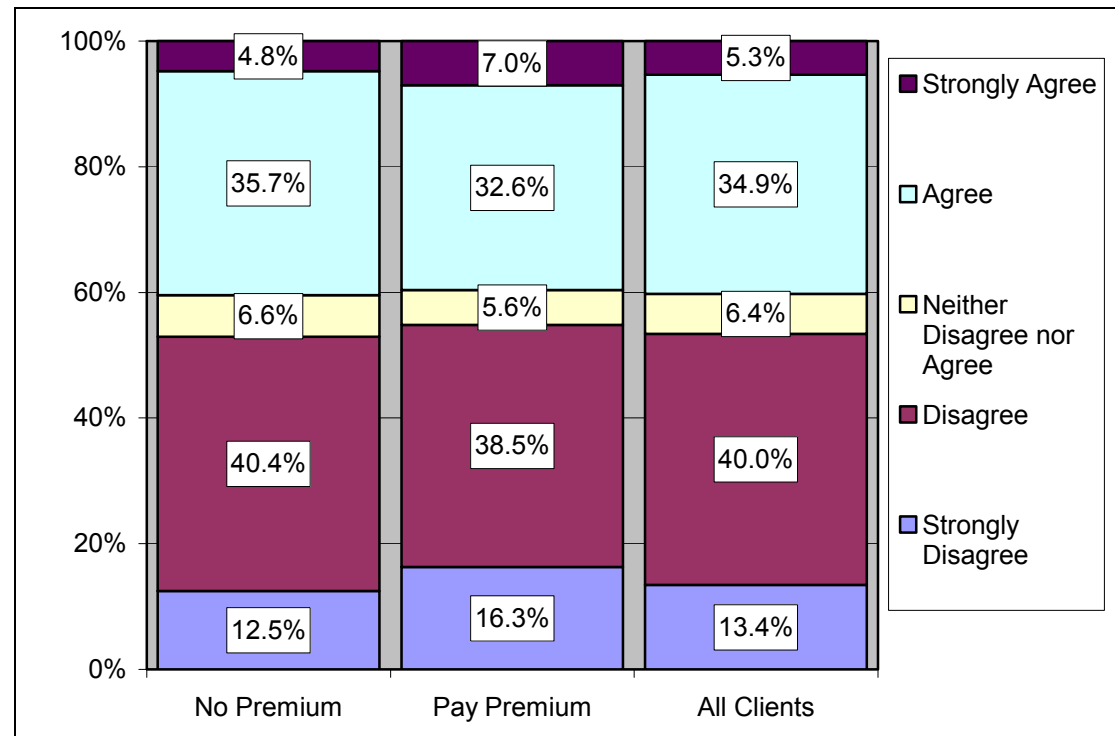
Figure 5-3: If I Could, I Would Work More



5.1.4 I Just Want To Work the Minimum Amount To Keep (Or Get) My Medicaid Benefits

The fourth statement offered for evaluation was designed to measure clients' disposition toward MEPD as a way to circumvent the regular income and resource limits. For this reason, respondents were asked to evaluate the statement *I Just Want To Work the Minimum Amount To Keep (Or Get) My Medicaid Benefits*. As shown in Figure 5-4, more than half of all respondents disagree or strongly disagree with this statement.

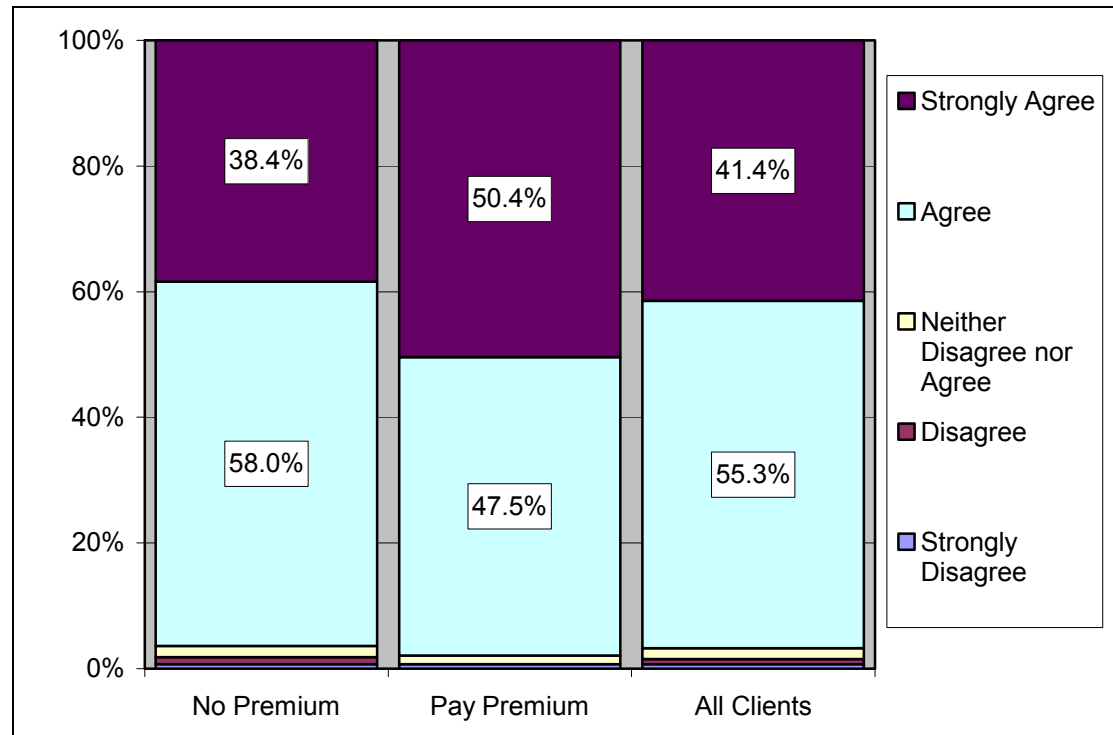
Figure 5-4: I Just Want To Work the Minimum Amount To Keep (Or Get) My Medicaid Benefits



5.1.5 I Would Recommend the MEPD Program To Other People With A Disability

The fifth and final statement in this series of questions gives an idea of the client's satisfaction with MEPD. As can be seen in Figure 5-5, nearly 97% of all clients agree or strongly agree that they would recommend MEPD to someone else with a disability.

Figure 5-5: I Would Recommend the MEPD Program To Other People With A Disability

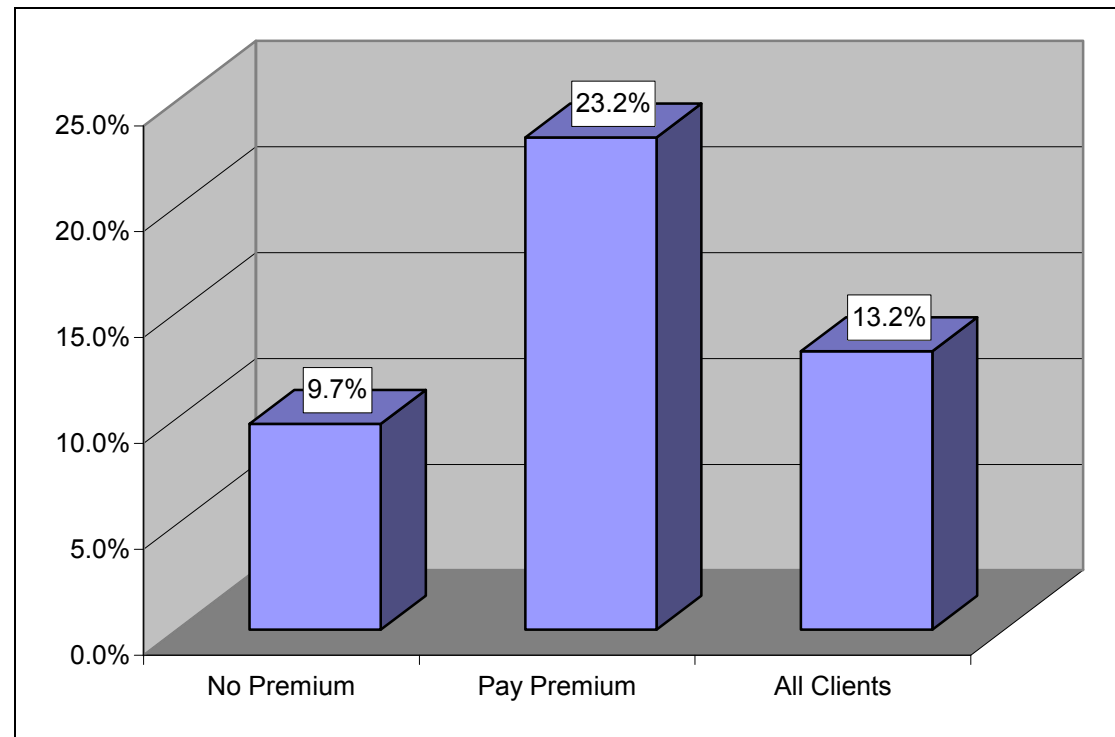


5.2 Problems with MEPD

5.2.1 Incidence of Problems

Clients were asked if they have ever had a problem with the MEPD program. Overall, 13.2% have experienced some issue since they enrolled in the program. As shown in Figure 5-6, these problems are far more prevalent among those who pay a premium than those who pay no premium.

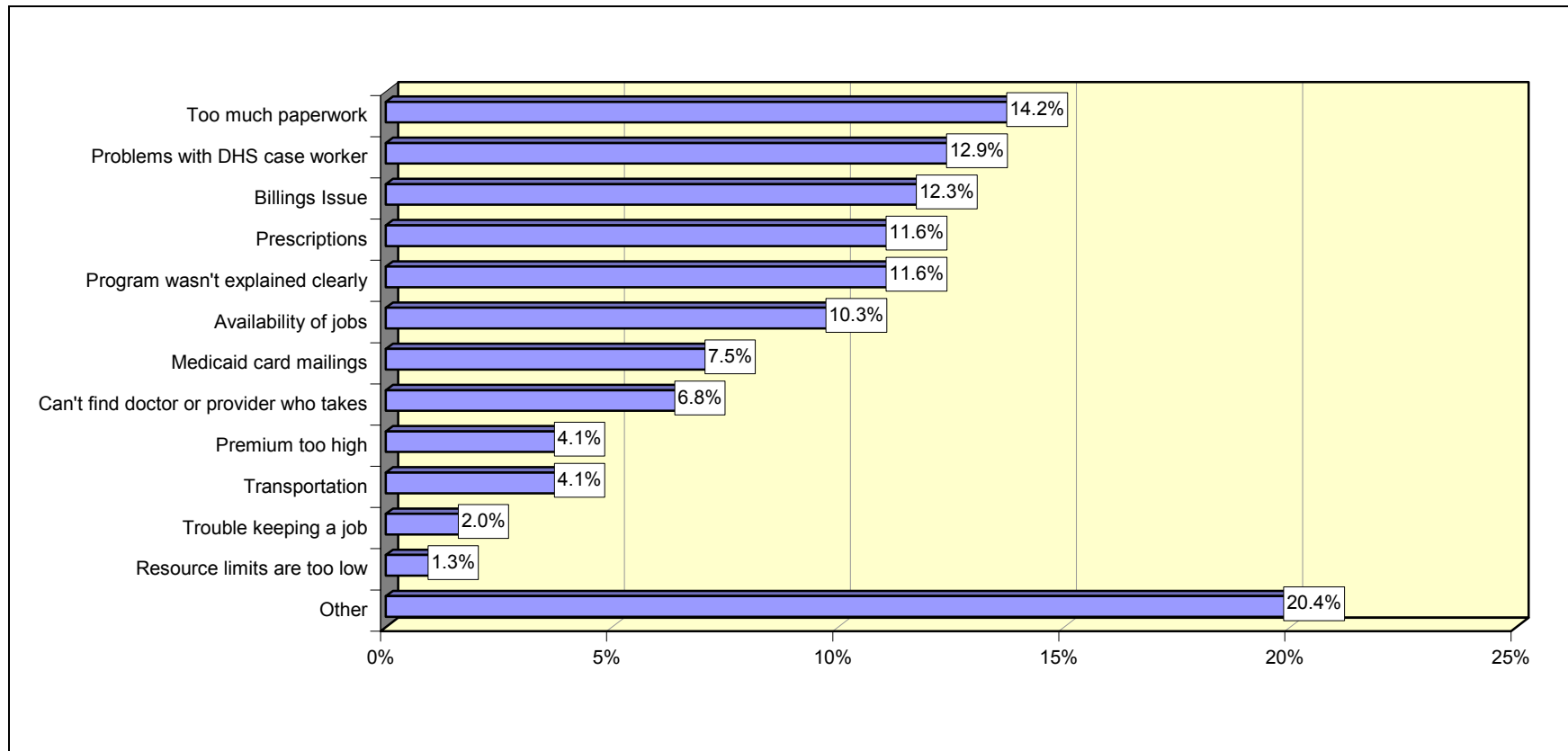
Figure 5-6: Incidence of Problems with MEPD Program



5.2.2 Type of Problem

Respondents who reported a problem were asked to describe that problem. Each of the 13.2% of clients (recalling Figure 5-6 above) who had a problem of some type were asked to describe the issue. The responses were categorized into groups, and in some cases a single client may have a problem that falls into more than one category. These groupings are presented in Figure 5-7. Data for the clients paying a premium has been combined with the non-premium group in this graphic, as there are not sufficient numbers of clients reporting a problem to distinguish between the groups.

Figure 5-7: Problems with MEPD



6 Work Attitudes and Experiences

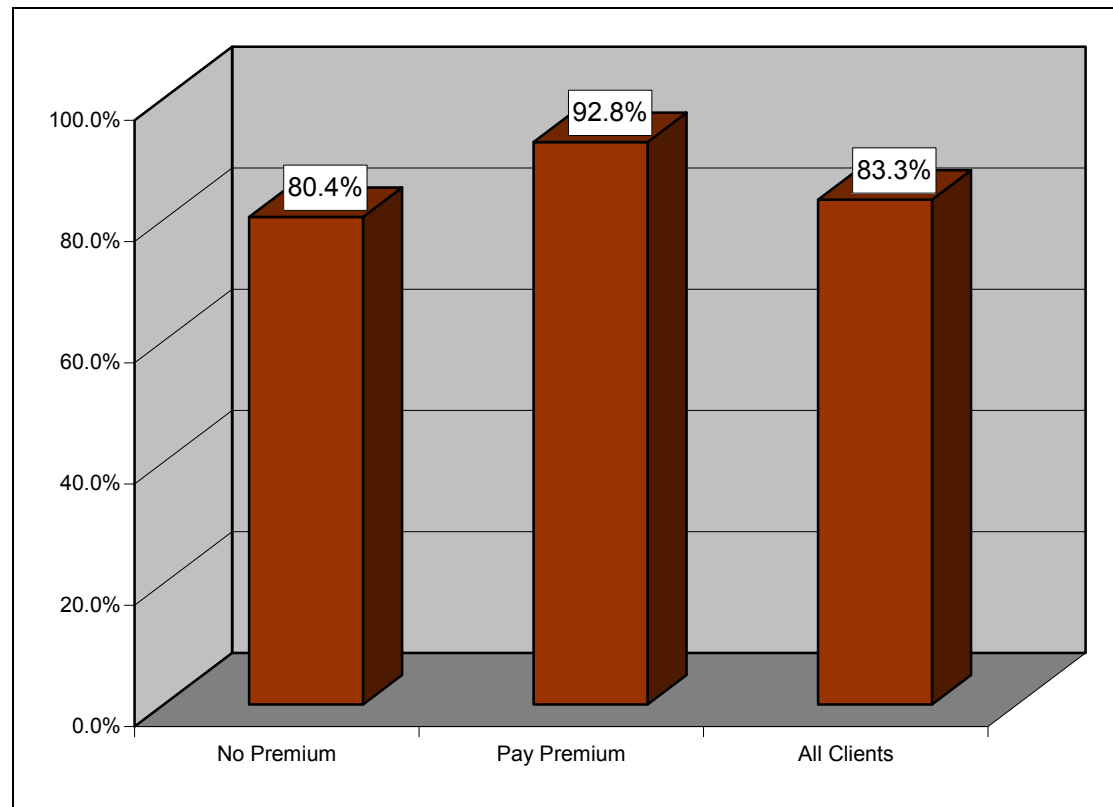
6.1 Employment Status and History

6.1.1 Current Job Status

6.1.1.1 Client Work Status

Clients were asked if they are currently employed. Overall, 83.3% indicate that they are currently employed. Those who pay a premium are significantly more likely to be employed than those who are not paying a premium.

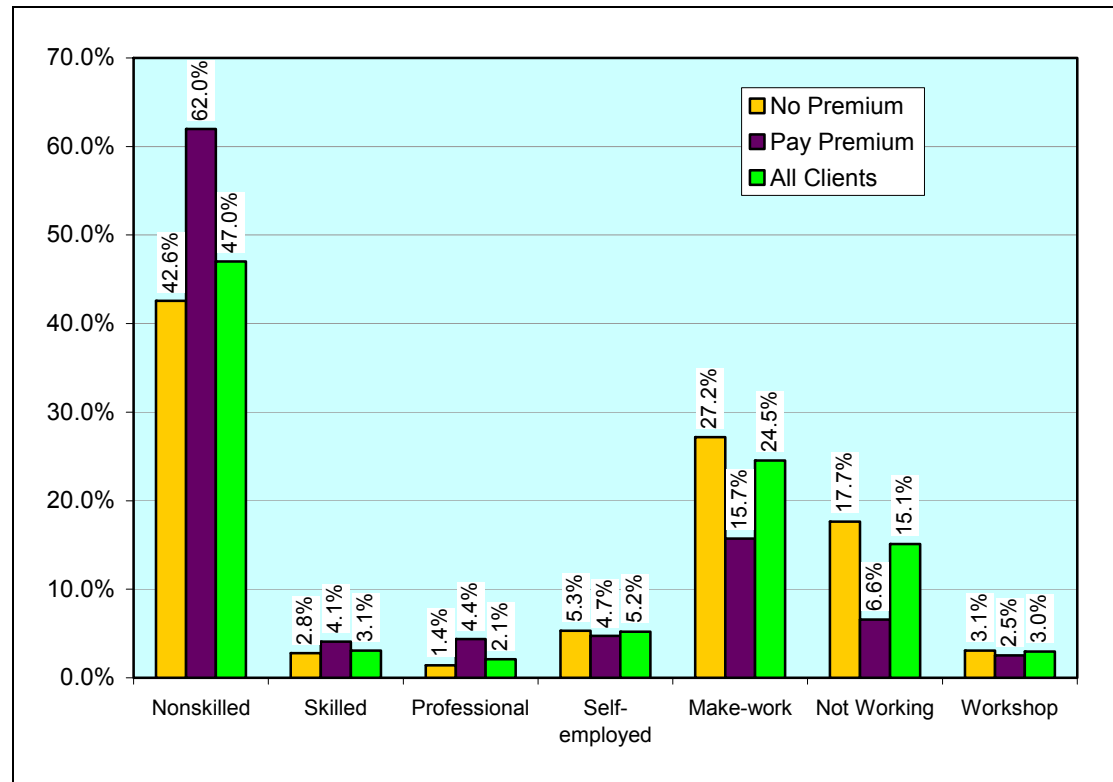
Figure 6-1: Clients Currently Employed



6.1.1.2 Client's Current Job

All clients were asked to indicate their current job or the job they are currently seeking. These were collected as open-ended responses, with nearly all of the 676 clients in our survey offering a response. A significantly higher percentage of premium-paying clients are involved in unskilled activities in comparison to those who are not paying a premium. Likewise, the percentage of no-premium clients not working or performing make-work jobs is significantly higher than for premium-paying clients. "Make Work" jobs include cleaning or housework for a family member, providing transportation for a neighbor or family member, and babysitting for family. The full text of verbatim responses for all respondents may be found in Appendix B.

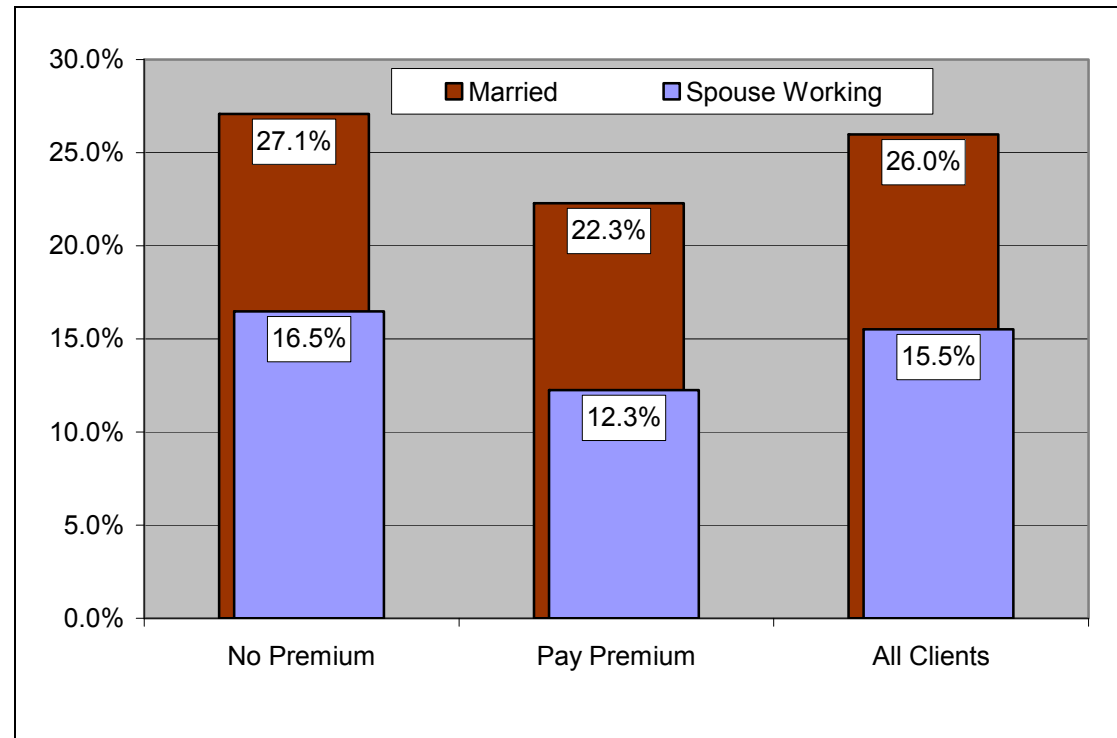
Figure 6-2: Current Job of MEPD Clients



6.1.1.3 Spouse Work Status

Clients who indicate that they are currently married were asked if their spouse is working in a job for pay. Overall, about 15.5% of all clients have a spouse who is working for pay. Those who are paying a premium are somewhat less likely to be married, and are also less likely to have a spouse working for pay. Controlling for the differing rates of marriage between the two categories of clients, those that are paying a premium are still somewhat less likely to have a spouse working than those who are not paying a premium. Figure 6-2 presents the percentage of all clients who are married, as well as the percentage of all clients whose spouses are currently working.

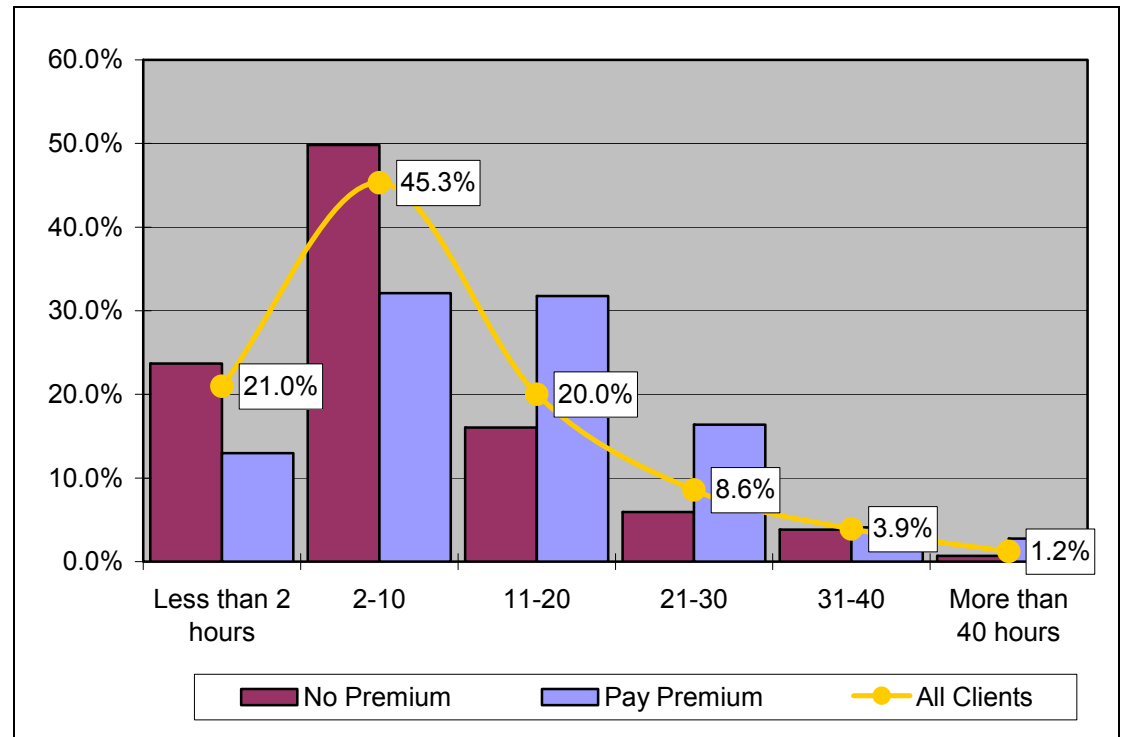
Figure 6-3: Spousal Work Status



6.1.2 Work Intensity

Clients who are currently working were asked the number of hours that they work in an average week. Our interviewers helped the respondents that they spoke with to get as accurate of a picture of their current work as possible. Results are shown in Figure 6-3 for each of the respondent categories and for all clients overall. These results only pertain to the 83.3 percent of clients who are currently working for pay. As shown in Figure 6-3, the average MEPD client is working an average of 10 hours a week or less. Only 13.7% of all clients are working half-time or greater. Those clients paying a premium in the program are working a significantly greater number of hours than those who pay no premium, with nearly one in four clients working half time or greater, compared with one in ten for the non-premium group.

Figure 6-4: Average Number of Hours Worked per Week



6.1.3 Trends in Work and Income

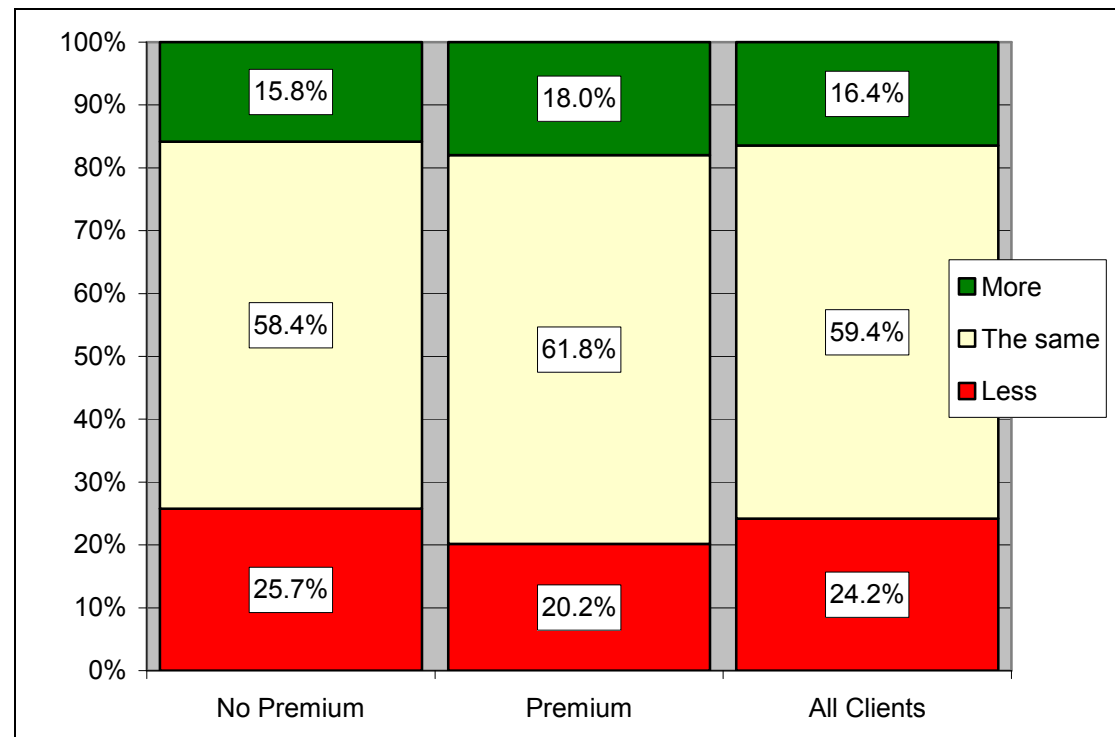
6.1.3.1 Work Within the Past 12 Months

To get an idea of work history, clients were asked if they had been working for pay 12 months ago. Overall, 61.7% were working for pay at that time. Those paying a premium were far more likely to have a work history, with 75.2% working 12 months ago compared to 57.7% for the non-premium group.

6.1.3.2 Earnings Comparison Over Time

Clients who were working 12 months ago were asked if they are currently earning more, less, or about the same amount they were earning at that time. Overall, 16.4% are earning more, 24.2% are earning less, and the remaining 59.4% are earning about the same. Figure 6-4 presents results for non-premium and premium-paying client groups, as well as the overall percentages.

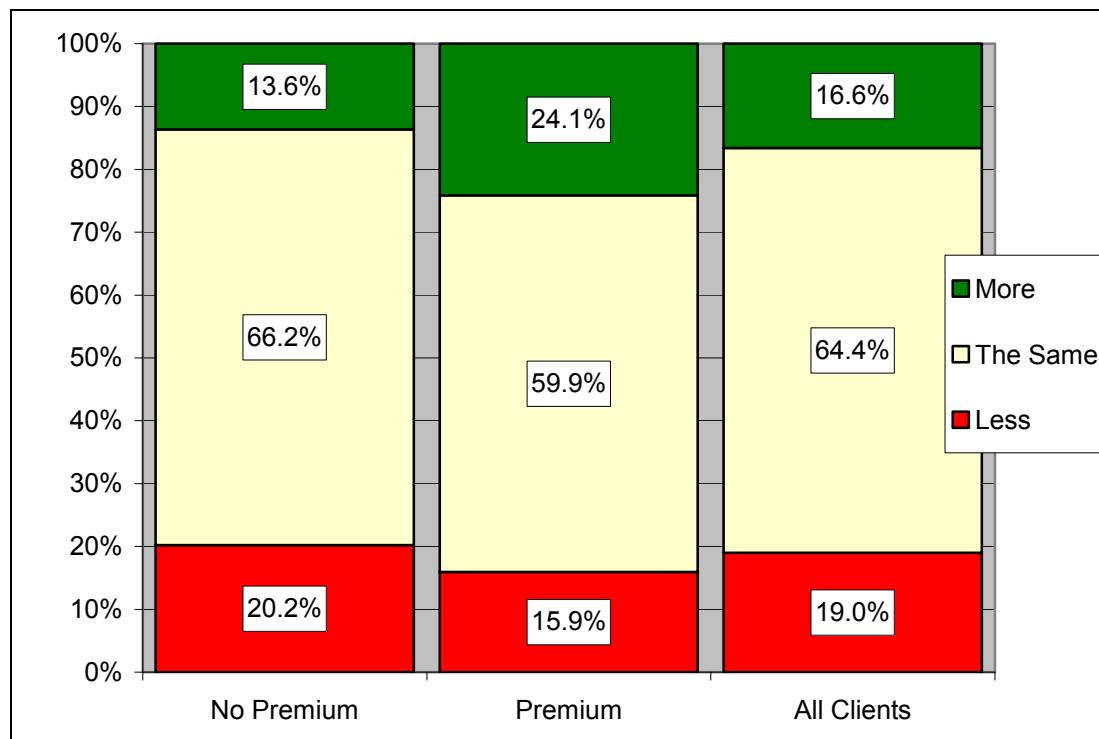
Figure 6-5: Current Earnings vs. 12 Months Prior



6.1.3.3 Trend in Wages

All respondents were asked if their hourly wage rate now is greater, less than, or about the same as it was 12 months ago. For 19.0% of MEPD enrollees, their hourly wages have actually decreased within the past 12 months, while wage rates have increased for only 16.6% of MEPD clients. In comparison to non-premium clients, a greater percentage of clients paying a Medicaid premium in the MEPD program report that their wages are increasing.

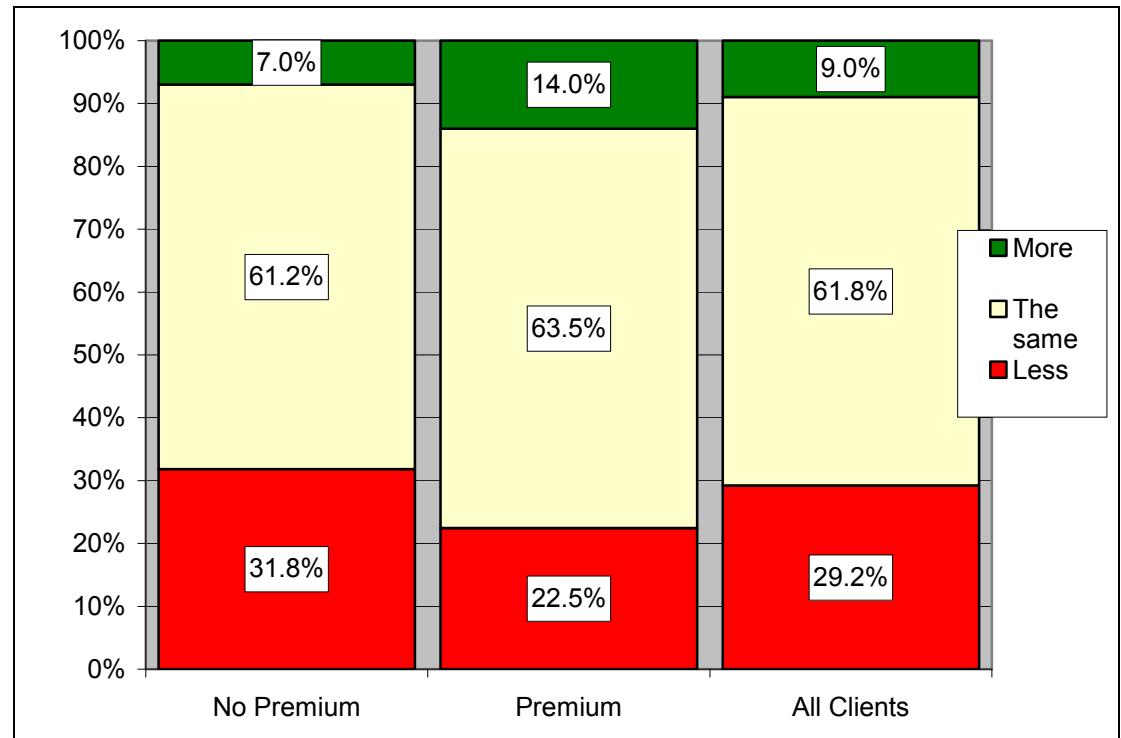
Figure 6-6: Current Hourly Wage Rate vs. 12 Months Prior



6.1.3.4 Trend in Hours Worked

As shown in Figure 6-6, about 9.0% of MEPD enrollees are working more hours now than they were 12 months ago. Those clients paying a premium are about twice as likely to have increased their hours as those who are not paying a premium.

Figure 6-7: Current Hours Worked vs. 12 Months Prior

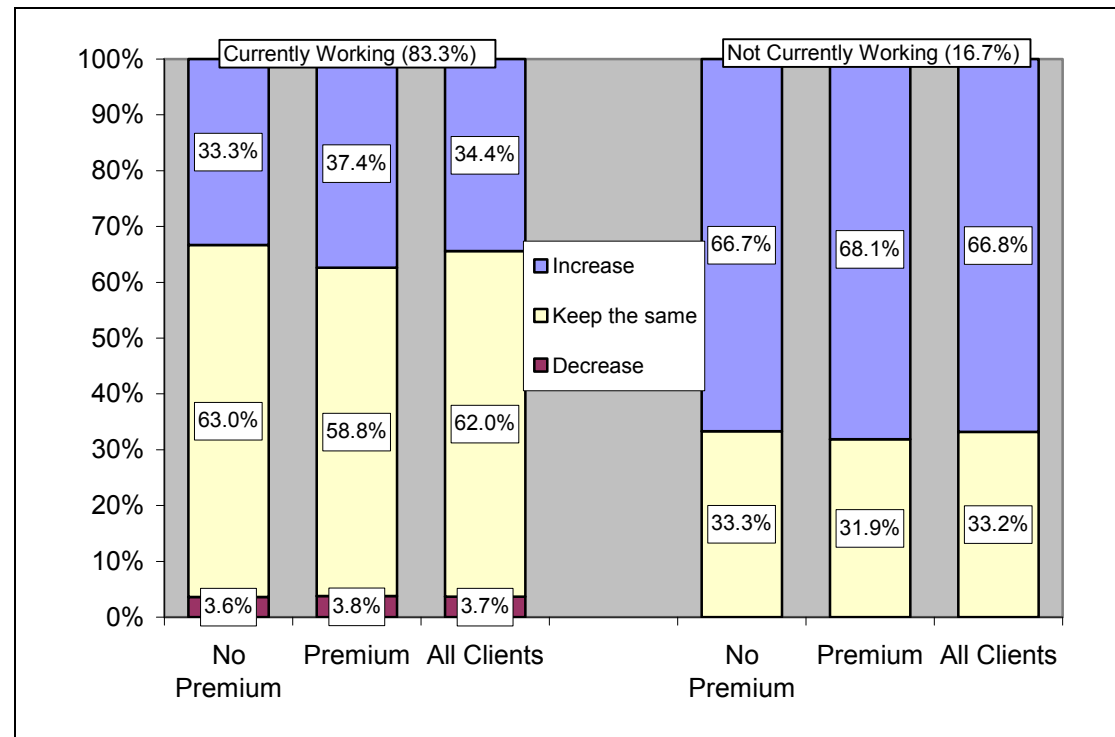


6.2 Attitudes Toward Work

6.2.1 Desire to Work

Clients' attitudes toward work were explored in Section 3.4. Recalling Figure 3-4, about 83.3% of all clients are currently working, and of those 34.4% would like to increase the number of hours they work. Taking into account those not currently working, 39.7% would like to increase the amount they are working within the next 12 months. Approximately 5.2% of all clients are not currently working and are not looking to work over the next 12 months. This data also compares with Figure 5-3, in which 75% of all clients agreed with the statement that they would work more if they could.

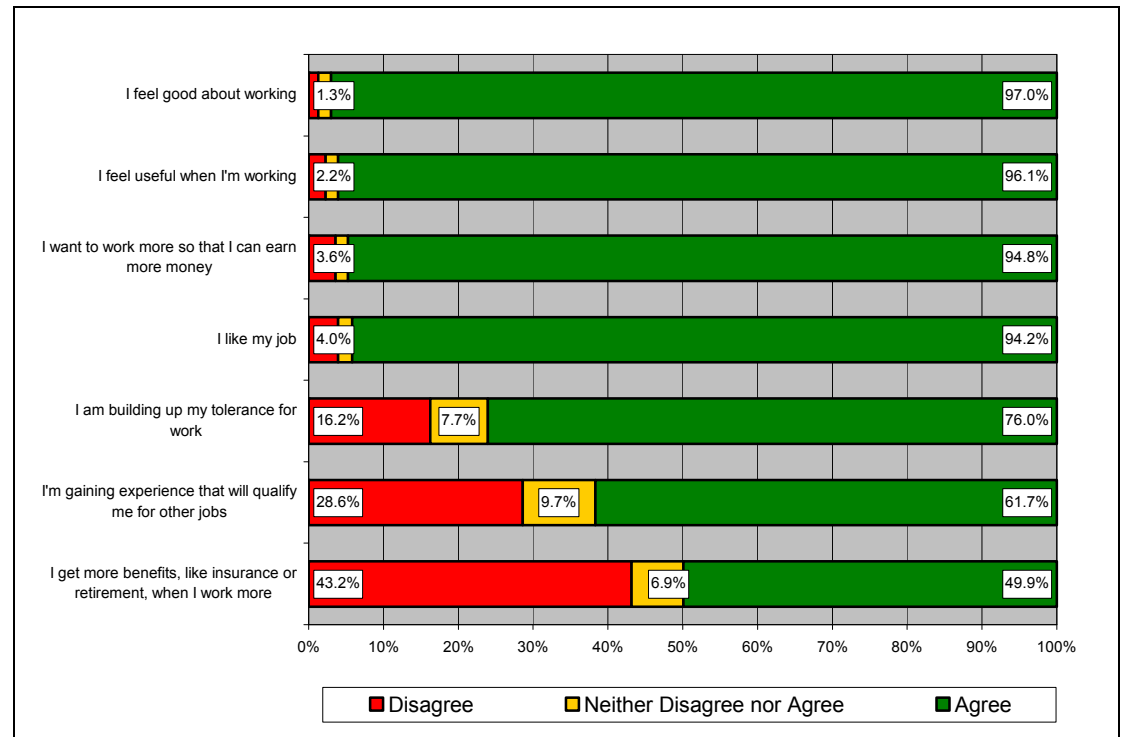
Figure 6-8: Client Attitudes Concerning the Amount They Currently Work



6.2.2 Reasons to Want to Work More

As indicated in Section 6.2.1, approximately 39.7% of all clients would like to increase the amount they are working over the next 12 months. These clients were asked to evaluate a series of statements, each one describing a reason why they might want to work more. Clients were asked to indicate the extent to which they agreed with each statement, rating each on a five-point scale (1=strongly disagree, 2=disagree, 3=neither disagree nor agree, 4=agree, 5=strongly agree).

Figure 6-9: Ratings for Reasons to Want to Work More



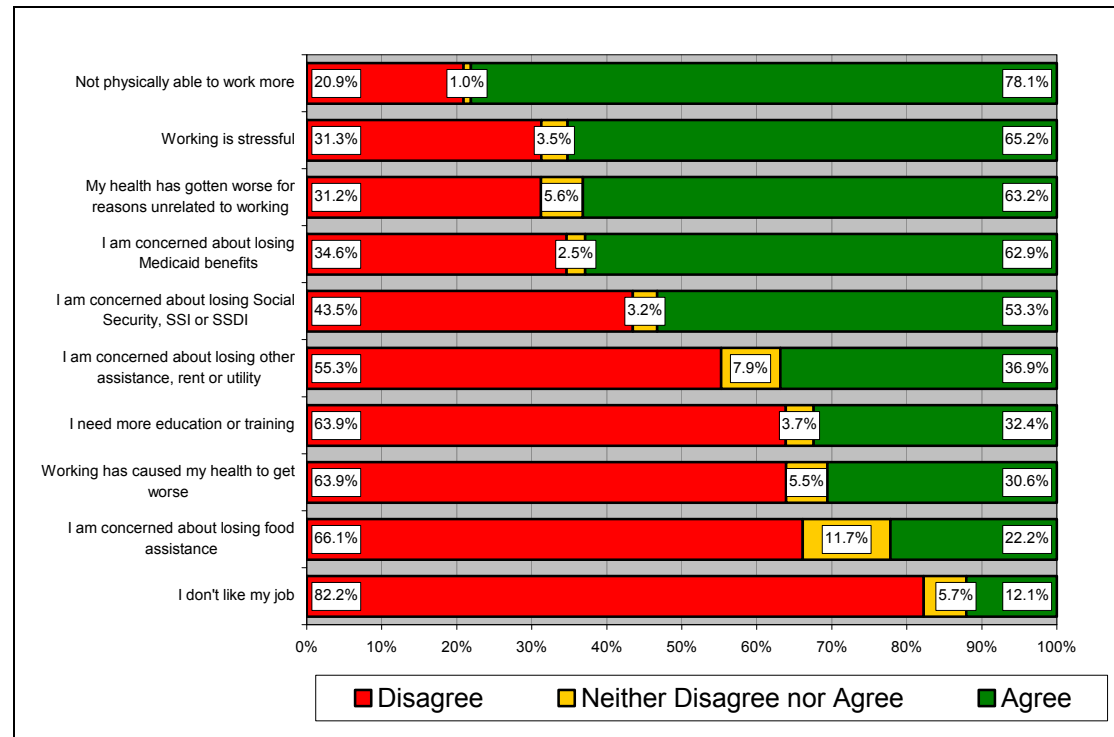
6.2.2.1 Other Reasons to Work More

Respondents were asked if there are any other reasons they may want to work more than they currently are, or may want to start working if they are not currently doing so. A total of 162 clients offered other reasons, although many of their statements were re-statements of already existing response categories (Figure 6-7). Of the 59 novel comments, the most common thread is “to remain active”. All 162 comments are reproduced in Appendix B.

6.2.3 Reasons to Not Work More

The 61.3% of all clients who either are not working and don't want to work, or who are working and either want to decrease or hold constant the number of hours they work were asked to evaluate a number of statements that might describe why they don't want to increase their work level. Using the same scale as the questions in section 6.2.2, each of these statements was evaluated on a five-point scale (1=strongly disagree, 2=disagree, 3=neither disagree nor agree, 4=agree, 5=strongly agree). Ratings for each of these statements are presented in Figure 6-8. The statement with the highest level of agreement is "Not physically able to work more" with 87.1% of all clients in agreement. The statement with the lowest level of agreement is "I don't like my job" with only 12.1% of clients who agree or strongly agree.

Figure 6-10: Reasons to Not Want to Increase Work



6.2.3.1 Other Reasons to Not Work More

Those respondents who do not want to increase their work were asked to name any other reason, other than those from Figure 6-8, why they want to decrease or maintain their current work level. A total of 153 reasons were offered, 46 of which were new comments not already captured in these 10 statements. The most common reason, mentioned by nine respondents, was an order from a physician to limit work. The complete text of all 153 responses may be found in Appendix B.

6.3 Work and Medicaid

6.3.1 Concerns about Losing Medicaid Because of Work

Clients were asked in a separate set of questions if they had concerns about losing their Medicaid benefits because of working. First, respondents were asked how concerned they were about losing Medicaid benefits before they enrolled in MEPD. Figure 6-9 presents results. Those who are not paying a premium had a higher level of concern than those who are paying a premium.

Figure 6-11: Concern of Medicaid Loss Before MEPD

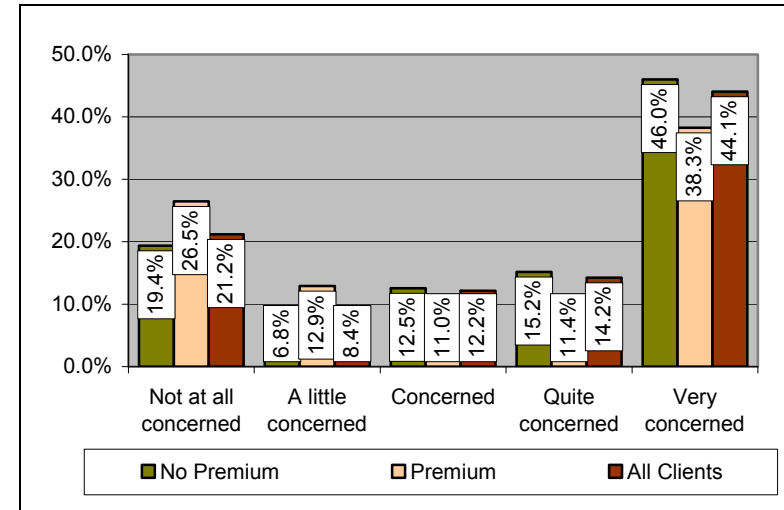


Figure 6-12: Concern of Medicaid Loss with MEPD

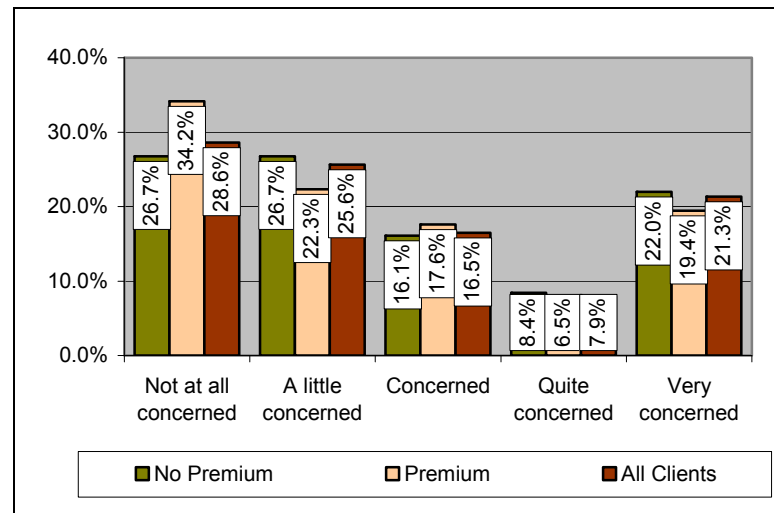
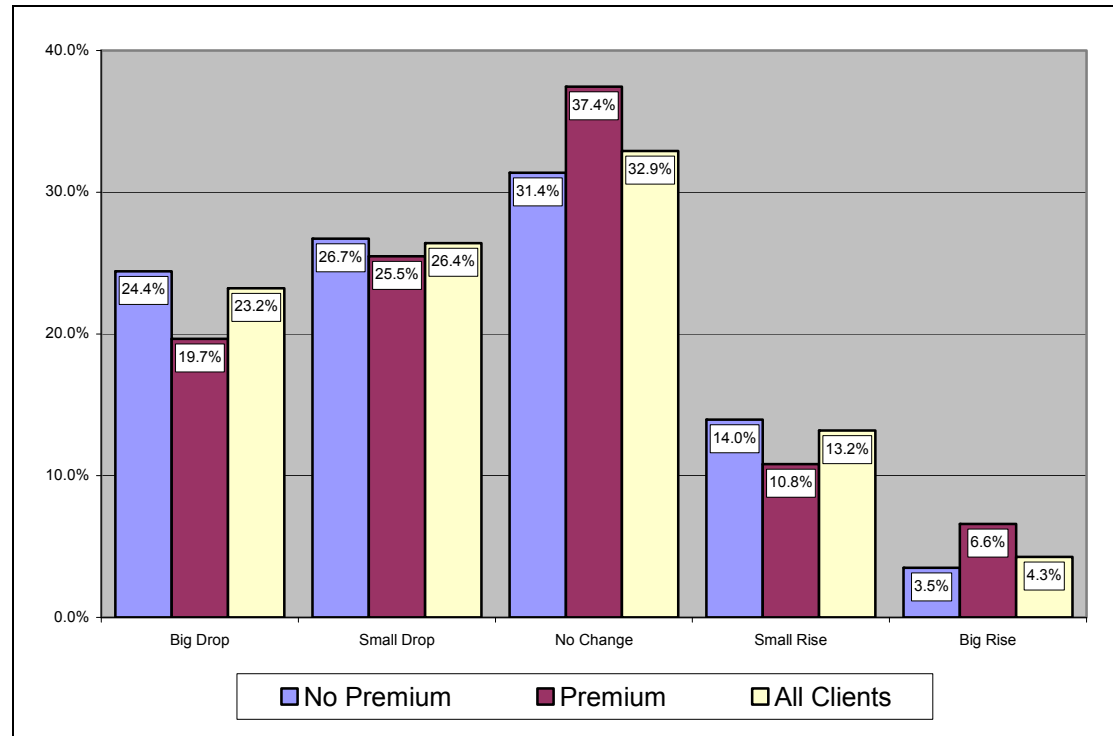


Figure 6-10 presents results for the question: *Now that you are enrolled in MEPD, how concerned are you that you could lose your Medicaid because you work?* As shown, even after enrolling in MEPD, 29.3% of all clients are quite concerned or very concerned about losing their Medicaid benefits.

6.3.1.1 Change in Level of Concern

Comparing the indicated level of concern ratings from before clients enrolled in MEPD (Figure 6-9) with those from after their enrollment in MEPD provides insight into the role of the program in helping clients feel secure with their Medicaid insurance. Figure 6-11 presents results. About 49.7 percent of clients' concern levels dropped after enrolling in MEPD. For 32.9% of all clients, there was no change, while 17.4% of clients actually had greater concern about losing Medicaid after enrolling in MEPD.

Figure 6-13: Concern Losing Medicaid After MEPD vs. Before



6.3.1.2 Spouse's Work

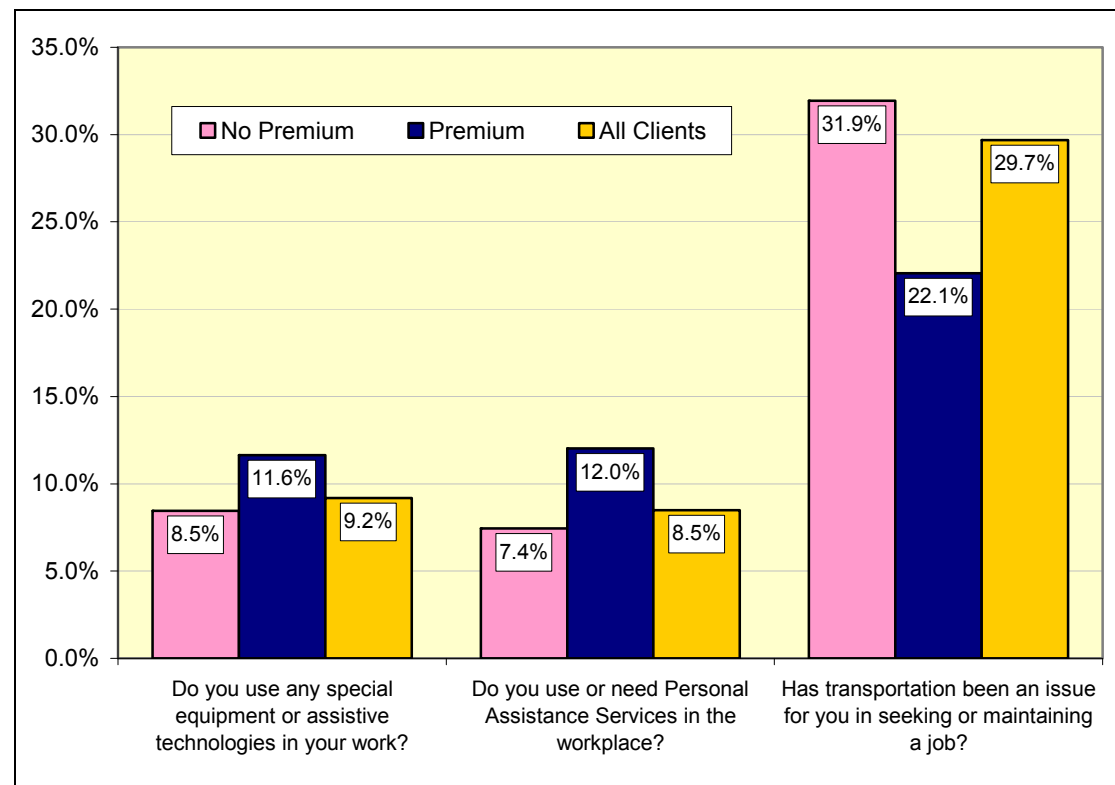
Clients who are married and have a spouse that works were asked if they are concerned that their spouse's work could jeopardize their Medicaid. Recalling section 6.1.1.3, about 15.5% of MEPD respondents have a spouse who works. Of these respondents, 28.3% are concerned about this issue. Among premium payers, the level of concern is much higher, with 39.7% indicating concern compared with 25.9% of those who do not pay a premium.

6.4 Work Environment

6.4.1 Work Assistance

Respondents were asked two questions about assistance they might need to work. One question asked if they use any special equipment or assistive technologies in work, while the other asked if the client uses or needs Personal Assistance Services in the workplace. Neither of these are widely used, with only 9.2% using assistive technology and 8.5% using Personal Assistance Services. Rates of usage are notable higher for those clients paying a premium in comparison to the non-premium group.

Figure 6-14: Work Supports



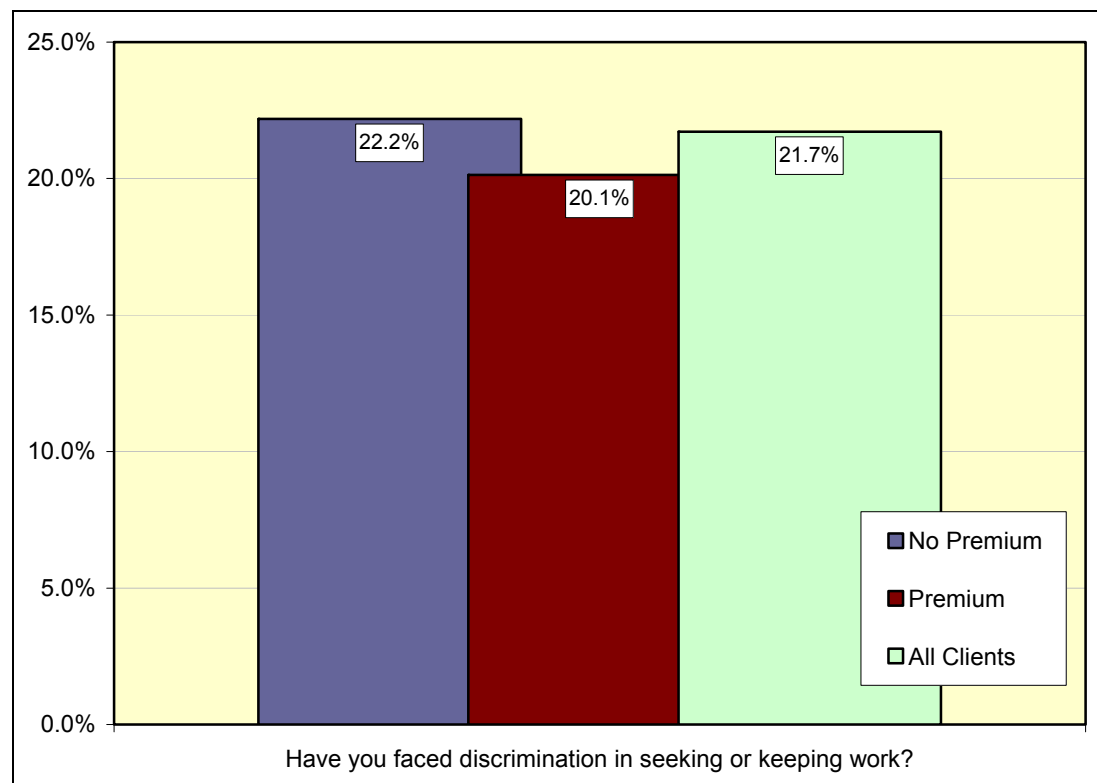
6.4.2 Transportation

Clients were asked if transportation has been an issue in seeking or maintaining a job. Results are presented in Figure 6-14. Overall, 29.7% of clients indicate that this has been an issue. Clients paying a premium have a lower incidence of problems with transportation than those who are not paying a premium.

6.4.3 Discrimination

All clients were asked if they feel that they have faced discrimination in seeking or keeping work. Overall, 21.7% of clients said that discrimination has been an issue for them, with similar results for those paying a premium and those clients paying no premium (20.1% and 22.2%, respectively).

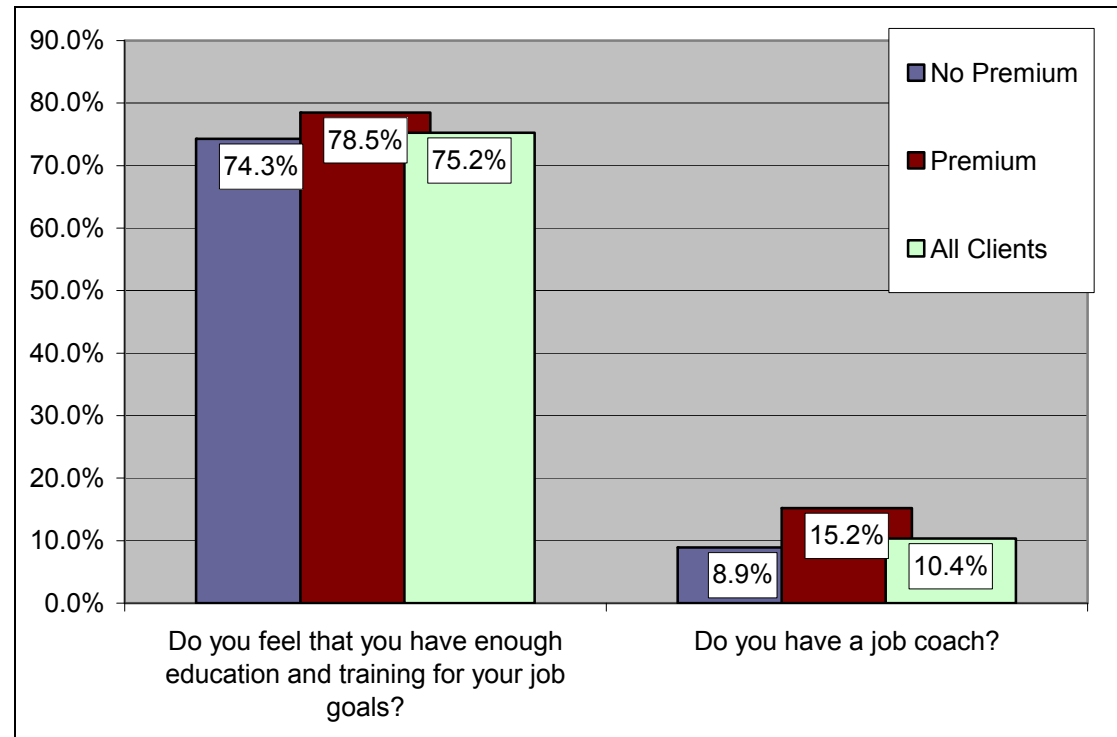
Figure 6-15: Incidence of Discrimination When Seeking or Keeping a Job



6.5 Work Preparedness

Respondents were asked two questions about work preparedness. As shown in Figure 6-13, 75.2% of all MEPD clients feel that they have sufficient education and training for their job goals. When asked about the use of a job coach, about 10.4% of all clients use a job coach. Those who are paying a premium in MEPD are more likely to have a job coach than those who do not pay a premium.

Figure 6-16: Education and Job Coaching

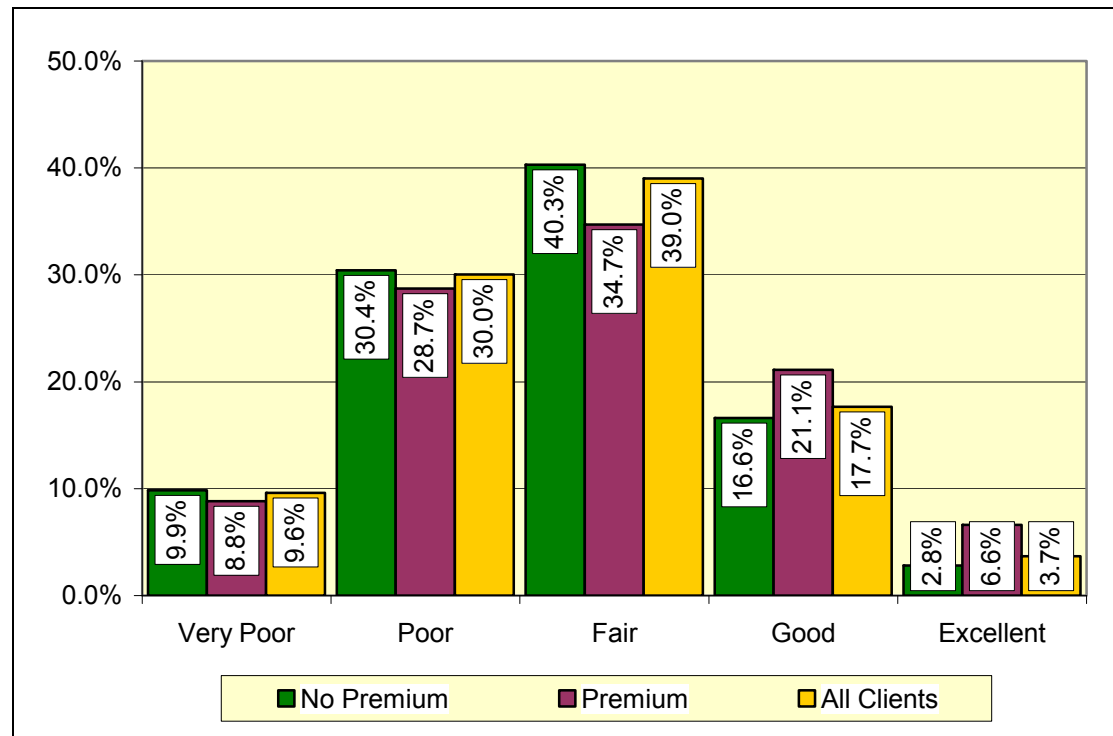


7 Health Questions

7.1 General Health

Clients were asked to rate their overall health on a five-point scale, from very poor to excellent. As depicted in Figure 7-1, those clients paying a premium in the MEPD program rate their overall health a bit better than those who are not paying a premium. Overall, 21.3% of all clients rate their health as “good” or “excellent”, while 39.6% would rate their overall health as “poor” or “very poor”.

Figure 7-1: Overall Health



7.2 Disability Information

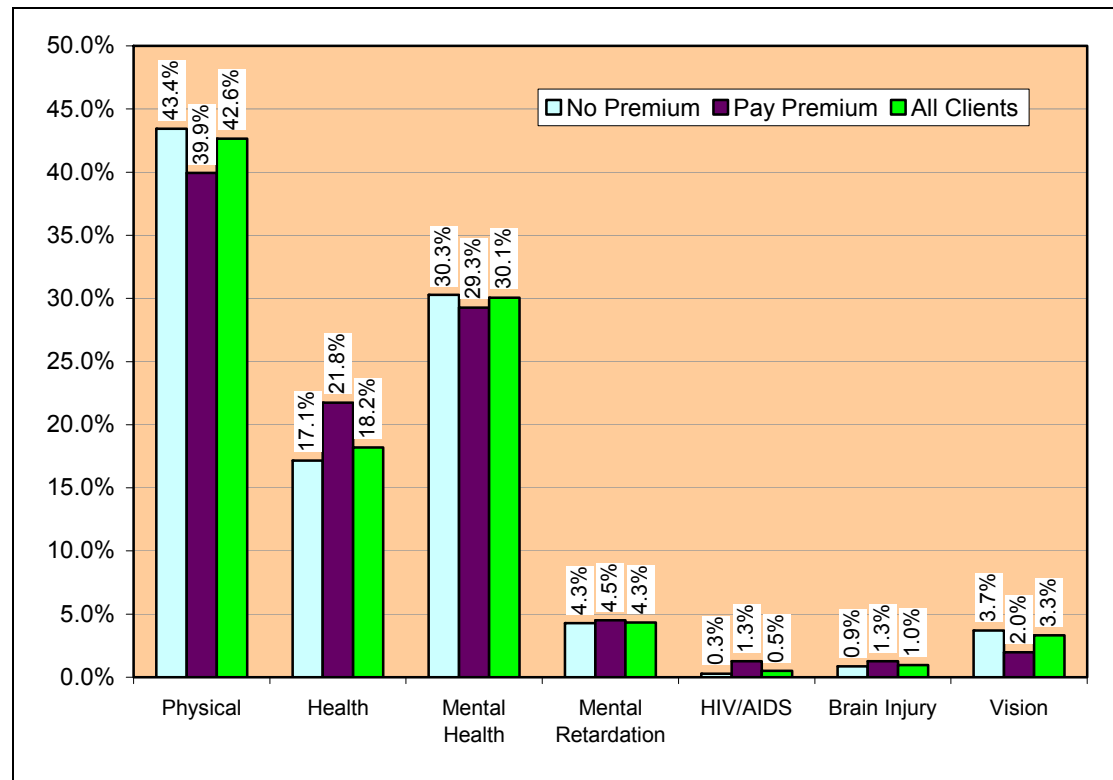
7.2.1 Disability Identification

Respondents were asked if they have a disability. Overall, 99.3% indicate that they are disabled. Those paying a premium in MEPD are slightly less likely to indicate that they are disabled (98.8%, compared with 99.4% for the non-premium group). Respondents indicating a primary disability were asked if they have any other medical conditions, impairments, or disabilities. Of all clients, 75.0% have another such condition in addition to their primary disability (72.0% premium, 75.9% non-premium).

7.2.2 Primary Disability

Those respondents who indicated that they do have a disabling condition were asked to describe that condition. Although respondents were reminded of their option to refuse the question, nearly every respondent was willing to describe their disability. Figure 7-2 presents the percentage of MEPD clients whose disabilities could be classified into these seven major categories. The most common type of disability includes physical disabilities such as back injuries, amputations, and other injury-related disabilities. Health disabilities are those related to disease, such as diabetes. The complete text of all verbatim responses may be found in Appendix B of this report.

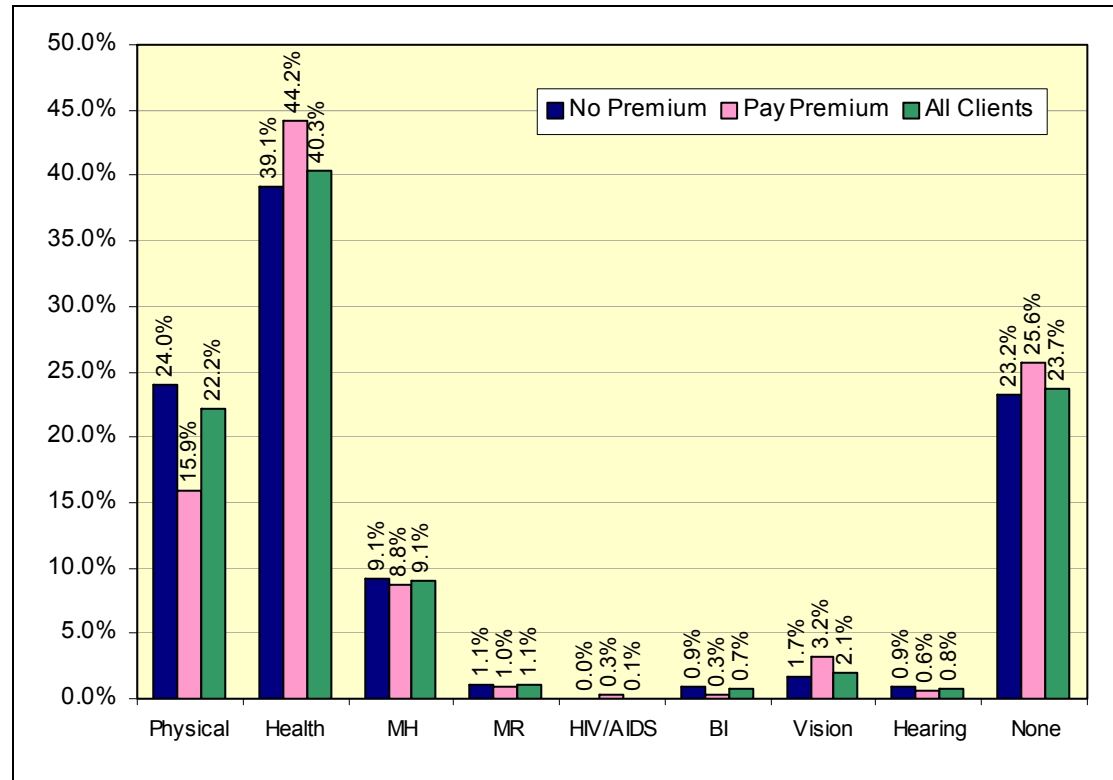
Figure 7-2: Primary Disability



7.2.3 Secondary Disability

Clients with a primary disability were also asked about any secondary health conditions or concerns that limit their abilities. Similar categories were used to classify these ailments as were used in Section 7.2.2. As depicted in Figure 7-3, two additional categories have been added, one to address auditory disabilities, and one to indicate the percentage of clients with no secondary condition. The most commonly-mentioned types of secondary disabilities are health-related. Verbatim responses from all respondents are reproduced in Appendix B.

Figure 7-3: Secondary Disability



8 Appendix A: Survey Instrument

Iowa MEPD Program Evaluation

Final - Draft 9
September 16, 2004

INTRO

Hello, my name is _____ and I am calling from the **University of Northern Iowa's Center for Social and Behavioral Research** on behalf of the Iowa Department of Human Services. We are calling about the Medicaid for Employed People with Disabilities, or M-E-P-D, program. Recently the DHS Bureau of Research and Analysis sent a letter to [Respondent Name] indicating that we might be calling. Is [Respondent Name] available?

- 1 = Yes, Speaking [Go to RESPONDENT]
- 2 = Yes, coming to the phone [Go to INTRO2]
- 3 = No, not available [Go to INTRO2 and schedule callback]
- 4 = No, not at this number [Go to NEWNUM]

NEWNUM

Do you have a current telephone number that he/she can be reached at?

- 1 = Yes [Record number. Thank you very much for your help. Hang up. Code 4410, record new number in message]
- 2 = No [Thank you for your time. Hang up. Code 4110]

RESPONDENT

Recently the DHS Bureau of Research and Analysis sent you a letter asking for your cooperation in a research study being conducted on behalf of the Iowa Department of Human Services.
[Go to RECEIVE]

INTRO2

Hello, my name is _____ and I am calling from the **University of Northern Iowa, Center for Social and Behavioral Research**, on behalf of the Iowa Department of Human Services. We are calling about the Medicaid for Employed People with Disabilities, or M-E-P-D, program. Recently the DHS Bureau of Research and Analysis sent you a letter asking for your cooperation in a research study being conducted on behalf of the Iowa Department of Human Services.

RECEIVE

Did you receive that letter?

- 1 = Yes
- 2 = No [Go to LETTER]

READ

Did you read the letter?

- 1 = Yes [Go to CONFIDENTIALITY]

2 = No

LETTER

I'm sorry you did not get the opportunity to read the letter. It was an explanation of the study and informed you that we might be calling. If you wish, I can read you a brief summary of the letter?

1 = Yes, read letter summary **[Go to CONFIDENTIALITY]**

2 = No, but continue **[Go to CONFIDENTIALITY]**

3 = No, refuses to continue **[Code 2112]**

CONFIDENTIALITY

As I stated earlier this is a study concerning the Medicaid for Employed People with Disabilities, or M-E-P-D, program. Your participation in the study is very important. We are interested in getting information about your experiences with this important program. The Department of Human Services and the MEPD Advisory Committee value your feedback on the program as they examine its impact and recommend changes. Your participation is completely voluntary and your current benefits will not be affected in any way. If we come to any question you do not want to answer, just let me know and we'll move on. Your responses are confidential and will be combined with those of other people and reported only in summary form. The interview takes most people about 15 minutes. If you have any questions about the study, I would be happy to provide a name and phone number for you to call to get more information. I would like to begin the interview now. Is this a good time? **[Go to Q1]**

[CONTACT INFORMATION: Elaine Monaghan at the DHS Financial, Health and Work Supports Division. PHONE: [1-888-409-0283]

Intake and Enrollment Process

- 1) Are you familiar with the Medicaid for Employed People with Disabilities, sometimes called M-E-P-D or the "mep-ED" program administered by DHS?
 - ☐ Yes
 - ☐ No ► *(skip to question 11)*
 - ☐ Don't Know ► *(skip to question 11)*
 - ☐ Refused ► *(skip to question 11)*
- 2) How did you first learn about the program? *(choose one)*
 - ☐ My DHS case worker
 - ☐ Family member
 - ☐ Friend
 - ☐ Benefit planner
 - ☐ Job coach
 - ☐ Brochure
 - ☐ Case Manager
 - ☐ Center for Independent Living or CIL *(pronounced "sil")*
 - ☐ Other _____
 - ☐ Don't Know
 - ☐ Refused

- 3) Now I'd like to ask you a few questions about your enrollment process. I'll read a series of statements, and for each one, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) Enrolling in MEPD was easy. Would you...	1	2	3	4	5	7	9
b) The rules for MEPD were explained clearly to me. Would you...	1	2	3	4	5	7	9
c) The DHS case worker was helpful.	1	2	3	4	5	7	9
d) I understand how much I can save under MEPD.	1	2	3	4	5	7	9
e) I understand how much I can earn under MEPD.	1	2	3	4	5	7	9
f) Enrolling in MEPD was quick.	1	2	3	4	5	7	9
g) I'm satisfied overall with the process of enrolling in the MEPD program	1	2	3	4	5	7	9
4) Do you have any comments on the process of enrolling in the MEPD program?							
<input type="checkbox"/> Yes [SPECIFY]							
<input type="checkbox"/> No							
<input type="checkbox"/> Don't Know							
<input type="checkbox"/> Refused							

MEPD Program Evaluation

- 5) I'll now read a series of statements that may describe the MEPD program. Once again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

(If they seem to hesitate on any question, remind respondents that their answers are confidential)

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) The MEPD program allows me to work. Would you...	1	2	3	4	5	7	9
b) The MEPD program allows me to keep my Medicaid even if I am over the resource limit for other Medicaid programs. Would you...	1	2	3	4	5	7	9

- c) If I could, I would work more. 1 2 3 4 5 7 9
- d) I just want to work the minimum amount to keep (or get) my Medicaid benefits. 1 2 3 4 5 7 9
- e) I would recommend the MEPD program to other people with a disability. 1 2 3 4 5 7 9

- 6) **Before** you enrolled in MEPD, how concerned were you that you could lose your Medicaid if you worked or got a job? Were you not at all concerned, a little concerned, concerned, quite concerned or very concerned?

1	2	3	4	5	7	9
Not at all concerned	A little concerned	Concerned	Quite concerned	Very concerned	Don't Know	Refused

- 7) Now that you are enrolled in MEPD, how concerned are you that you could lose your Medicaid because you work? Are you not at all concerned, a little concerned, concerned, quite concerned or very concerned?

1	2	3	4	5	7	9
Not at all concerned	A little concerned	Concerned	Quite concerned	Very concerned	Don't Know	Refused

- 8) Have you had any problems with the MEPD program?

- ☐ Yes
- ☐ No ► (skip to question 10)
- ☐ Don't Know ► (skip to question 10)
- ☐ Refused ► (skip to question 10)

- 9) What sorts of problems have you had? (Wait for respondent to say something, use list to prompt if required. Select all that apply.)

- ☐ Program wasn't explained clearly
- ☐ Availability of jobs
- ☐ Trouble keeping a job
- ☐ Too much paperwork
- ☐ Resource limits are too low
- ☐ Problems with case manager
- ☐ Problems with DHS case worker
- ☐ Can't find doctor or provider who takes Medicaid
- ☐ Other reason _____
- ☐ Don't Know
- ☐ Refused

- 10) How satisfied are you with the MEPD program? Would you say you are very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied or very satisfied?

1	2	3	4	5	7	9
Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Don't Know	Refused

Attitudes Towards Work

11) Are you currently employed?

- ☐ Yes
- ☐ No ► *(skip to question 13b)*
- ☐ Don't Know ► *(skip to question 13b)*
- ☐ Refused ► *(skip to question 13b)*

12) In an average week, about how many hours do you work?

- ☐ Less than 2 hours
- ☐ 2-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ More than 40 hours
- ☐ Don't Know
- ☐ Refused

13a) During the next 12 months, do you want to increase, decrease, or keep the same number of hours you work now?

- ☐ Increase ► *(skip to question 14aa)*
- ☐ Decrease ► *(skip to question 15aa)*
- ☐ Keep the same ► *(skip to question 15aa)*
- ☐ Don't Know ► *(skip to question 16)*
- ☐ Refused ► *(skip to question 16)*

13b) During the next 12 months do you want to be working?

- ☐ Yes ► *(skip to question 14ba)*
- ☐ No ► *(skip to question 15ba)*
- ☐ Don't Know ► *(skip to question 15ba)*
- ☐ Refused ► *(skip to question 15ba)*

14a) I'll now read a list of statements about why you might want to work more. Once again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I like my job. Would you ...	1	2	3	4	5	7	9
b) I want to work more so that I can earn more money. Would you ...	1	2	3	4	5	7	9
c) I feel good about working.	1	2	3	4	5	7	9
d) I feel useful when I'm working.	1	2	3	4	5	7	9

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| e) I'm gaining experience that will qualify me for other jobs. | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| f) I am building up my tolerance for work. | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| g) I get more benefits, like insurance or retirement, when I work more. | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| h) Any other reason? | | | | | | | |
| <input type="checkbox"/> Yes [SPECIFY]
<input type="checkbox"/> No
<input type="checkbox"/> Don't Know
<input type="checkbox"/> Refused | | | | | | | |

[SKIP TO Q16]

- 14b) I'll now read a list of statements about why you might want to be working. Once again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I would like having a job. Would you ...	1	2	3	4	5	7	9
b) I want to work so that I can earn money. Would you ...	1	2	3	4	5	7	9
c) I would feel good about working.	1	2	3	4	5	7	9
d) I would feel useful when working.	1	2	3	4	5	7	9
e) I would gain experience that would qualify me for future jobs.	1	2	3	4	5	7	9
f) I would be able to build up my tolerance for work.	1	2	3	4	5	7	9
g) I would get more benefits, like insurance or retirement if I worked.	1	2	3	4	5	7	9

- h) Any other reason?

- ☐ Yes [SPECIFY]
☐ No
☐ Don't Know
☐ Refused

[SKIP TO Q16]

15a) I'll now read a list of statements about why you might not want to work more than you are now. Again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I am concerned about losing Medicaid benefits. Would you ...	1	2	3	4	5	7	9
b) I am concerned about losing Social Security, SSI or SSDI. Would you ...	1	2	3	4	5	7	9
c) I am concerned about losing food assistance.	1	2	3	4	5	7	9
d) I am concerned about losing other assistance, rent or utility	1	2	3	4	5	7	9
e) Working is stressful.	1	2	3	4	5	7	9
f) I don't like my job.	1	2	3	4	5	7	9
g) My health has gotten worse for reasons unrelated to working.	1	2	3	4	5	7	9
h) Not physically able to work more	1	2	3	4	5	7	9
i) I need more education or training	1	2	3	4	5	7	9
j) Working has caused my health to get worse.	1	2	3	4	5	7	9
k) Any other reason?							
<input type="checkbox"/> Yes [SPECIFY]							
<input type="checkbox"/> No							
<input type="checkbox"/> Don't Know							
<input type="checkbox"/> Refused							

[SKIP TO Q16]

15b) I'll now read a list of statements about why you might not want to work. Again, for each statement, please tell me if you strongly disagree, disagree, neither disagree or agree, agree or strongly agree.

Statement	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree	Don't Know	Refused
a) I am concerned about losing Medicaid benefits. Would you ...	1	2	3	4	5	7	9
b) I am concerned about losing Social Security, SSI or SSDI.	1	2	3	4	5	7	9

Would you ...

c) I am concerned about losing food assistance.	1	2	3	4	5	7	9
d) I am concerned about losing other assistance, rent or utility	1	2	3	4	5	7	9
e) Working is stressful.	1	2	3	4	5	7	9
f) I didn't like previous jobs.	1	2	3	4	5	7	9
g) My health has gotten worse for reasons unrelated to working.	1	2	3	4	5	7	9
h) Not physically able to work	1	2	3	4	5	7	9
i) I need more education or training	1	2	3	4	5	7	9
j) Working would cause my health to get worse.	1	2	3	4	5	7	9

k) Any other reason?

- ☐ Yes [SPECIFY]
- ☐ No
- ☐ Don't Know
- ☐ Refused

16) Were you working for pay 12 months ago?

- ☐ Yes
- ☐ No ► (skip to question 20)
- ☐ Don't know ► (skip to question 20)
- ☐ Refused ► (skip to question 20)

17) Do you earn more, less, or about the same as you did 12 months ago?

- ☐ More
- ☐ Less
- ☐ The same
- ☐ Don't know
- ☐ Refused

18) Is the amount that you earn per hour more, less, or about the same as it was 12 months ago?

- ☐ More
- ☐ Less
- ☐ The same
- ☐ Don't know
- ☐ Refused

19) Is the number of hours per week that you work more, less, or about the same as it was 12 months ago?

- ☐ More
- ☐ Less
- ☐ The same
- ☐ Don't know
- ☐ Refused

20) Do you use any special equipment or assistive technologies in your work?

- ☐ Yes
- ☐ No

- ☐ Don't know
 - ☐ Refused
- 21) Do you use or need Personal Assistance Services in the workplace?
- ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Refused
- 22) Have you faced discrimination in seeking or keeping work?
- ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Refused
- 23) Do you have a job coach?
- ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Refused
- 24) Do you feel that you have enough education and training for your job goals?
- ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Refused
- 25) Has transportation been an issue for you in seeking or maintaining a job?
- ☐ Yes
 - ☐ No
 - ☐ Don't know
 - ☐ Refused

Health Questions

- 26) In general, would you say that your health is...
- ☐ Excellent
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
 - ☐ Very Poor
 - ☐ Don't know
 - ☐ Refused
- 27) Do you have a disability?
- ☐ Yes
 - ☐ No ► *(skip to question 31)*
 - ☐ Don't know ► *(skip to question 31)*
 - ☐ Refused ► *(skip to question 31)*
- 28) What do you consider to be your primary disability? *(If more than one, ask which one is considered to be primary)*
-

29) In addition to your primary disability, do you have any other medical conditions, impairments or disabilities?

- ☐ Yes
- ☐ No ► *(skip to question 31)*
- ☐ Don't know ► *(skip to question 31)*
- ☐ Refused ► *(skip to question 31)*

30) What other medical conditions, impairments or disabilities do you have?

Background Questions

31) Do you currently ...

- ☐ Own a home or apartment,
- ☐ Live at someone else's home or apartment,
- ☐ Live in an apartment that provides services,
- ☐ Live in a group home,
- ☐ A health care facility, institution, hospital or nursing home, or
- ☐ Do you have no permanent residence?
- ☐ Other [OPEN] _____

32) Are you currently married?

- ☐ Yes
- ☐ No ► *(skip to question 35)*
- ☐ Don't know ► *(skip to question 35)*
- ☐ Refused ► *(skip to question 35)*

33) Does your spouse work in a job for which she/he gets paid?

- ☐ Yes
- ☐ No ► *(skip to question 35)*
- ☐ Don't know ► *(skip to question 35)*
- ☐ Refused ► *(skip to question 35)*

34) Are you concerned that your spouse's earnings may make you lose your Medicaid benefits?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

35) Do you have children who live with you?

- ☐ Yes
- ☐ No ► *(skip to question 37)*
- ☐ Don't know ► *(skip to question 37)*
- ☐ Refused ► *(skip to question 37)*

36) Do you have a child with a disability?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

37) What is your current job or what job are you currently seeking?

(Remind respondent that responses are confidential if they seem to hesitate.)

Closing

38a) Do you have any comments on anything you particularly like about the MEPD program?

- ☐ Yes [SPECIFY]
- ☐ No
- ☐ Don't Know
- ☐ Refused

38b) Do you have any comments on anything you would like to see improved about the MEPD program?

- ☐ Yes [SPECIFY]
- ☐ No
- ☐ Don't Know
- ☐ Refused

39a) We appreciate your participation in this study. When we have completed all interviews, the results will be compiled in a report that will be presented to the MEPD Advisory Committee and DHS policy makers. This will be a public document available from DHS. If you would like, we can send you a summary of the report and information about how to receive a copy.

Would you like to receive a copy of the report summary?

- ☐ Yes
- ☐ No ► *(skip to **Good bye**)*

39b) [INTERVIEWER: VERIFY ADDRESS AND INFORM THE RESPONDENT THAT THE REPORT IS EXPECTED TO BE COMPLETE BY THE END OF NOVEMBER]

NAME

ADDRESS

TOWN

STATE

ZIP

PHONE

Good bye

That completes the interview. I want to thank you very much for your time and cooperation. You have a nice day/morning/afternoon/evening. Good bye.