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## *Working Healthy Data Chartbook, 2<sup>nd</sup> Edition*

Kansas Medicaid Buy-In Research and Evaluation  
2002-2010

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# Introduction

*By Jean P. Hall, Ph.D., Principal Investigator*

In October 2000, Kansas first received federal Medicaid Infrastructure Grant (MIG) funding to develop and implement a Medicaid Buy-In program under the Ticket to Work/Work Incentives Improvement Act (TWWIIA) legislation. TW-WIIA established two new optional Medicaid coverage groups as an incentive for people with disabilities to return to work without fear of losing health insurance coverage. The first optional group, the Basic Coverage Group, covers people ages 16 to 64 who meet Social Security's disability criteria and are working. The second optional category, Medically Improved, provides coverage for persons who no longer meet disability criteria, but who have a mental or physical health condition that would likely worsen without continued health coverage.

Shortly after the grant was received, an advisory group comprised of advocates, consumers, family members, and state officials was formed to begin program planning. Input from this group formed the basic policies for the program. Among the goals the advisory group identified were to establish a program aimed at supporting Kansans with disabilities employed in a competitive and integrated setting and to ensure a system was available to help them make an informed choice prior to returning to work or increasing employment efforts. The group continues to meet and provide direction and input.

The Kansas Medicaid Buy-In, *Working Healthy*, was implemented in July 2002. In January 2005, the state implemented coverage for the Medically Improved group. Finally, in July 2007, the Work Opportunities Reward Kansans (WORK) program began, providing coverage to people eligible for *Working Healthy* who need a personal attendant or other assistive services in order to work.

The continued growth of *Working Healthy* is a testament to the commitment of the state and advocates to make the program a meaningful support to employment for Kansans with disabilities. From the beginning, the state has provided a cadre of Benefits Specialists located across the state specifically for the purposes of conducting outreach about *Working Healthy* and assisting individuals to create benefits plans that clarify which benefits a person stands to gain or lose as a result of entering or increasing employment.

Since the original grant award, researchers at the University of Kansas Center for Research on Learning and Department of Health Policy and Management have been involved with the planning, implementation, and evaluation of *Working Healthy*. Evaluation activities have included annual surveys with enrollees and a comparison group of non-enrollees, surveys of state case managers, and analysis of administrative data, including Medicaid and Medicare claims and most recently Kansas Revenue data. A critical piece of the evaluation effort is understanding *Working Healthy* enrollees' experiences with the program so that successes can be tracked and needed changes can be documented. This Chartbook 2<sup>nd</sup> Edition summarizes results of surveys with *Working Healthy* enrollees from 2002 through 2010, with supplemental information from administrative databases.

## Executive Summary

The Chartbook documents trends in enrollment, earnings, employment, medical expenditures, consumer experiences, and consumer satisfaction from inception of the Kansas Medicaid Buy-In, *Working Healthy*, in 2002 through 2010. In brief, it summarizes survey and administrative data that document increased earnings and taxes paid over time by participants, and decreased Medicaid expenditures for those continuously enrolled compared to other dual-eligible individuals not enrolled in the Buy-In. Data also reflect improved quality of life and financial status for participants. Highlighted below are longitudinal findings and more recent 2010 data contained in the Chartbook.

### Enrollee Demographics

- The average age of enrollees is 47.4, ranging from 18 to 64.
- Fifty-three percent are female.
- Ninety percent are White.
- The most frequently reported primary disability is mental illness.

### Longitudinal Trends

- Participants' average hourly wages and annual income have increased over time; for those continuously enrolled, amount of state taxes paid each year has also increased.
- For those continuously enrolled in *Working Healthy*, overall Medicaid expenditures decreased by 22% from 2006 to 2009.
- The percentage of participants paying a premium to help offset their Medicaid expenses has consistently risen to nearly 80% and the average premium paid has risen to \$78.85 per month.

### Employment

- The most common type of employment reported by enrollees is in the service sector.
- On average, participants work 18 hours/week and earn an average of \$8.77/hour.
- According to 2009 Kansas state tax data provided in the aggregate, the Adjusted Gross Income (AGI) of *Working Healthy* enrollees is, on average, twice that of other dually eligible Kansas Medicaid beneficiaries with disabilities.
- Eighty-five percent of survey respondents have been in their current job more than a year and 65% have been at the same job for more than 2 years.
- The number one reason reported for leaving a job is a worsening of disability, with layoffs being the second most common reason.
- Only 16% of survey respondents are offered health insurance through an employer; only 1% were covered. Only about 18% were given paid sick leave.

## Quality of Life and Program Satisfaction

- More than half of respondents have consistently reported that their financial status, level of independence, and mental health have improved since enrolling in *Working Healthy*.
- More than 75% of respondents have consistently report being able to get the medical services they need through *Working Healthy*.
- Up to 1 in 5 respondents indicate having lost other benefits as a result of being in *Working Healthy* and earning more; the most commonly lost benefits are food stamps, low income energy assistance and Section 8 housing. Loss of benefits means that enrollees are becoming less dependent on public programs; this outcome is problematic only when lost benefits outweigh gains in income.

## Policy Issues

- Only 14% of *Working Healthy* enrollees are married. Comments from survey respondents indicate that the WH premium structure and earnings rules create a “marriage penalty” that may prevent some married individuals from enrolling or prevent some current enrollees from getting married.
- More than 1 in 4 report having turned down an increase in wages or hours due to fear of losing SSDI benefits.
- Fourteen percent report difficulty finding doctors who accept Medicaid, while over 50% report difficulties finding dentists.
- Only about half of respondents report that they have been encouraged by service providers to have a job or career.

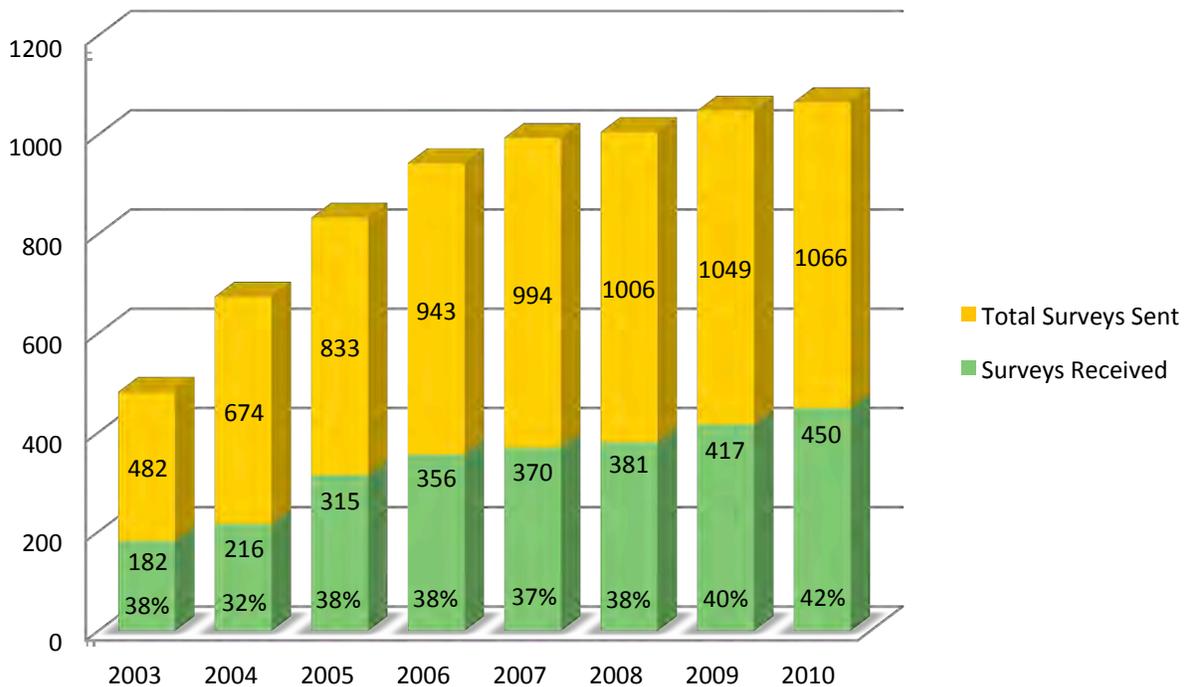
# 1. Background & Methodology

In an effort to better understand and evaluate the Kansas Medicaid Buy-In, *Working Healthy*, researchers at the University of Kansas Center for Research on Learning, Division of Adult Studies (KU-CRL) has conducted a series of surveys with program enrollees. The *Working Healthy Program Evaluation Survey* was developed in consultation with *Working Healthy* staff and Advisory Council members, and field-tested by consumers. Starting in June 2003, it has been mailed annually to all people enrolled in *Working Healthy* for at least the three months prior to the survey. Survey participants were provided a postage-paid envelope to return their surveys. For those unable to complete a paper-pencil instrument, KU-CRL staff were available to assist via a toll-free telephone/TDD line. All survey completers received a stipend for their time. Annual response rates have varied from 32% to 42% (Figure 1.1).

The survey was intended to measure enrollees' satisfaction with *Working Healthy*, identify potential areas for improvement, and investigate timely policy issues as they arose.

The majority of this report contains data gathered from the annual surveys conducted in 2003-2010. Some enrollment and demographic information for the entire *Working Healthy* population from administrative data sources is included, however sample statistics will be from 2003-2010 surveys only (See Appendix A). When figures contain data not obtained from the annual survey, the data source is indicated.

Figure 1.1: *Working Healthy* Program Satisfaction Survey Response Rates, by Year



## 2. Program & Enrollee Demographics

### *Working Healthy* Enrollment

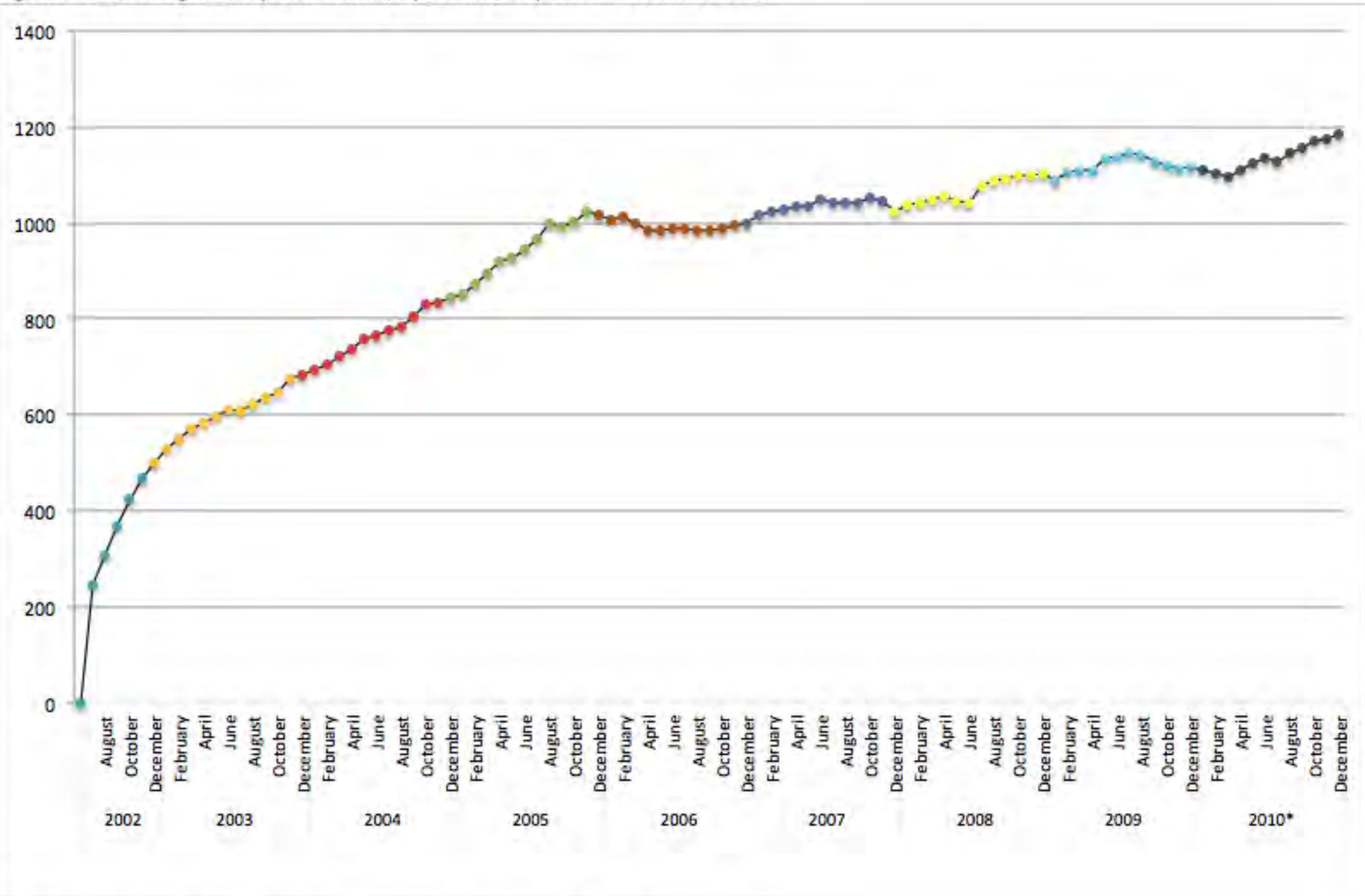
*Working Healthy* began enrolling participants in July 2002. State personnel estimated 50-75 people would enroll during the first year. The first month's enrollment, however, far exceeded those expectations with 247 enrollees. As indicated in Figure 2.1 on the following page, enrollment continued to steadily increase through 2005. It was not until 2006 that enrollment in *Working Healthy* plateaued and in some months, decreased. At least some of this decrease can be attributed to implementation of Medicare Part D coverage for prescription drugs in 2006. Approximately 90% of *Working Healthy* enrollees are dually eligible for Medicare and Medicaid (See Figure 8.1) and some consumers reported that they no longer needed Medicaid (i.e. *Working Healthy*) once Part D began. Over the past few years, however enrollment has been steadily increasing and was 1183 as of December 2010.

Appendix B, Table 1 provides more detail, illustrating the number of individuals enrolled in *Working Healthy* by month.

*Working Healthy* enrollees are spread throughout the state of Kansas. Naturally, areas with the largest general population contain the largest enrollment, while more rural areas of the state contain lower numbers of enrollees. Appendix B, Table 2 provides a list of *Working Healthy* enrollment by county in December 2010.

All enrollment information contained in this section was obtained from the Kansas Medicaid Management Information System (MMIS) and not through survey data.

Figure 2.1: Working Healthy Enrollment, by Month, July 2002- December 2010



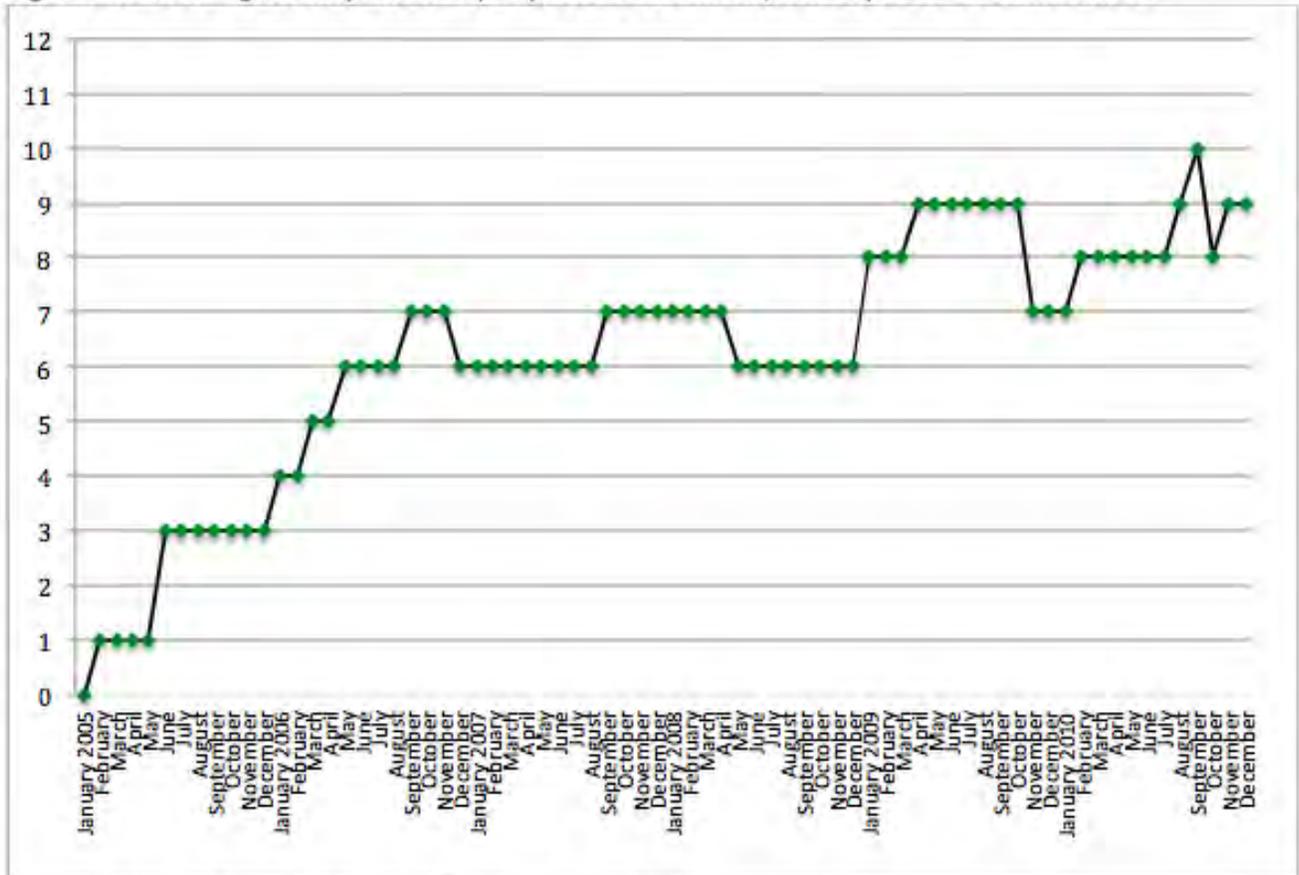
\*Notes: Does not include retroactive enrollment months, therefore subject to increase.

Source: Kansas Medicaid Management Information System (MMIS)

## Medically Improved Enrollment

In January 2005, *Working Healthy* began covering individuals in this additional eligibility category. A person whose disability has stabilized or improved may be considered ‘medically improved’ by Social Security and therefore no longer eligible for cash benefits. However, under this category of eligibility, a person may remain enrolled in *Working Healthy* and Medicaid eligible if his or her disability or condition continues to substantially limit the ability to work or conduct daily activities, or his or her health problem has been stabilized by assistive technology, medication, treatment, monitoring by a medical professional or a combination of these. For these individuals the loss of medical care due to loss of Medicaid eligibility could result in a deterioration of mental or physical health and loss of the ability to work. Only a few individuals have qualified for the medically improved category – enrollment has ranged from one to as many as ten. Figure 2.2 provides enrollment information in detail for this group.

Figure 2.2: *Working Healthy* Medically Improved Enrollment, January 2005-December 2010



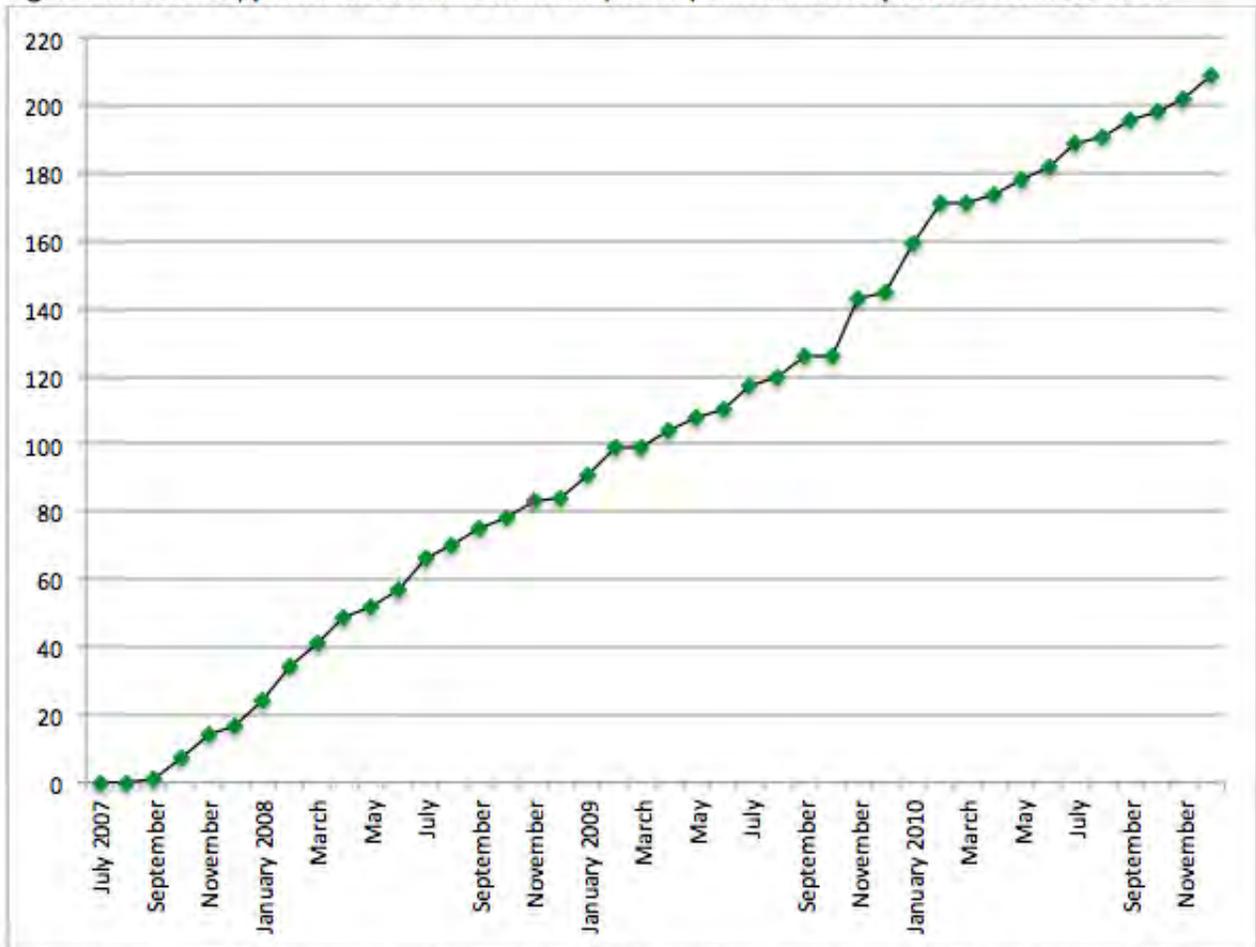
Source: Kansas Medicaid Management Information System (MMIS)

## Work Opportunities Reward Kansans (WORK) Enrollment

In July 2007, the Work Opportunities Reward Kansans (WORK) option under *Working Healthy* began providing a package of services, including assessment, personal assistance services, independent living counseling, and assistive services, for individuals with developmental disabilities, physical disabilities, or traumatic brain injury, who are eligible for *Working Healthy*. WORK enrollees must meet the same eligibility requirements as the state home and community based services (HCBS) waivers and must have earnings from employment. As of December 2010, 209 individuals were receiving WORK services with the number rising each month. Figure 2.3 below provides enrollment information for WORK.

Figures throughout the remainder of this section provide demographic information on *Working Healthy* as a whole, in addition to the subset of the population who are receiving WORK services from 2008-2010 (2007 is not included due to cell sizes of less than 25). Appendix B, Table 3 provides more detail, illustrating the number of individuals receiving WORK services by month.

Figure 2.3: Work Opportunities Reward Kansans (WORK) Enrollment July 2007-December 2010



\*Note. While enrolling individuals in WORK began in July 2007, due to processing time a lag exists for individuals to appear in eligibility files.

Source: Kansas Medicaid Management Information System (MMIS)

## Enrollee Demographics

The demographics of age, gender, race and ethnicity are reported by year for both the entire *Working Healthy* population and for survey respondents. Population information is available through Kansas' MMIS data system. We rely on self-report for other demographics (such as disability, education, marital status and parental status) because data on these variables are not currently available to researchers through Kansas MMIS or other administrative sources.

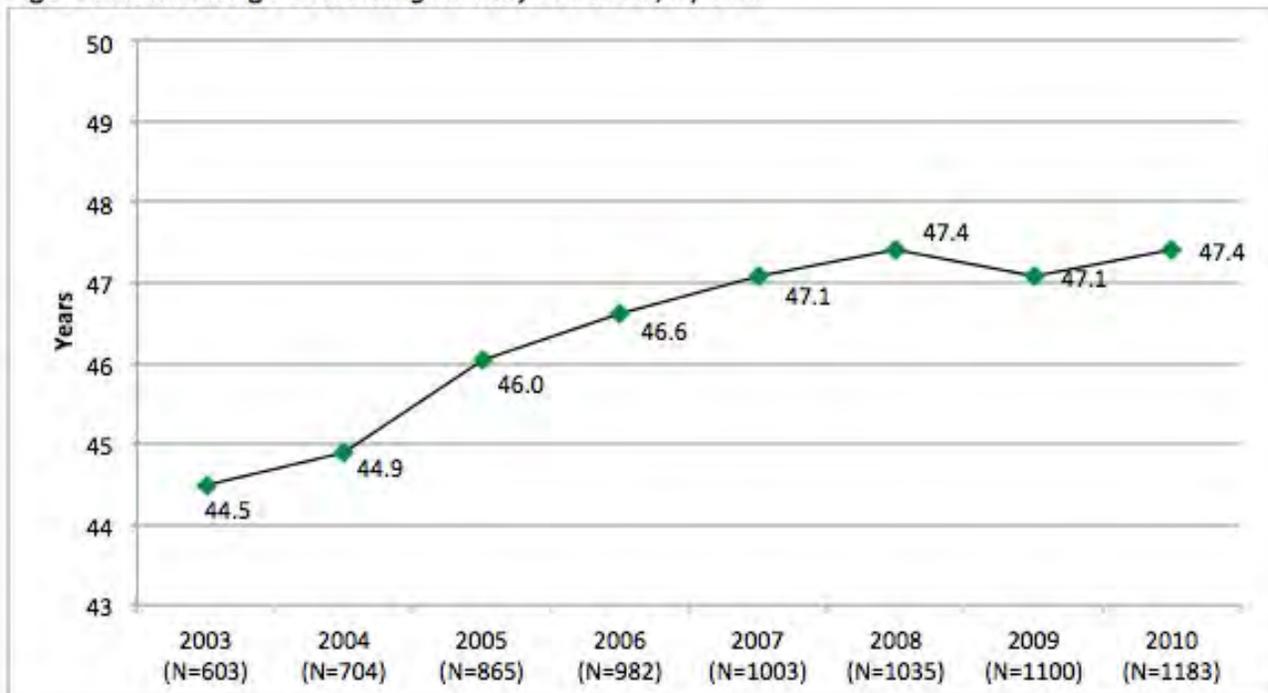
### AGE

Individuals aged 16-64 are eligible for *Working Healthy*. The mean age of all enrollees increased by slightly as each year passes (Figure 2.4), with 2008-2010 mean age leveling off. The minimum age of any individual enrolled in 2002-2006 was 20 years, while in 2007-2010 enrollees as young as 18 were enrolled in *Working Healthy*. Age is reported as the age the individual turns during a particular calendar year of reporting.

After a person turns 65, he or she is no longer eligible for *Working Healthy* and has to be dropped from the program; we refer to this as “aging out” of the program.

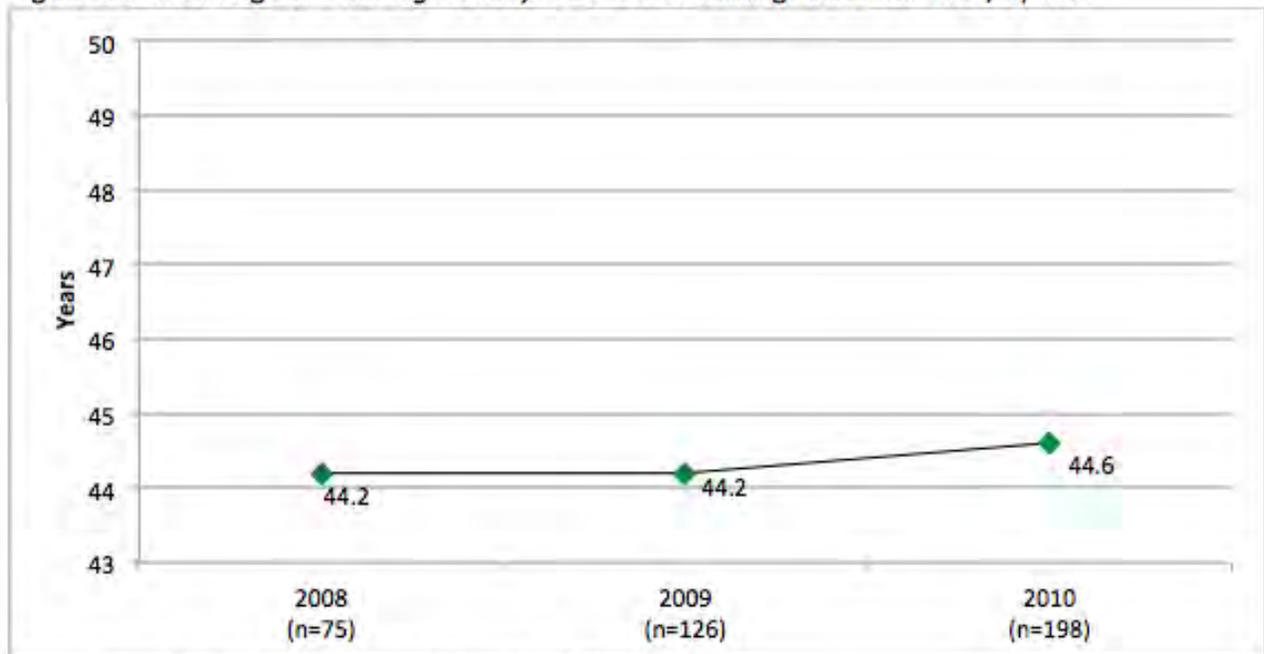
Figures 2.4-5 below provide mean age by year for both *Working Healthy* enrollees as a whole and the subset of enrollees receiving WORK services. Due to the WORK program beginning mid-2007, only data for years 2008-2010 are included. Figures 2.6-7 provide age distribution across both groups.

Figure 2.4: Mean Age of *Working Healthy* Enrollees, by Year



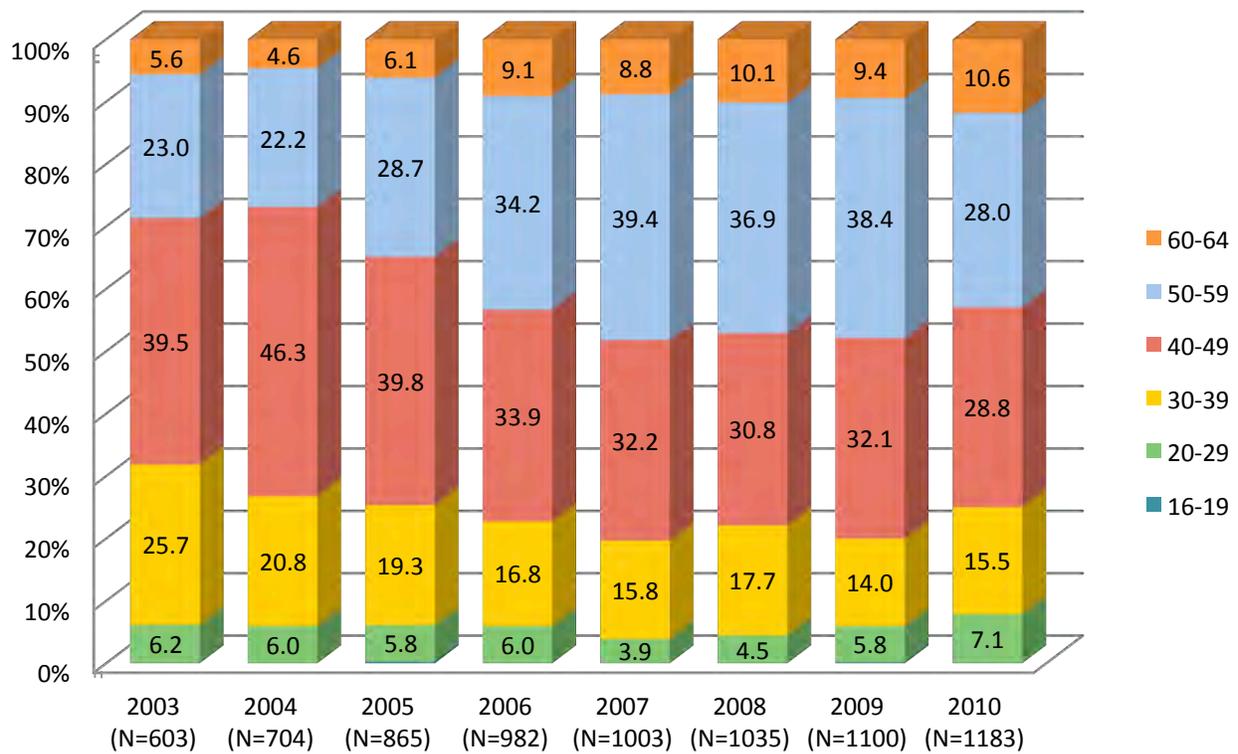
Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.5: Mean Age of Working Healthy Enrollees Receiving WORK Services, by Year



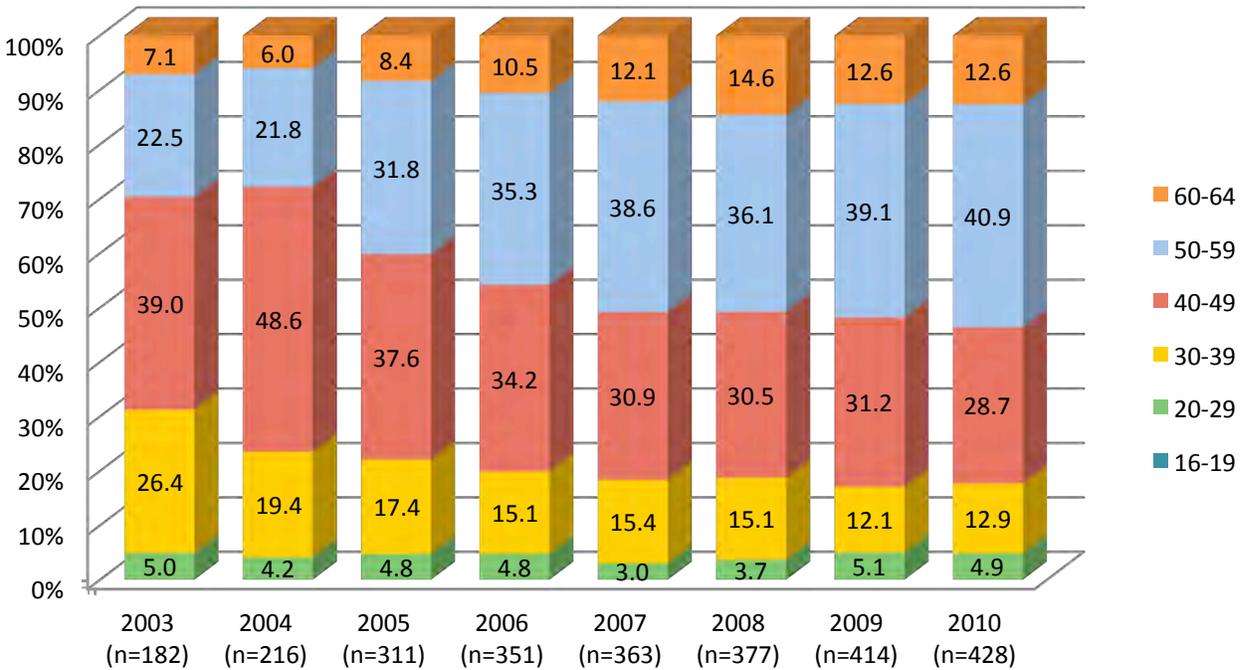
Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.6: Age Distribution of Working Healthy Enrollees, by Year



Source: Kansas Medicaid Management Information System (MMIS)

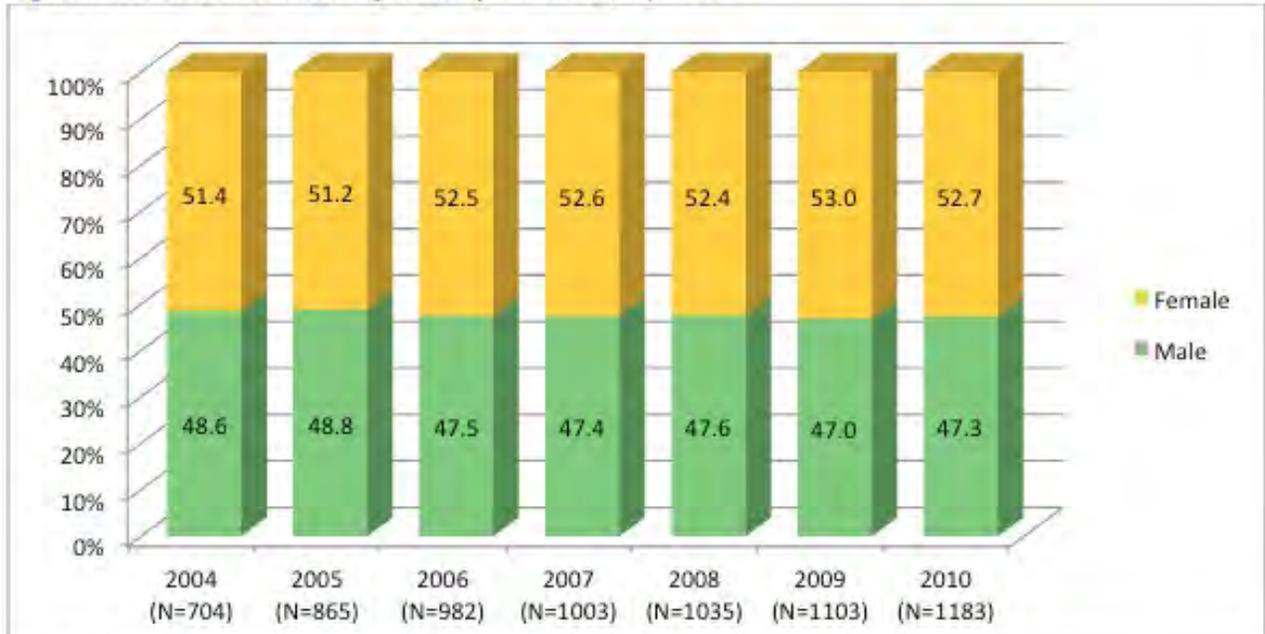
Figure 2.7: Age Distribution of *Working Healthy* Survey Respondents, Self-Reported by Year



## GENDER

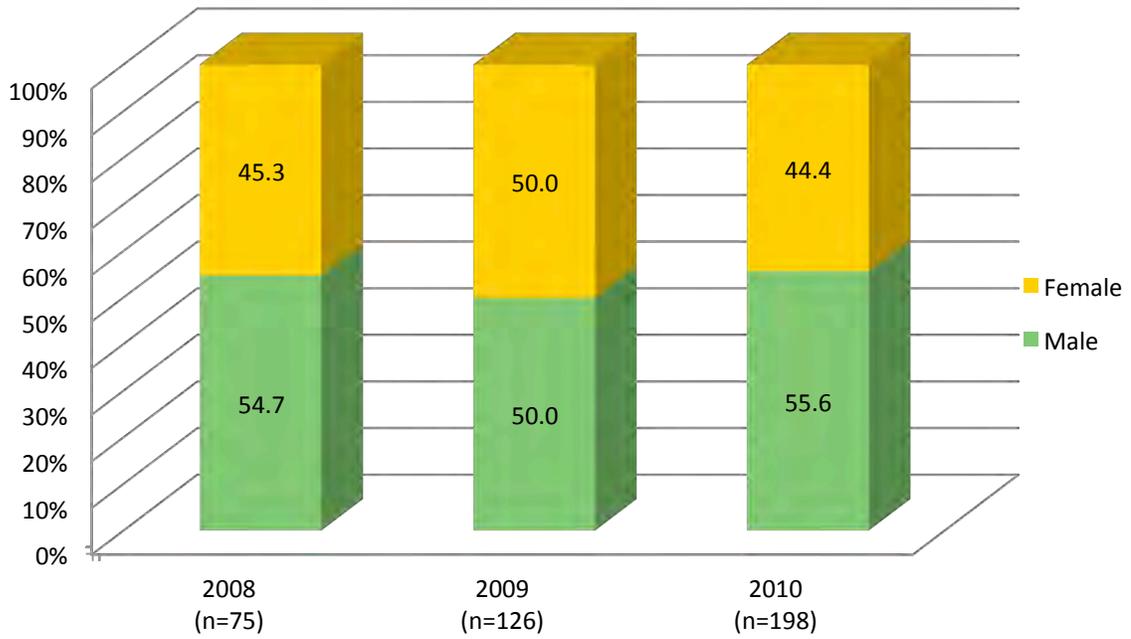
Figures 2.8-10 below provide demographic information on the gender of *Working Healthy* enrollees, those receiving WORK services and survey responders by year. It should be noted that the gender variable, while obtained from survey respondents from 2003, was not obtained from MMIS until 2004.

Figure 2.8: Gender of *Working Healthy* Enrollees, by Year



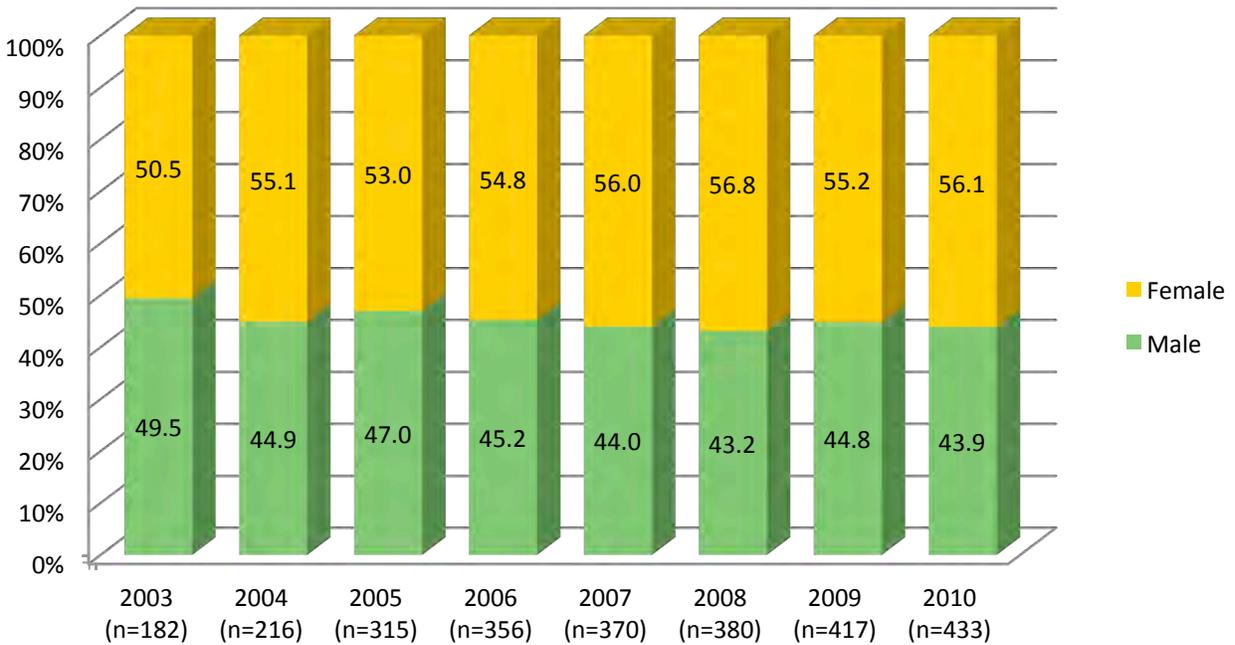
Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.9: Gender of *Working Healthy* Enrollees Receiving WORK Services, by Year



Source: Kansas Medicaid Management Information System (MMIS)

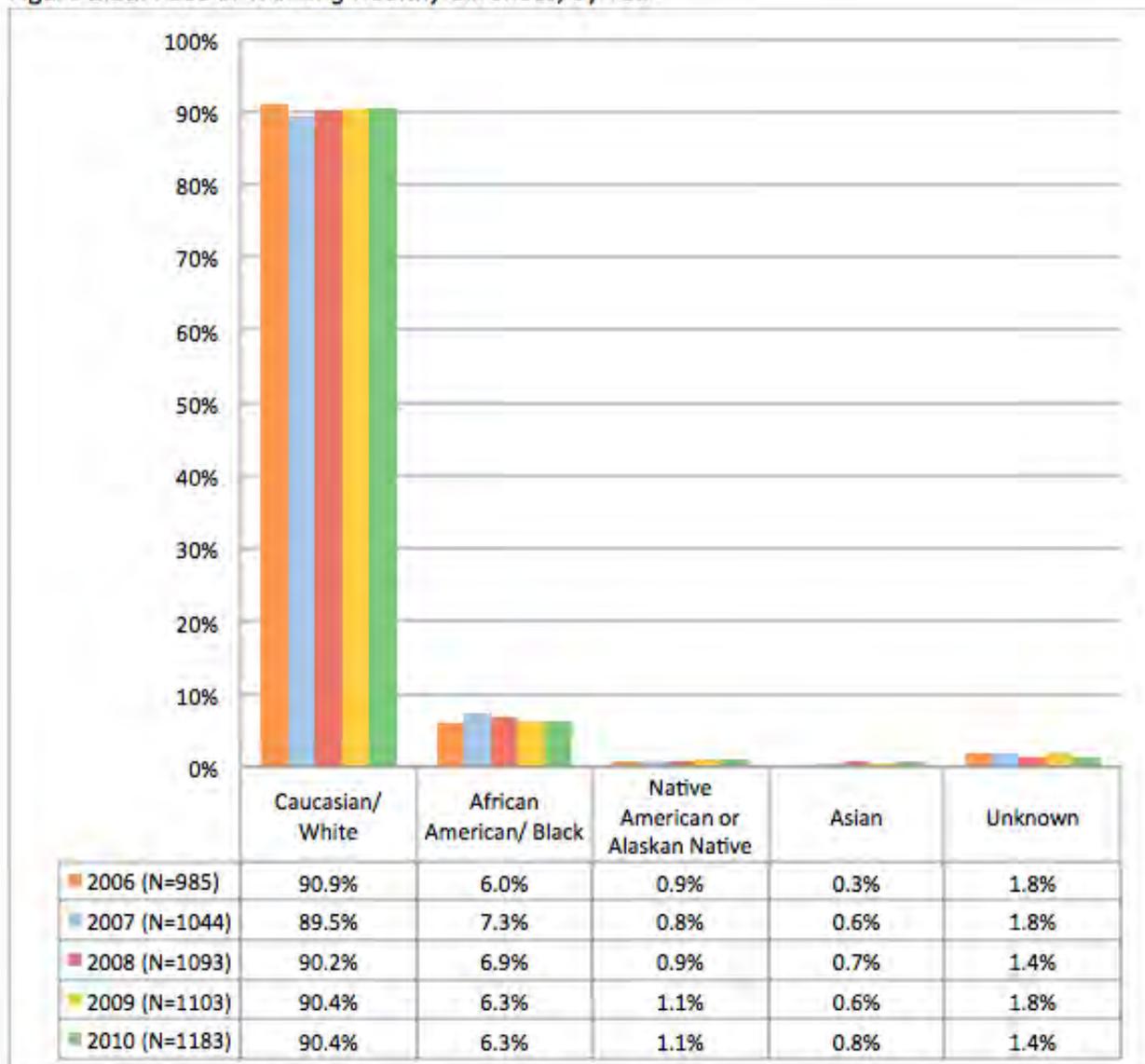
Figure 2.10: Gender of *Working Healthy* Survey Respondents, Self-Reported by Year



Figures 2.11-13 below provide demographic information on the race of *Working Healthy* enrollees, those receiving WORK services and survey responders by year. The only difference between these groups is in the “multi-racial” category for survey respondents. The Kansas MMIS data system contains only one variable for race, while survey respondents were allowed to select more than one racial category. When more than one race was selected, these responses were coded as “multi-racial.”

The race variable for the *Working Healthy* population was not obtained from MMIS data until 2006, while this information was asked on the survey and self-reported by the respondent sample beginning in 2003.

Figure 2.11: Race of *Working Healthy* Enrollees, by Year



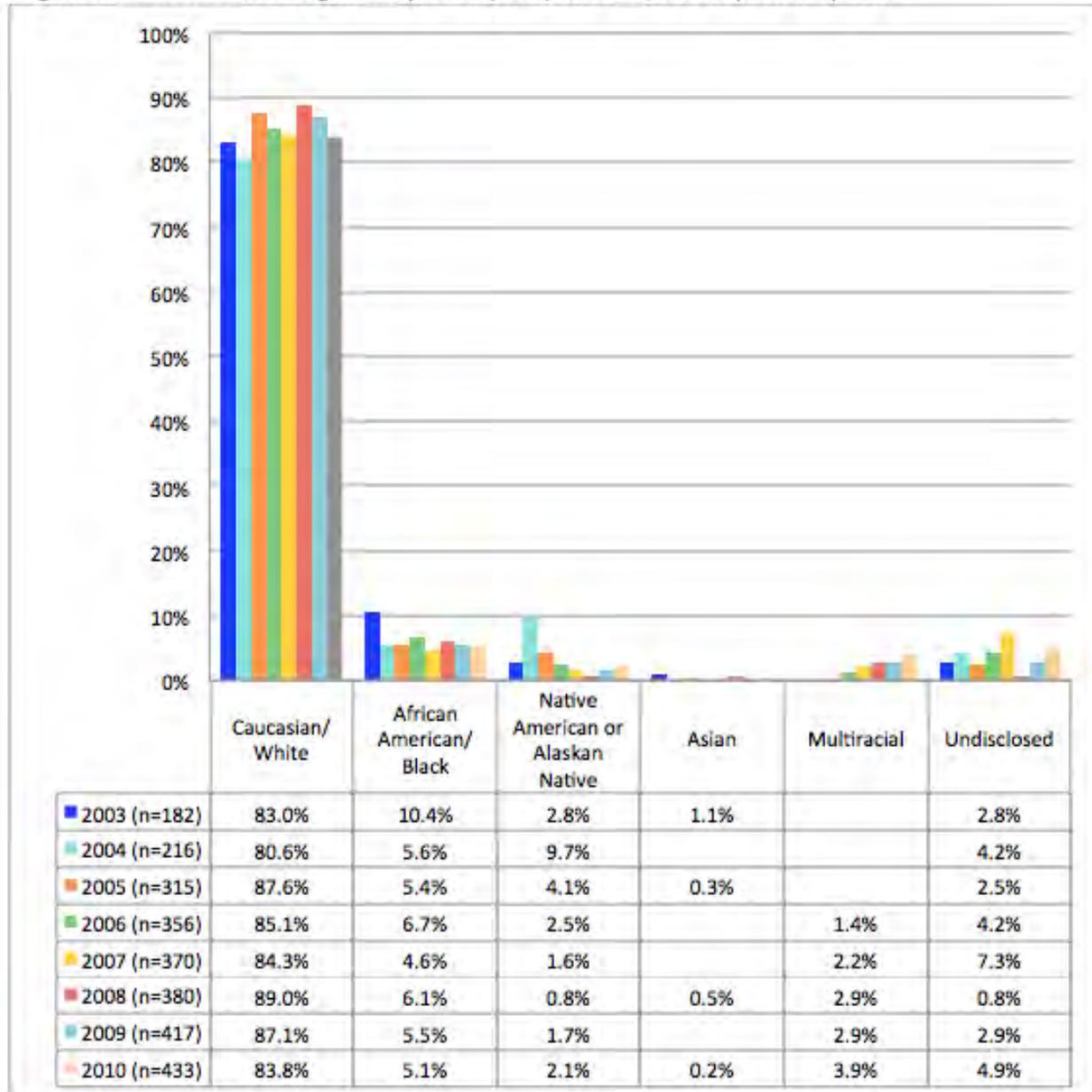
Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.12: Race of Working Healthy Enrollees Receiving WORK Services, by Year



Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.13: Race of *Working Healthy* Survey Respondents, Self-Reported by Year

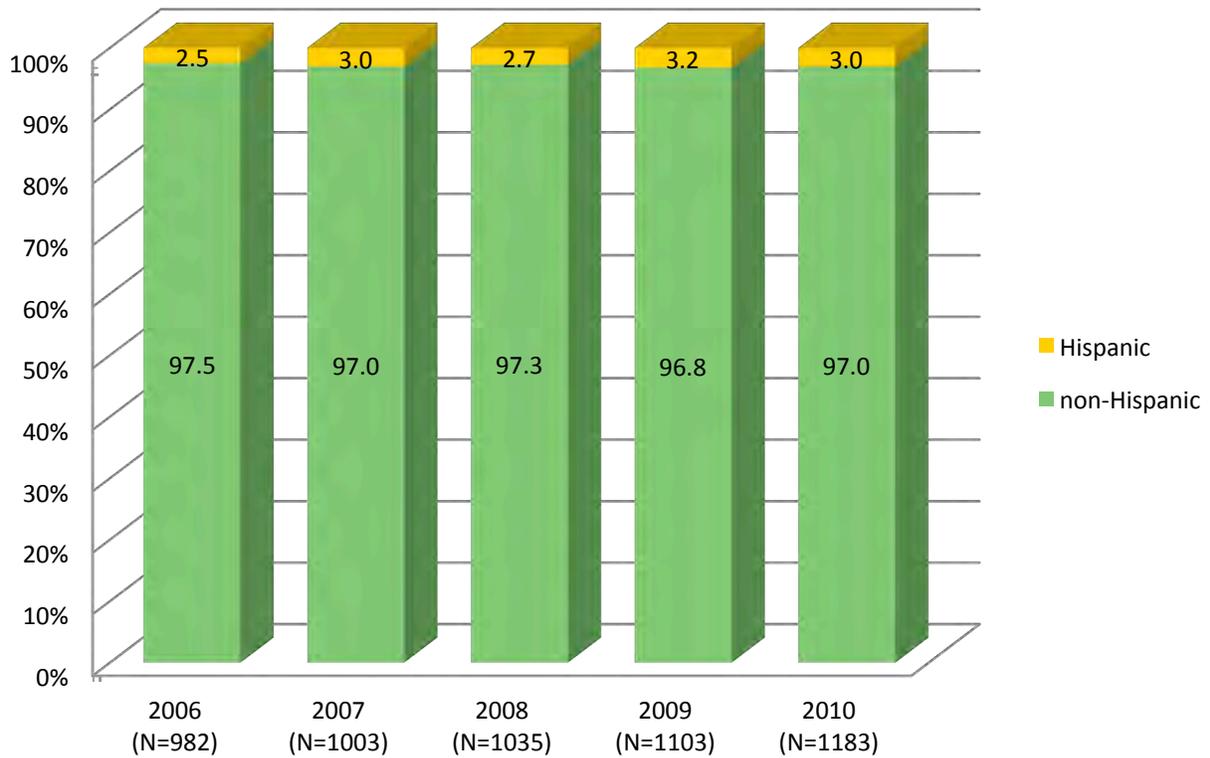


## ETHNICITY

Figures 2.14-16 below provide demographic information on the ethnicity of *Working Healthy* enrollees, those receiving WORK services and survey responders by year. It should be noted that the total number of survey respondents is lower for ethnicity than other demographic variables. While this question has been asked in the same manner consistently, many individuals tend to skip the ethnicity question.

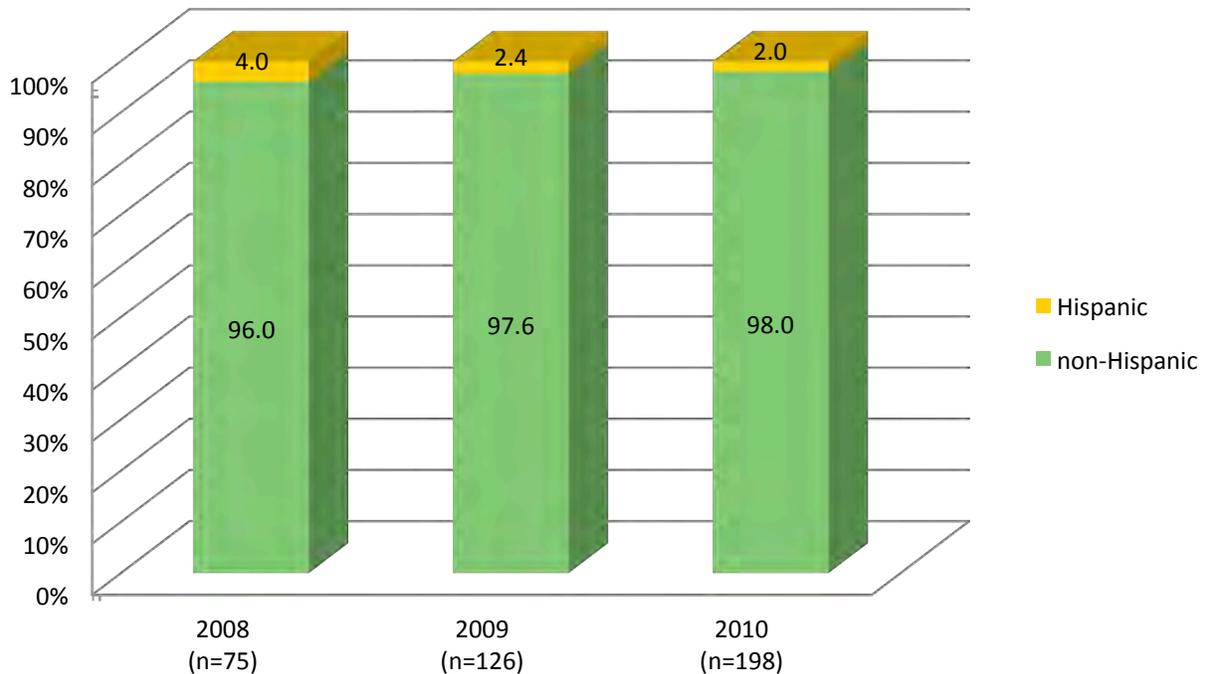
Also, similar to the race variable, ethnicity for the *Working Healthy* population was not obtained from MMIS data until 2006, while this information was asked on the survey and self-reported by the respondent sample from the survey's inception in 2003.

Figure 2.14: Ethnicity of *Working Healthy* Enrollees, by Year



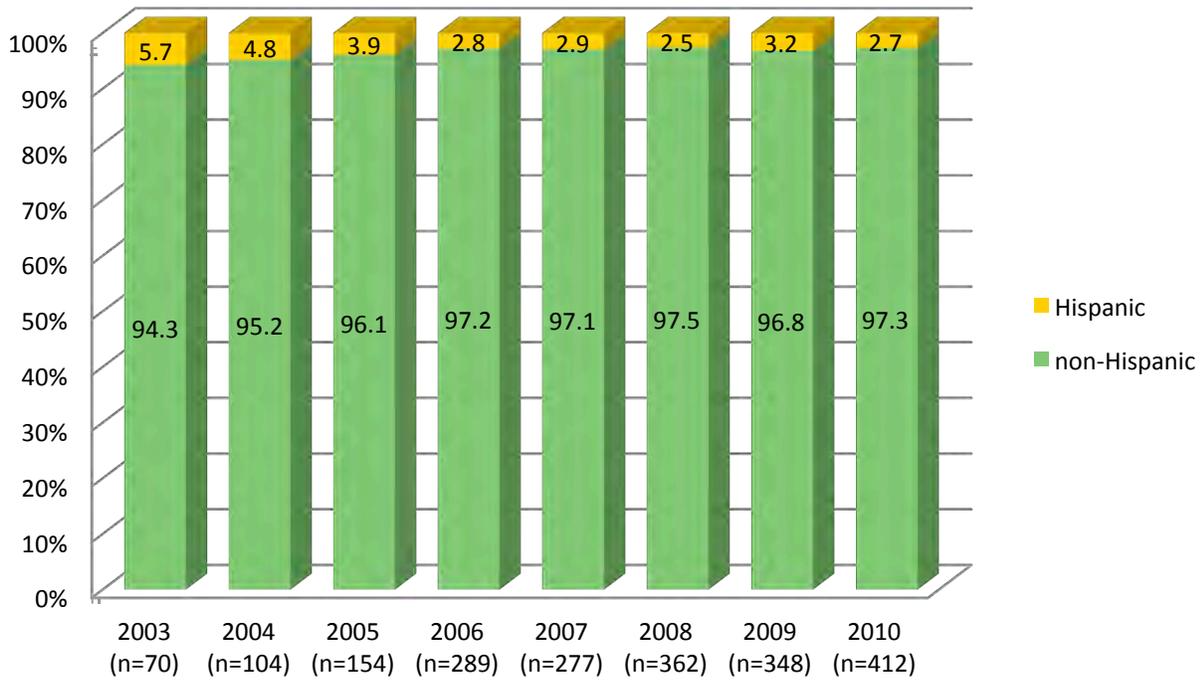
Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.15: Ethnicity of *Working Healthy* Enrollees Receiving WORK Services, by Year



Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.16: Ethnicity of *Working Healthy* Survey Respondents, Self-Reported by Year

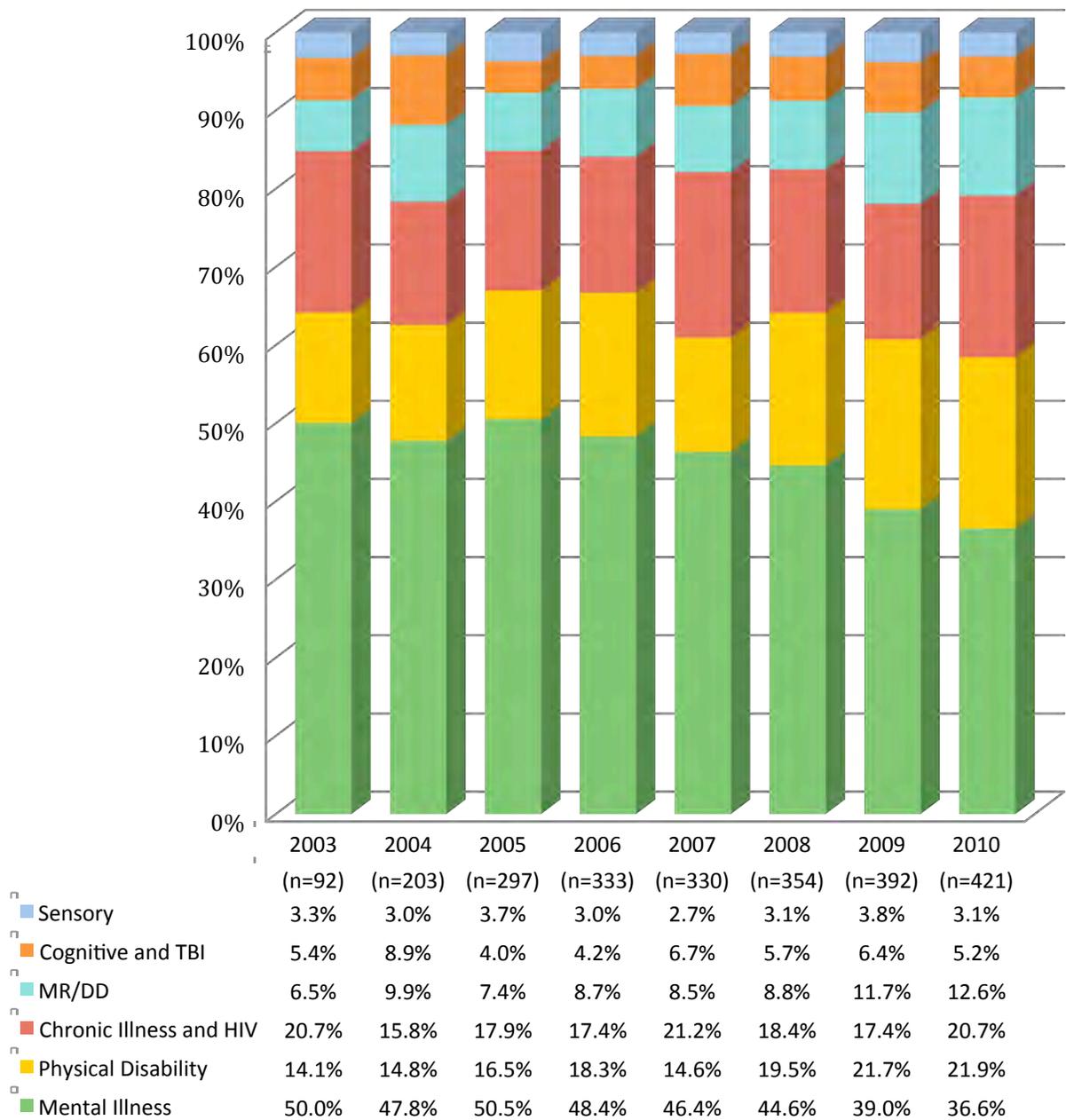


## DISABILITY

Figures 2.17-18 provide information on the self-reported disability type of *Working Healthy* survey respondents as well as respondents receiving WORK services. Individuals were asked to list their disability and, if they had more than one, to list their main one first. Over this 8 year period, respondents provided a total of 243 unique disabilities and conditions as their first response for this question. These disabilities listed first by respondents were then classified into the categories provided in the figures.

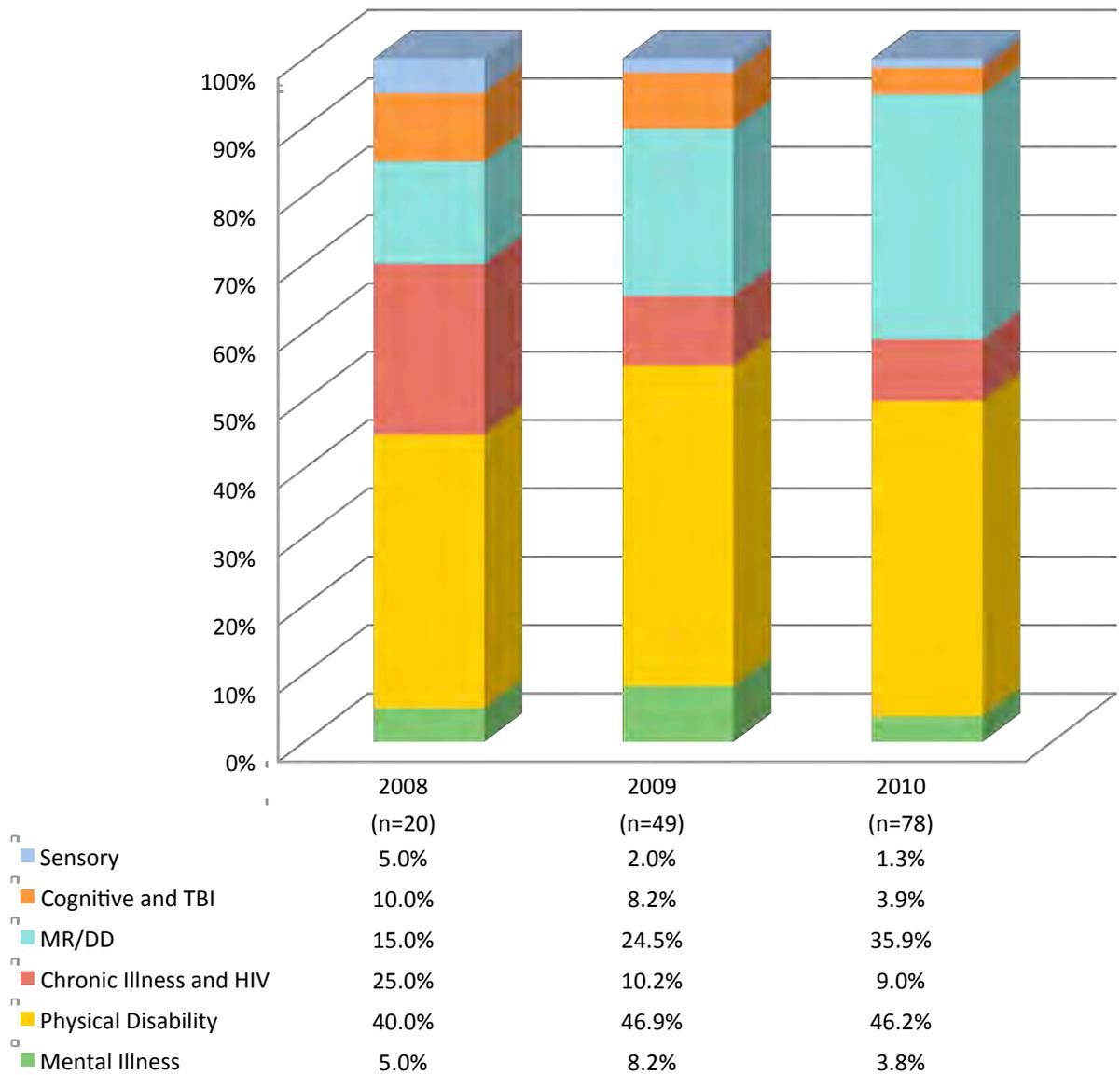
In 2008, the *Working Healthy* sample began to include enrollees receiving attendant and other employment support services provided by WORK. Because WORK participants are more likely to experience physical disabilities, chronic illnesses and/or developmental disabilities, the relative proportion of WH enrollees with these conditions has increased since 2008.

Figure 2.17: Disability-Type of *Working Healthy* Survey Respondents, Self-Reported by Year



Note. 'Cognitive' includes LD, ADD, ADHD and other learning issues.

Figure 2.18: Disability-Type of *Working Healthy* Survey Respondents Receiving WORK Services, Self-Reported by Year



Note. 'Cognitive' includes LD, ADD, ADHD and other learning issues.

## EDUCATION LEVEL

Figure 2.19-20 provides information on *Working Healthy* and WORK respondents' self-reported level of education by year. In 2007 this survey item was rephrased in an effort to obtain more reliable data. For consistency purposes, data before this change is not included.

Figure 2.19: Education Level of *Working Healthy* Survey Respondents, Self-Reported by Year

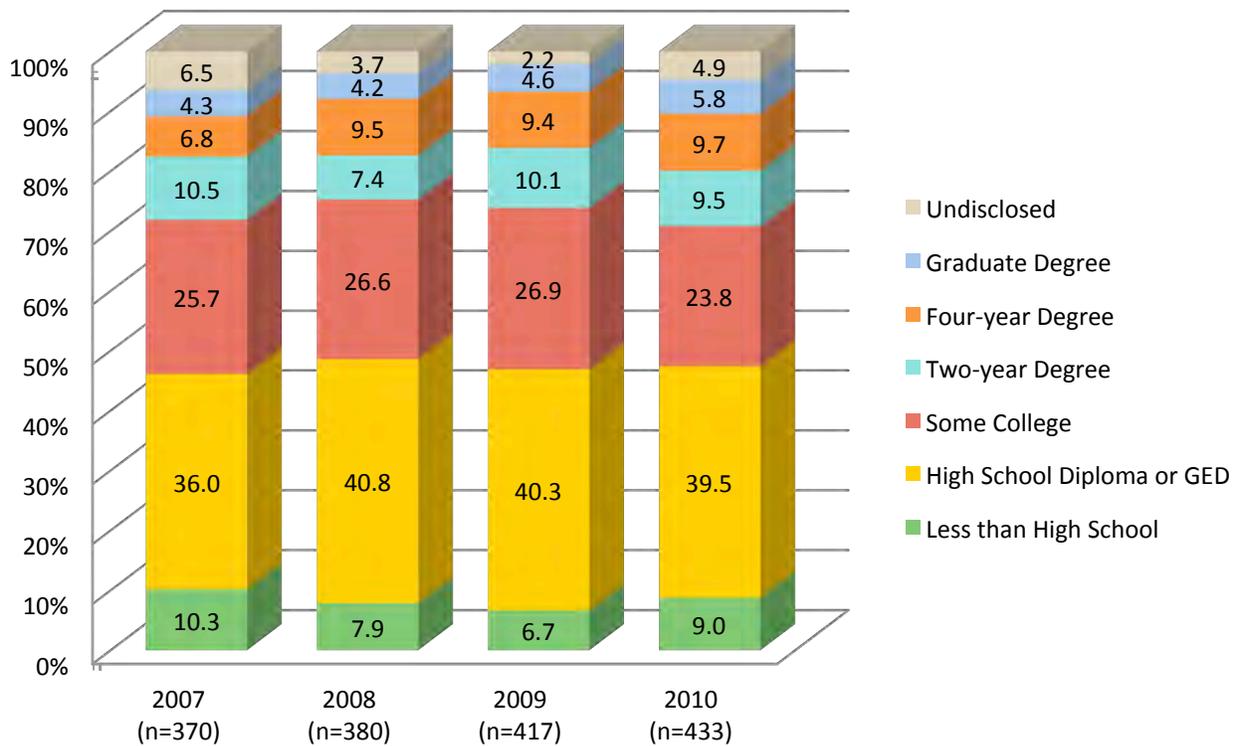
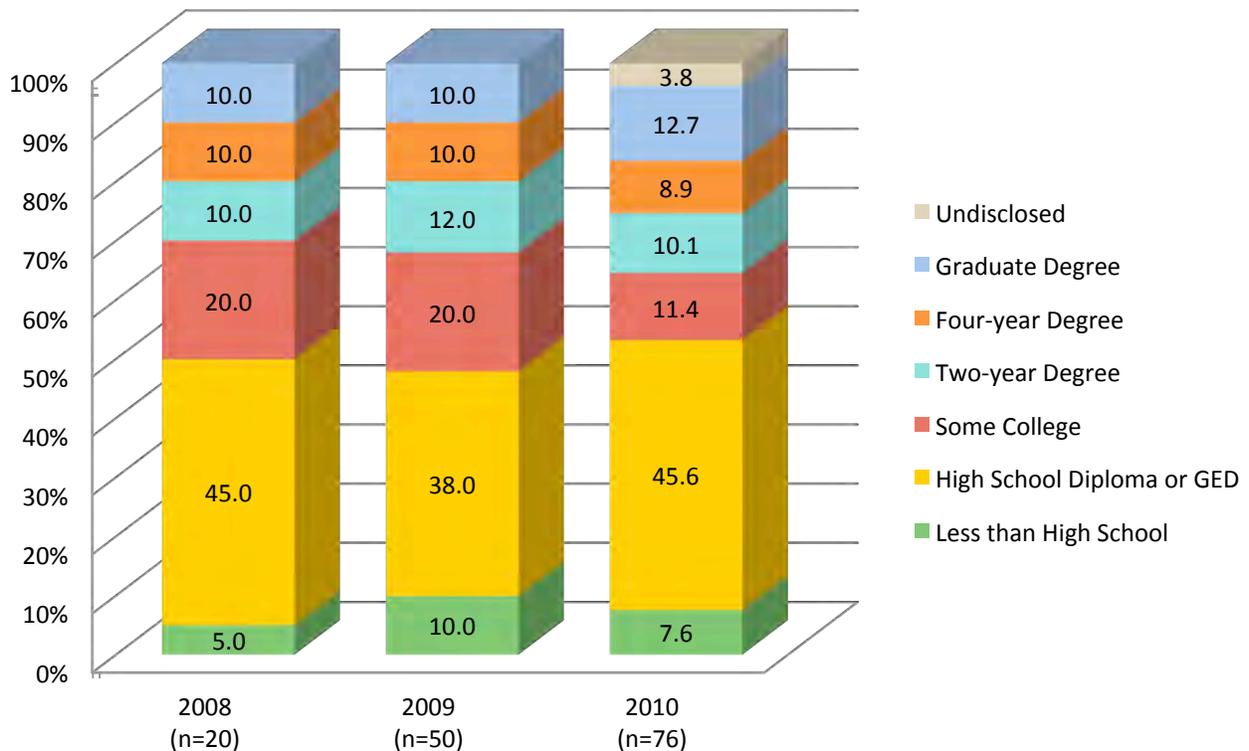


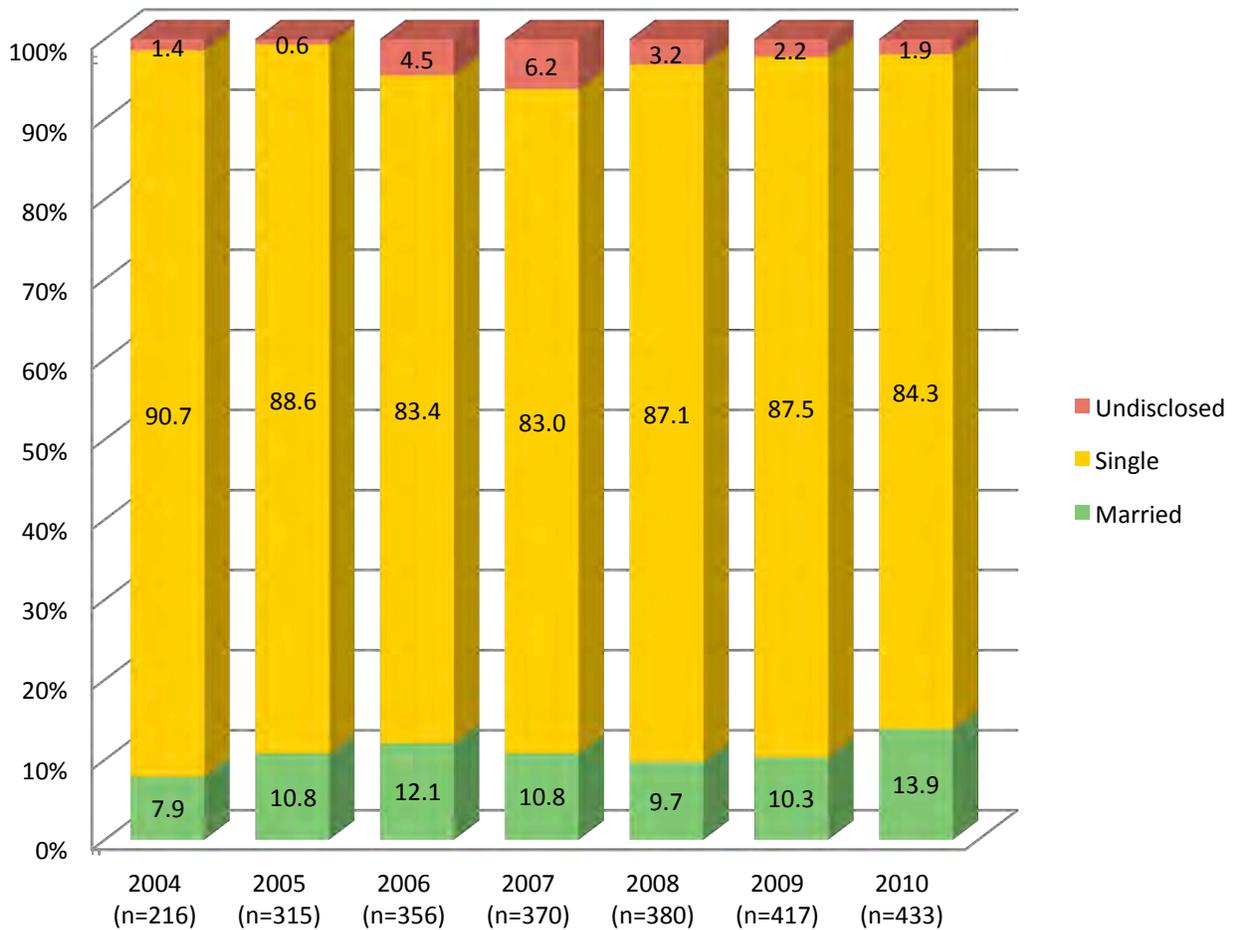
Figure 2.20: Education Level of *Working Healthy* Survey Respondents Receiving WORK Services, Self-Reported by Year



## MARITAL STATUS

Figure 2.21 provides information on the self-reported marital status of respondents at the time they completed a survey. The category of “single” includes individuals who reported being never married, divorced, separated, widowed or with a significant other, but not legally married.

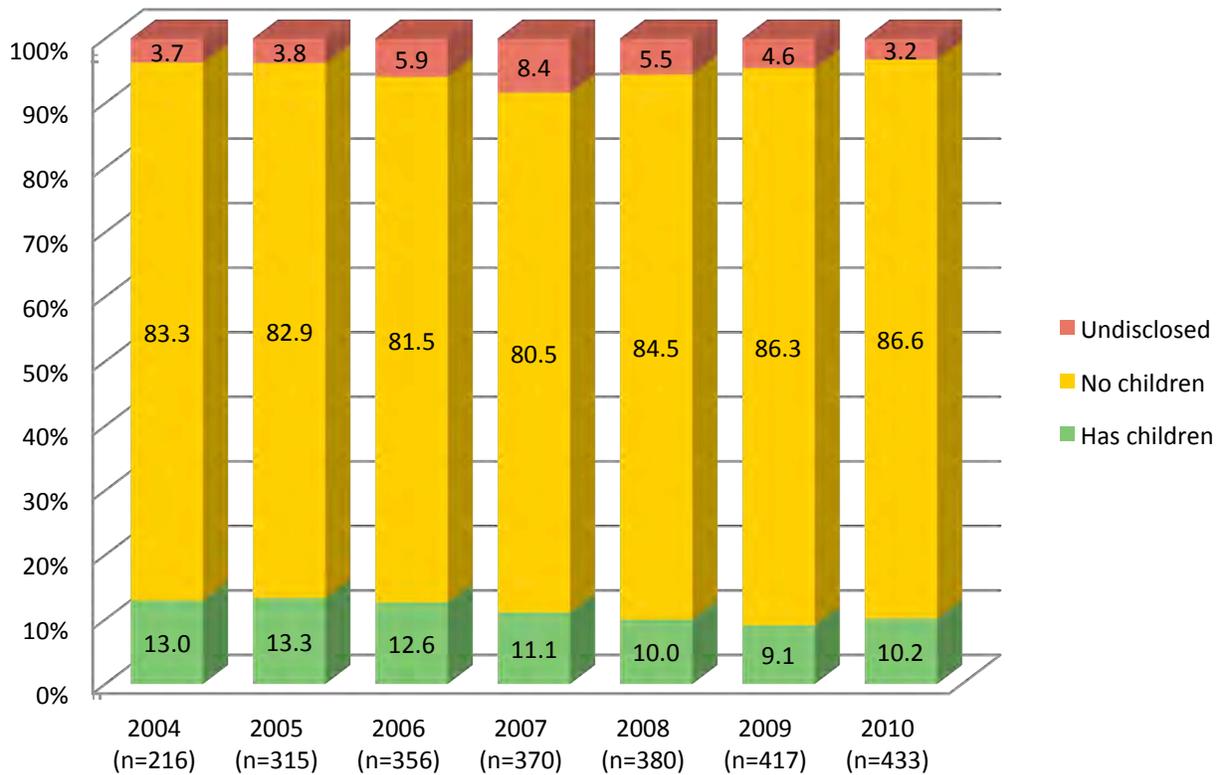
Figure 2.21: Marital Status of *Working Healthy* Survey Respondents, Self-Reported by Year



## PARENTAL STATUS

Figure 2.22 provides information on the self-reported parental status of respondents at the time of the survey. Individuals were asked if they had any dependent children 18 and under living at home.

Figure 2.22: Parental Status of *Working Healthy* Survey Respondents, Self-Reported by Year



### GEOGRAPHIC LOCATION

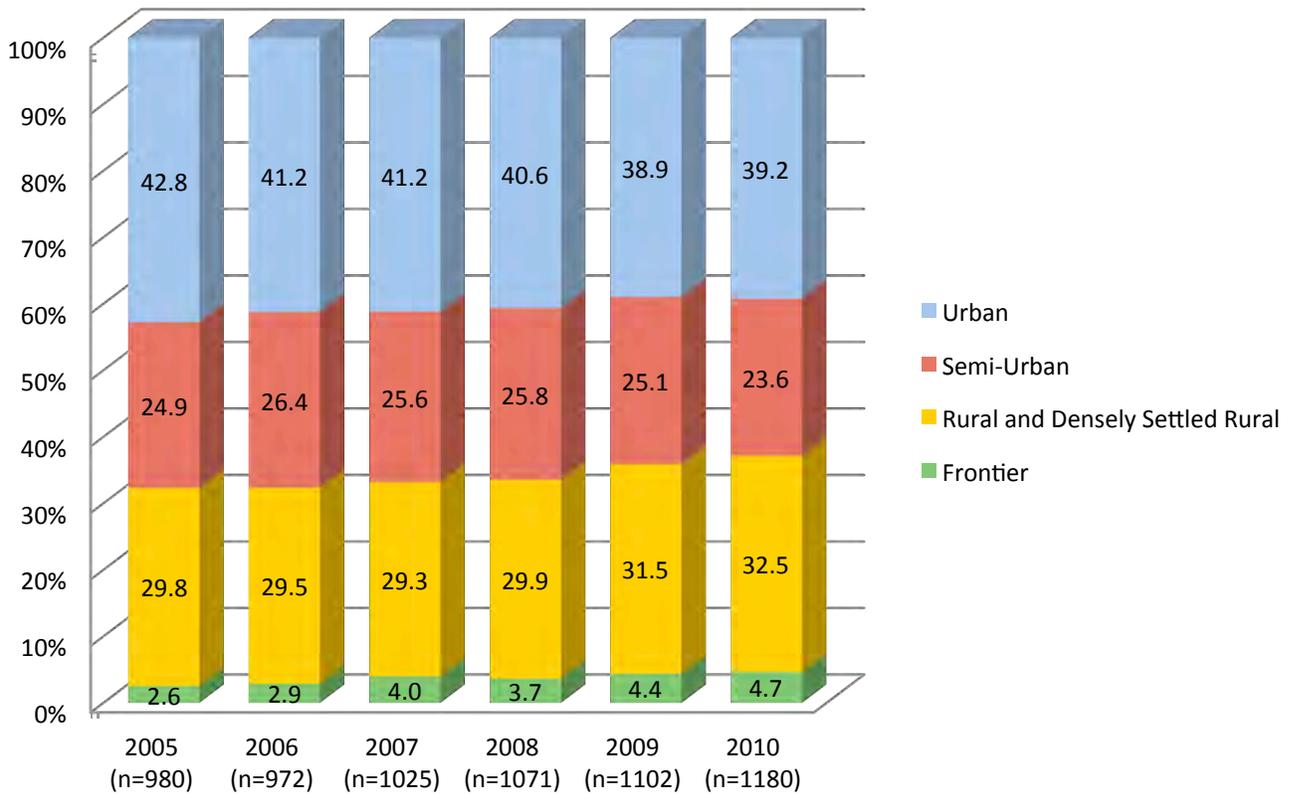
Figures 2.23-24 illustrate the geographic location for *Working Healthy* enrollees and those receiving WORK services, while Figures 2.25-26 provide this data for those who returned surveys. The following population density stratifications of the Kansas Department of Health and Environment (KDHE) were utilized to classify Kansas counties:

- Frontier – Less than 6 persons/square mile;
- Rural & Densely Settle Rural – 6-40 persons/square mile;
- Semi-urban – 40-150 persons/square mile; and
- Urban – 150+ persons/square mile.

Classifying the sample in this manner mirrors the way the Kansas Behavioral Risk Factor Surveillance System (BRFSS) collects data annually, thus allowing for comparability.

Data regarding respondents’ county of residence was not consistently provided in administrative data prior to 2005, therefore the figures provide information from this date forward.

Figure 2.23: Geographic Location of *Working Healthy* Enrollees, by Year



Source: Kansas Medicaid Management Information System (MMIS)

Figure 2.24: Geographic Location of *Working Healthy* Enrollees Receiving WORK Services, by Year

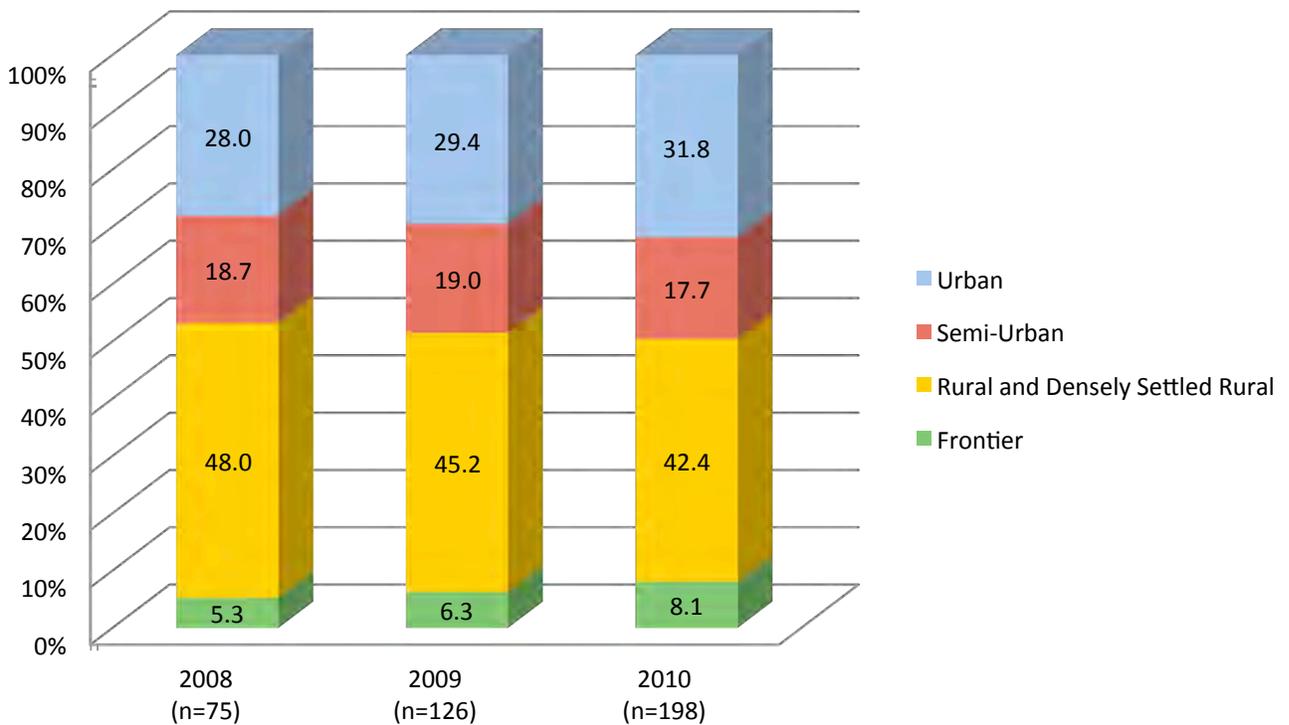


Figure 2.25: Geographic Location of *Working Healthy* Survey Respondents, by Year

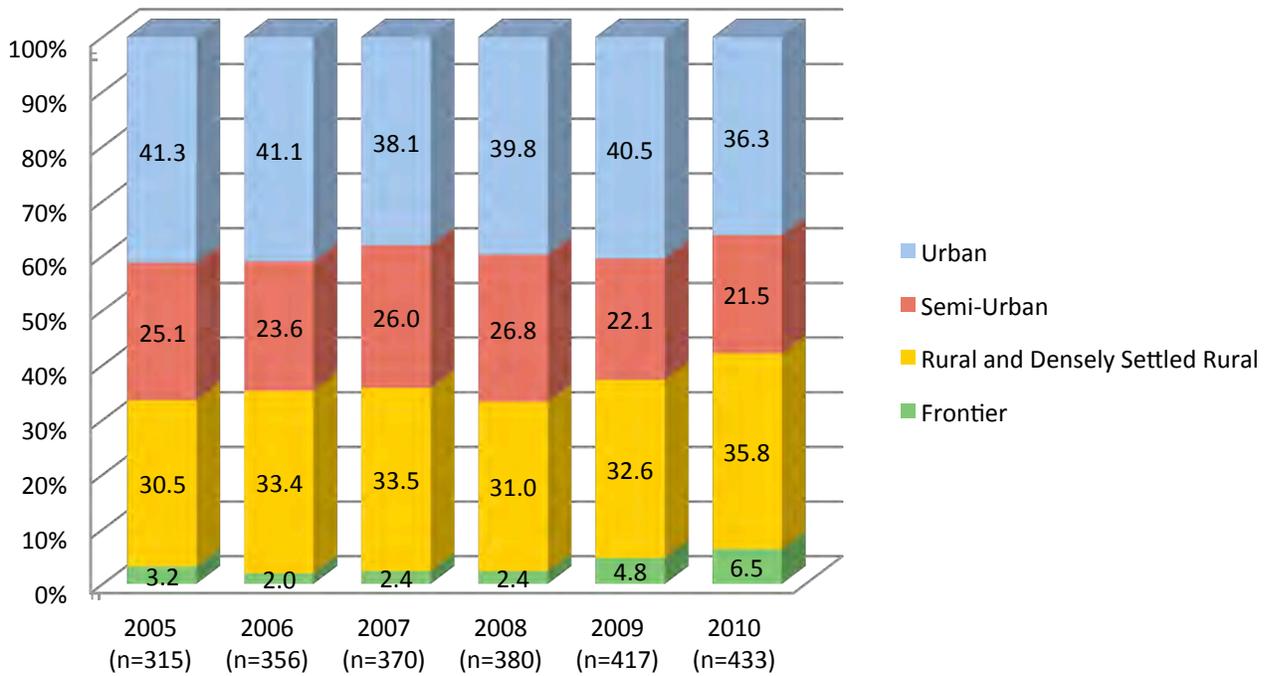
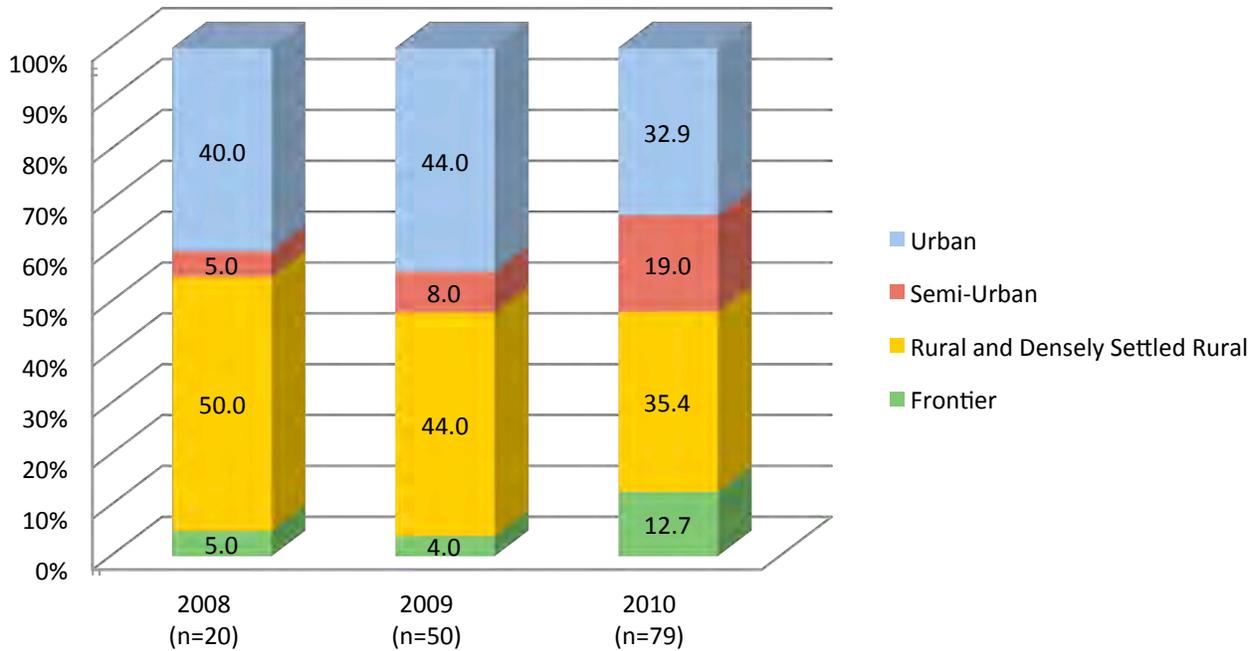


Figure 2.26: Geographic Location of *Working Healthy* Survey Respondents Receiving WORK Services, by Year



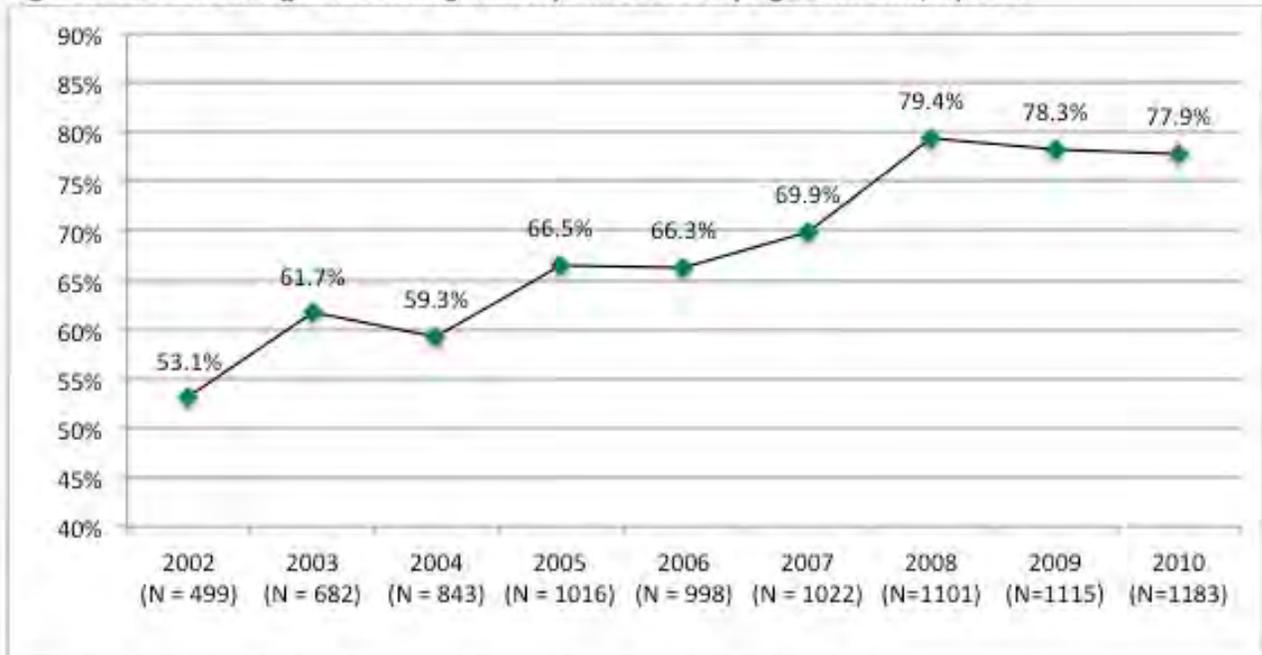
The three-fold increase of WORK participants in the “Frontier” category in 2010 can be attributed to the increase of WORK participants in the Northwest portion of the state during that year. The variance in other population categories however, is simply the nature of convenience sampling with number of respondents from each area changing.

## Premiums

*Working Healthy* enrollees are required to pay premiums based on a sliding fee scale when their countable income reaches 100% of the Federal Poverty Level (FPL). An individual's premium amount is based on income and is never more than 7.5% of monthly household income, taking into account earned and unearned income disregards. Both the number of individuals paying premiums and the premium amounts paid by enrollees has increased over the years. Figure 2.27 shows the increase in the percentage of enrollees paying premiums.

All premium information presented is based on data from December of each calendar year.

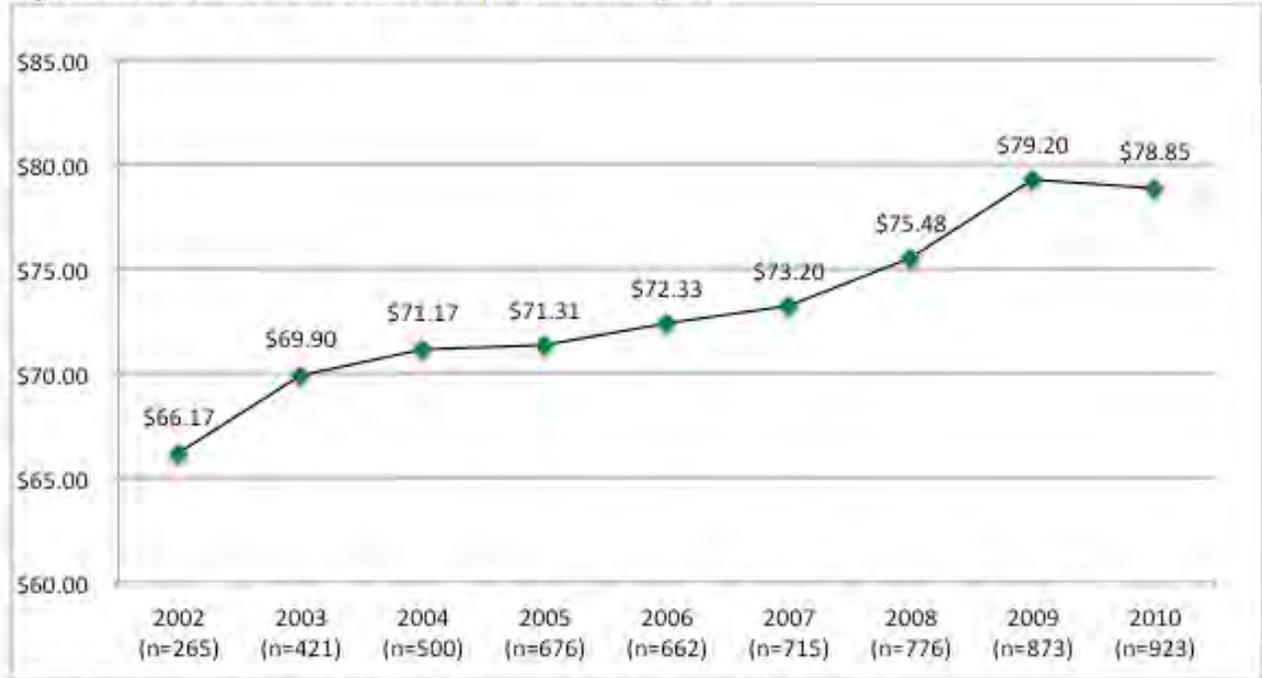
Figure 2.27: Percentage of *Working Healthy* Enrollees Paying Premiums, by Year



Source: Kansas Automated Eligibility Child Support Enforcement System (KAECSSES)

Further, with the exception of 2010 where mean premiums decrease slightly, the amount individual enrollees are paying per month increased over time as well, indicating increases in earnings. Figure 2.28 shows the mean monthly premium amount by year.

Figure 2.28: Mean Amount of Monthly Premiums, by Year



Source: Kansas Automated Eligibility Child Support Enforcement System (KAECSES)

## 3. Employment

This section provides information related to *Working Healthy* survey respondents' current work experiences, such as how they found their current job, type of work, income, hours worked per week, benefits, health insurance coverage, and availability of workplace accommodations. This section also includes survey information regarding respondents' perceptions of how they are treated as people with disabilities in the work force; such as if they feel they have been refused jobs because of their disability. Finally, survey results are provided regarding respondents' decisions about increasing hours or pay and the effect those decisions had on benefits.

It is important to note that not all items in this section were asked of respondents in all years. Data are provided for the years in which it was obtained from survey respondents.

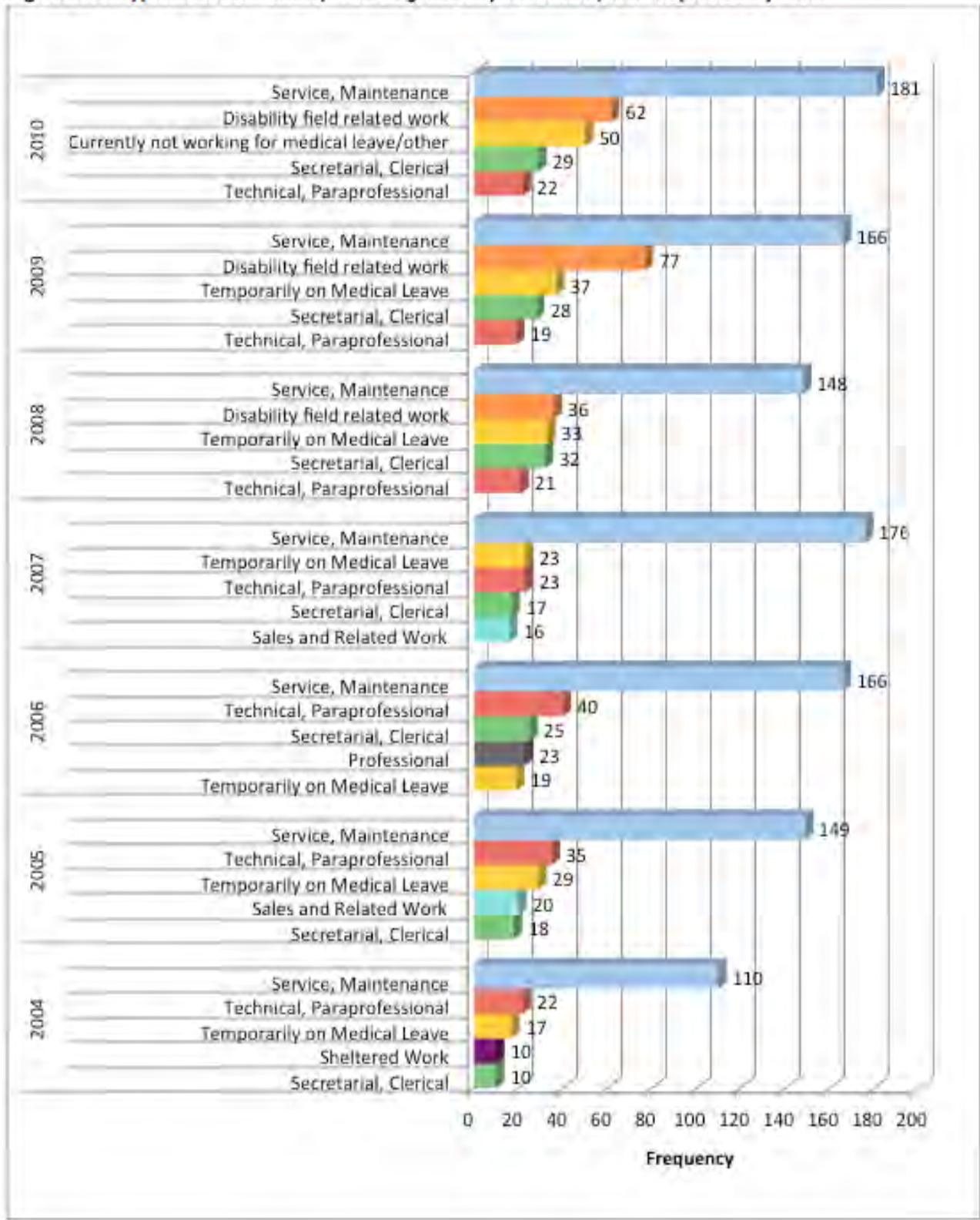
### Enrollees' Current Work Status

#### TYPE OF JOB

Figure 3.1 illustrates the top 5 types of jobs held by respondents at the time of the survey. Respondents were asked to describe the type of jobs they held by category. The service/maintenance category includes jobs such as childcare workers, restaurant and fast food workers, stockers, housecleaners, janitors, and couriers. Technical/paraprofessional work includes teachers' aides, nurses' aides, computer technicians, dietary aides, drafters and docents. Secretarial/clerical jobs include typists, bookkeepers, bank tellers, secretaries, filers, and clerks. Sales jobs include cashiers, telemarketers and other sales positions. The professional category includes teachers, nurses, computer programmers, case managers, social workers and engineers. Some individuals in *Working Healthy* engage in sheltered work, but are paying FICA taxes, working above federal minimum wage and earning more than \$65/month (self-employed individuals paying SECA must earn approximately \$87/month). Over time, the number of enrollees in sheltered work has decreased as outreach was targeted to those seeking integrated employment. Another category of employment shown here is for individuals who were temporarily away from their jobs due to medical leave at the time of the survey. These individuals were able to remain enrolled in *Working Healthy* for up to 6 months with the intention of returning to work and the completion of a re-employment plan. In recent years, it can be noted that many people in *Working Healthy* work within the disability field as advocates, personal attendants, social workers and other capacities.

Other categories of employment held by respondents, but not found in the top 5 types of jobs include: executive/managerial, skilled craft, farming, and seasonal work.

Figure 3.1: Types of Jobs Held by *Working Healthy* Enrollees, Self-Reported by Year



## HOURS WORKED

The majority of WH enrollees work less than 40 hours per week, with the largest percentage working between 20 and 29 hours per week in 2010. Figure 3.2 provides the mean number of hours worked per week for both *Working Healthy* enrollees and the subset of those receiving WORK Services. Since hours worked per week was collected as a categorical variable on the survey in years prior to 2008, Figure 3.3 provides data for 2004-2010.

Figure 3.2: Mean Hours Worked Per Week by *Working Healthy* Enrollees and Those Receiving WORK Services, Self-Reported by Year

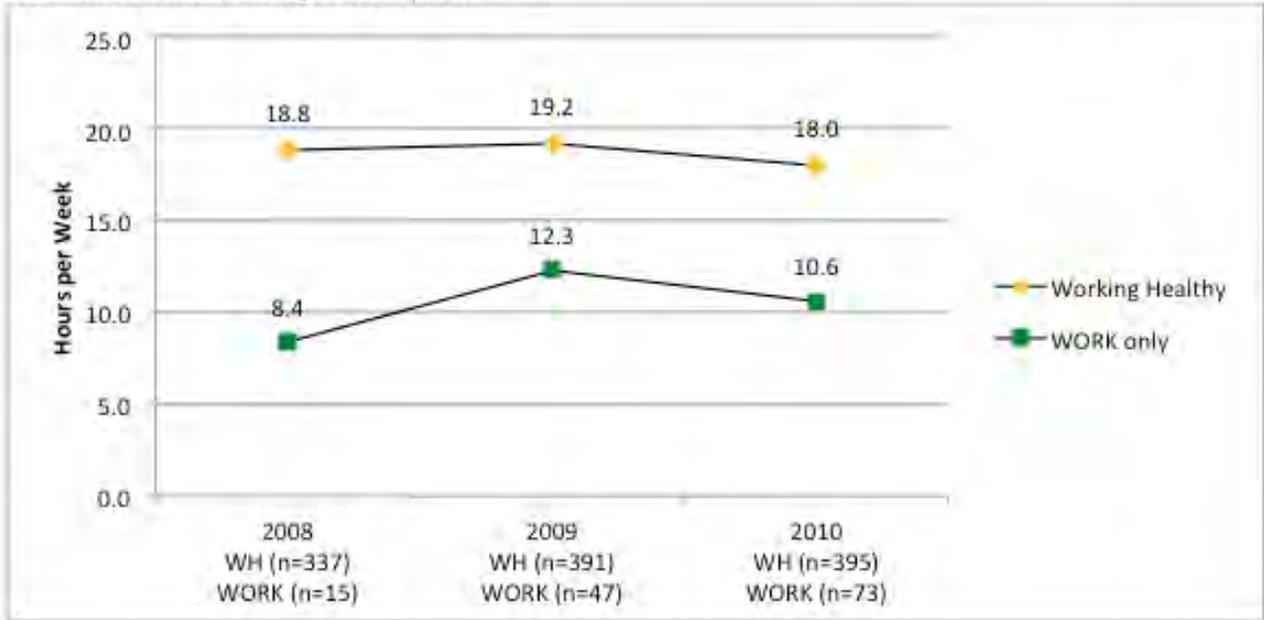
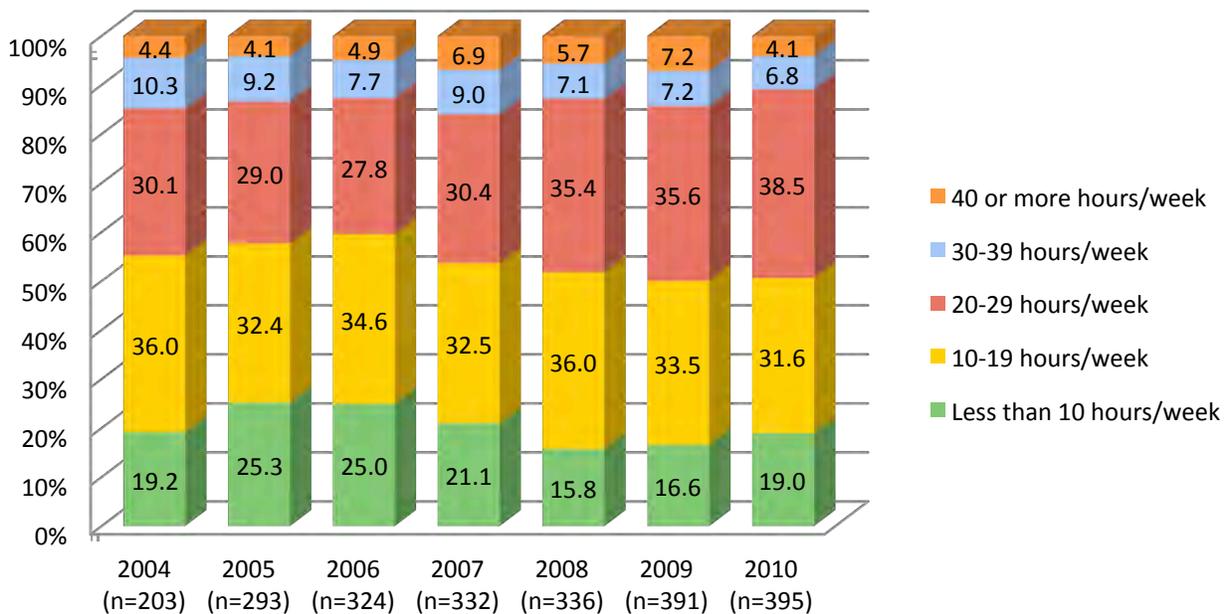


Figure 3.3: Hours Worked Per Week by *Working Healthy* Enrollees, Self-Reported by Year



## WAGES

Figures 3.4-5 show changes in *Working Healthy* enrollees' hourly wages over time. Figure 3.4 compares hourly income of *Working Healthy* enrollees to the federal minimum wage; while Figure 3.5 shows actual year-to-year changes in income for individuals. As can be seen from these two figures, *Working Healthy* enrollees' income has increased since program inception. Increased income was also reflected in increased premium amounts discussed in the previous section.

Figure 3.4: Mean Hourly Wage of *Working Healthy* Enrollees, Self-Reported by Year

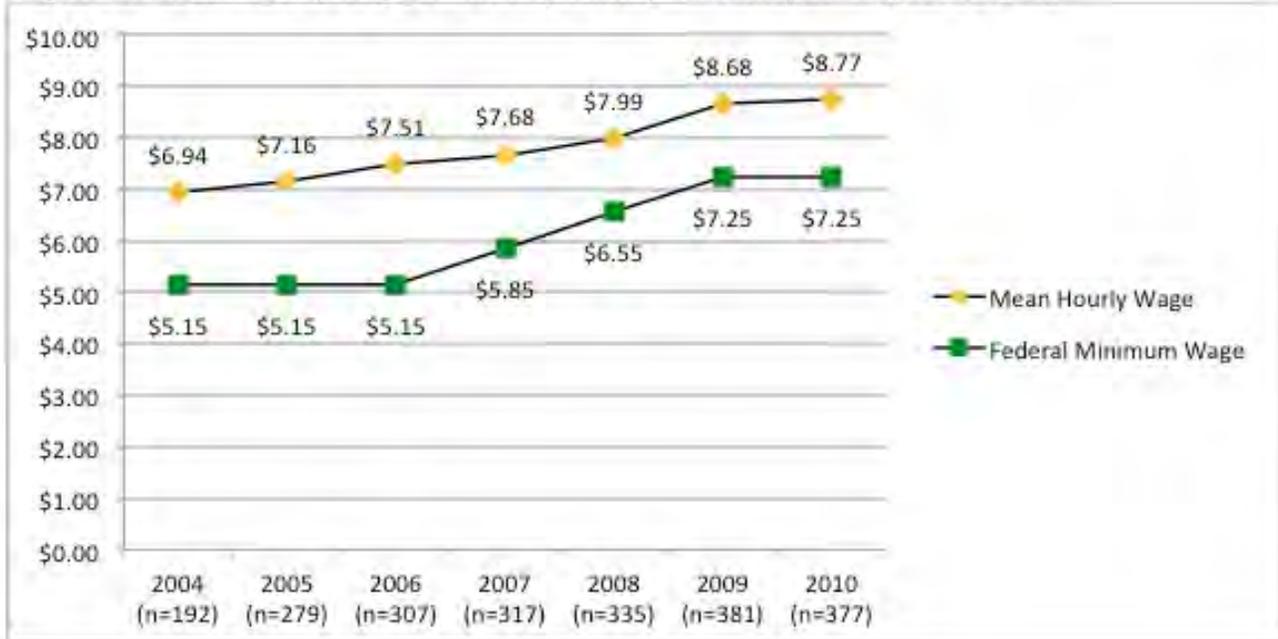


Figure 3.5: Change in Hourly Wage of *Working Healthy* Enrollees, by Year

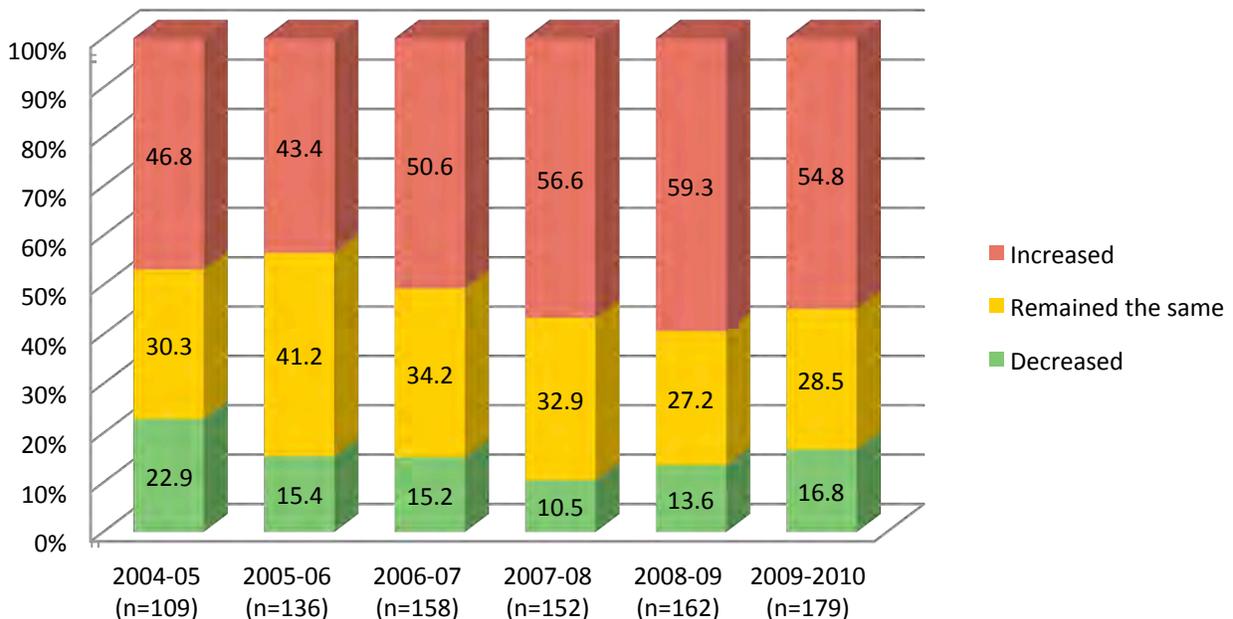
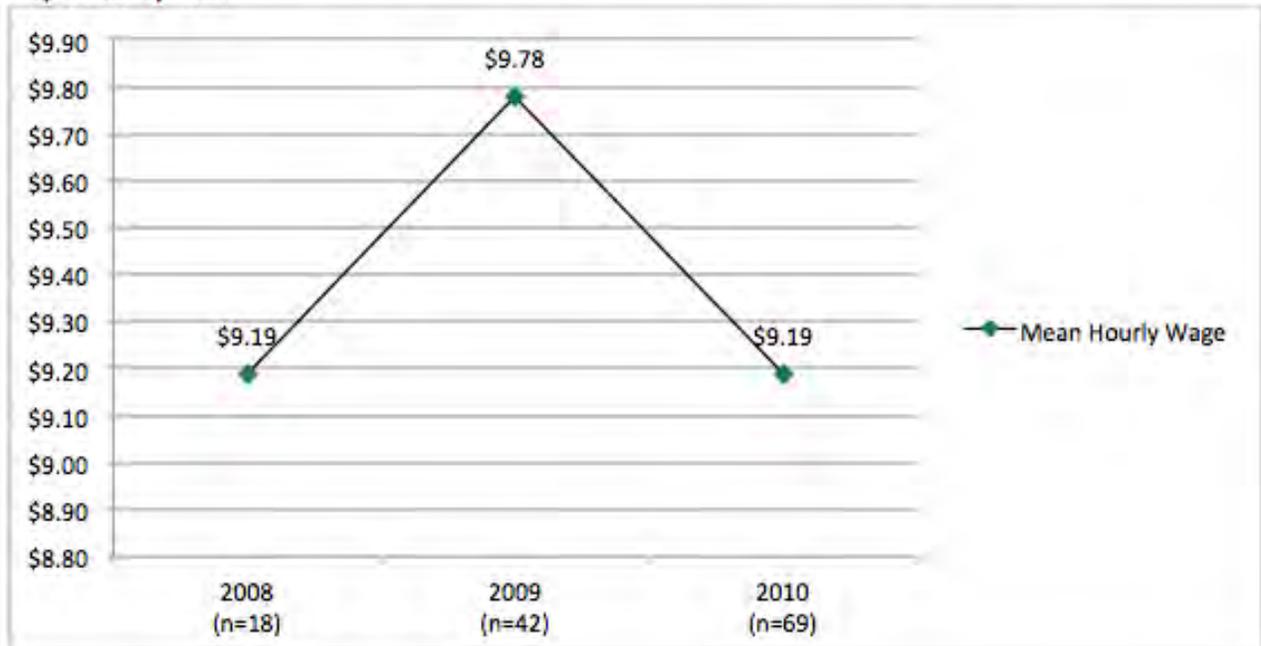


Figure 3.6 shows mean hourly income of the subset of enrollees who are receiving WORK services. These enrollees consistently have hourly earnings that are higher than *Working Healthy* enrollees as a whole.

Figure 3.6: Mean Hourly Wage of *Working Healthy* Enrollees Receiving WORK Services, Self-Reported by Year

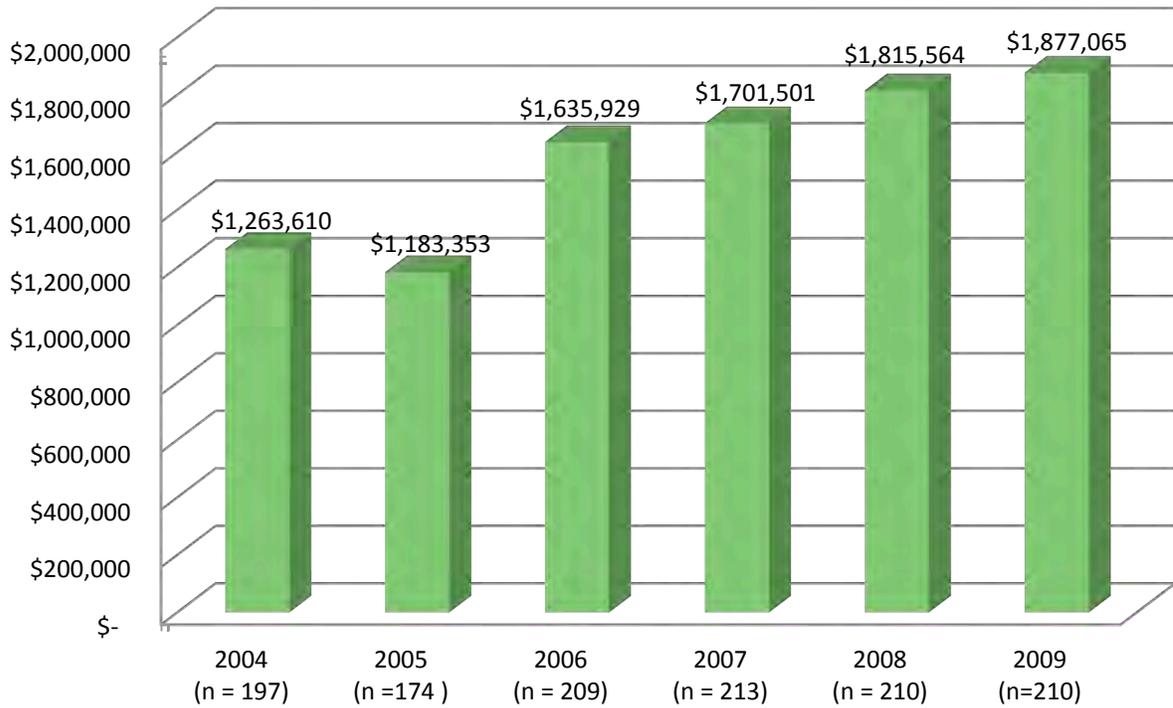


### FEDERAL ADJUSTED GROSS INCOME (AGI)

Income data were obtained from the Kansas Department of Revenue. Obtaining aggregate tax information on 240 *Working Healthy* enrollees who were continuously enrolled from January 2004-December 2009 allowed for longitudinal data analysis on Federal Adjusted Gross Income (AGI) and Kansas income taxes paid.

Figures 3.7-8 provide information regarding Federal AGI for this group of *Working Healthy* enrollees. Figure 3.5 provides aggregate information for the group as a whole, while Figure 3.7 provides the per person per year Federal AGI in comparison to Social Security's annual Substantial Gainful Activity (SGA) amounts for the same time period. While SGA is based on earned income only, it is important to note that AGI is only an approximate indicator of earned income because it also includes not only salary and wage information, but also taxable interest and dividends; alimony; business income from partnerships, sole proprietorships, and farms; rents and royalties; capital gains; taxable pension and Individual Retirement Account (IRA) distributions; unemployment compensation; and some Social Security benefits.

Figure 3.7: Aggregate Federal Adjusted Gross Income (AGI) of Continuously Enrolled *Working Healthy* Participants, 2004-2009



Source: Kansas Department of Revenue Income Tax Data

Figure 3.8: Mean Federal AGI of Continuously Enrolled *Working Healthy* Enrollees Compared to Annual SGA, 2004-2009

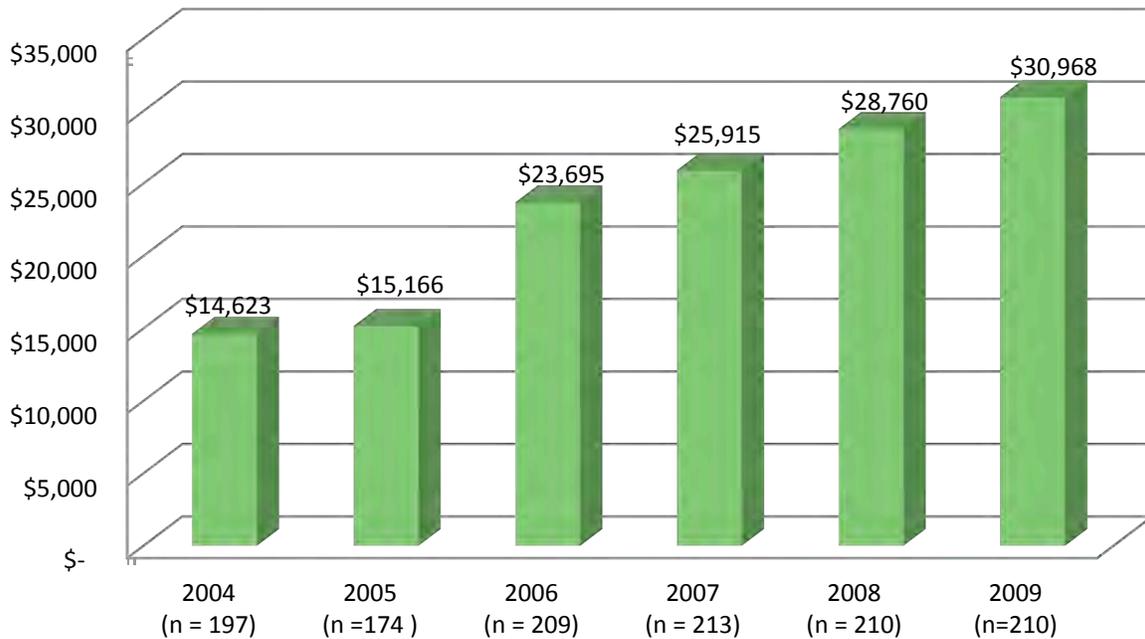


Source: Kansas Department of Revenue Income Tax Data

## KANSAS STATE INCOME TAXES PAID

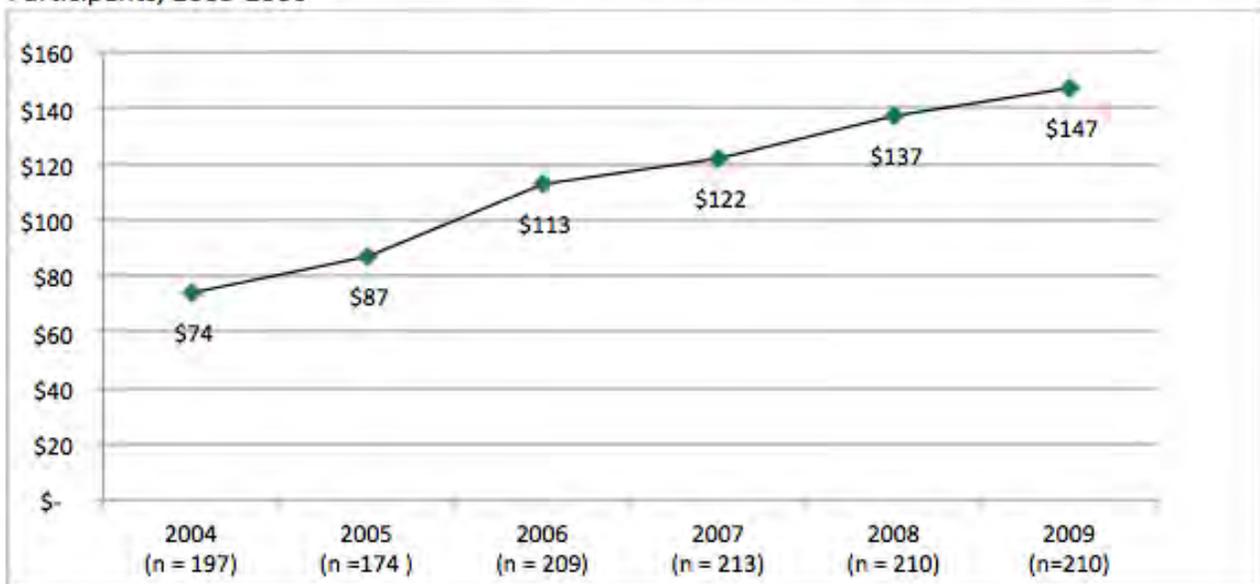
Figures 3.9-10 provide the amount of aggregate and mean individual Kansas income taxes paid by the group of continuously enrolled *Working Healthy* enrollees.

Figure 3.9: Aggregate Kansas State Income Taxes Paid by Continuously Enrolled *Working Healthy* Participants, 2004-2009



Source: Kansas Department of Revenue Income Tax Data

Figure 3.10: Mean Kansas State Income Taxes Paid by Continuously Enrolled *Working Healthy* Participants, 2003-2006



Source: Kansas Department of Revenue Income Tax Data

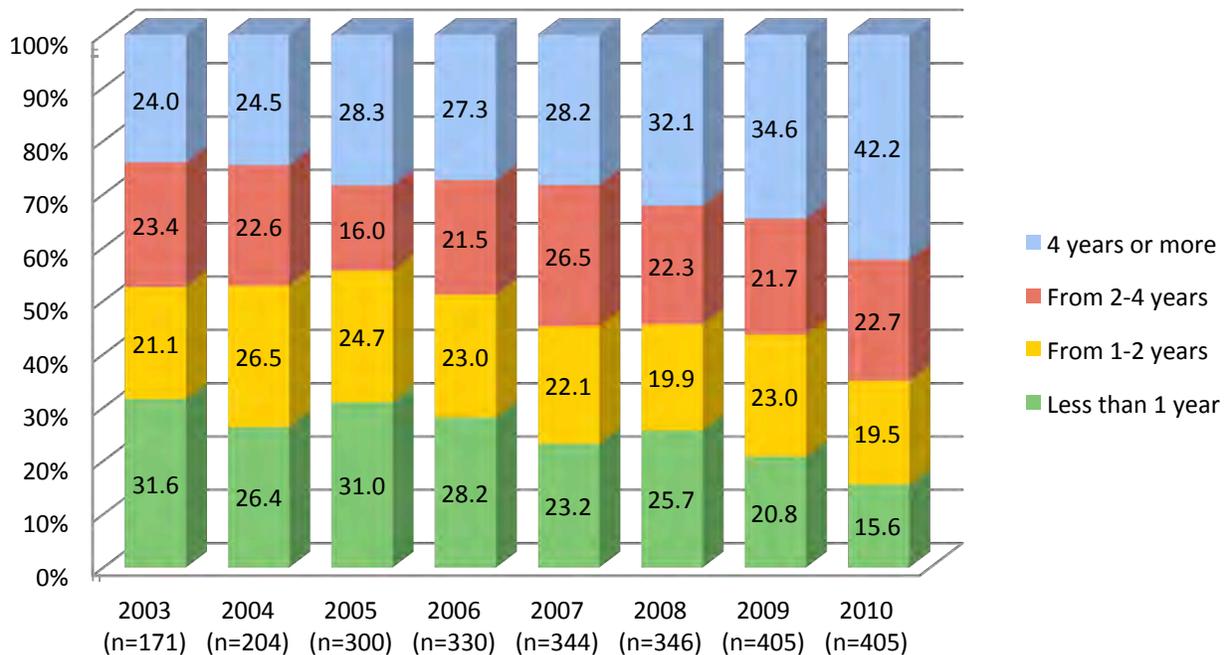
A continuously enrolled group is utilized rather than figures for all *Working Healthy* enrollees due to large differences in the number of enrollees each year. We were, however, able to obtain aggregate tax data for a group of dual-eligible Medicaid recipients who have never been enrolled in *Working Healthy*. Kansas Department of Revenue found tax data on 27% of this randomly selected group. In December 2009, 1,115 individuals were enrolled in *Working Healthy* and the Department of Revenue found tax data on 89% of these enrollees.

In 2009, total AGI for *Working Healthy* enrollees (n=924) totaled \$8,563,452 (\$9,268/person) and Kansas state taxes paid for this same group totaled \$131,389 (\$142/person). While in comparison, the total AGI for the non-enrollee dual-eligibles (n=270) totaled \$1,284,719 (\$4,758/person) and Kansas state taxes paid totaled \$15,423 (\$57/person). Overall, according to 2009 Kansas state tax data provided in the aggregate, non-*Working Healthy* dual-eligibles earned on average half of that earned by *Working Healthy* enrollees per person. Likewise, the amount of Kansas state taxes paid per person in 2009 was 60% lower for those not on *Working Healthy* compared to enrollees.

### JOB LONGEVITY

*Working Healthy* enrollees, as indicated by survey responses, tend to stay in jobs for significant periods of time. When asked how long they had been at their current job, a majority of respondents in 2010 indicated they had been at their current job for more than 2 years. Figure 3.11 provides this information by year.

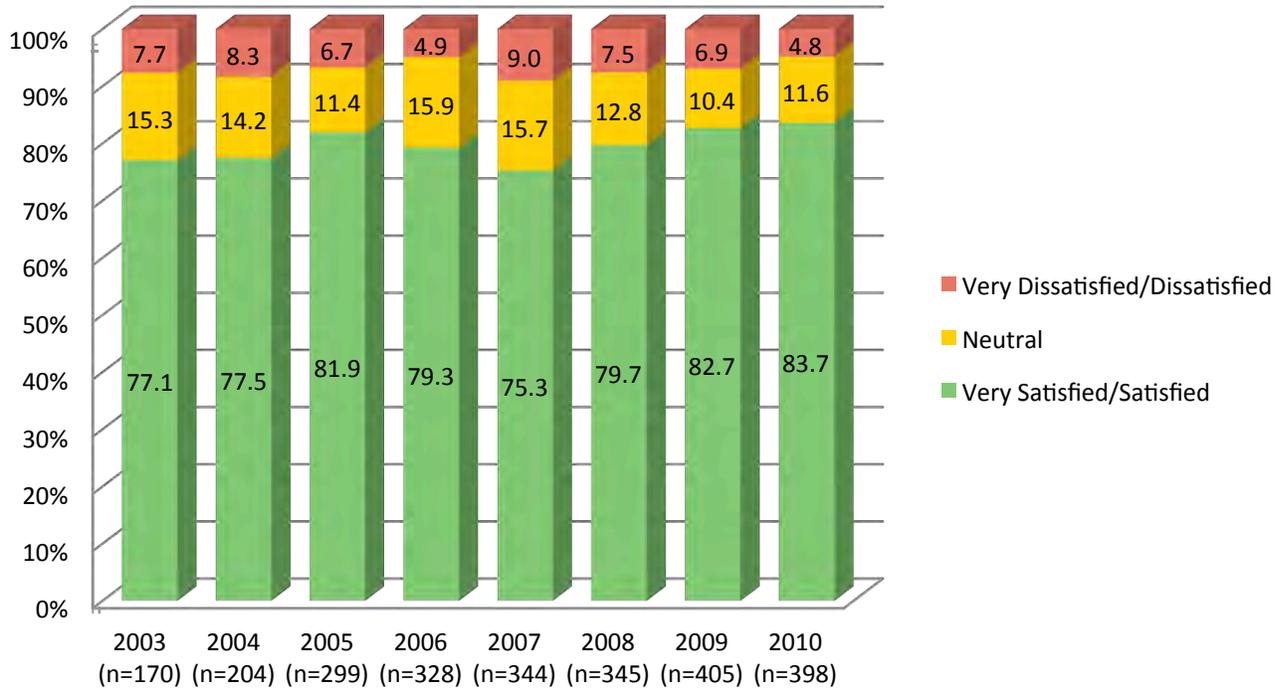
Figure 3.11: Job Longevity of *Working Healthy* Enrollees, Self-Reported by Year



## JOB SATISFACTION

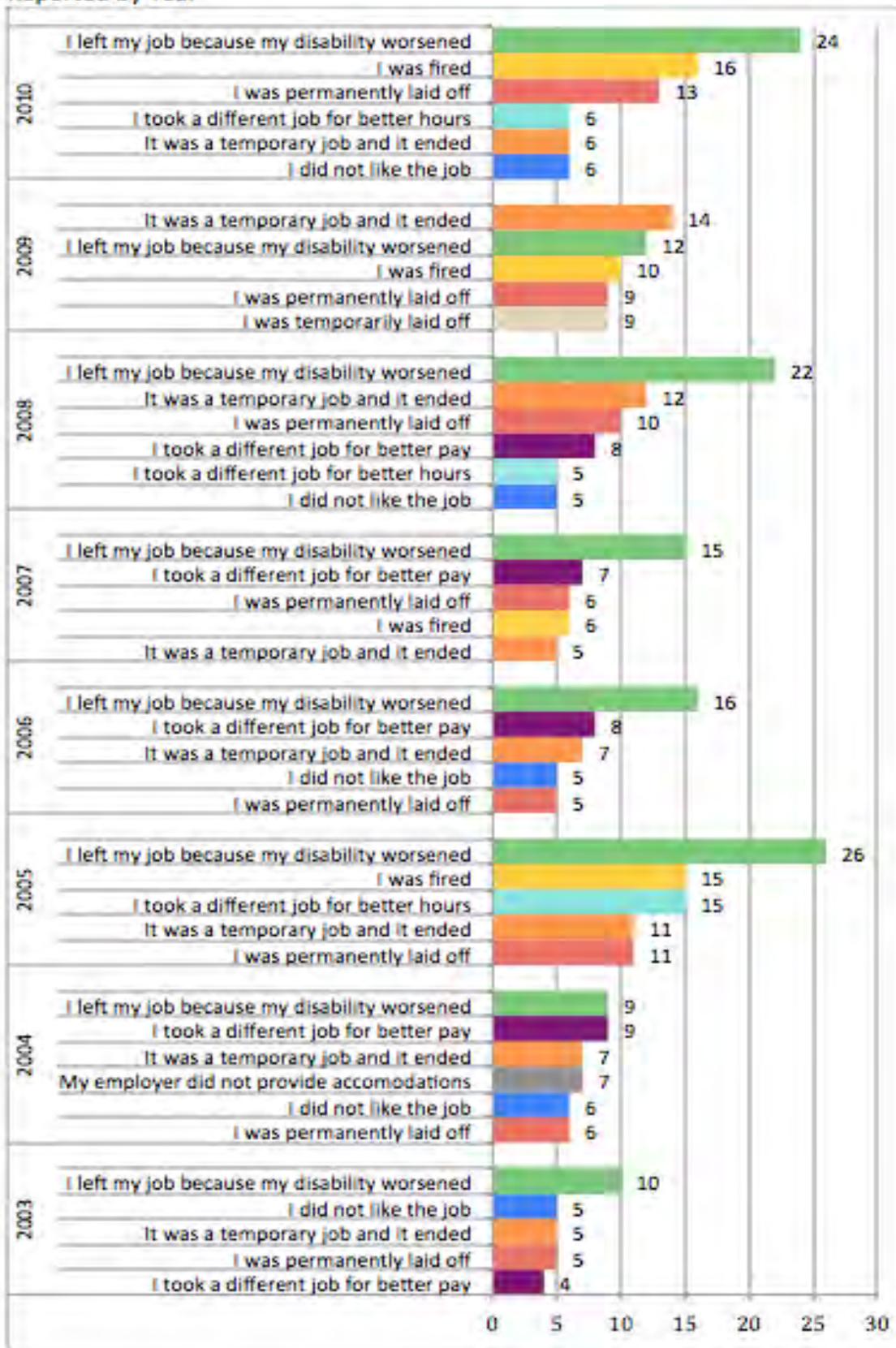
Along with being asked about their income, hours and longevity, survey respondents were asked about their level of satisfaction with their current job. Most *Working Healthy* enrollees who responded to the survey reported being satisfied or very satisfied with their current employment (Figure 3.12).

Figure 3.12: *Working Healthy* Enrollees' Satisfaction with Current Job, Self-Reported by Year



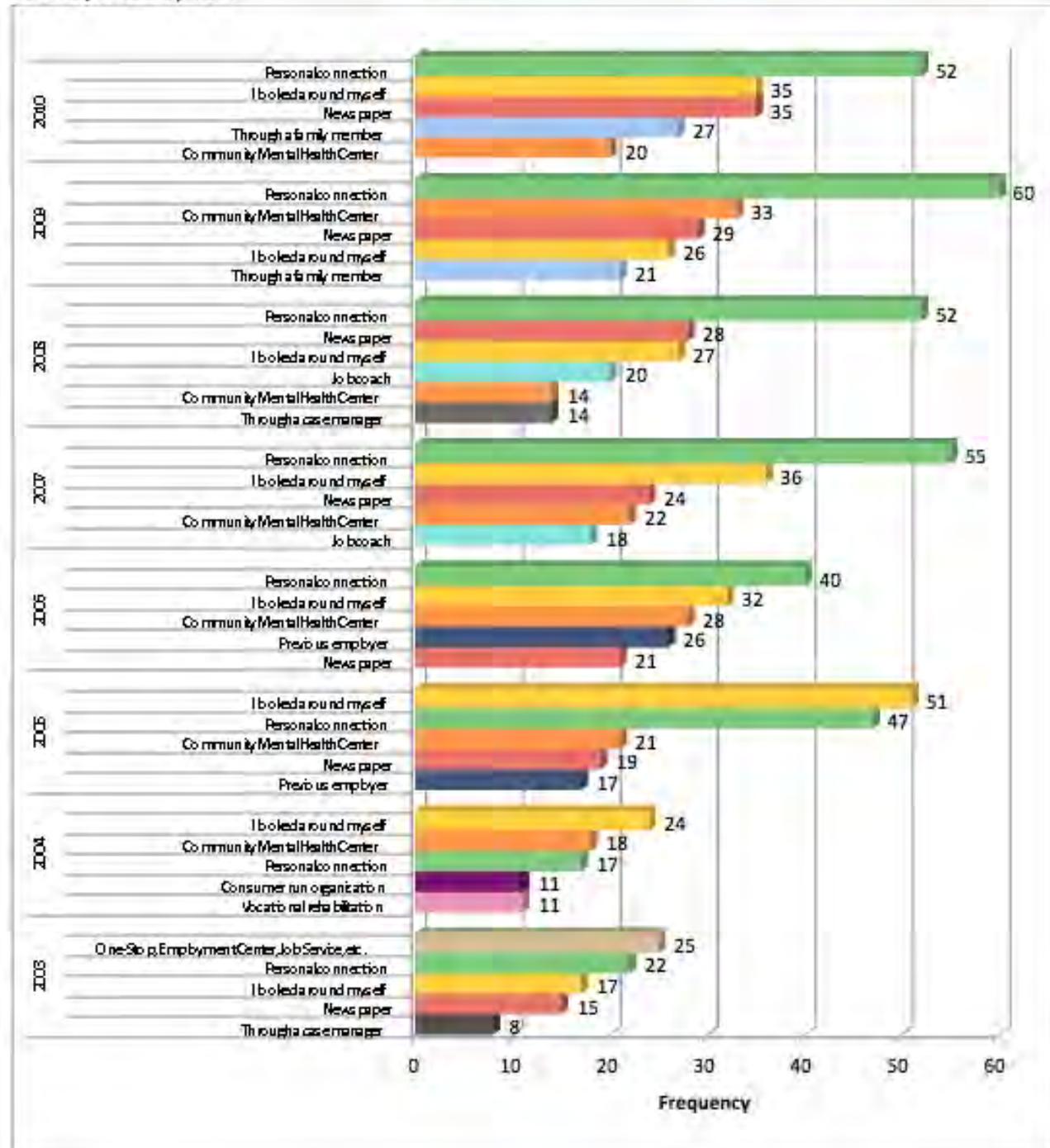
For those individuals who left their job during the calendar year, respondents were asked the reasons for leaving their job. Respondents were provided with 13 choices of reasons for leaving employment and could also write in additional responses. Figure 3.13 illustrates the top 5 reasons *Working Healthy* enrollees left their jobs each year. With the exception of 2009, the most common reason people changed or left their jobs each year was due to worsening of their disability. It cannot be assumed that these individuals stopped working altogether due to their disability. They were still enrolled in *Working Healthy* and therefore must have employed or in a 6-month re-employment plan with the intention of returning to work in that time period.

Figure 3.13: Top Five Reasons for Leaving a Job as Cited by Working Healthy Enrollees, Self-Reported by Year



Survey respondents were asked also how they found their current jobs. Responses were categorized and the top five methods for finding employment are summarized in Figure 3.14. While job search and placement services such as Workforce Centers and Vocational Rehabilitation (VR) are available for people with disabilities, respondents to the survey seem to more consistently use traditional ways of finding employment, such as the newspaper or through personal contacts.

Figure 3.14: Top Five Methods of Finding Current Job as Cited by Working Healthy Enrollees, Self-Reported by Year



## EMPLOYER-BASED HEALTH INSURANCE COVERAGE

On the survey *Working Healthy* enrollees were asked a series of questions regarding health insurance offered through their employer. Respondents were asked if they were offered employer-based health insurance (see Figure 3.15). Further, in 2006 and 2010 respondents who indicated “yes” or “don’t know” to being asked if they were offered employer-based health insurance were asked if they were covered by their employer’s plan (see Figure 3.16).

Figure 3.15: Percent of *Working Healthy* Enrollees Offered Employer-Based Health Insurance, Self-Reported by Year

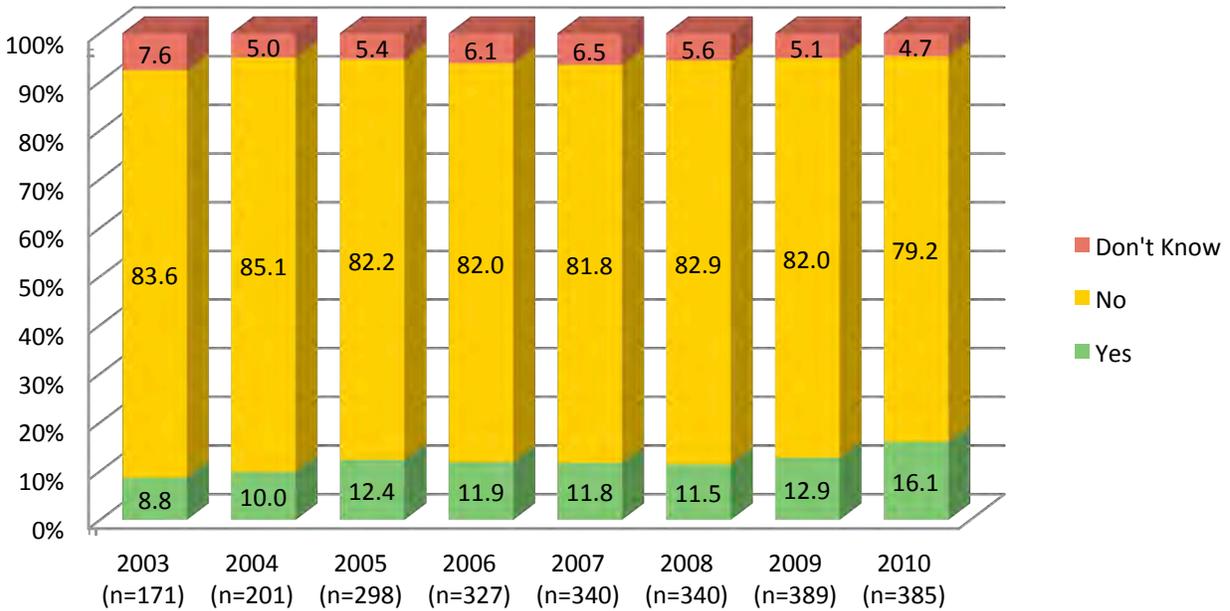
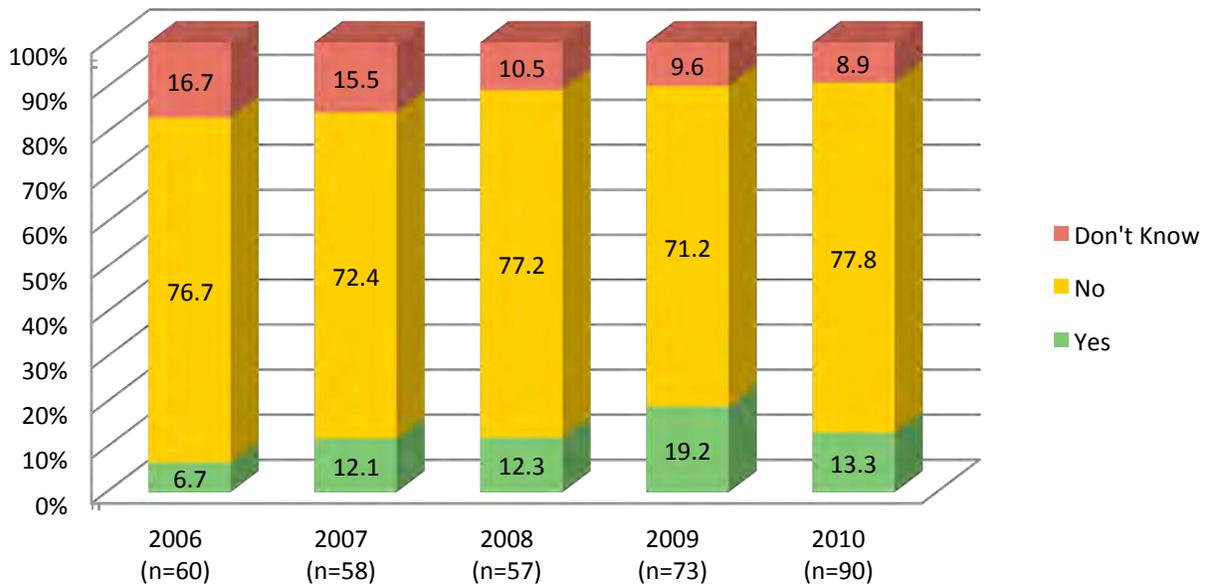


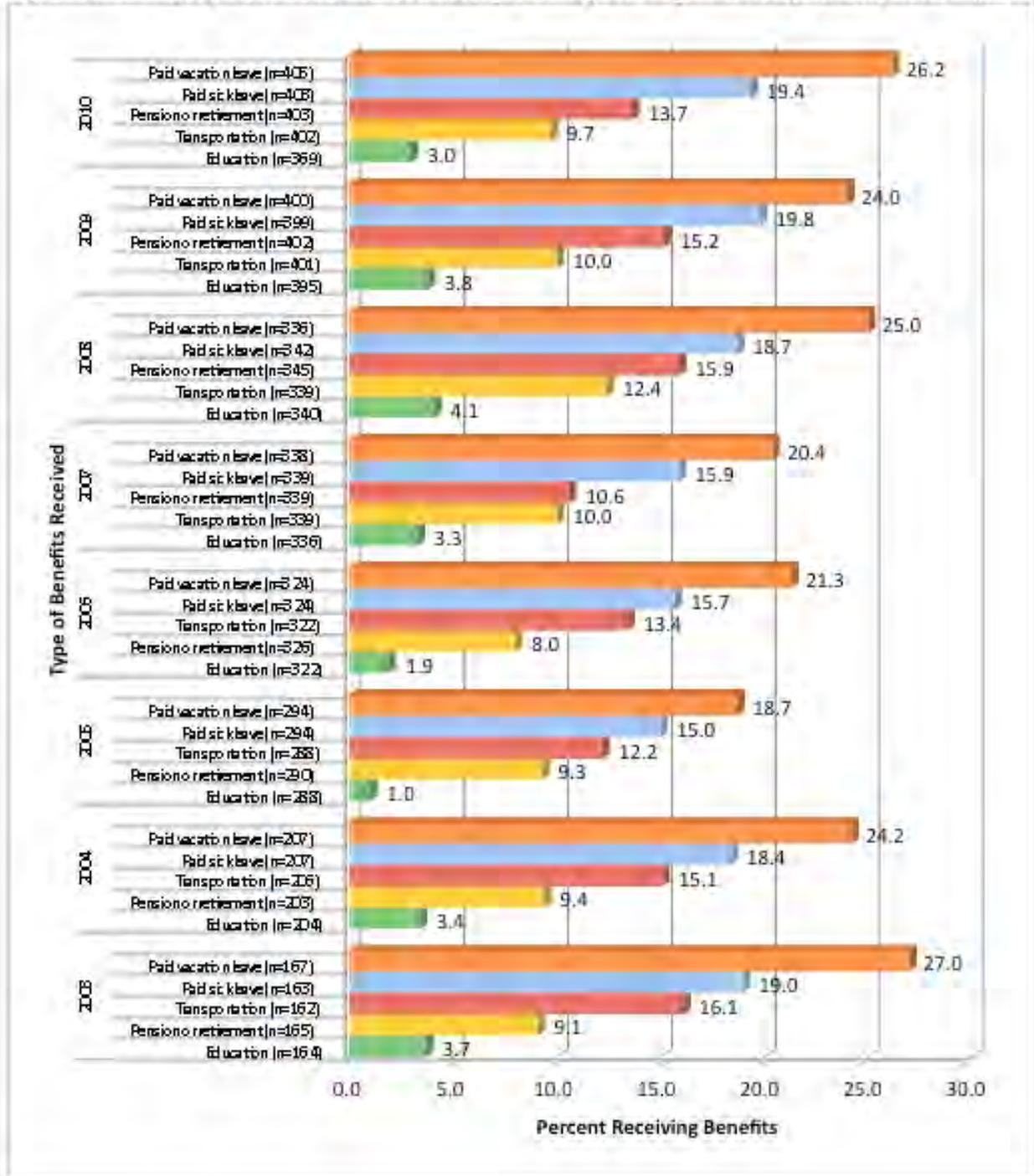
Figure 3.16: Percent of *Working Healthy* Enrollees Offered Employer-Based Health Insurance Who Were Covered by that Insurance, Self-Reported by Year



## OTHER EMPLOYEE BENEFITS

Aside from health insurance, other benefits offered at the workplace are important factors for anyone choosing employment. Figure 3.17 shows the percentage of *Working Healthy* enrollees who reported receiving various fringe benefits by year. Although these percentages are low, the type and high percentage of part-time employment for enrollees (see Figures 3.1 and 3.2) could have been contributing factors.

Figure 3.17: Employment Benefits Received by *Working Healthy* Enrollees, Self-Reported by Year



## PERSONAL ASSISTANCE SERVICES (PAS)

As discussed previously, Personal Assistance Services are provided through the Work Opportunities Reward Kansans (WORK) program that began in July 2007. For *Working Healthy* enrollees who are eligible for and enrolled in WORK Services supplemental questions specifically about these services were added to the annual satisfaction survey in 2008. Participants were asked about their satisfaction with WORK (see Section 4) as well as how many hours per day they have an attendant through WORK, and if they have had any challenges finding and keeping Personal Assistants (Figures 3.18-20).

Figure 3.18: Mean Number Hours per Day of Paid Personal Assistant Time, Self-Reported by Year

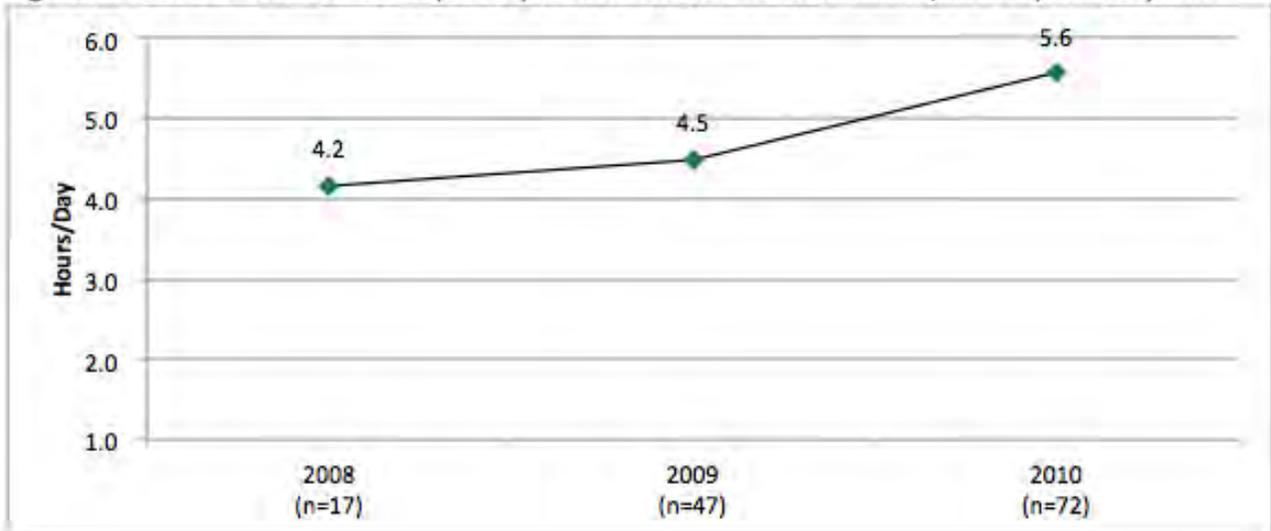


Figure 3.19: Percent of WORK Participants Reporting Changing Personal Assistants in the Past Year, Self-Reported by Year

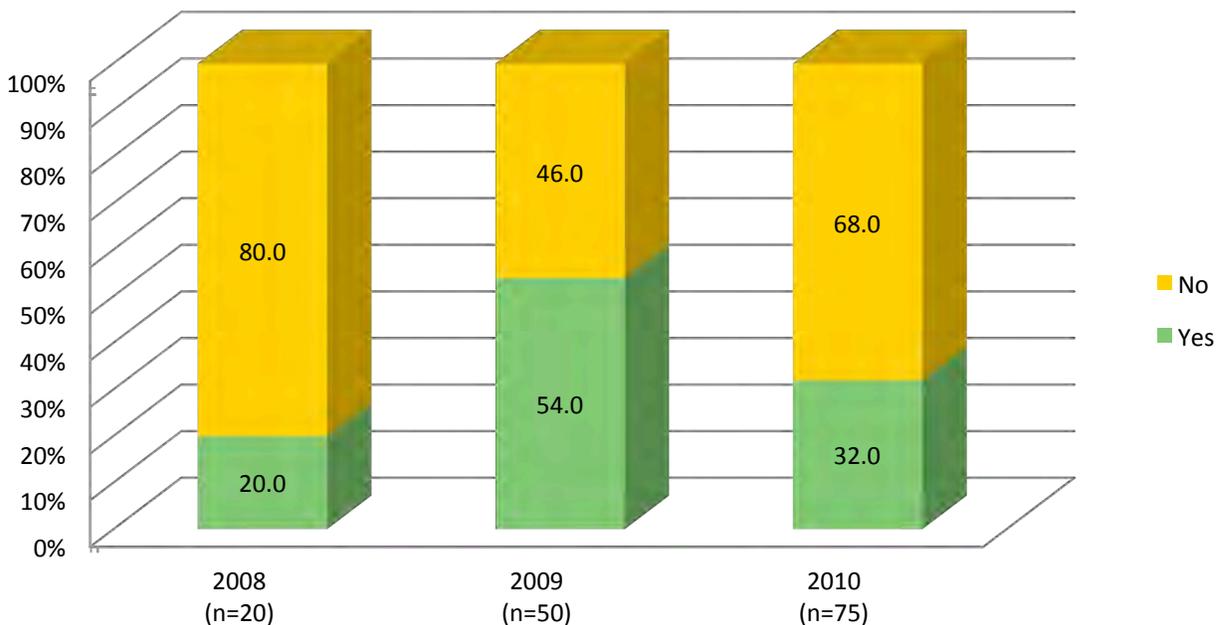
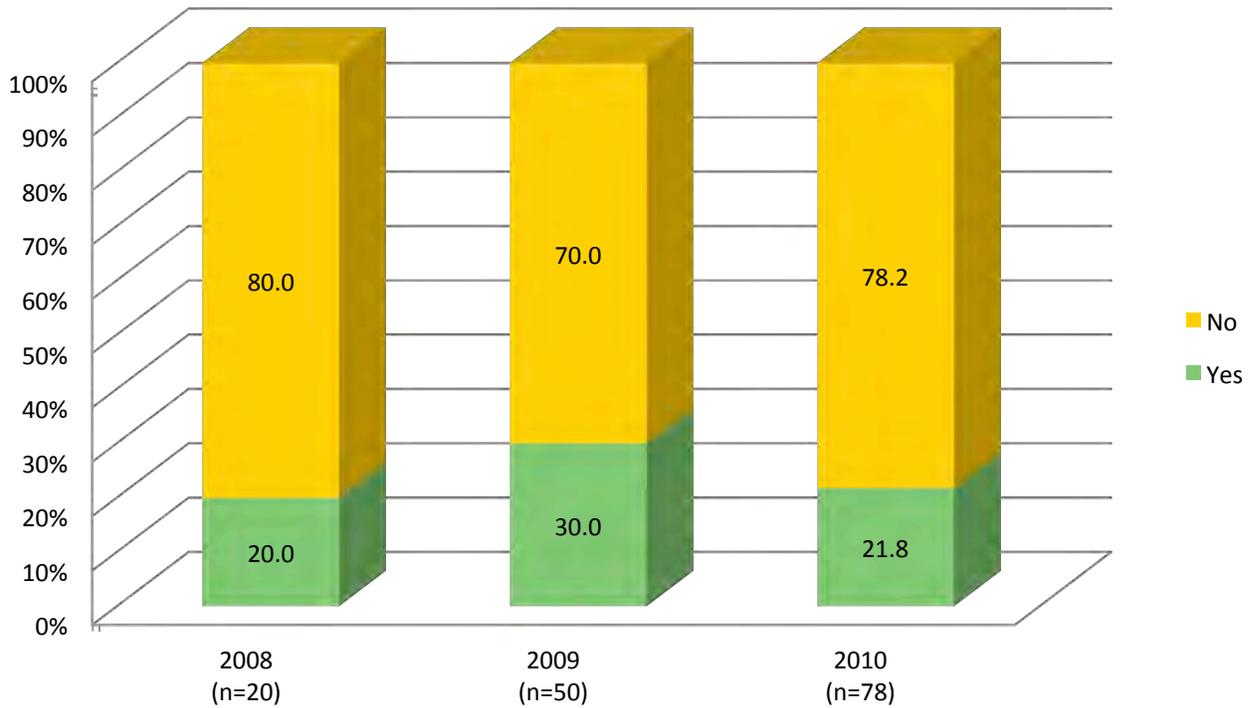


Figure 3.20: Percent of WORK Participants Reporting Difficulty Finding Personal Assistants in the Past Year, Self-Reported by Year

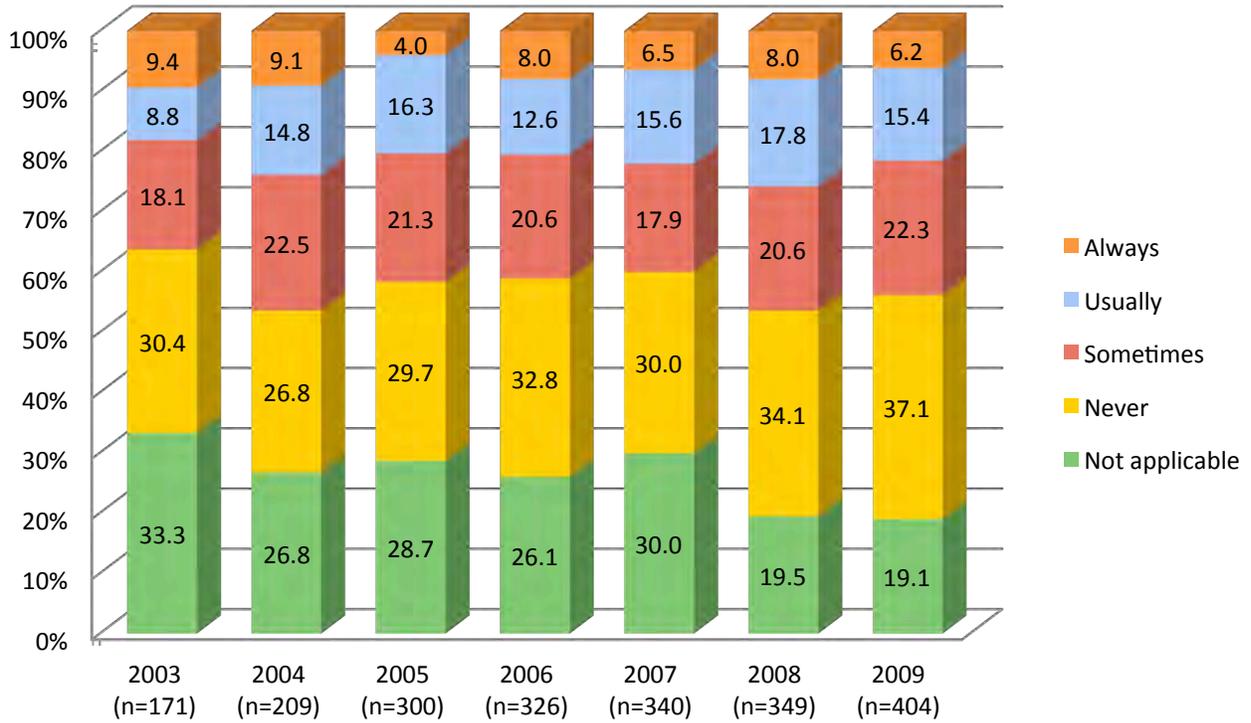


### Workplace Accommodations

Enrollees were asked if during the past 12 months of employment their employers were willing to make accommodations for them. Figure 3.21 indicates responses to this question by year. Data for 2010 are not included because the question was not asked in that year. Individuals who responded that they did not need accommodations are categorized as “not applicable.”

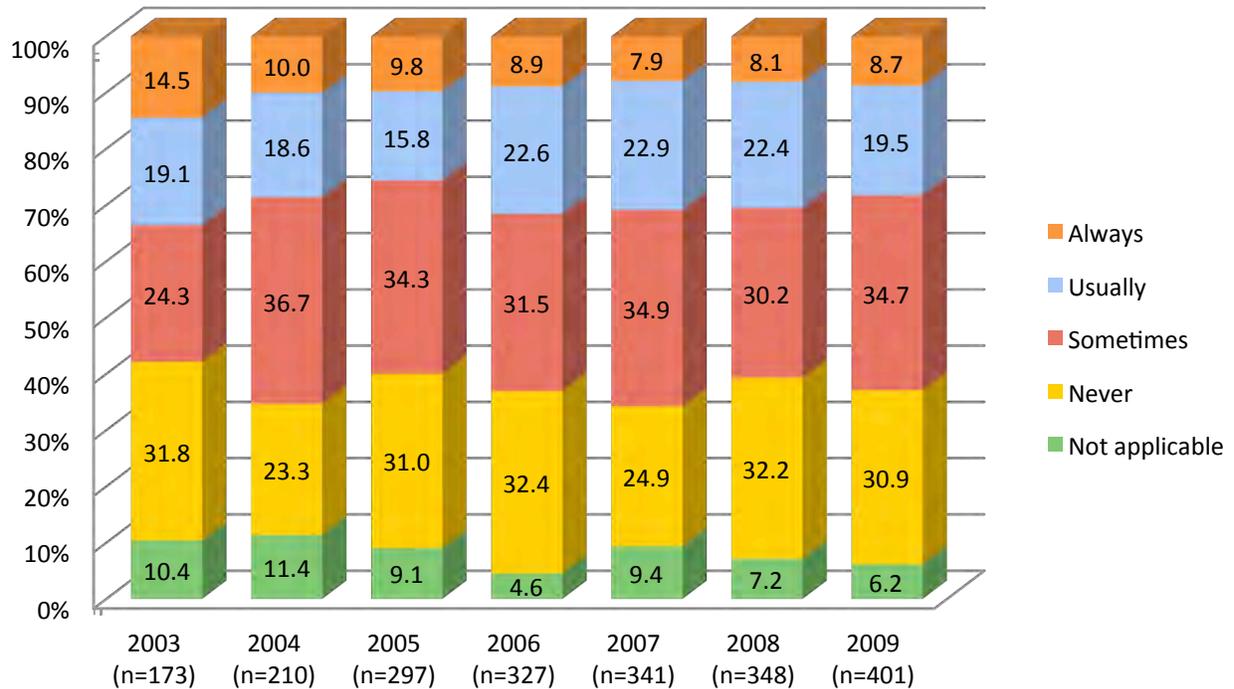
The survey also asked enrollees to respond to questions relating to the control they had over their work. One question asked if, during the past 12 months of employment, they were given adequate control over the scheduling and pacing of their work activities (Figure 3.22). Finally, the last question regarding accommodations asked survey respondents if their employers provided them with the ability to take time off for health-related reasons if necessary (Figure 3.23). For both of these questions, individuals who responded that they did not need these accommodations are categorized as “not applicable.” These questions were not asked in 2010.

Figure 3.21: Percent of *Working Healthy* Enrollees Reporting Their Employers Were Willing to Make Accommodations, Self-Reported by Year



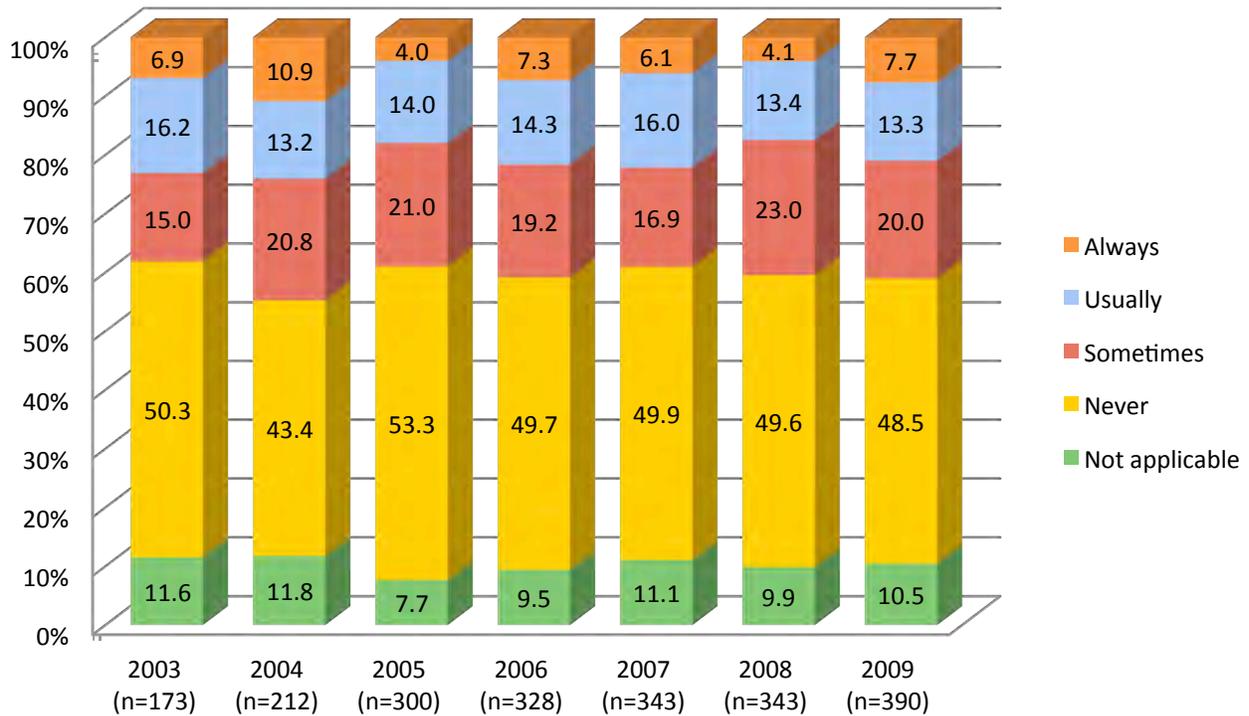
Note. "not applicable" refers to respondents who report not needing accommodations.

Figure 3.22: Percent of *Working Healthy* Enrollees with Adequate Control Over Self-Scheduling and Pacing in the Workplace, Self-Reported by Year



Note. "not applicable" refers to respondents who report not needing this accommodation.

Figure 3.23: Percent of *Working Healthy* Enrollees with the Ability to Take Time Off from Work for Health-Related Reasons, Self-Reported by Year



Note. “not applicable” refers to respondents who report not needing this accommodation.

### Enrollees’ Past Work Experiences

Survey respondents were asked various questions regarding their experiences looking for and making decisions about employment. The questions within this section were not asked in 2010.

### ENROLLEE PERCEPTIONS

Two questions were posed to survey respondents in regard to their perceptions while seeking employment. They were asked if during the last 12 months they believed they had been refused a job interview because of their disability and if they believed they had been refused a job offer because of their disability. A majority of individuals did not feel they had been discriminated against in this manner, however 9%- 14% felt they had been refused interviews and 13%-18% feel they had been refused jobs. Figures 3.24 and 3.25 show the percentage of respondents by year who self-report believing they had been refused job interviews and jobs due to their disability.

Figure 3.24: Percent of *Working Healthy* Enrollees with Perception that Job Interviews Were Denied because of Disability, Self-Reported by Year

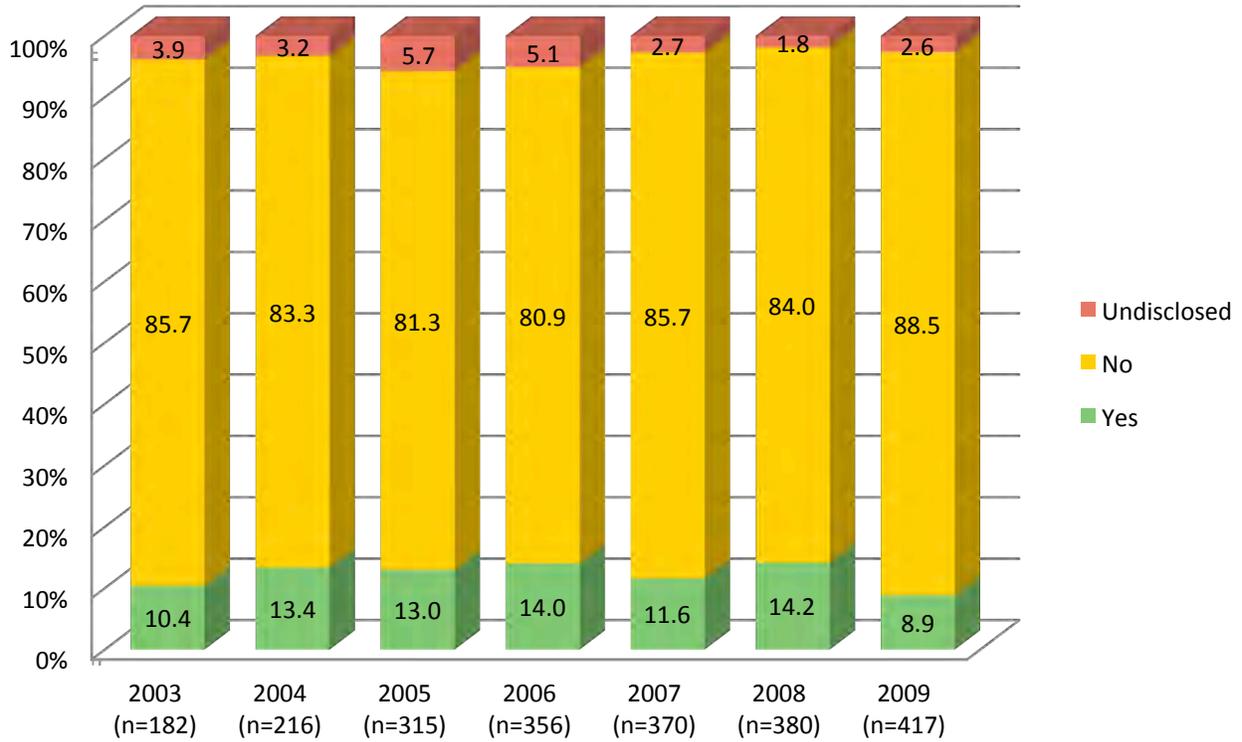
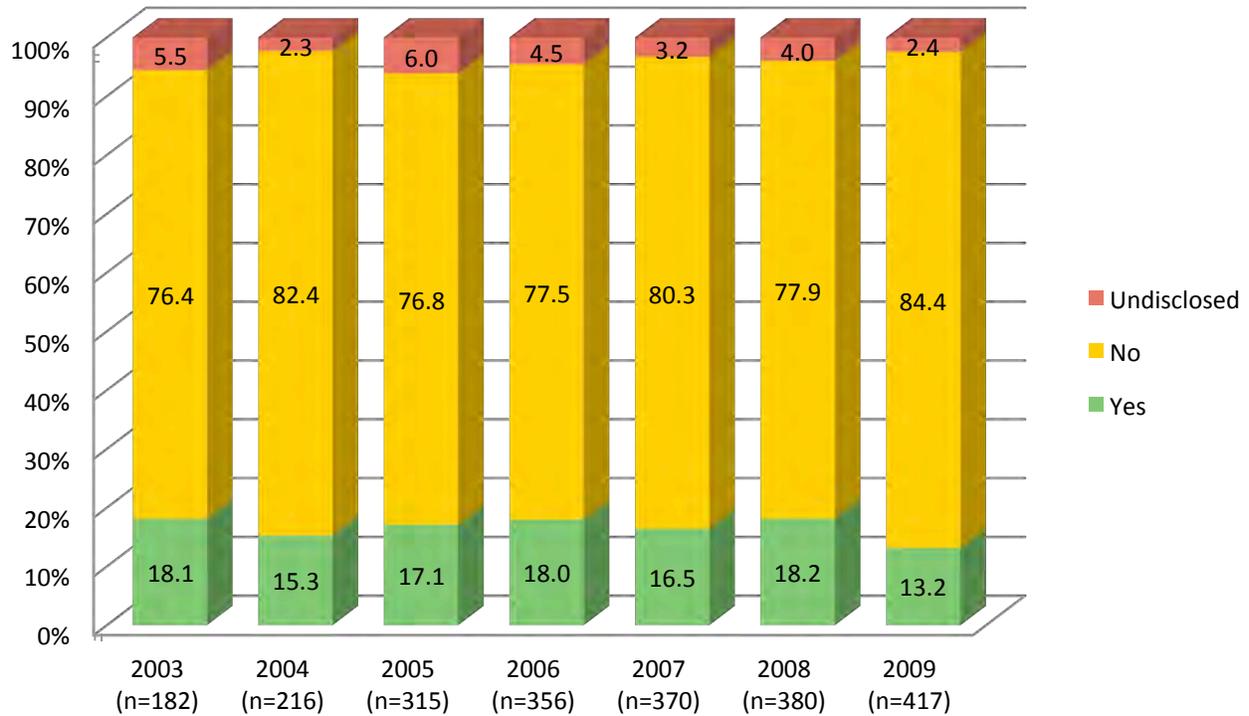


Figure 3.25: Percent of *Working Healthy* Enrollees with Perception that Job Offers Were Denied because of Disability, Self-Reported by Year



## EFFECT OF INCREASED INCOME ON BENEFITS

Increased income can affect an individual’s cash benefits, such as Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). The decrease in these benefits can sometimes be offset by an individual’s increase in income. For SSDI beneficiaries, however, once earnings exceed a certain threshold known as the “cash cliff,” (\$1,000 in 2010) all cash benefits are lost. Knowing this, many individuals are known to work close to the threshold, but not go over it. In light of this phenomenon, on surveys in 2003-2009 *Working Healthy* enrollees were asked a number of questions related to their choices based on their own increased income and the effect it could have on their Social Security (SS) benefits.

The first question asked if during the past 12 months the individual turned down a raise because it would affect his or her benefits (Figure 3.26). Respondents were then asked if they turned down an increase in their work hours in the last 12 months because it would affect their benefits (Figure 3.27). Finally, respondents were asked if they turned down a job offer all together because it would affect their benefits (Figure 3.28). These questions were not asked in 2010.

Figure 3.26: Percent of *Working Healthy* Enrollees Who Turned Down a Raise Due to Effect on Social Security Benefits, Self-Reported by Year

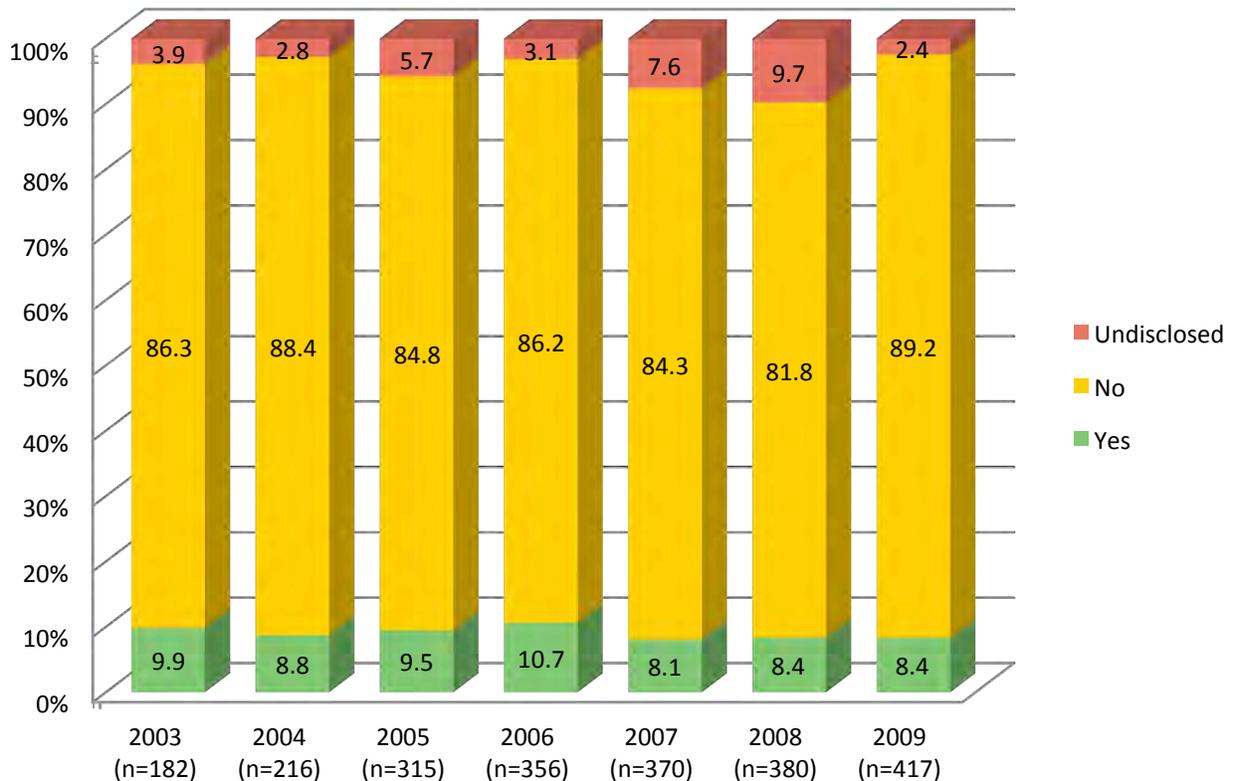


Figure 3.27: Percent of *Working Healthy* Enrollees Who Turned Down an Increase in Hours Due to Effect on Social Security Benefits, Self-Reported by Year

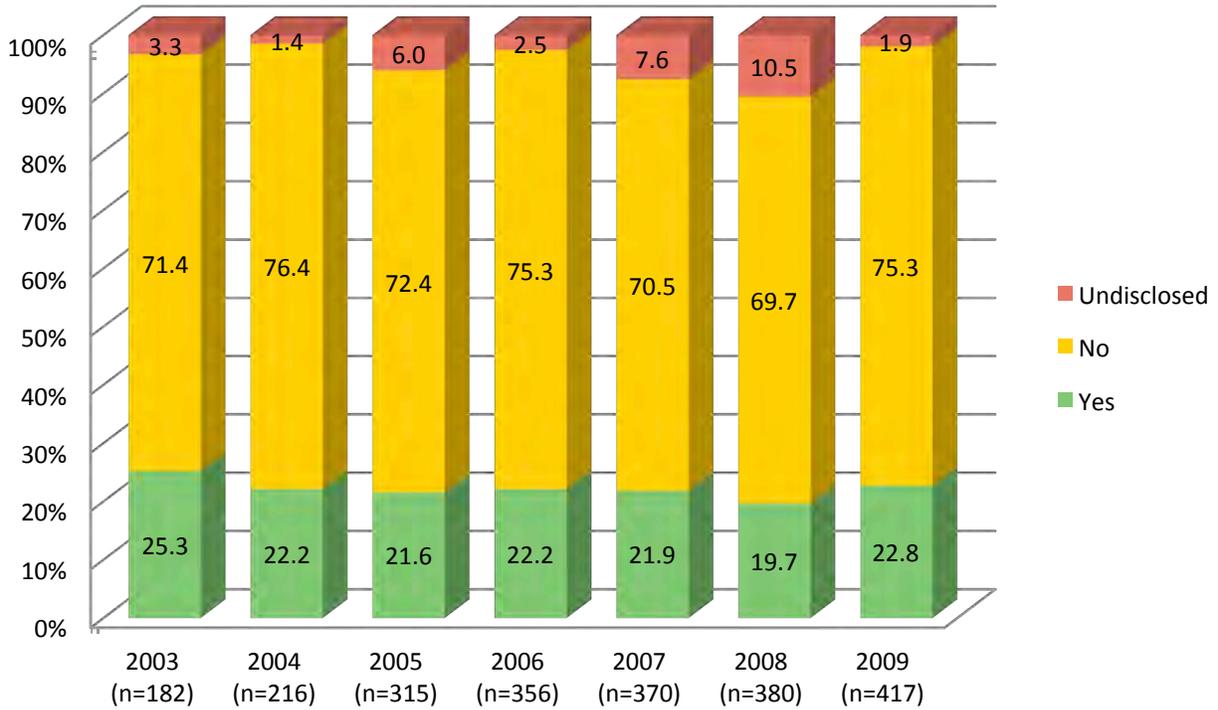
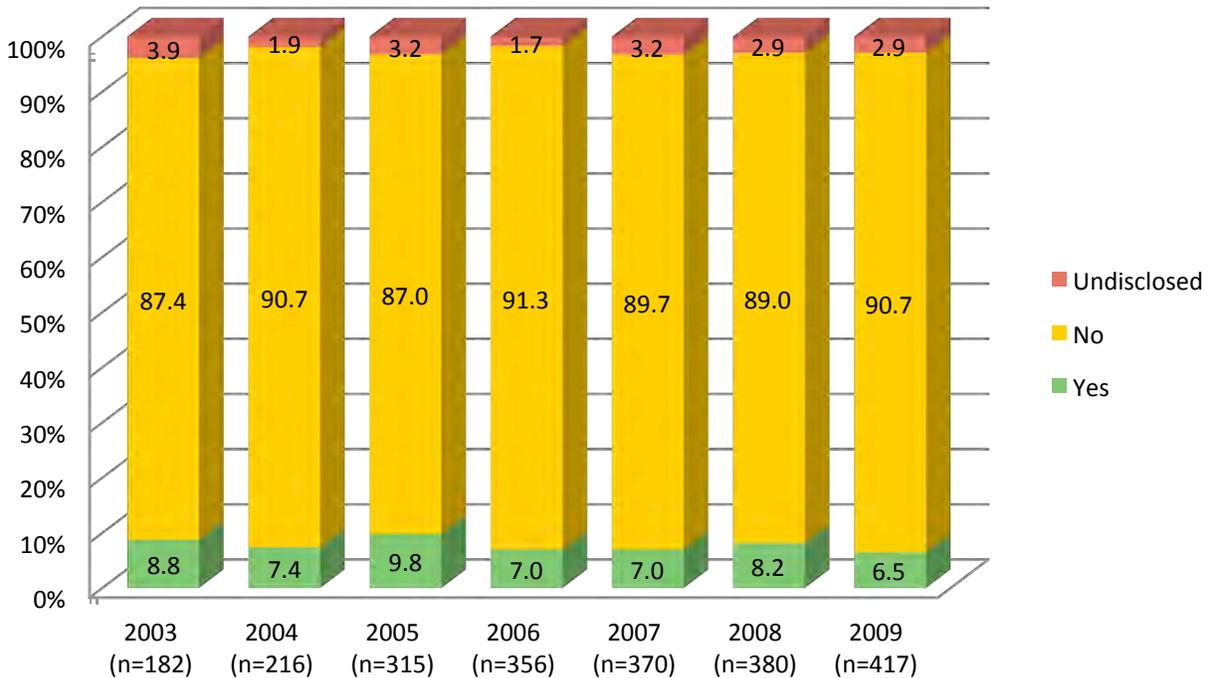


Figure 3.28: Percent of *Working Healthy* Enrollees Who Turned Down a Job Due to Effect on Social Security Benefits, Self-Reported by Year



## 4. Quality of Life

One section of the survey addressed the ways in which enrollees' quality of life has changed since being enrolled in *Working Healthy*. Quality of life domains include health status, independence, financial status, and community involvement. Also measured were the percentages of individuals who had difficulty finding doctors, therapists and pharmacists who accept Medicaid in their area.

### Health Status

A series of survey questions asked enrollees if they felt their life had improved in several areas since they had enrolled in *Working Healthy*. Statements were provided and respondents were asked their level of agreement with each. The first areas these statements covered were physical health and mental health. Figures 4.1 and 4.2 show the percentages of respondents who agreed or disagreed that their physical health and mental health had improved since participating in *Working Healthy* by year.

Figure 4.1: Improved Physical Health Since Enrolling in *Working Healthy*, Self-Reported Agreement Level by Year

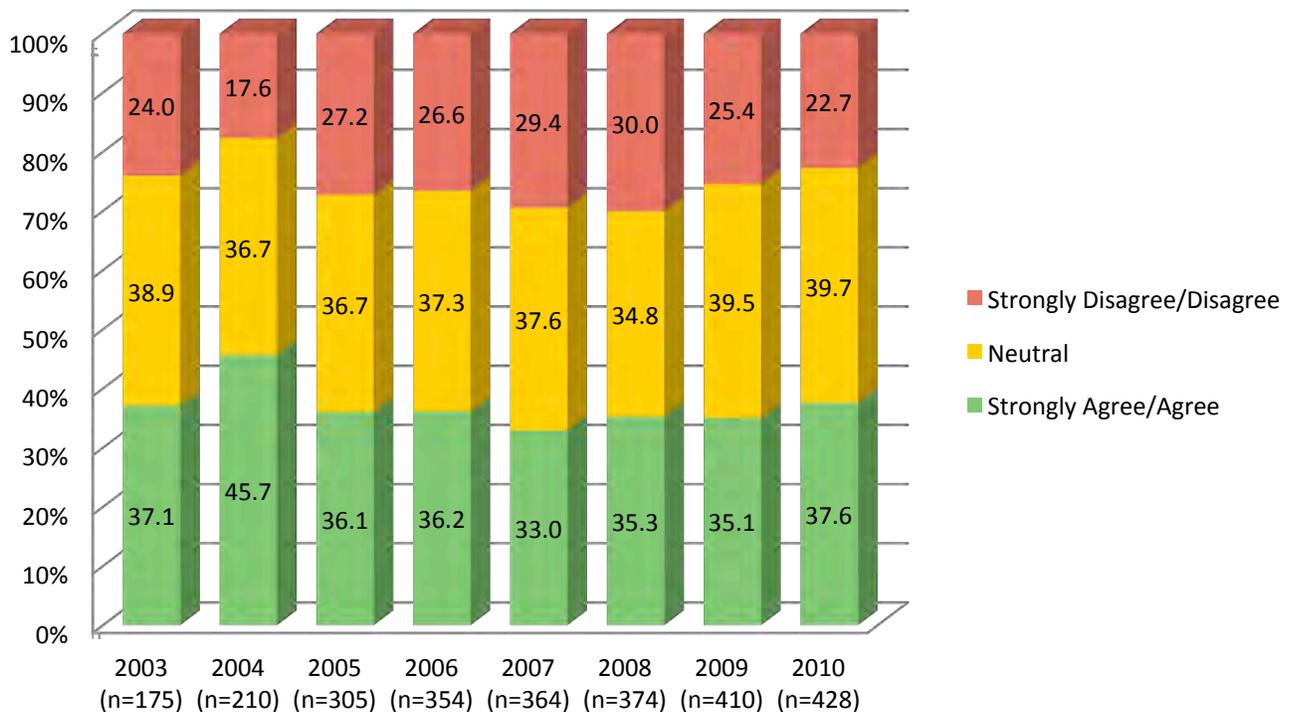
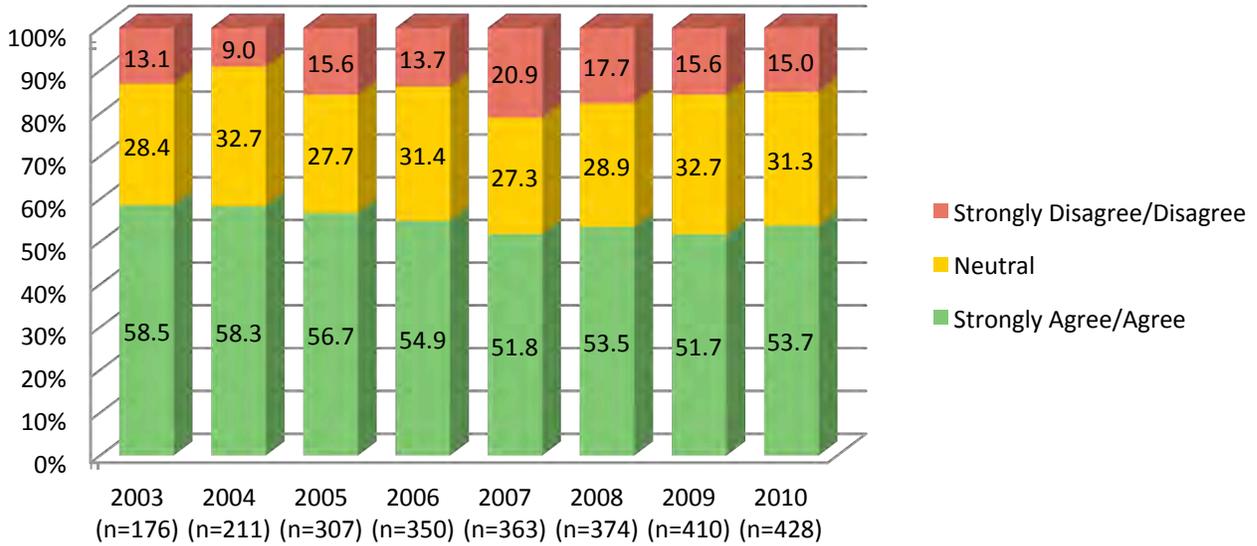


Figure 4.2: Improved Mental Health Since Enrolling in *Working Healthy*, Self-Reported Agreement Level by Year



### Independence & Community Life

Similarly, statements were posed to respondents in regard to increases in their independence, financial status and participation in community life since enrolling in *Working Healthy*. Individuals were asked to indicate their level of agreement to statements in these areas. Figures 4.3-7 provide information regarding enrollees’ increased financial status, involvement in community activities, involvement in social activities, lifestyle preference and level of independence since enrolling in *Working Healthy*.

Figure 4.3: Improved Financial Status Since Enrolling in *Working Healthy*, Self-Reported Agreement Level by Year

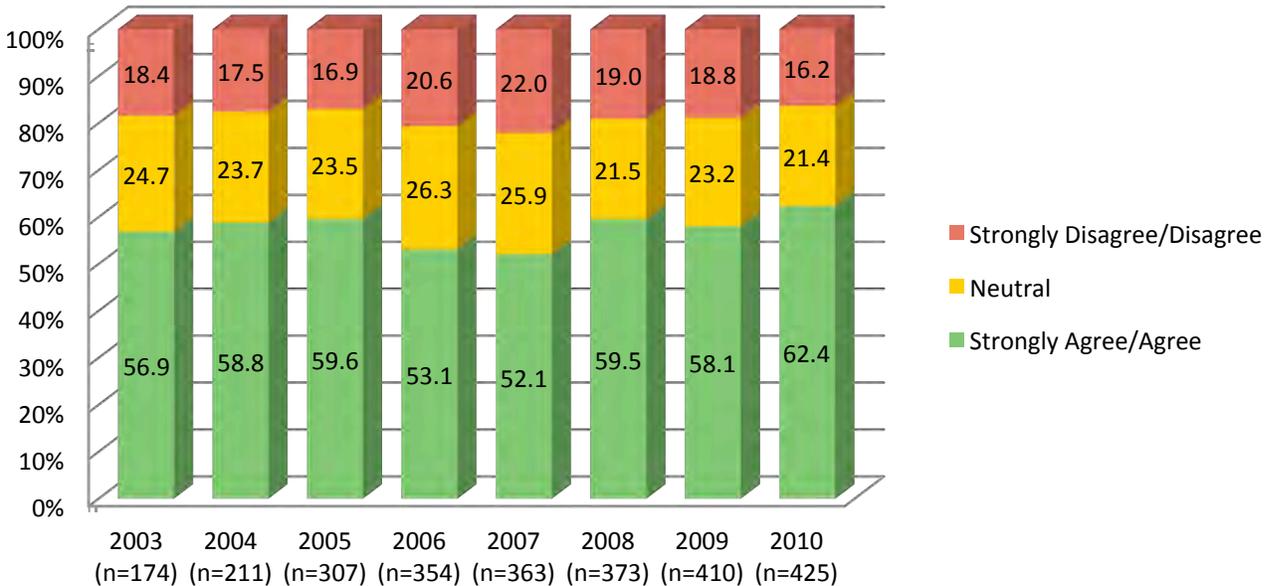


Figure 4.4: Increased Community Involvement Since Enrolling in *Working Healthy*, Self-Reported Agreement Level by Year

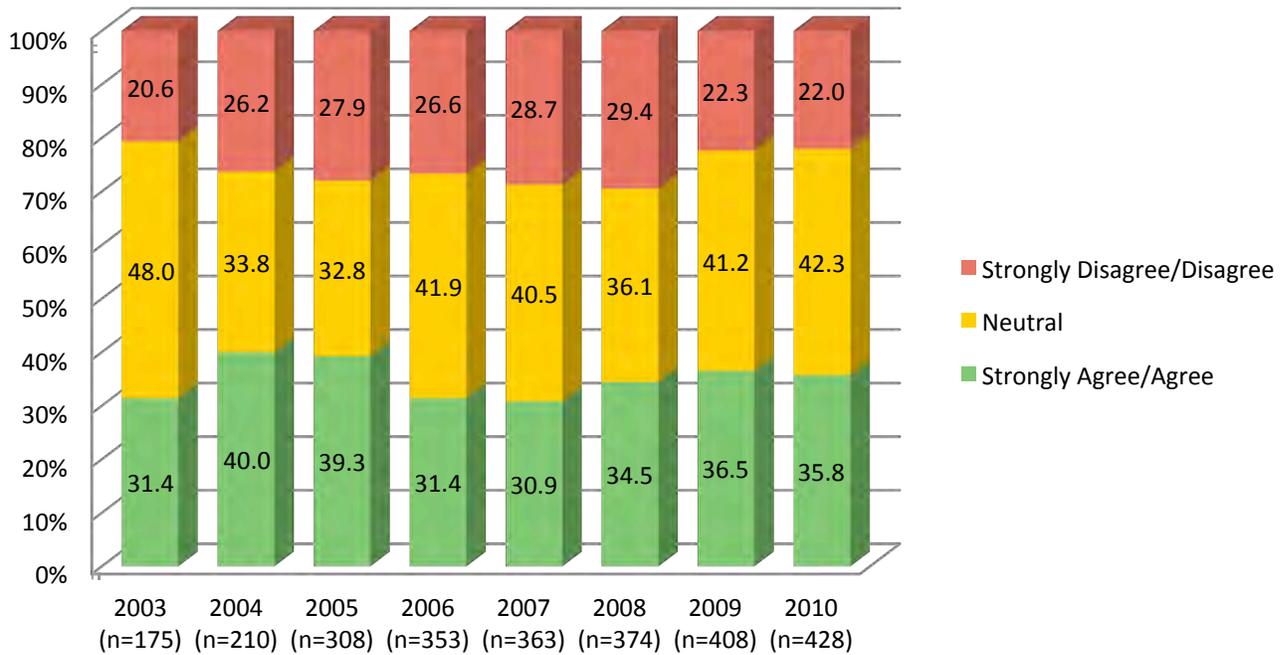


Figure 4.5: Increased Involvement in Social Activities Since Enrolling in *Working Healthy*, Self-Reported Agreement Level by Year

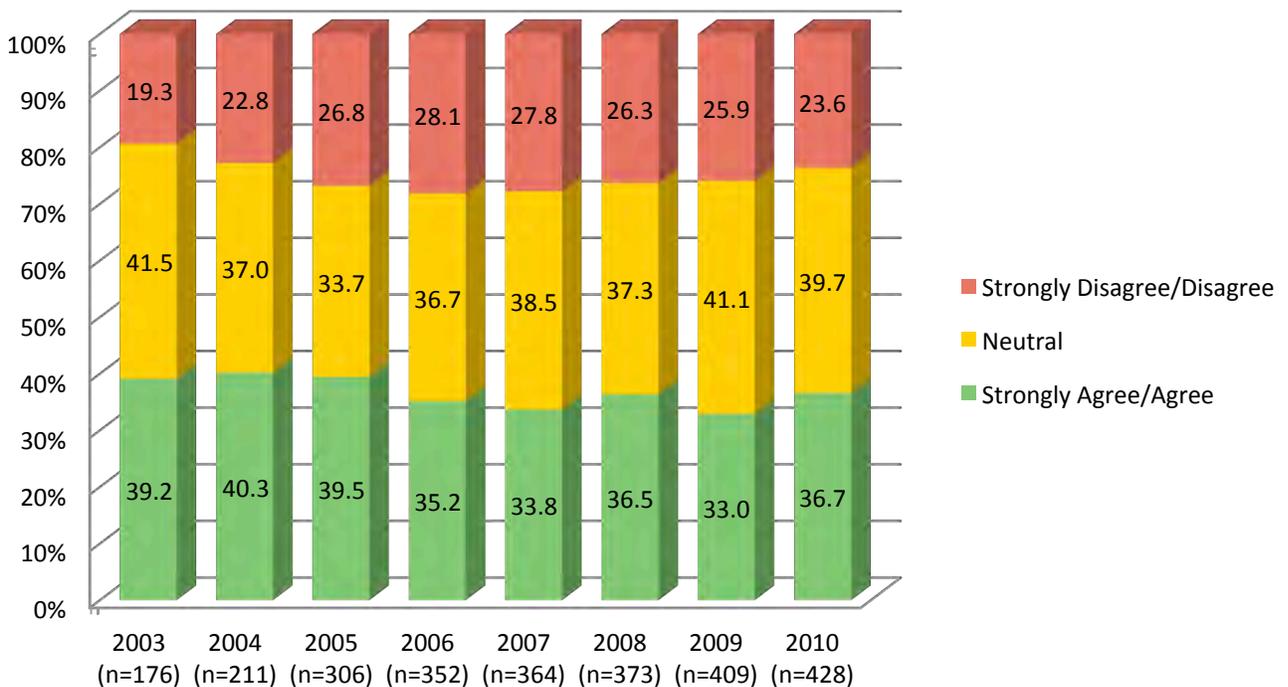


Figure 4.6: Closer to Achieving Preferred Lifestyle Since Enrolling in *Working Healthy*, Self-Reported Agreement Level by Year

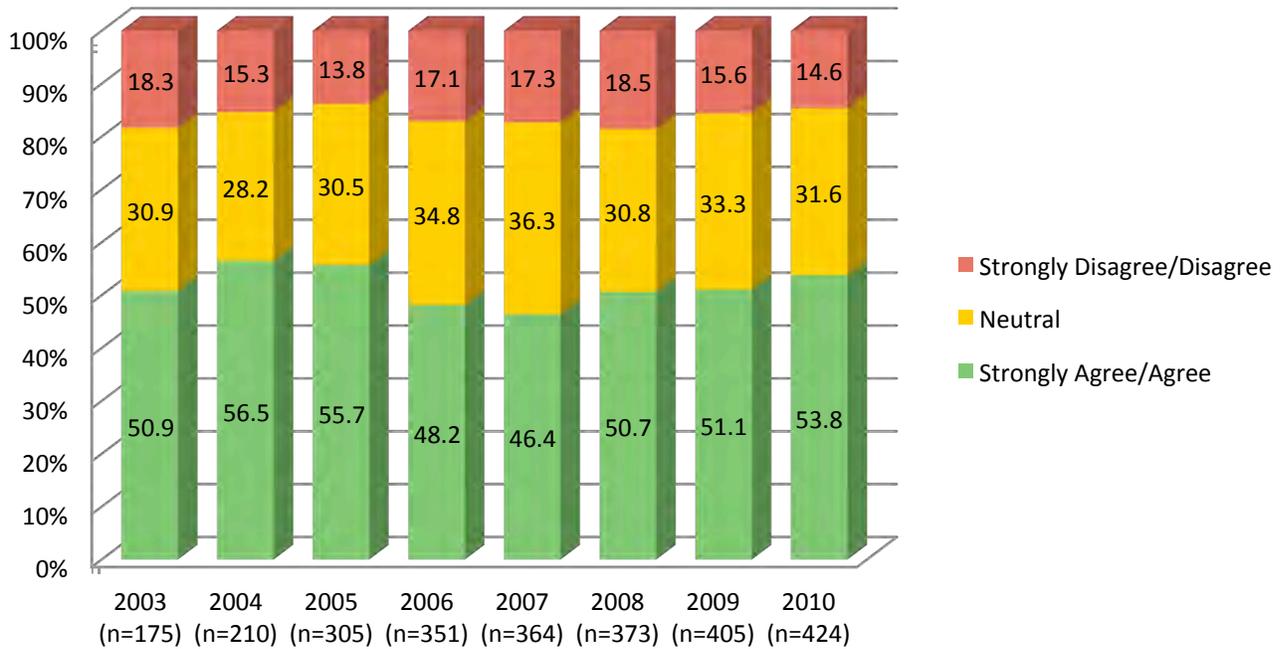
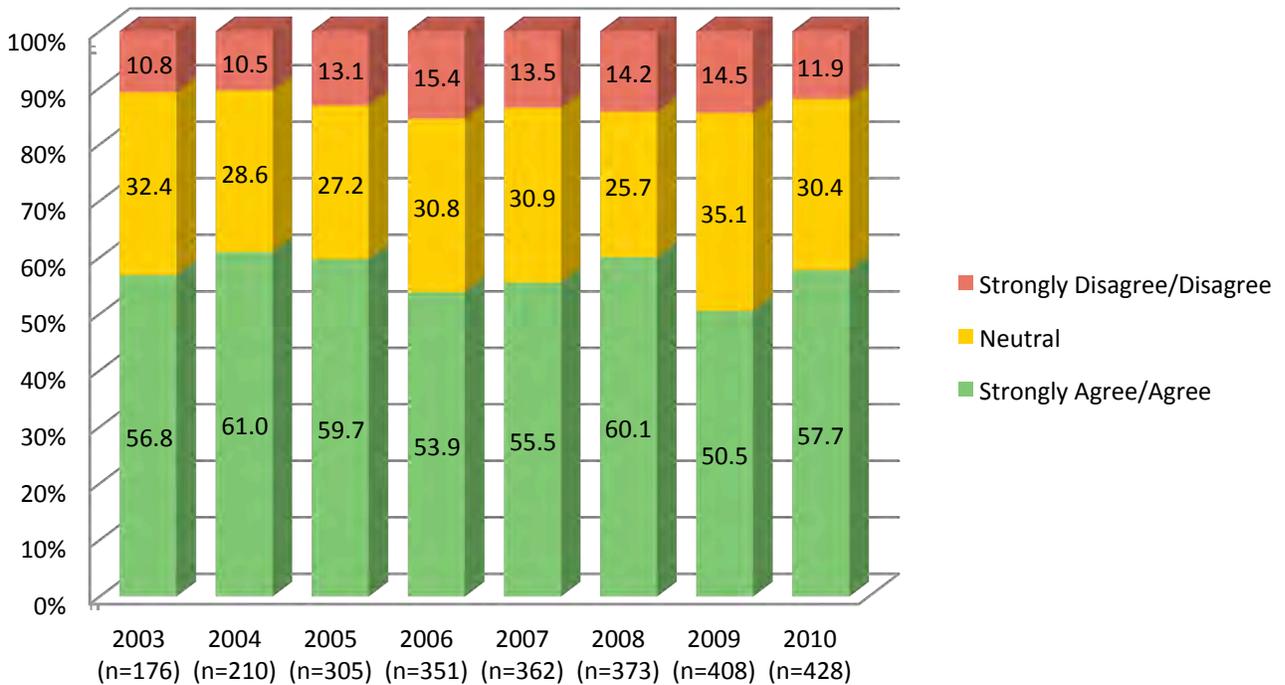
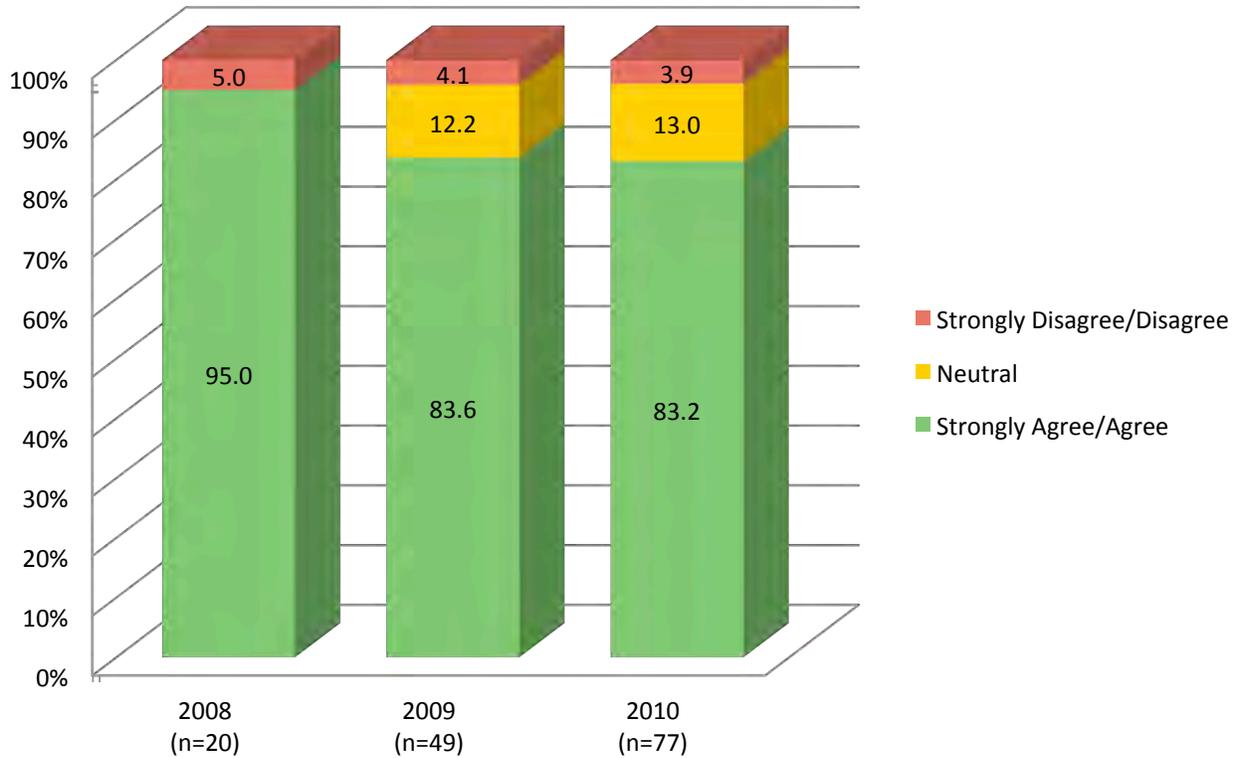


Figure 4.7: Increased Level of Independence Since Enrolling in *Working Healthy*, Self-Reported Agreement Level by Year



*Working Healthy* enrollees receiving Personal Assistance Services (PAS) through WORK were asked if the WORK services provided specifically increased their level of independence (Figure 4.8). Overwhelmingly, WORK participants report PAS services provided by the program increase their level of independence.

Figure 4.8 Increased Level of Independence of WORK Participants, Self-Reported Agreement Level by Year



### Access to Health Care

*Working Healthy* enrollees were asked on the survey if they had difficulty finding health care providers who accepted Medicaid. Figures 4.9-11 provide the percent of survey respondents who did and did not have difficulty finding doctors, therapists and pharmacists who accepted Medicaid. Data are only reported for 2006-1010 because this survey item was slightly altered from previous years. Figure 4.12 provides this information for dentists, asked only in 2010.

Figure 4.9: Working Healthy Enrollees Reporting Difficulty Finding Doctors Who Accept Medicaid, Self-Reported by Year

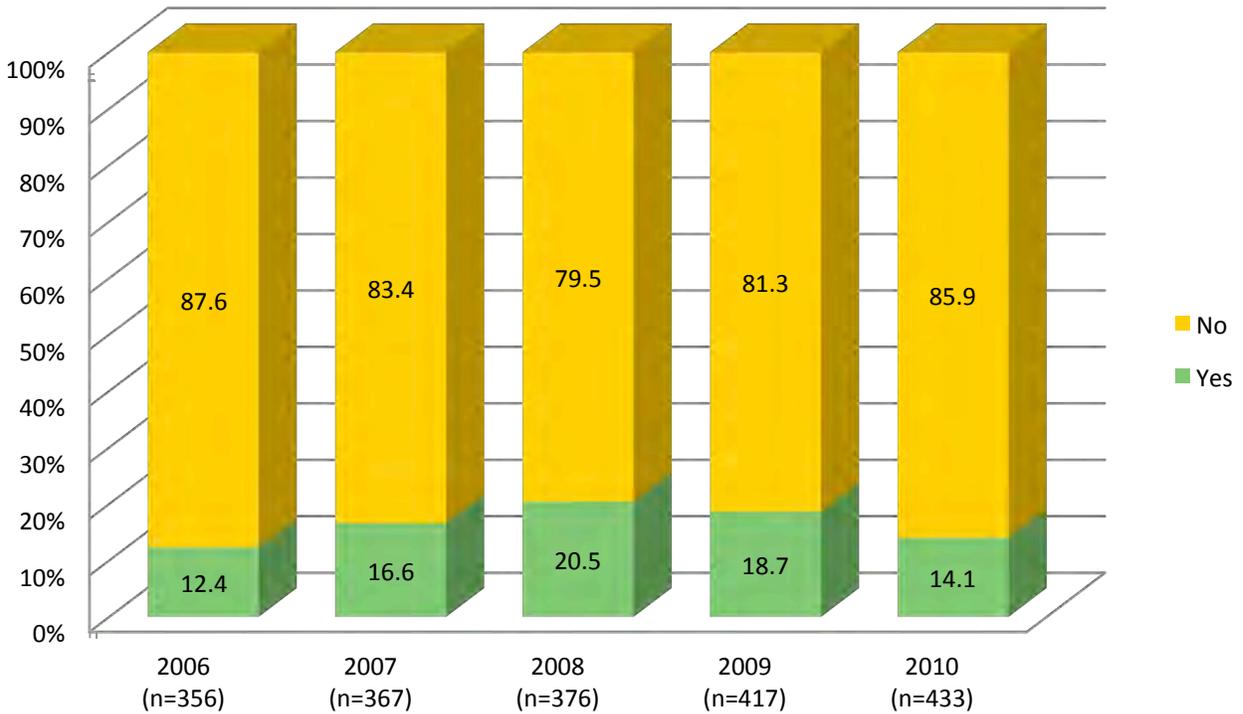


Figure 4.10: Working Healthy Enrollees Reporting Difficulty Finding Therapists Who Accept Medicaid, Self-Reported by Year

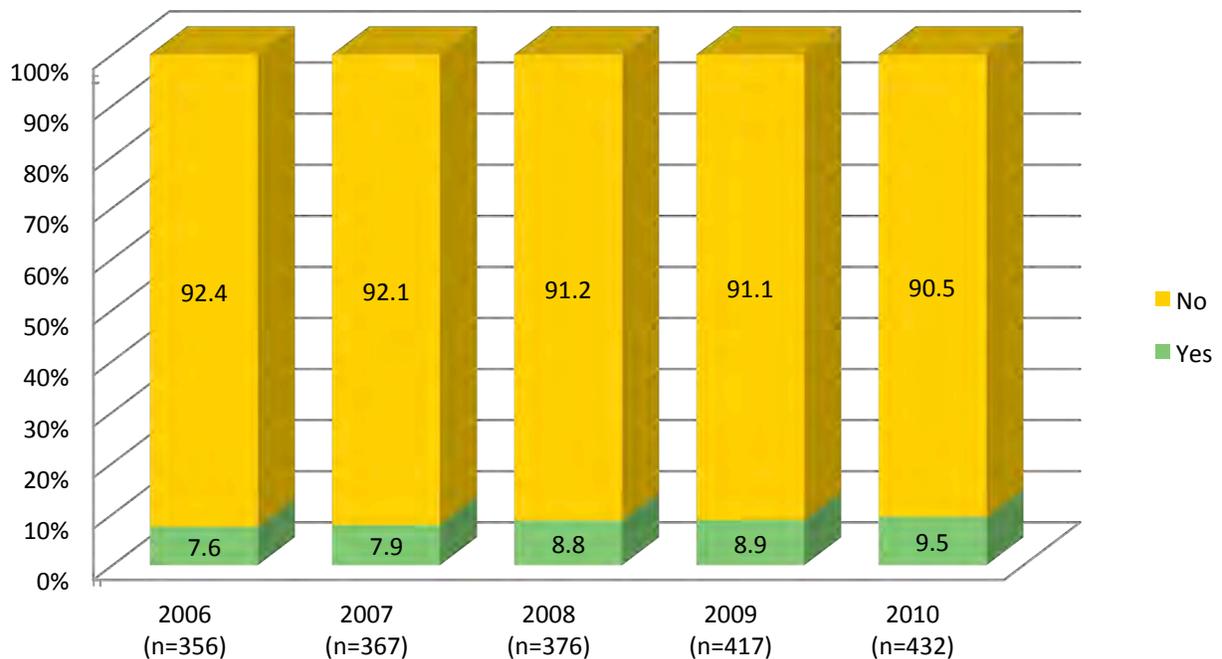


Figure 4.11: Working Healthy Enrollees Reporting Difficulty Finding Pharmacies that Accept Medicaid, Self-Reported by Year

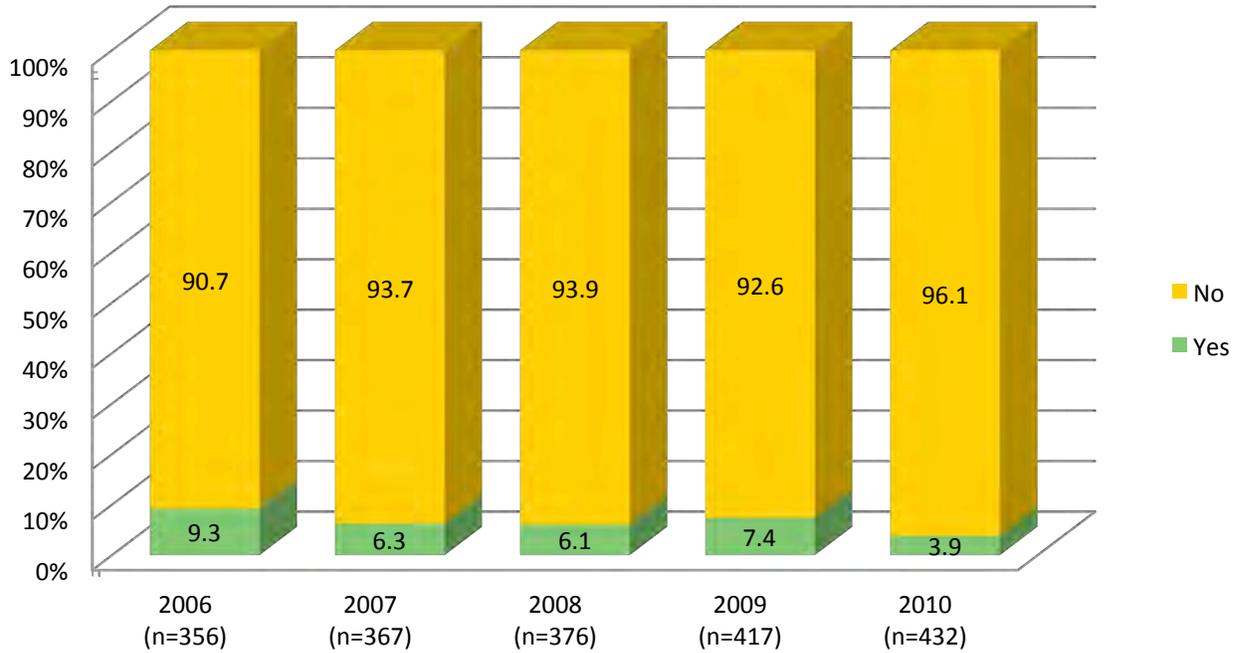
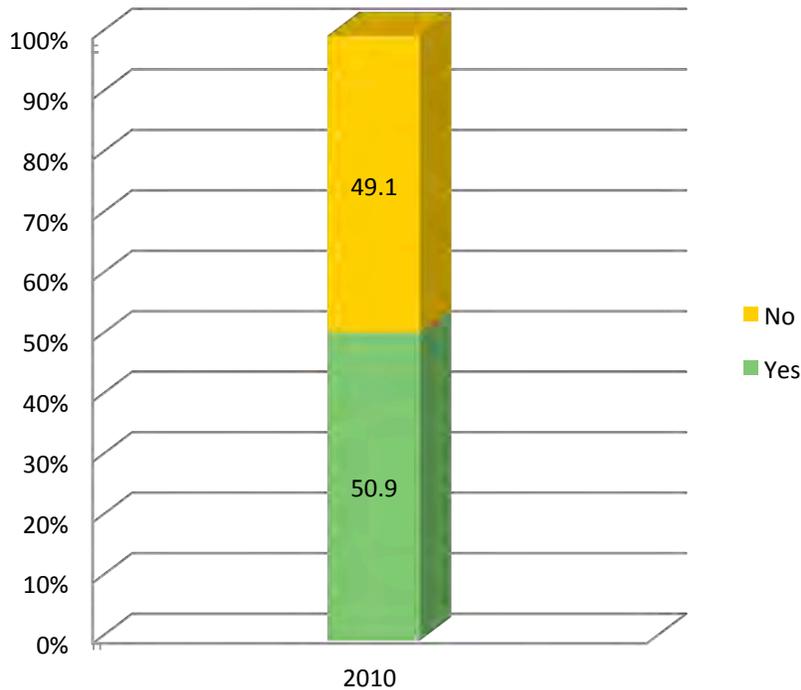


Figure 4.12: Working Healthy Enrollees Reporting Difficulty Finding Dentists Who Accept Medicaid, Self-Reported, 2010 (n=432)



## 5. Participant Satisfaction

The main purpose of the *Working Healthy Program Satisfaction Survey* was to measure enrollees' satisfaction with the program and gauge areas for improvement and potential policy change. Questions range from those specifically related to understanding how the program works and if it is reaching its intended goals to satisfaction with Social and Rehabilitation Services (SRS) eligibility caseworkers and *Working Healthy* Benefits Specialists.

### Program Satisfaction

Survey respondents were asked a series of questions related to their understanding and satisfaction with *Working Healthy*. These questions were intended to measure whether or not *Working Healthy* was serving the intended purpose of allowing individuals with disabilities to work and earn more income from employment while continuing to get the medical services they needed through Medicaid.

The survey provided first-person statements relating to program goals and asked respondents to provide their level of agreement with each statement. Figures 5.1-3 provide these responses by year.

Figure 5.1: "I Understand How *Working Healthy* Can Help me Work and Earn More," Agreement Level by Year

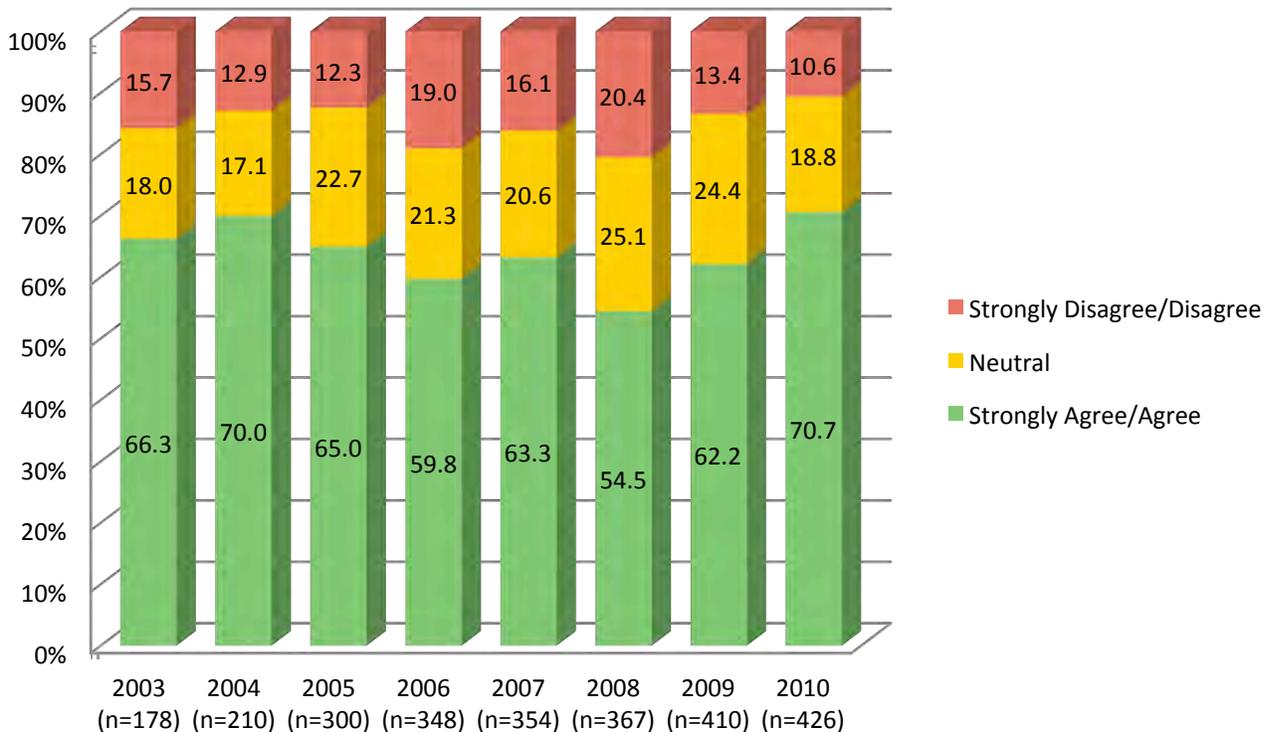
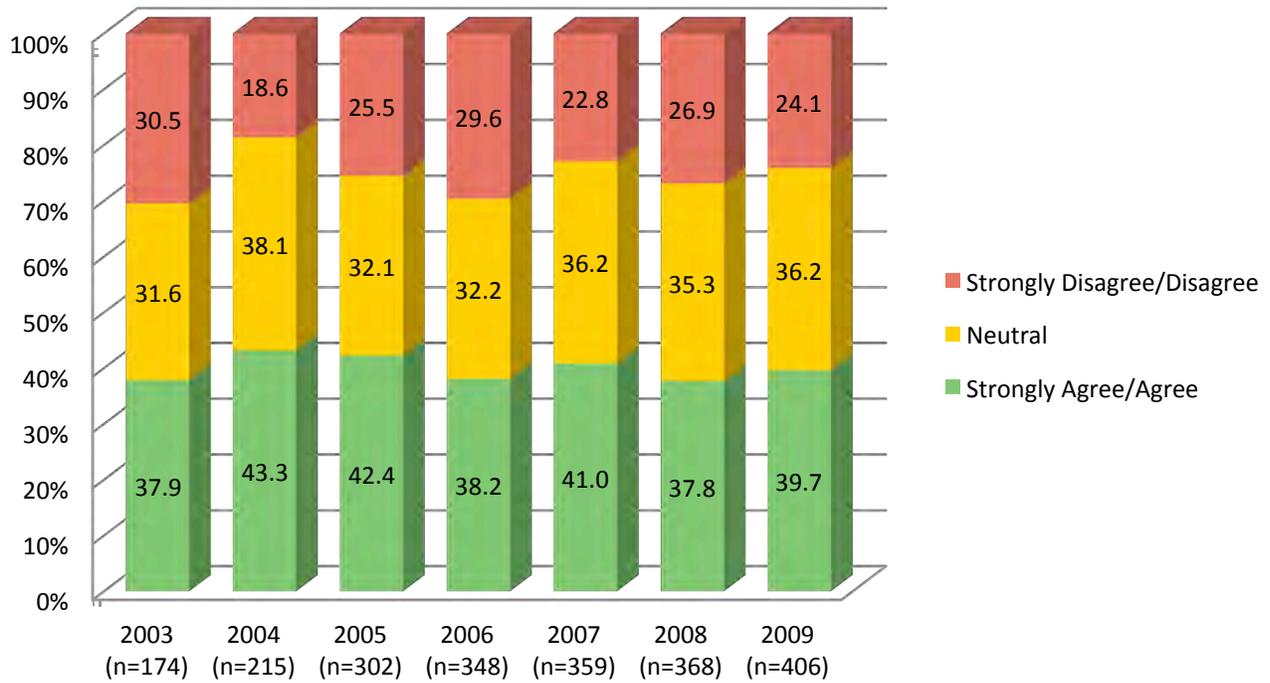
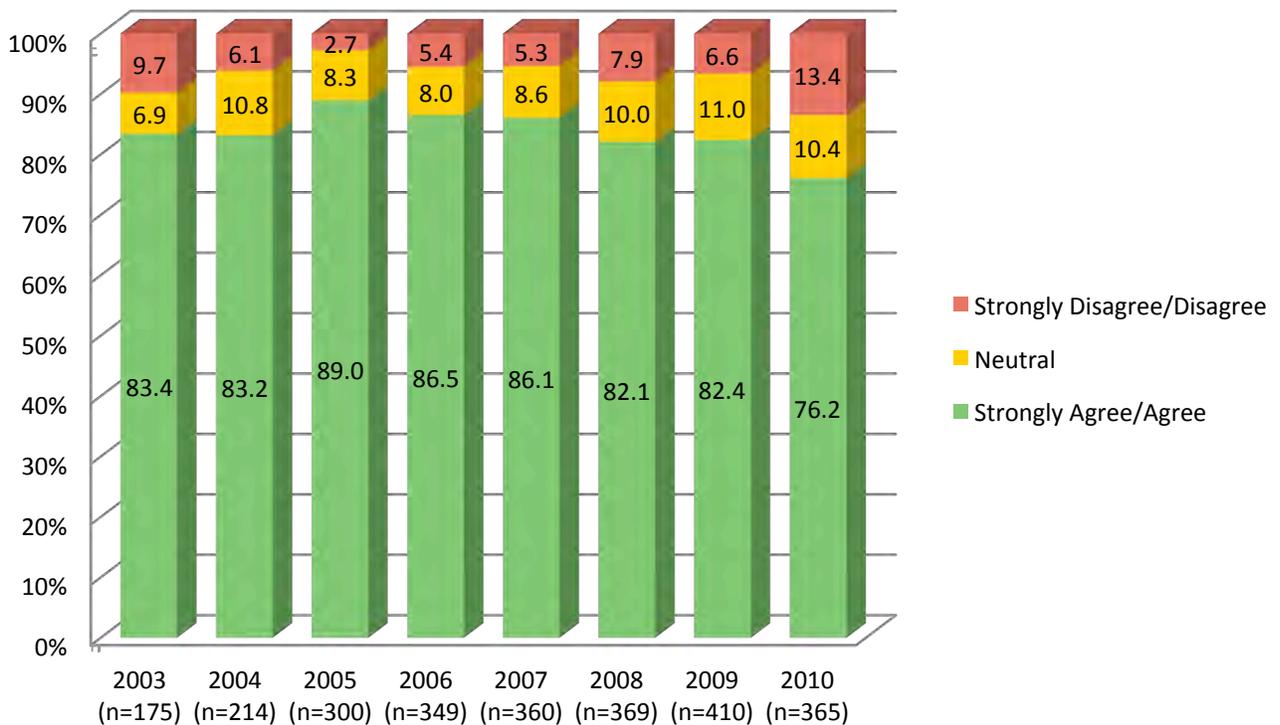


Figure 5.2: “Working Healthy Has Helped Me Increase My Work Hours,” Agreement Level by Year



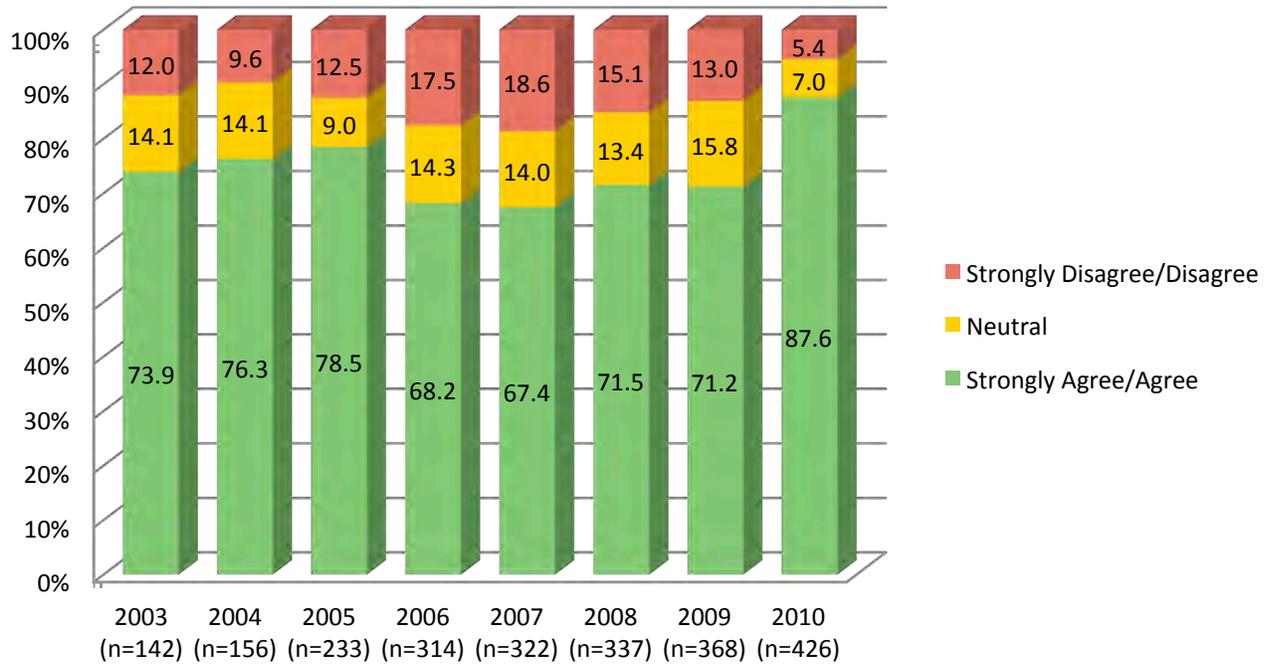
Note. Data for 2010 not included due to question not on survey.

Figure 5.3: “I Am Able to Get the Medical Services I Need through Working Healthy,” Agreement Level by Year



As mentioned previously, some *Working Healthy* enrollees pay premiums for coverage if their income is above 100% FPL. More than 75% of enrollees pay premiums (see Figure 2.27) and we asked these individuals if they felt the amount they pay is reasonable.

Figure 5.4: “The Premium I Pay for *Working Healthy* is Reasonable,” Agreement Level by Year



### Satisfaction with SRS Caseworkers

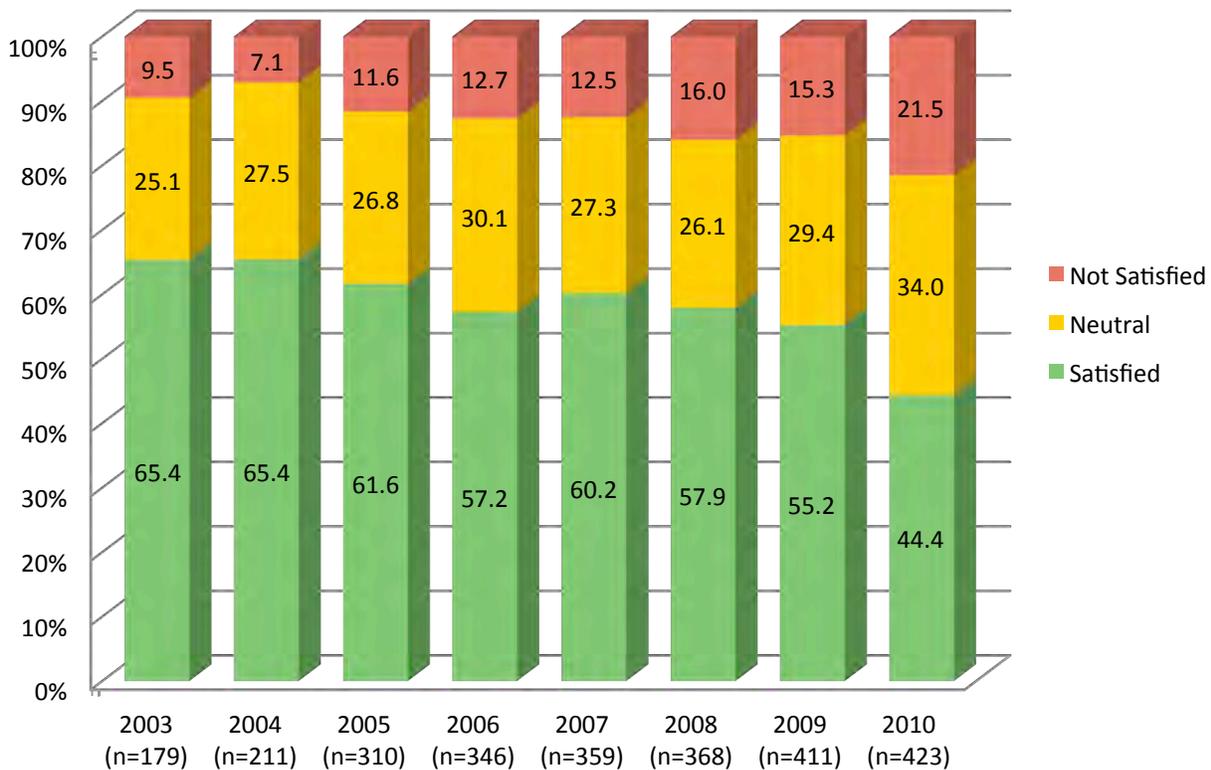
Also part of the *Working Healthy* Program Satisfaction Survey was a section on satisfaction with local Social and Rehabilitation Services (SRS) eligibility caseworkers. The satisfaction with these workers is important because they are the frontline staff with whom enrollees have first contact for enrollment, as well as continued contact for desk reviews in order to stay enrolled. Enrollees are required to check-in with their local eligibility caseworker every six months to provide information regarding their employment status and wages. Because contact with caseworkers is essential and regular, the on-going relationship, positive or negative, can affect the success of *Working Healthy*.

Survey respondents were posed a series of six statements and asked to indicate the level to which they agreed or disagreed with each statement (Strongly Disagree=1 to Strongly Agree=5). The statements were accompanied by a brief clarifying description of which caseworker the statements referred to in order to alleviate confusion. Respondents’ level of agreement with the following statements indicates their level of satisfaction with caseworkers:

- My caseworker takes the time to work with me personally;
- My caseworker understands the *Working Healthy* program;
- My caseworker is helpful when I ask questions about *Working Healthy*;
- My caseworker understands my personal needs;
- My caseworker knows about other programs in the community that can help me in my work efforts; and
- My caseworker understands my strengths.

In Figure 5.5 responses to all these items have been averaged for each year. It is important to note however, the item regarding caseworkers knowing about other programs in the community, consistently scored the lowest across time.

Figure 5.5: *Working Healthy* Enrollees' Satisfaction with SRS Caseworkers, Self-Reported by Year



### Satisfaction with *Working Healthy* Benefits Specialists

Currently, *Working Healthy* has seven Benefits Specialists throughout the state who provide outreach, technical assistance and benefits counseling as needed for enrollees, potential enrollees and service providers. Each year the survey asks enrollees their satisfaction in working with these Benefits Specialists. The number of responses is lower for these items because not all enrollees have worked with a Benefits Specialist. Names of the Benefits Specialists were provided on the survey as a reminder to respondents. The series of six

statements provided regarding SRS caseworkers was used but asked in regard to the Benefits Specialists. Respondents' level of agreement with the following statements indicates their level of satisfaction with Benefits Specialists:

- My Benefits Specialist takes the time to work with me personally;
- My Benefits Specialist understands the *Working Healthy* program;
- My Benefits Specialist is helpful when I ask questions about *Working Healthy*;
- My Benefits Specialist understands my personal needs;
- My Benefits Specialist knows about other programs in the community that can help me in my work efforts; and
- My Benefits Specialist understands my strengths.

Over the years, Benefits Specialists changed as did the coverage areas that they served. Appendix C provides information on Benefits Specialists' coverage areas by year. Figure 5.6 averages the six satisfaction items and provides overall satisfaction statewide for Benefits Specialists by year.

Figure 5.6: Enrollees' Satisfaction with *Working Healthy* Benefits Specialists Statewide, Self-Reported by Year

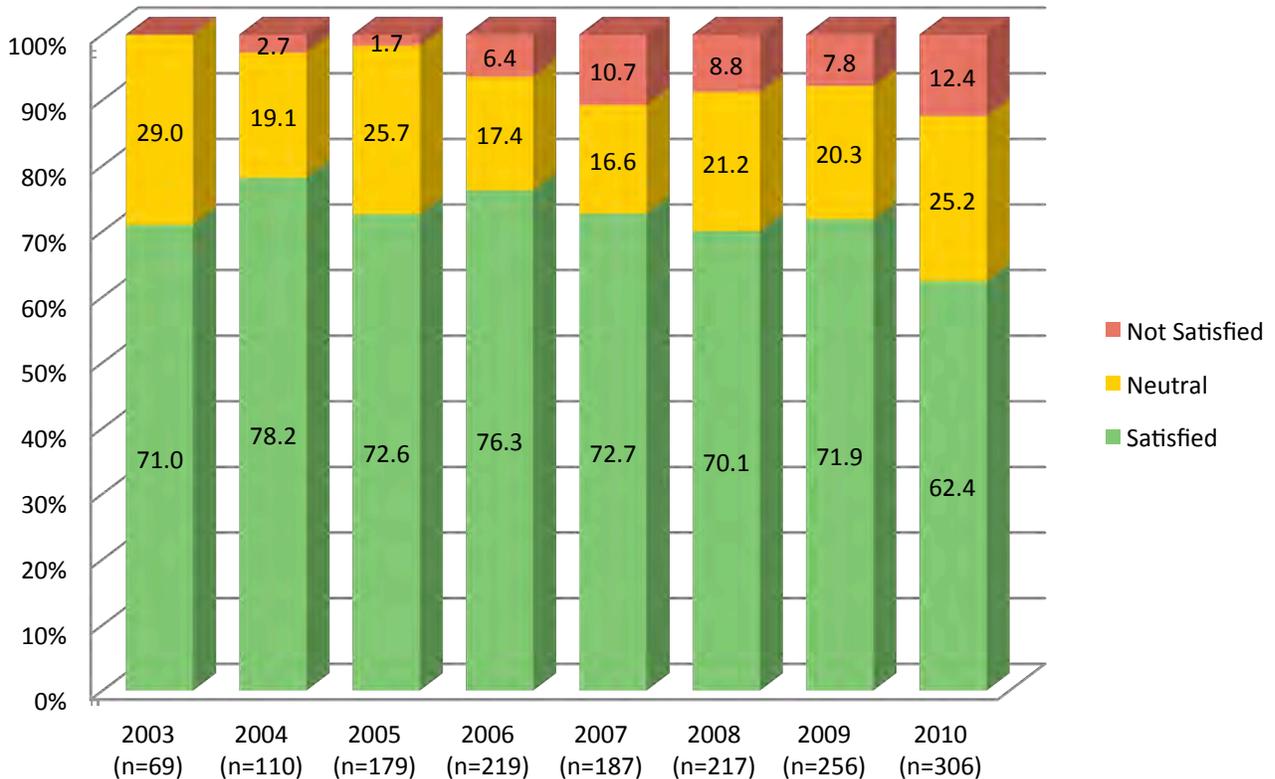
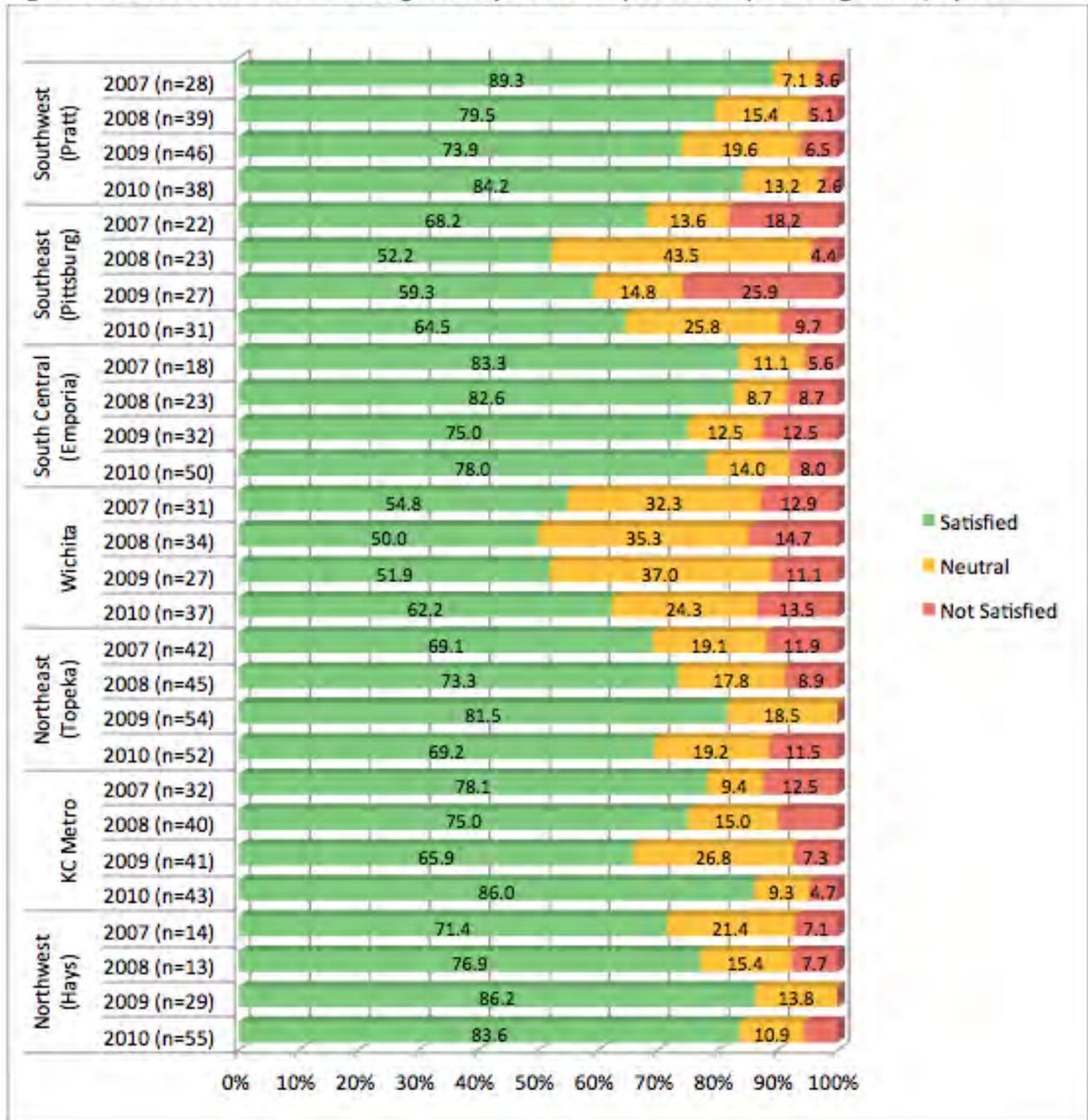


Figure 5.7 provides average scores for the 6 items related to satisfaction with Benefits Specialists by Benefits Specialist coverage area and year. Satisfaction by area is only reported for 2007-2010 because the areas remained fairly consistent during this time period. See Appendix C for a description of coverage areas by year. The cities provided in parentheses are the home offices of the Benefits Specialist for that area.

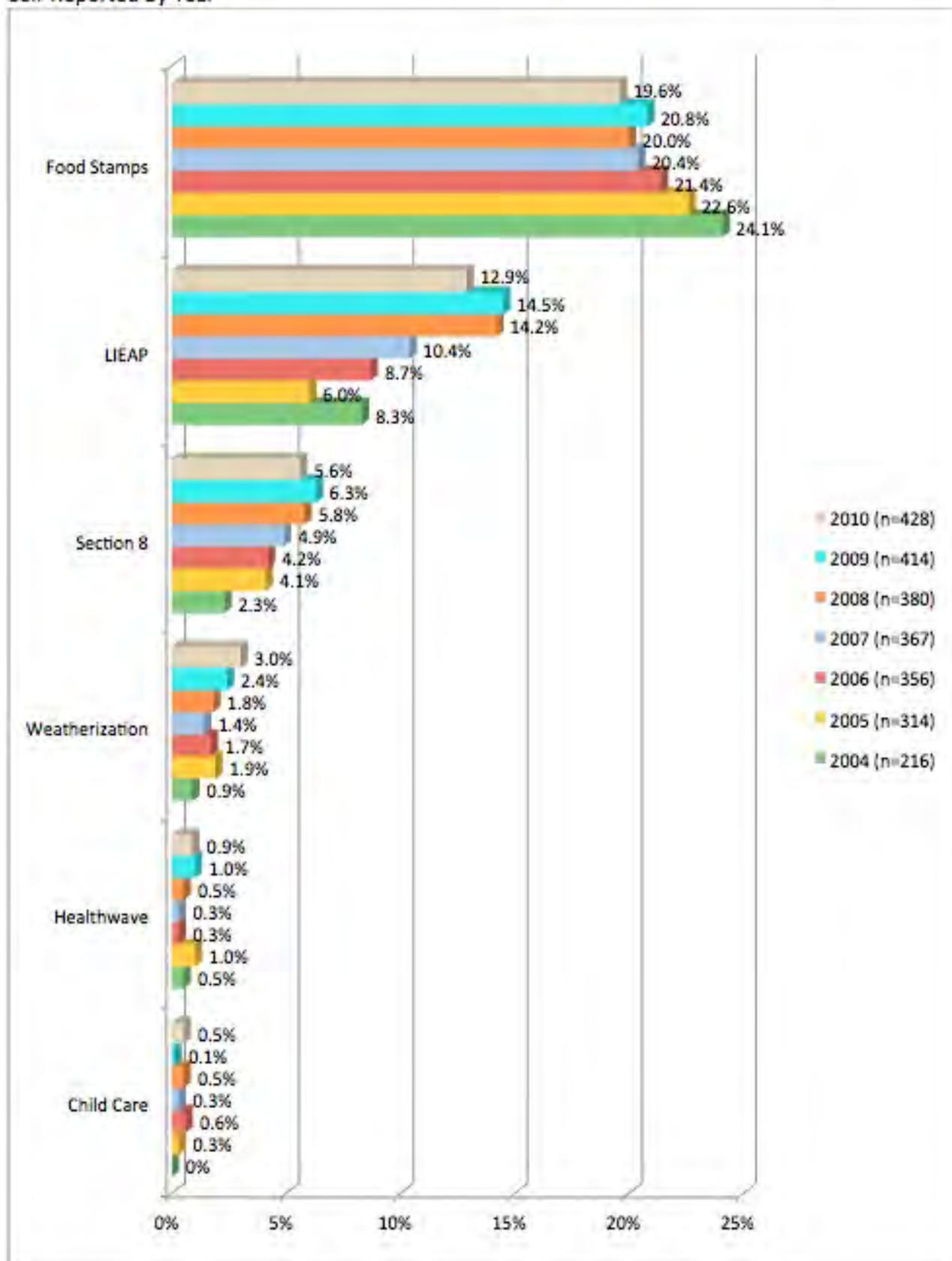
Figure 5.7: Satisfaction with *Working Healthy* Benefits Specialists by Coverage Area, by Year



## Other Benefits

Because *Working Healthy* allows enrollees to increase their income, eligibility for some other benefits may be affected. To better understand the frequency and type of benefit losses, survey respondents were asked if since enrolling in *Working Healthy*, they lost any of the following benefits: Food Stamps, Low Income Energy Assistance (LIEAP), childcare subsidies, Section 8 housing, weatherization or HealthWave (SCHIP) coverage for their children.

Figure 5.8: Working Healthy Enrollees' Loss of Other Benefits Due to Increased Income, Self-Reported by Year



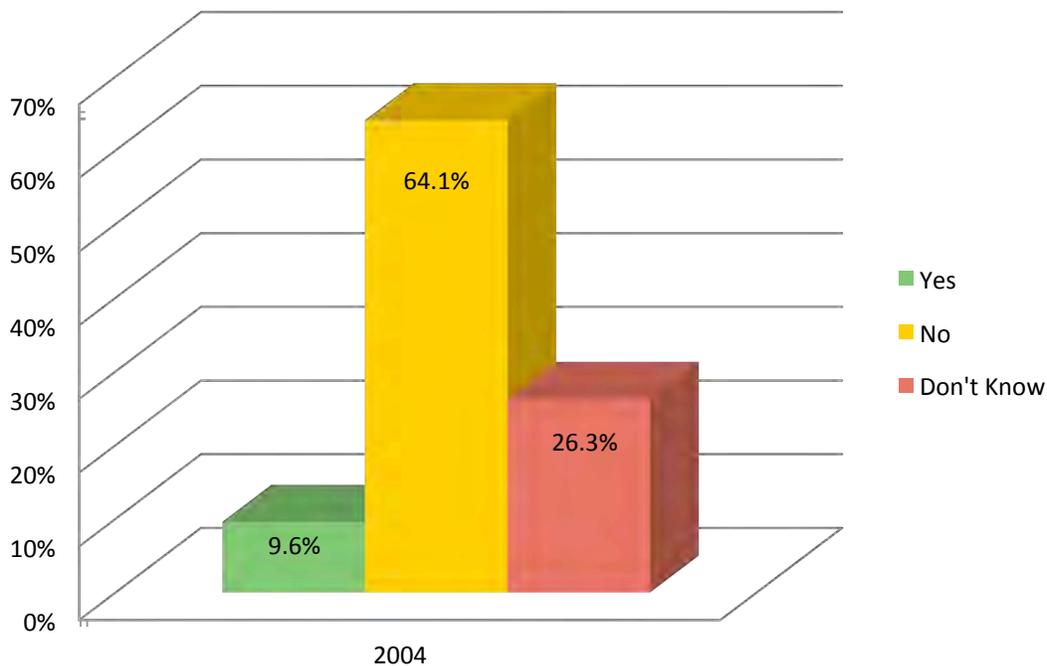
## 6. Special Yearly Topics

Beginning in 2004, the *Working Healthy Program Satisfaction Survey* contained modules related to special topics for that year. These modules served as a vehicle for asking questions related to timely policy issues as they arose in order to gauge their effect on the Kansas Buy-In population.

### **2004: Ticket-to-Work**

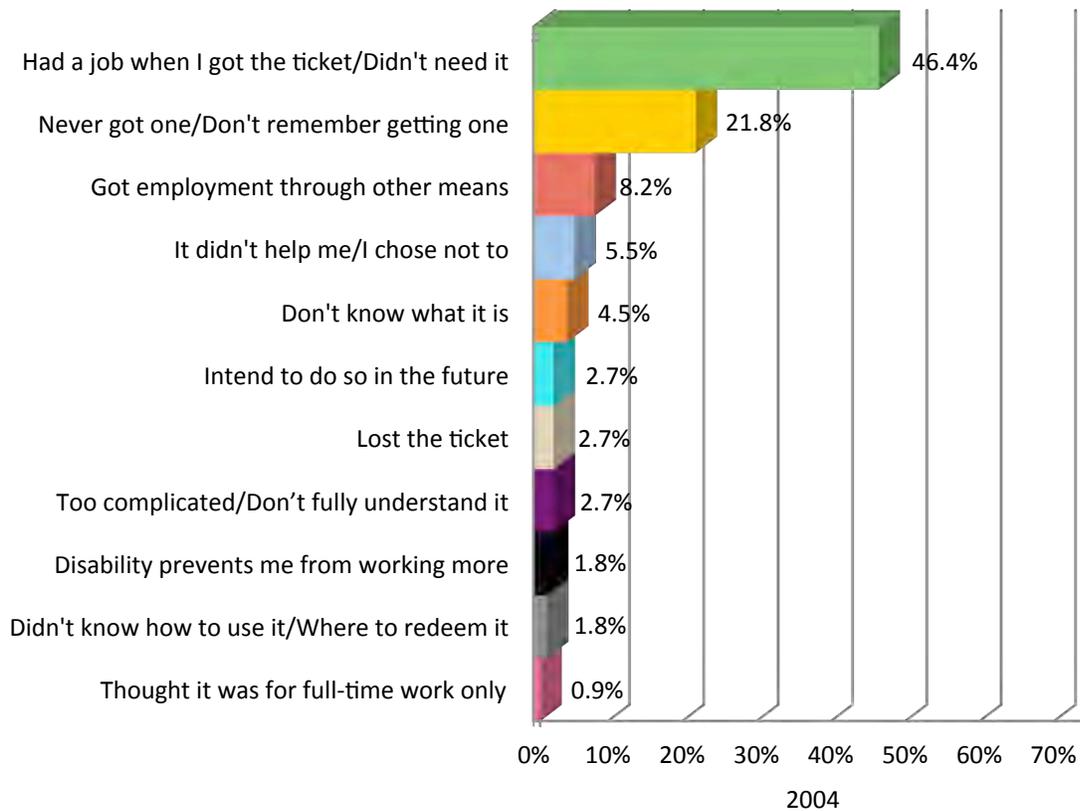
In 2004, questions related to Ticket-to-Work were asked. In light of the low numbers of tickets being assigned in Kansas and nationwide, we wanted to know if *Working Healthy* enrollees were among the individuals in Kansas utilizing the ticket program. Survey respondents were asked, “Did you use the ‘Ticket to Work’ you got in the mail from Social Security to help you find a job?” Figure 6.1 provides responses to this question. Overwhelmingly people either had not used their ticket or did not know if they had.

Figure 6.1: Ticket-to-Work Ticket Use Reported by *Working Healthy* Enrollees, Self-Reported, 2004 (n=209)



The 64.1% of respondents who indicated that they did not use the ticket to help them find a job were asked why they did not use it. Figure 6.2 shows their responses.

Figure 6.2: *Working Healthy* Enrollees' Reasons For Not Using the Ticket-to-Work, Self-Reported, 2004 (n=109)



### 2005: Pre-Medicare Part D Implementation

In anticipation of Medicare Part D implementation in January 2006, questions were added to the 2005 survey to determine Part D knowledge among *Working Healthy* enrollees. Administrative data from the state indicated in 2005 that 90.6% of *Working Healthy* enrollees were dually eligible for Medicare and Medicaid and would therefore be affected by Part D implementation in 2006 (see Figure 8.1).

As part of this special module for 2005, respondents were first asked to self-report if they had Medicare coverage, see Figure 6.3. Respondents were then asked if they were aware of Medicare Part D (Figure 6.4).

Figure 6.3: Percent of *Working Healthy* Enrollees with Medicare, Self-Reported, 2005 (n=302)

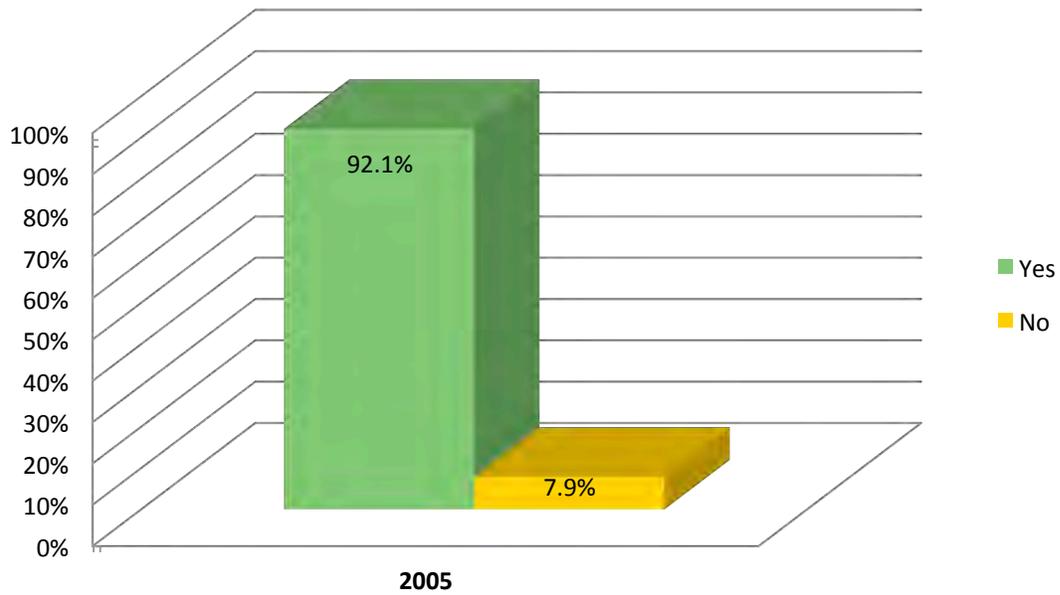
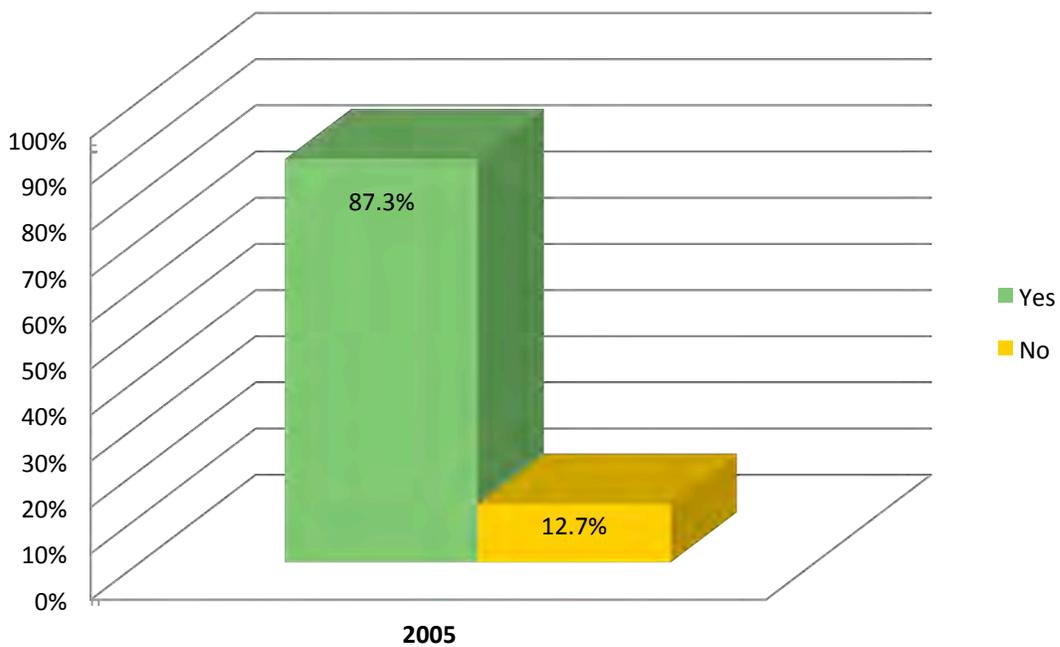
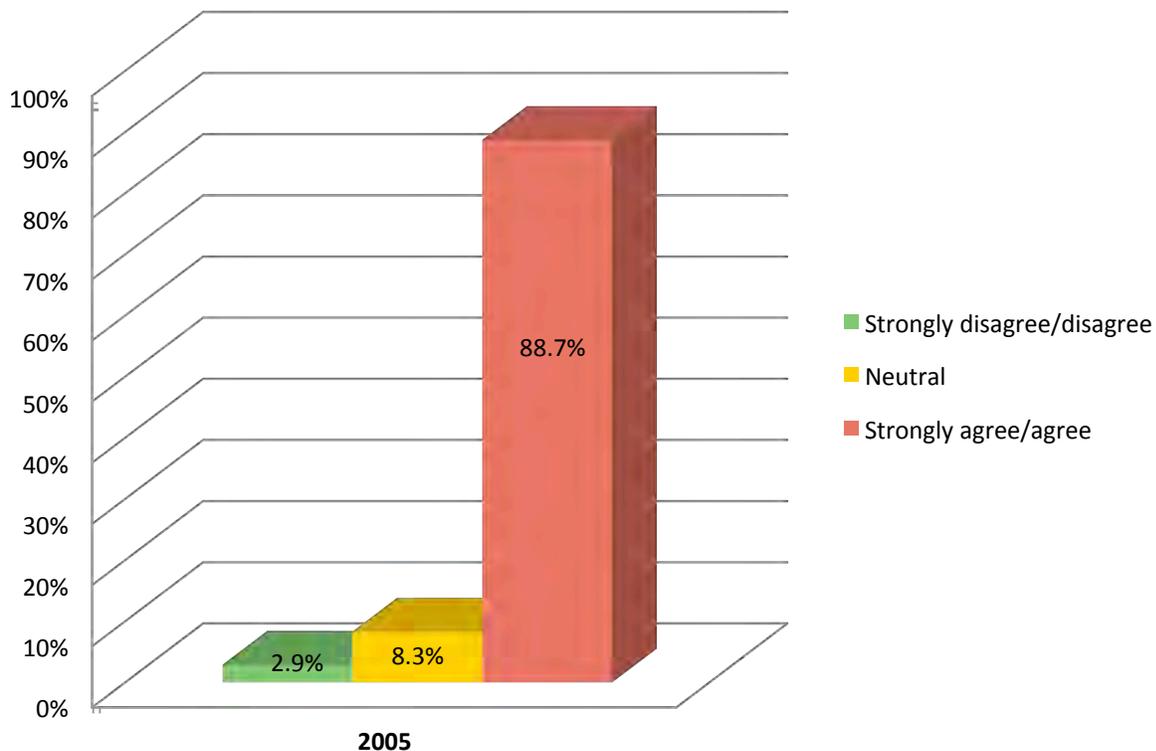


Figure 6.4: Percent of *Working Healthy* Enrollees Aware of Medicare Part D, Self-Reported, 2005 (n=283)



Finally, the 87.3% of respondents who indicated they were at least aware of Medicare Part D, were asked how strongly they agreed with the statement that they needed more information about how to choose a Part D plan. Figure 6.5 shows that an overwhelming 88.7% responded that they did in fact need more information about how to choose a Part D plan. The survey is sent annually in June, so respondents were asked this question a full six months before Part D coverage began. Outreach efforts were conducted in Kansas during the six-month period following the administration of the survey.

Figure 6.5: *Working Healthy* Enrollees' Indication of Need for More Information Regarding Medicare Part D, Agreement Level Self-Reported for 2005 (n=240)

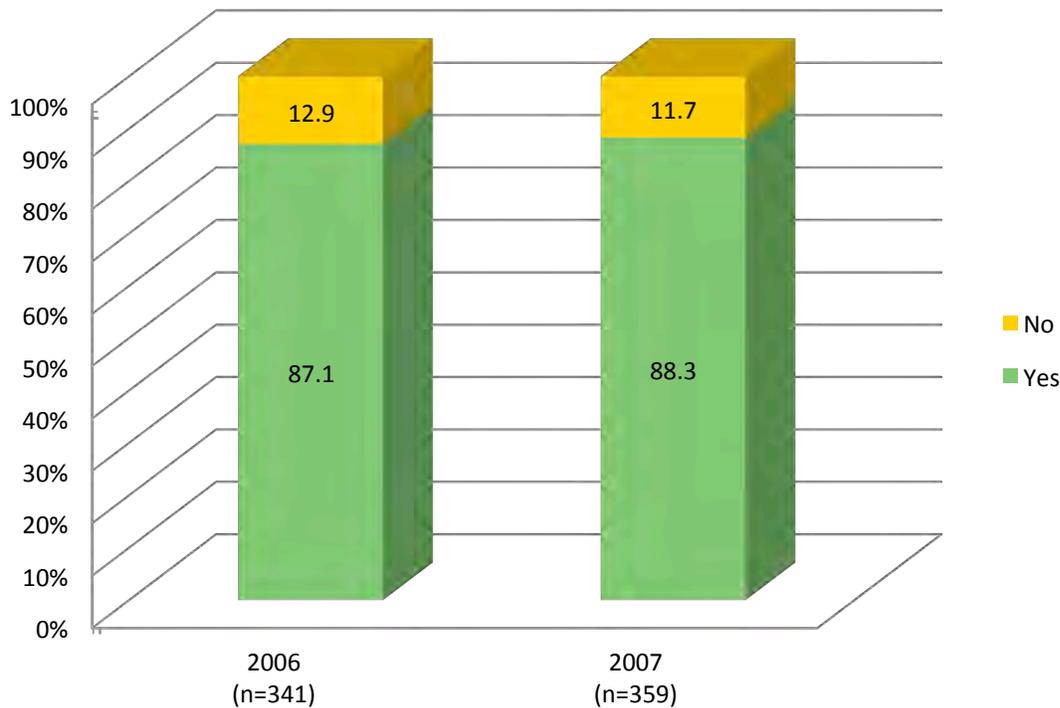


## 2006 & 2007: Post-Medicare Part D Implementation

In 2005, *Working Healthy* enrollees were asked about their awareness and knowledge of Part D before the program began. In 2006 and 2007, respondents were asked about their experiences after enrolling.

Administrative data from the state indicated that the percentage of dually eligible *Working Healthy* enrollees was still approximately 90% as it had been in 2005 (see Figure 8.1). Therefore, survey respondents were first asked if they had Medicare Part D coverage. Self-reported rates of Medicare coverage were similar to administrative data (see Figure 6.6).

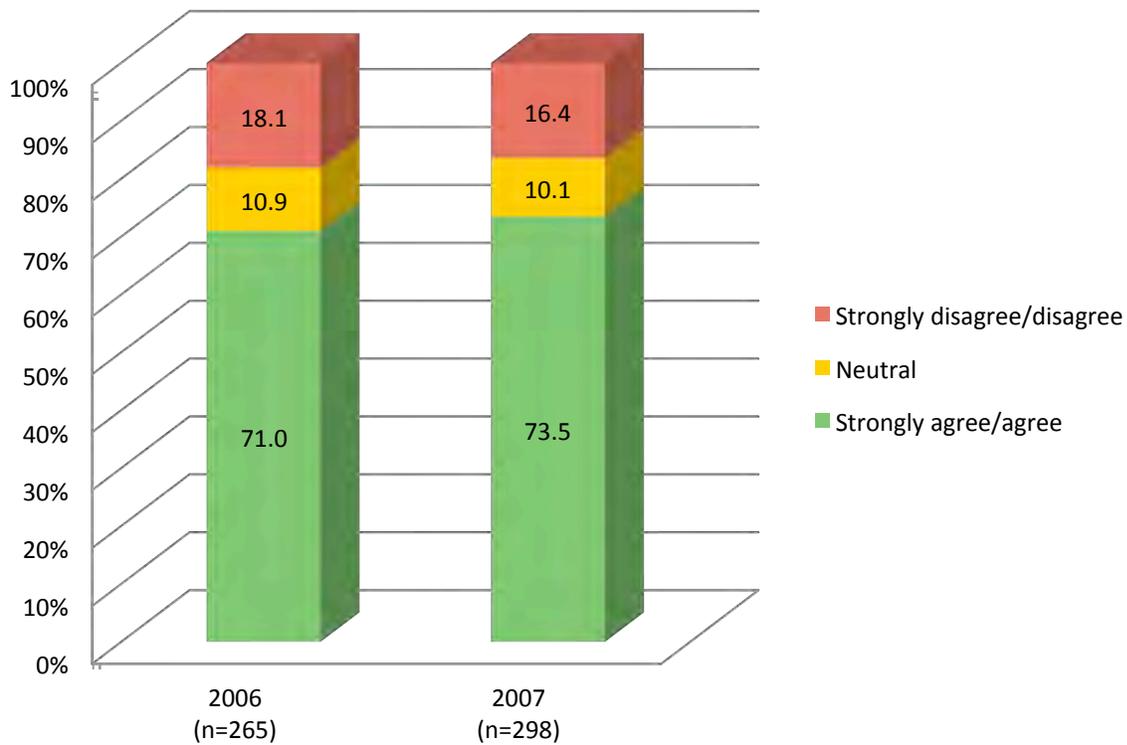
Figure 6.6: *Working Healthy* Enrollees with Medicare Part D Coverage, Self-Reported by Year



Respondents who reported having Medicare Part D coverage were then asked if they were able to get their medications under Part D. Figure 6.7 provides their level of agreement with the statement, “I am able to get the medications I need with my Medicare Part D prescription drug plan.”

For more information about the experiences of *Working Healthy* enrollees with Medicare Part D, see Hall, Kurth & Moore (2007) and Hall (2006).

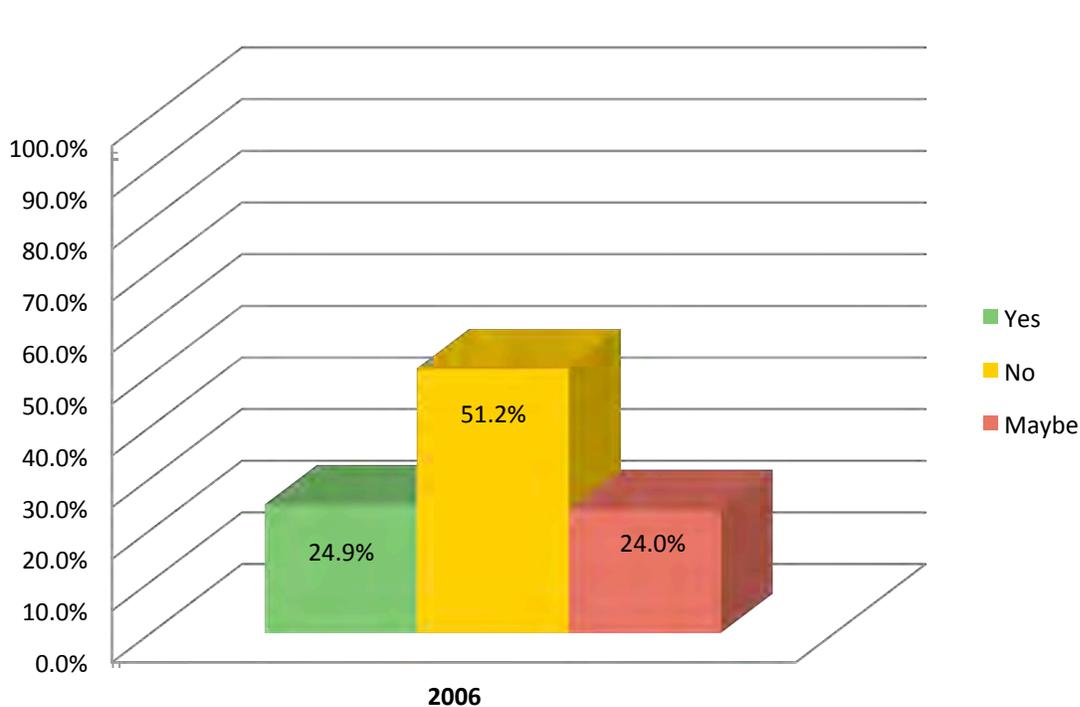
Figure 6.7: “I Am Able to Get the Medications I Need with Medicare Part D,” Agreement Level Self-Reported by Year



## 2006: SSDI POLICY CHANGES

Additional questions were added to the *Working Healthy Program Satisfaction Survey* in 2006 in an effort to support national research on the potential impact of gradual reductions in SSDI benefits. The federal SSDI benefit offset demonstration would decrease cash benefits by \$1 for every \$2 earned above a certain threshold. Policy-makers were interested in knowing how many beneficiaries might increase work efforts under this plan; a Buy-In population of working people with disabilities was an appropriate population to ask this question. Figure 6.8 indicates the percentage of *Working Healthy* enrollees responding that if this gradual SSDI benefit reduction option were available, they would try to work and earn more.

Figure 6.8: Percent of *Working Healthy* Enrollees Indicating the Desire to Work and Earn More if SSDI Gradual Benefit Reduction Was Available, Self-Reported for 2006 (n=346)



Each respondent, whether they indicated Yes, No or Maybe, was then asked a follow-up question regarding why they would or would not try to work and earn more. Possible responses were provided and respondents could select more than one response under Yes, No or Maybe if they so chose. Table 1 below summarizes those responses. See Hall (2007) for further information regarding the results of the SSDI gradual benefit reduction module of the 2006 survey.

Table 1.

Possible Responses	Percent Selecting Response
<b>YES I would try to work and earn more (n = 86)</b>	
• I would work more hours at the job I have now.	55.4%
• I would try to find a different job where I would be paid more per hour.	36.5%
• I would try to find a different job where I could work more hours to increase my pay.	27.0%
<b>NO I would not try work and earn more (n = 177)</b>	
• My current job fits my needs.	62.5%
• My disability prevents me from working more hours or working a different job.	57.1%
• I don't think I'll be able to find a job that will result in earning more than SGA [\$860/month in 2005].	25.6%
• I do not have the skills or experience to earn more or get another job.	20.2%
• There are not services available to help me be able to work more.	6.0%
<b>MAYBE I would try to work and earn more (N = 83)</b>	
• At my job I would need flexible hours so I can deal with my health needs.	63.3%
• I would need to get more education and/or training and then I could earn more.	49.4%
• I would need additional or improved health care.	44.3%
• I would need other changes at my job.	27.8%
• I would need improved transportation to get to work.	25.3%

## **2007: LIFE EXPERIENCES WITH A DISABILITY**

In 2007, in conjunction with the beginning stages of implementing the Kansas Medicaid Infrastructure Grant (MIG) Strategic Plan, a module of questions was added to the survey related to individuals' life experiences with a disability. Project staff wanted to know how having a disability affected other aspects of *Working Healthy* enrollees' past and present in order to shape activities in the Strategic Plan to best achieve needed changes.

Respondents were asked about their past experiences growing up with a disability. Realizing that disability can be acquired at anytime during a person's life, these questions could be skipped for those who did not have a disability as a child or when they were attending school. Figures 6.9-10 show respondents' level of agreement regarding being encouraged as a child to have a job or career when they grew up.

Figure 6.9: “As a Child With a Disability I Was Encouraged By My Family to Have a Job or Career When I Grew Up,” Agreement Level, 2007 (n=164)

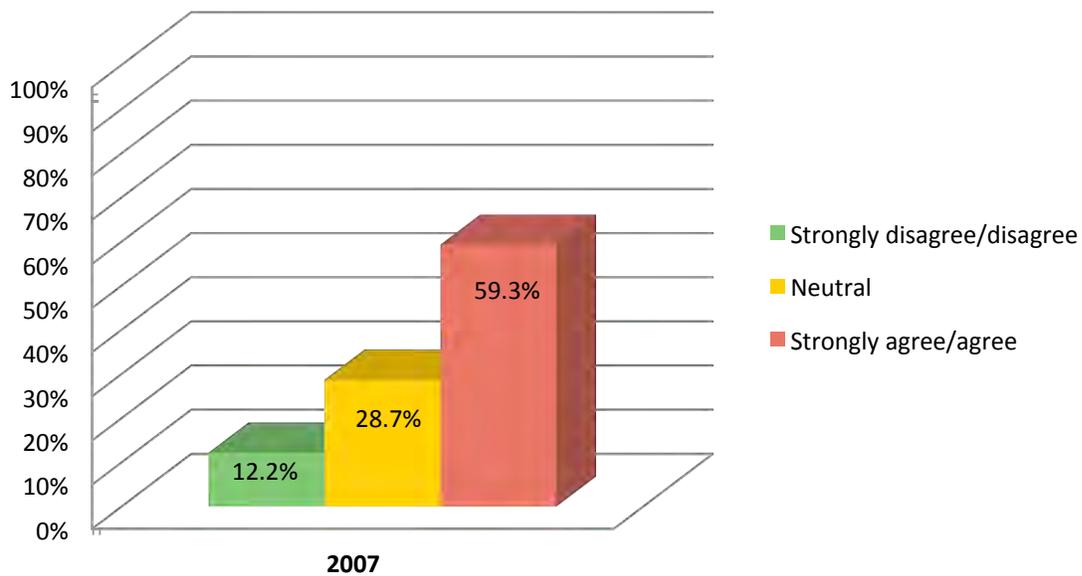
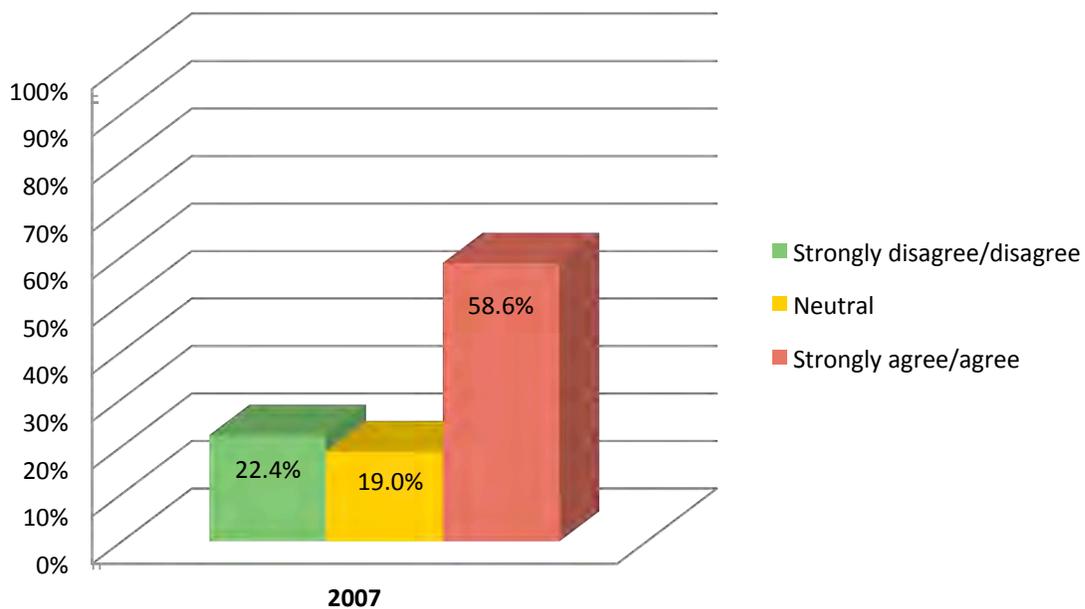


Figure 6.10: “When I Was in School, I Was Encouraged to Plan for a Job or Career as an Adult,” Agreement Level 2007 (n=210)



Respondents were also asked about their present experiences as people with disabilities, such as, if employers in their community hire people with disabilities, and if they have been encouraged by service providers to have a job or career.

Figure 6.11 provides information on the consumers' viewpoint on whether service providers encourage them to work and have careers. Note that this statement includes all service providers the respondents may come in contact with, not specifically SRS caseworkers. In a different survey in 2005, SRS caseworkers were asked if people with disabilities should be encouraged to work and if they were able to work. Caseworkers generally believed that while individuals with disabilities should be encouraged to work, they didn't necessarily feel people with disabilities were *able* to work (Kurth & Hall, 2005). Figure 6.12 shows respondents' level of agreement regarding whether employers hire people with disabilities in their community.

Figure 6.11: "I Have Been Encouraged by Service Providers to Have a Job or Career," Agreement Level 2007 (n=345)

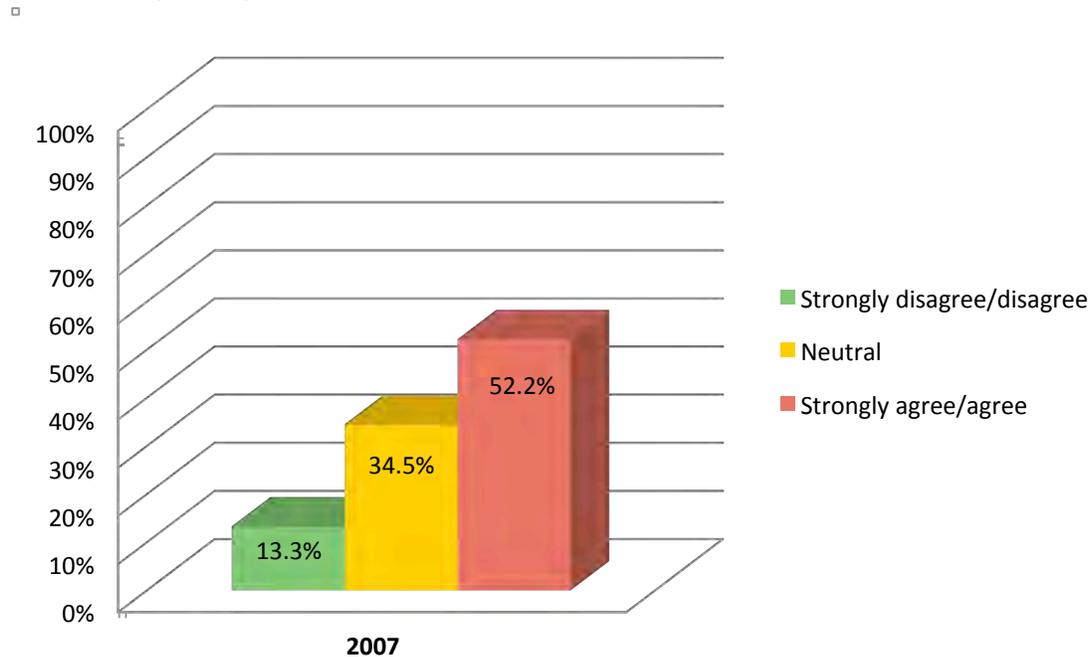
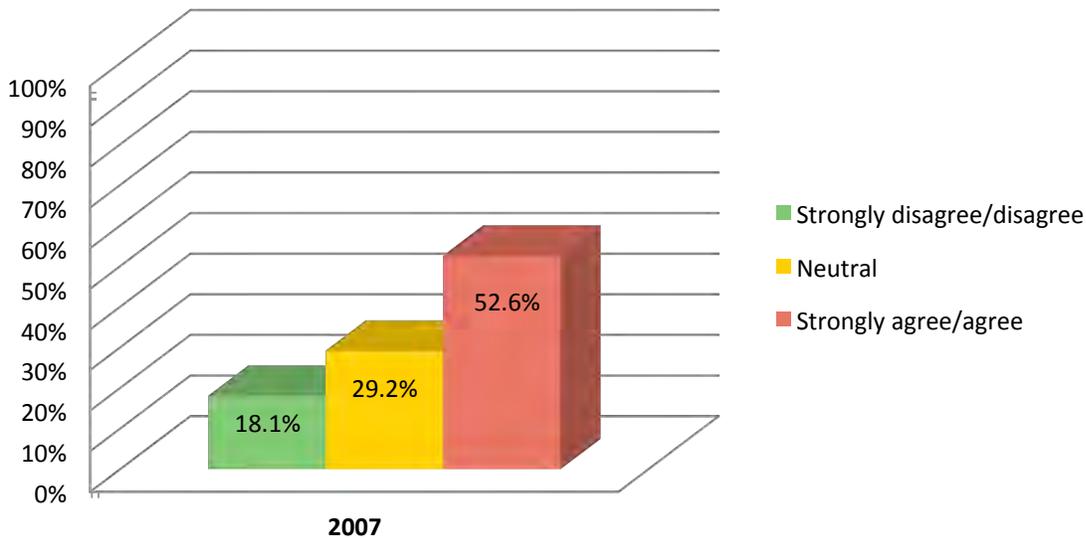
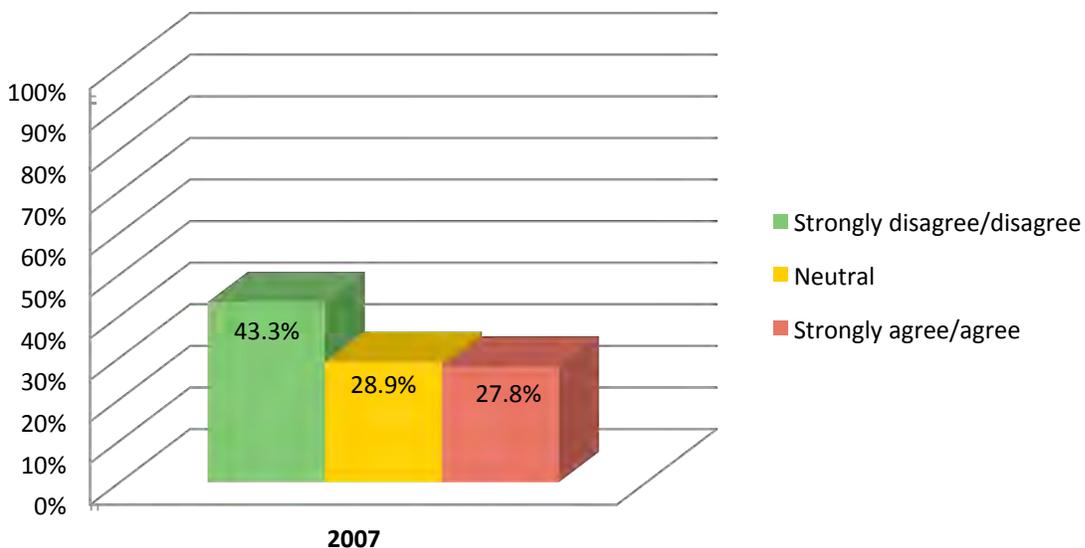


Figure 6.12: “Employers in My Community Hire People with Disabilities,” Agreement Level, 2007 (n=345)



Finally, due to the predominantly rural nature of Kansas, participants in the strategic planning process hypothesized that self-employment and owning a small business would be options that many Buy-In participants would want to explore. The Strategic Plan could address these issues if more was known about what was needed. Further, partnerships forged with Small Business Development Centers (SBDC) and other agencies could be strengthened if a need for their services was shown. Figure 6.13 provides respondents level of agreement with wanting this type of training available.

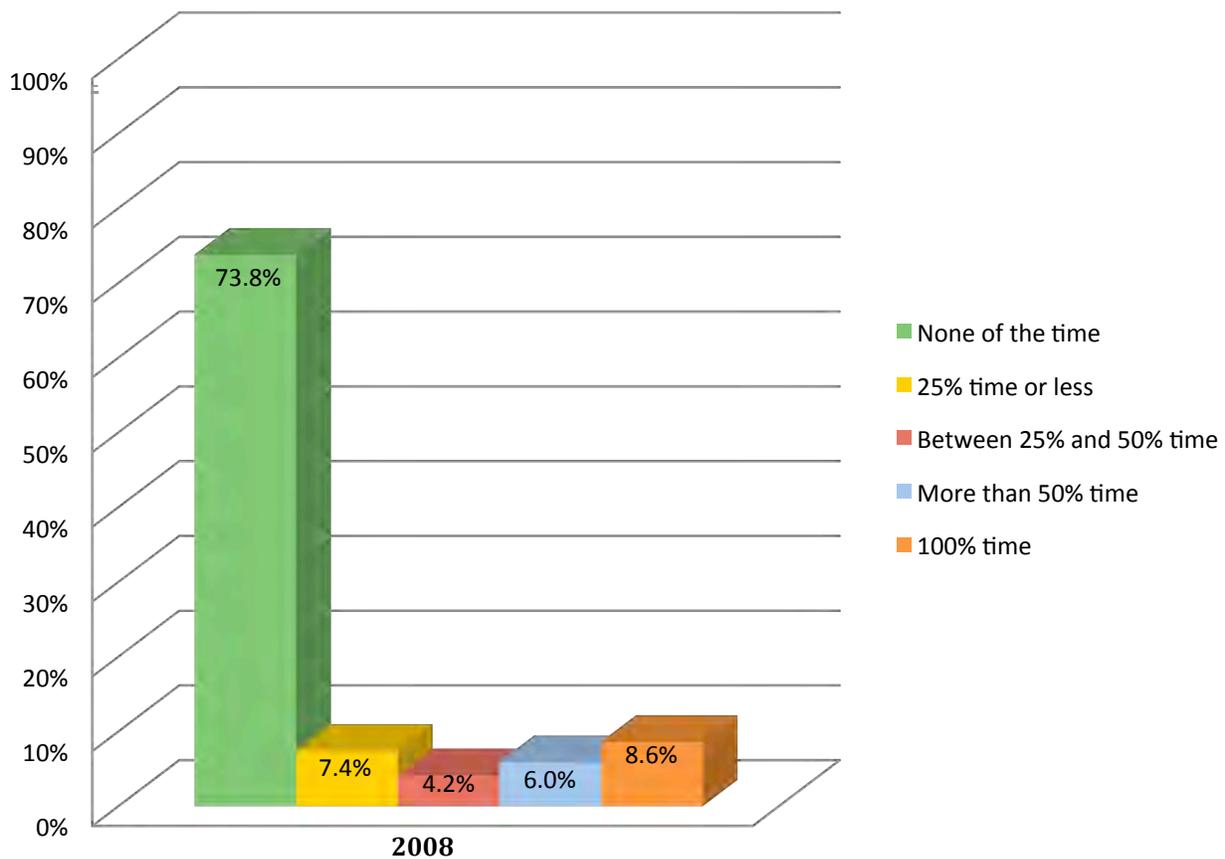
Figure 6.13: “I Would Like to Take a Training Class on How to Set Up a Small Business,” Agreement Level, 2007 (n=349)



## 2008: WORK FROM HOME

The interest in Tele-work options for people with disabilities has increased in the past few years. In 2008, Kansas service providers were interested in tele-work options in the state and how many people with disabilities may currently be working from home. Because *Working Healthy* enrollees are employed, we added a question to the 2008 Satisfaction Survey to gauge how much they worked from home. Figure 6.14 below illustrates that nearly  $\frac{3}{4}$  of employed people with disabilities in *Working Healthy* were unable to work from home at all, while about 9% worked from home all the time. The types of jobs enrollees have could be part of the reason for this figure (See Figure 3.1).

Figure 6.14: Amount of time *Working Healthy* Enrollees Work from Home, 2008 (n=336)



## 2009-2010: PREMIUM PAYMENT PROCESS

Until 2008, billing and processing of premium payments was done within the Medicaid agency. In 2008, the Kansas Assistive Technology Cooperative (KATCO) took over this process. In 2010, *Working Healthy* premium payment processing moved from KATCO and are now processed along with all other Medicaid programs. In light of these changes, *Working Healthy* administrative staff wanted to ensure that despite who was overseeing premium billing and processing, enrollees' questions were being handled appropriately and in a timely manner.

Therefore, in 2009 and 2010 three questions were added to the Satisfaction Survey. These questions included:

1. "Premium staff understand the billing process and help when I have questions"
2. "When I leave a message asking questions about my premium statement of billing, I don't have to wait too long for someone to return my call"
3. "Overall, I am satisfied with the *Working Healthy* premium billing and support services available to me"

Overall, no significant differences were found between these two years. Figures 6.15-17 below show respondents' responses to these items.

Figure 6.15: *Working Healthy* Enrollees' Satisfaction with Premium Staff Answering Their Questions, 2009-2010

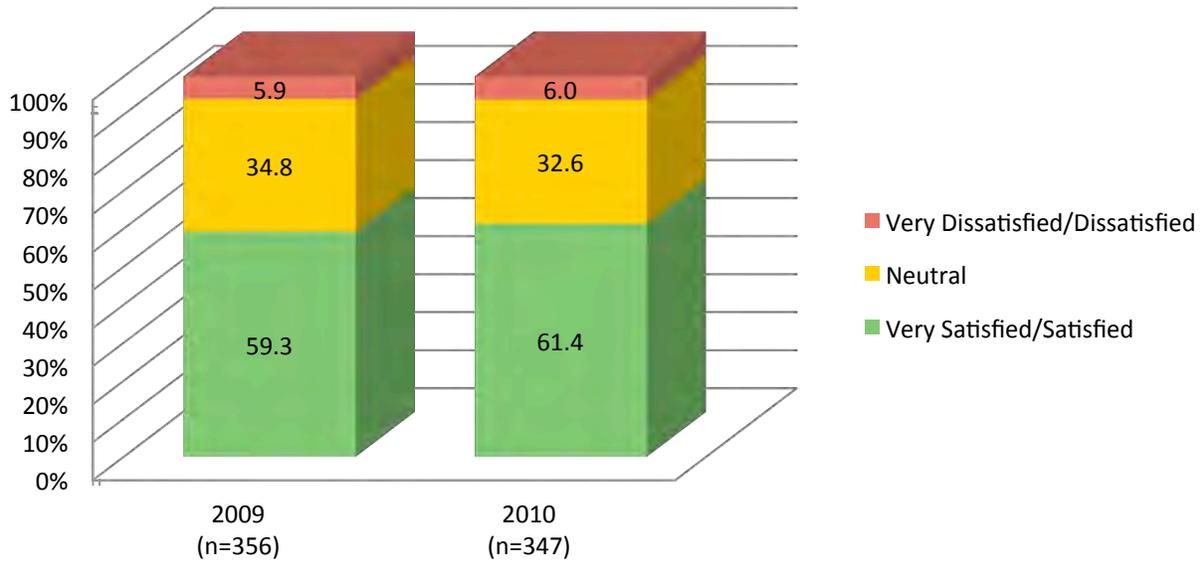


Figure 6.16: *Working Healthy* Enrollees' Satisfaction with Timeliness of Answers to Questions about Premiums, 2009-2010

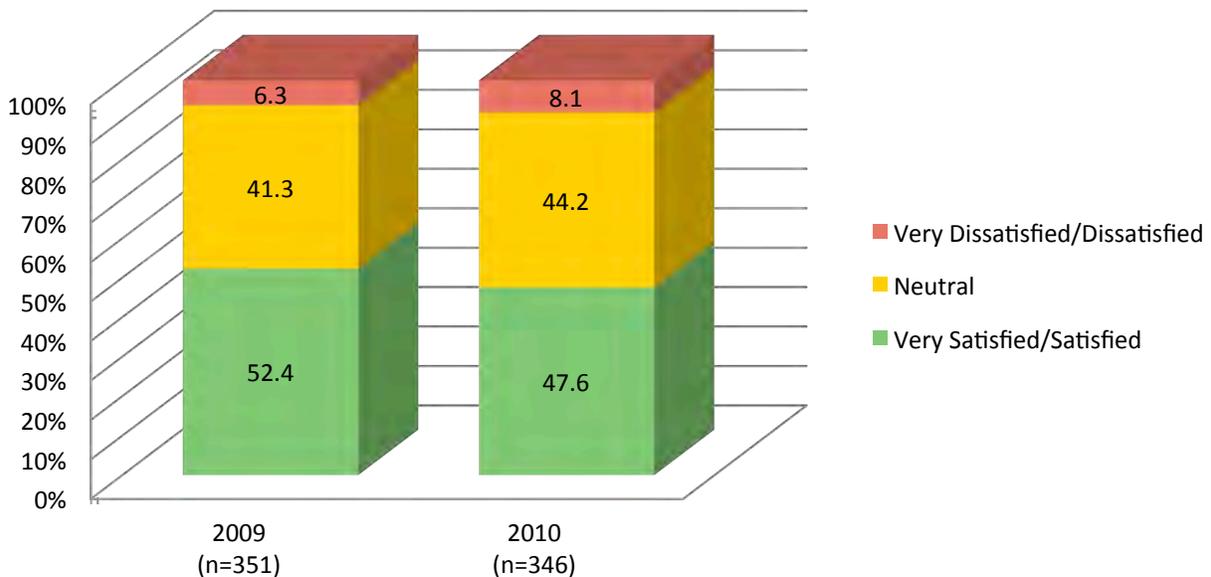
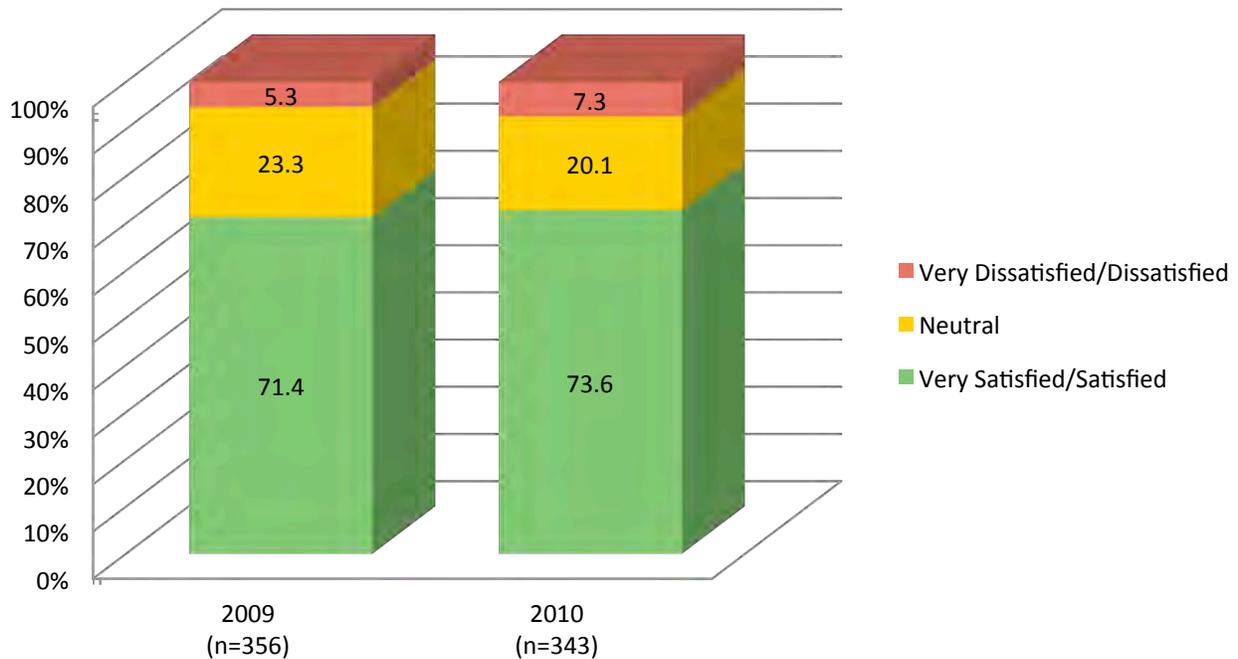


Figure 6.17: *Working Healthy* Enrollees' Overall Satisfaction with Premium Billing and Support Services, 2009-2010



### 2010: ORAL HEALTH

Since *Working Healthy* Satisfaction Surveys began in 2003, respondents have consistently indicated issues related to their oral health. Kansas Medicaid does not cover routine dental examinations or other preventative oral health services for adults, only emergency services. Consequently, respondents have often commented on their need for dental services and procedures they've been unable to afford out-of-pocket. In light of this fact, six oral health questions were included in the 2010 survey. To allow for comparability between *Working Healthy* enrollees and other populations, items were taken from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) Oral Health Indicators (see Carroll, 2011 for comparison to the overall KS population). Data from these items are provided in Figures 6.18-23.

Figure 6.18: Length of Time since Last Dental Visit Among *Working Healthy* Enrollees, 2010 (n=429)

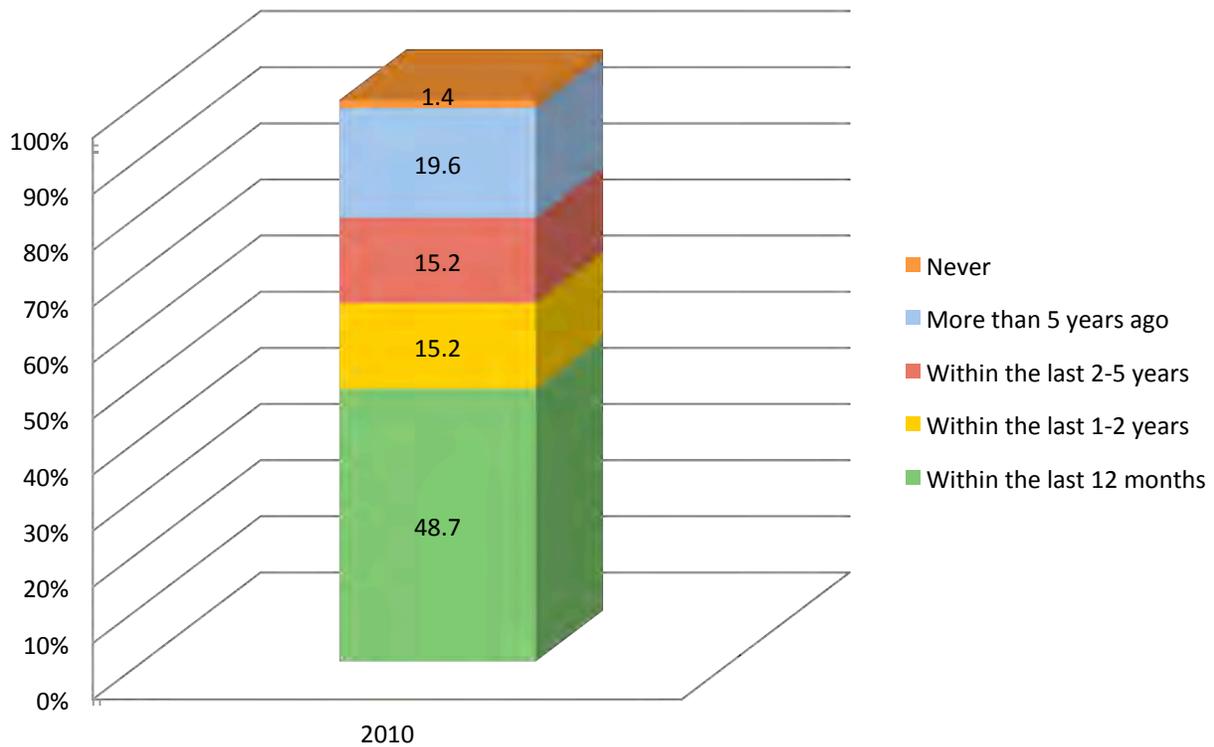


Figure 6.19: Number of Permanent Teeth Removed Due to Decay or Gum Disease Among *Working Healthy* Enrollees, 2010 (n=428)

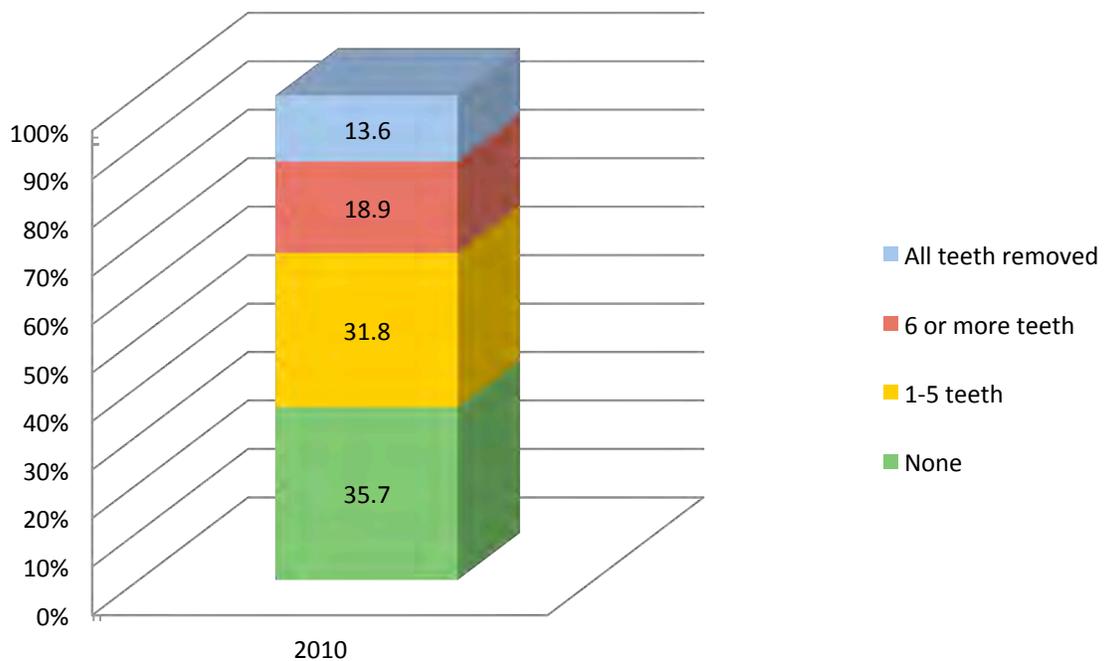


Figure 6.20: Length of Time Since Last Dental Cleaning Among *Working Healthy* Enrollees, 2010 (n=420)

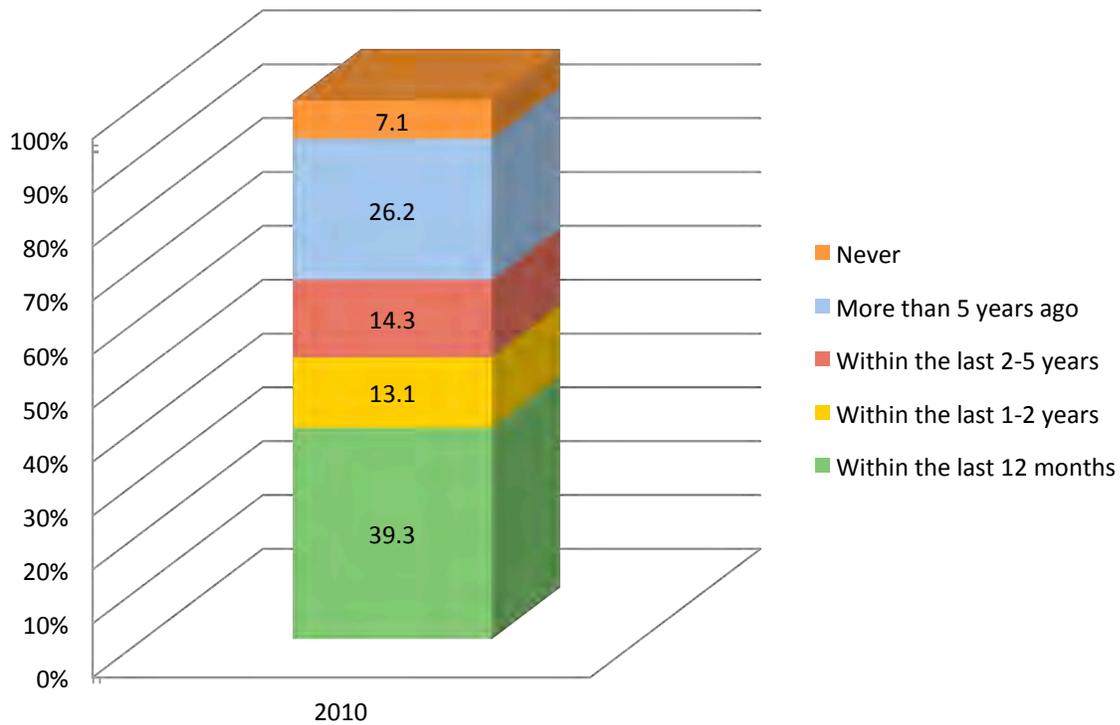


Figure 6.21: Frequency of Painful Oral Aching Among *Working Healthy* Enrollees, 2010 (n=427)

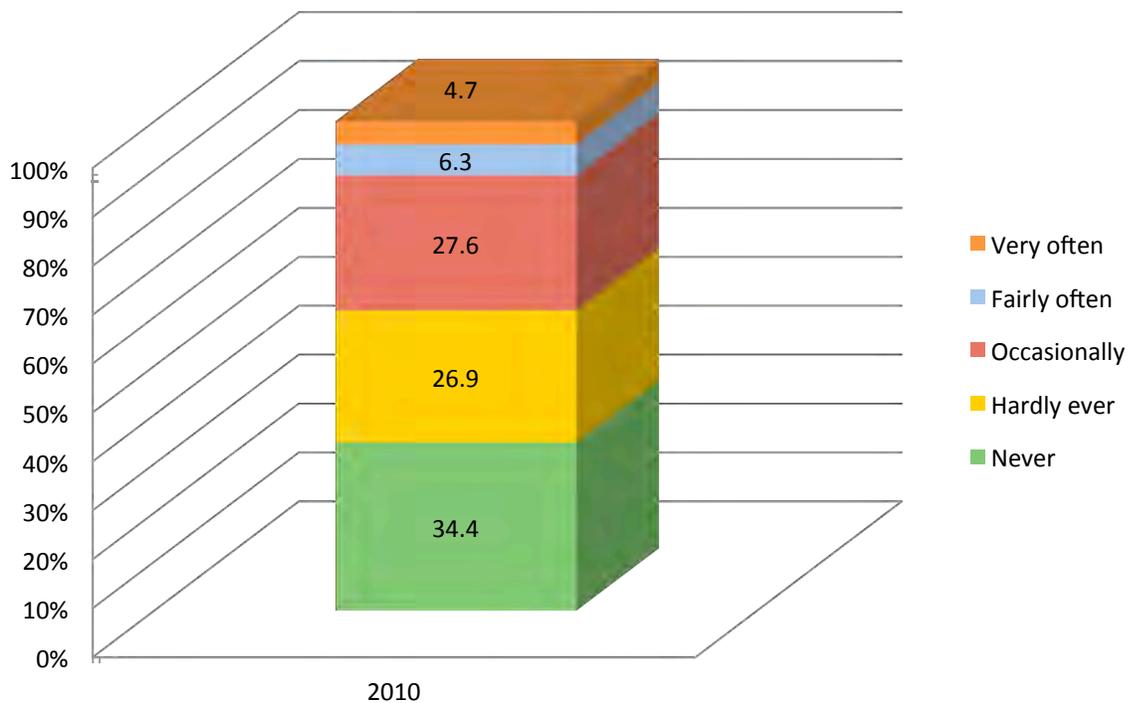


Figure 6.22: Frequency of Inability to Eat Due to Oral Pain Among *Working Healthy* Enrollees, 2010 (n=430)

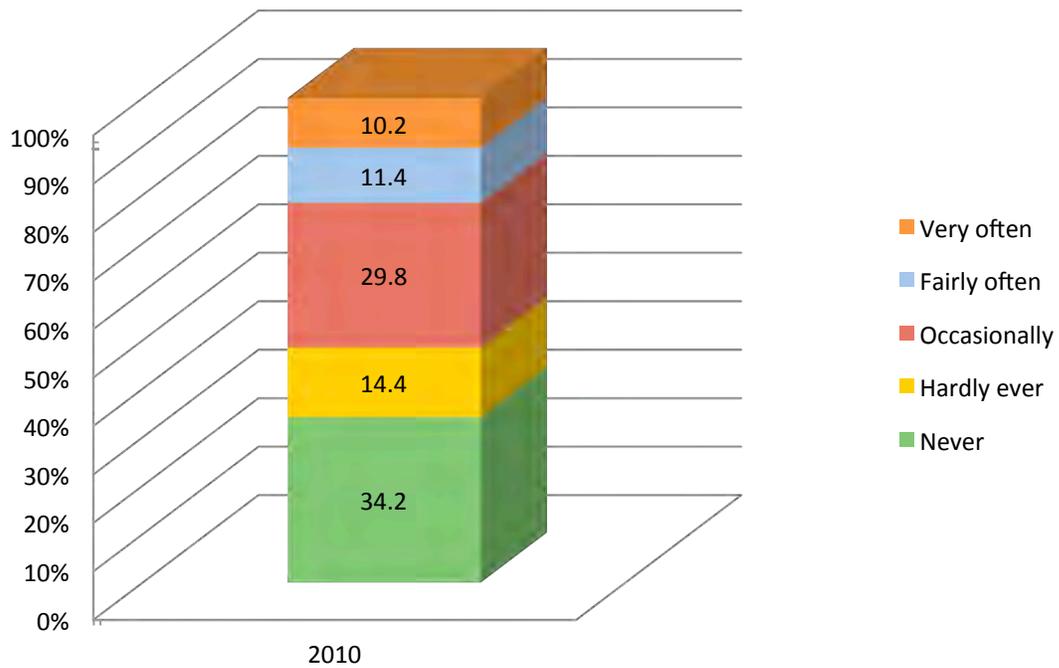
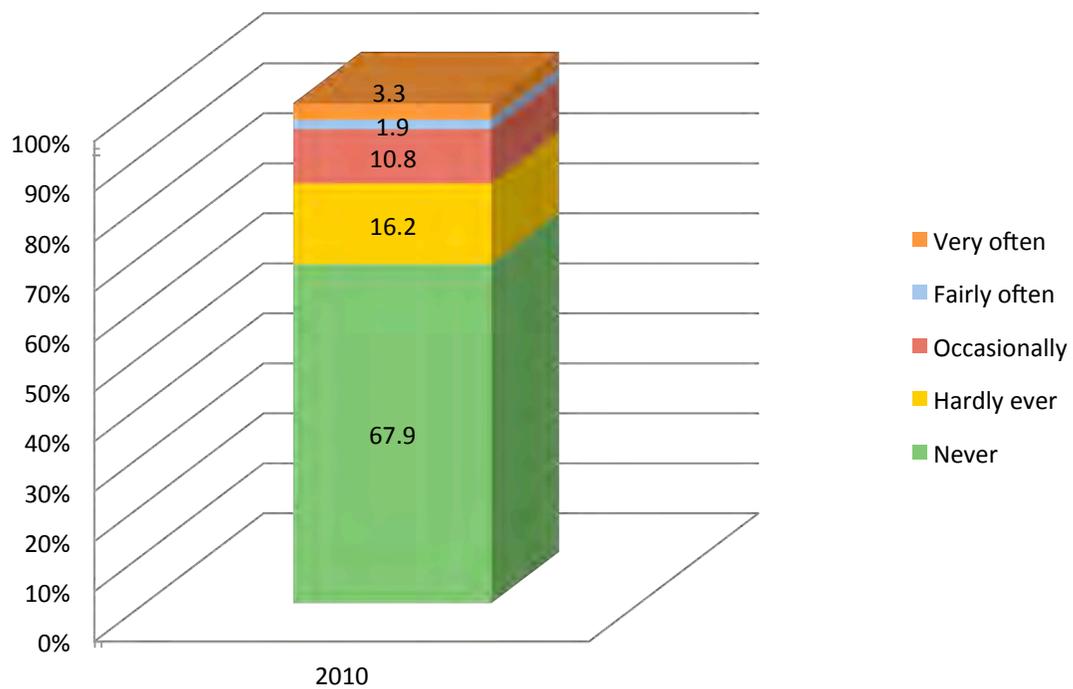


Figure 6.23: Frequency of Inability to Work Due to Oral Pain Among *Working Healthy* Enrollees, 2010 (n=430)



## 7. Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is a health survey developed by the Centers for Disease Control and Prevention (CDC) and annually administered by states. BRFSS gathers information about health risk behaviors, preventive practices and health care access related to chronic disease and illness. Items from the BRFSS Core were utilized in the 2008, 2009, and 2010 *Working Healthy* Satisfaction Survey items. The figures in this section contain data from BRFSS items asked on the survey over this three-year period, including disability, tobacco use, access to doctors, seatbelt use, and levels of physical and mental health.

Utilizing BRFSS items has proved helpful in comparing the *Working Healthy* enrollees to other Kansans with disability and the general Kansas population. Kansas BRFSS data are available online at: <http://www.kdheks.gov/brfss/>.

On the BRFSS, disability prevalence is measured by the following two Yes/No questions:

1. "Are you limited in any activity because of a physical, mental or emotional problem?"
2. "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"

Figures 7.1-2 provide data from *Working Healthy* survey respondents on these items.

Figure 7.1: *Working Healthy* Enrollees Limited in Any Activities Due to a Physical, Mental or Emotional Problem, by Year

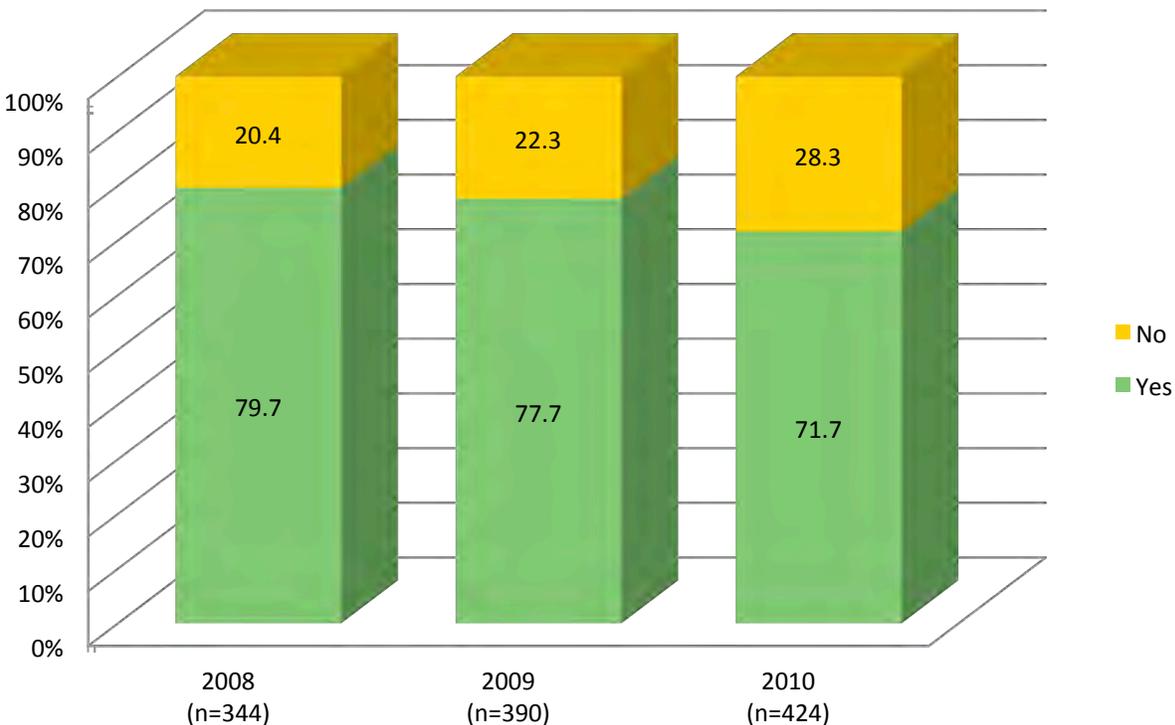
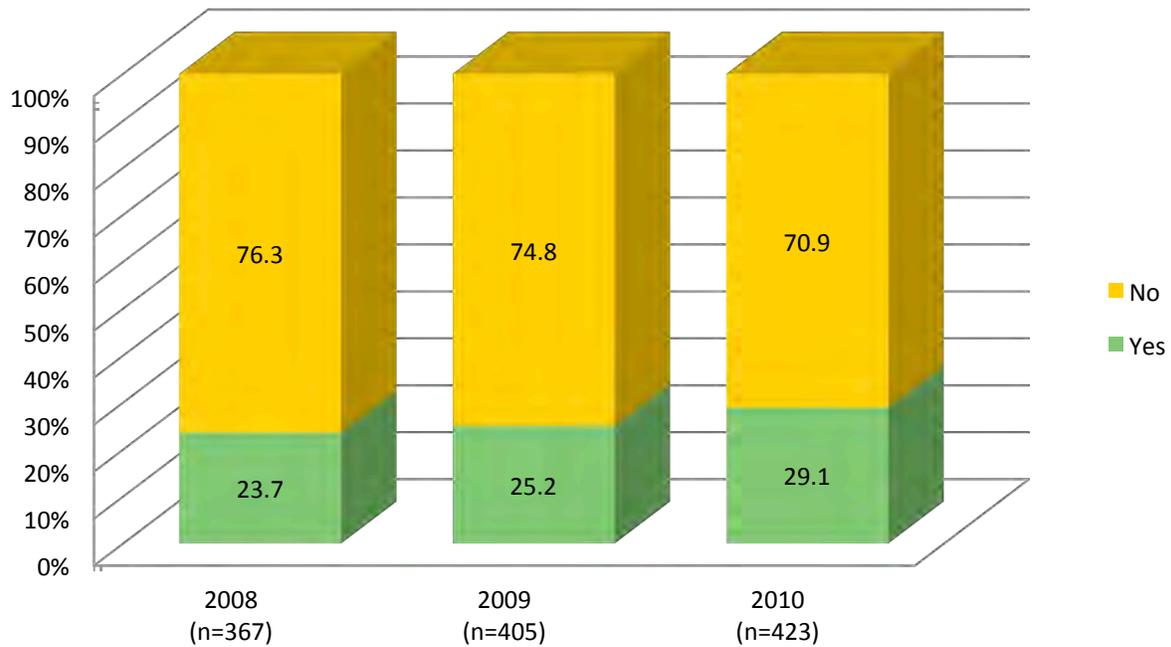
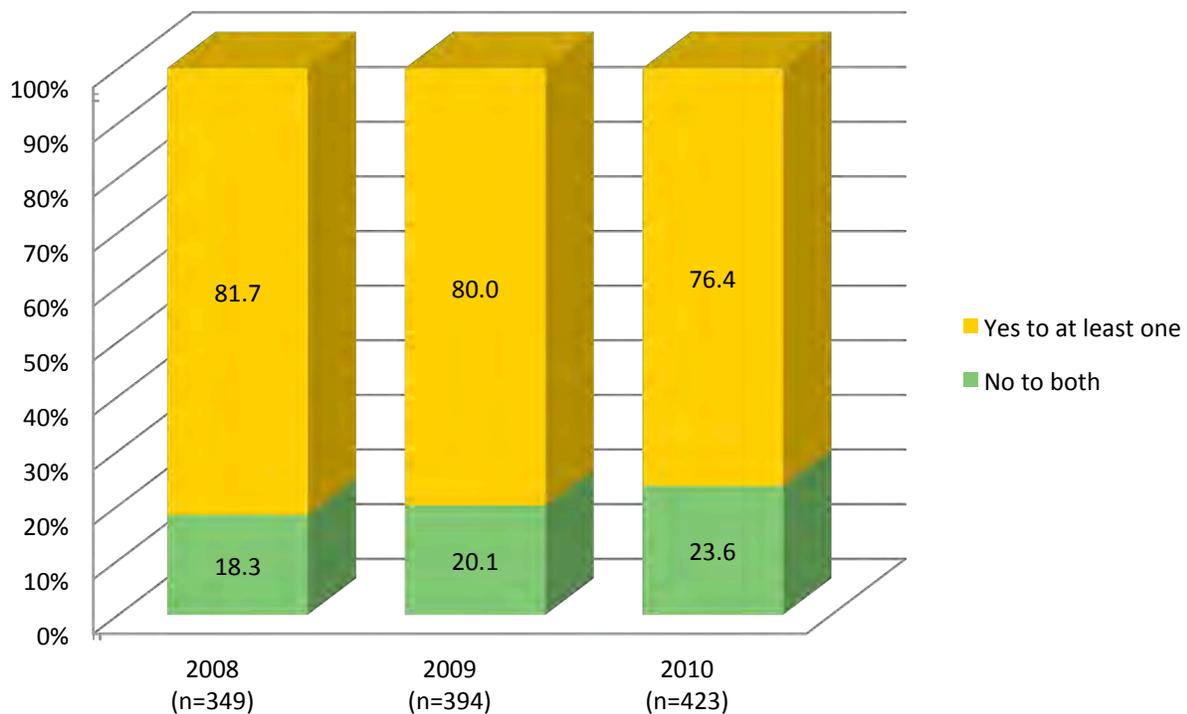


Figure 7.2: *Working Healthy* Enrollees with a Health Problem Requiring Use of Special Equipment by Year



Individuals who answer affirmative to either question are considered by the BRFSS to have a disability. Figure 7.3 shows the percentage of *Working Healthy* enrollees answering “Yes” to one or both items.

Figure 7.3: *Working Healthy* Enrollees Limited in Any Way and/or Using Special Equipment, by Year

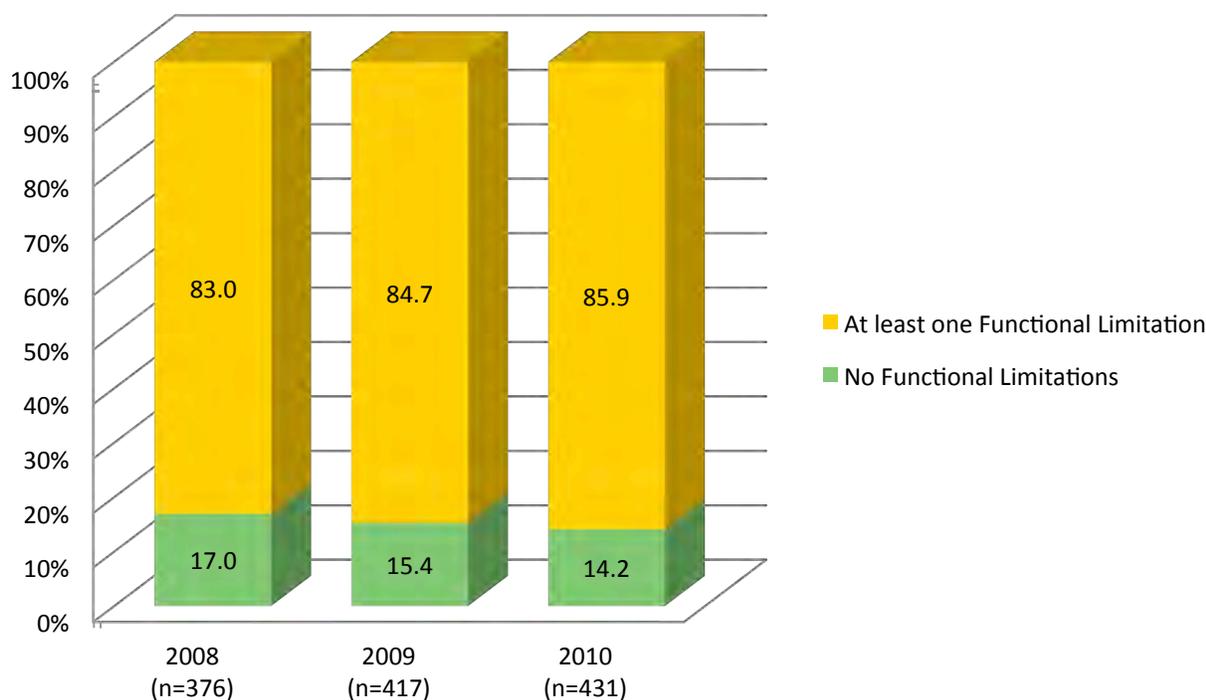


Because BRFSS disability items do not provide detail regarding individual disability types or functional levels, respondents were also asked if they have difficulty with any of the following:

- Thinking, remembering or controlling emotions
- Seeing, hearing or communicating
- Nerves, muscles or joints
- Going to school and/or work
- Performing personal care activities (such as bathing, dressing, grooming, using the toilet or getting in and out of bed)
- Performing household activities (such as shopping, cooking, paying bills or cleaning)
- Moving around (including walking, using stairs, lifting or carrying objects)

Figure 7.4 shows the percentage of respondents answering “Yes” to having difficulties with at least one of the items above.

Figure 7.4: Percent of *Working Healthy* Enrollees Reporting Any Functional Limitation, by Year



Further investigation of these items has recently been conducted with this *Working Healthy* population with Social Security determined disabilities (See Hall, Kurth, & Fall, in press).

The survey also included items to measure health indicators and risk behaviors among *Working Healthy* enrollees. These data are presented in Figures 7.5-14.

Figure 7.5: Body Mass Index (BMI) Among *Working Healthy* Enrollees, by Year

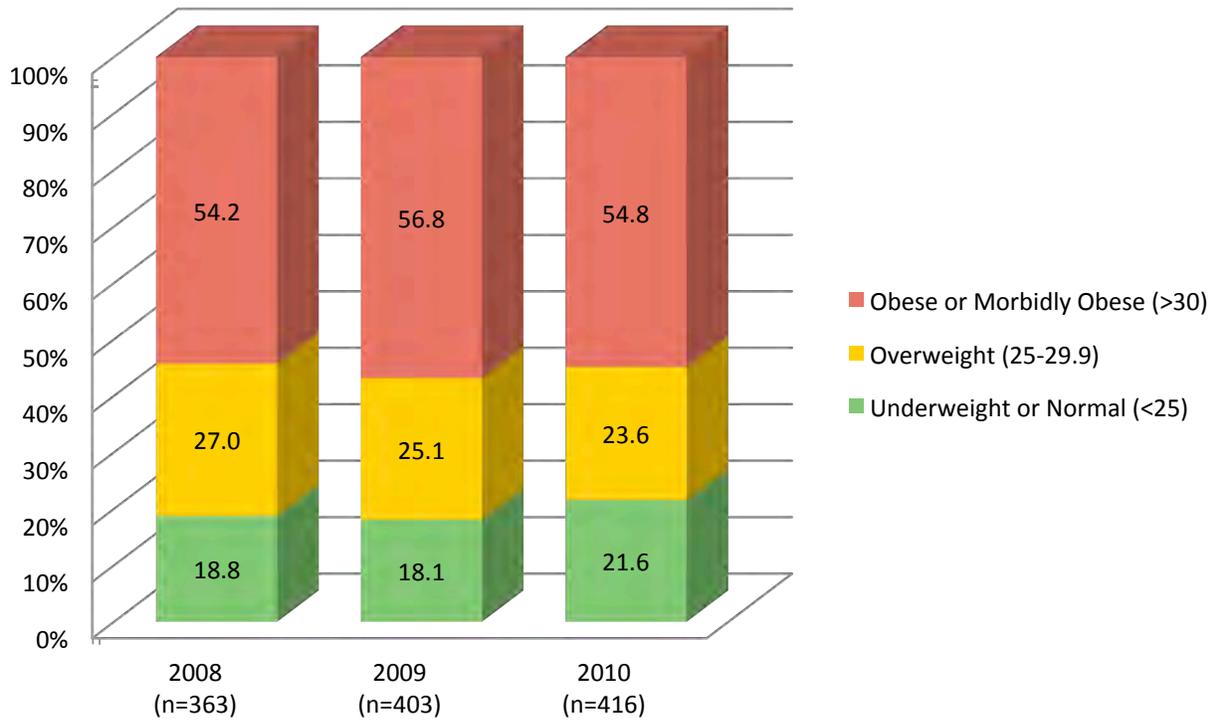


Figure 7.6: Percentage of *Working Healthy* Enrollees Reporting Having One Doctor They Think of as Their Primary Health Provider, by Year

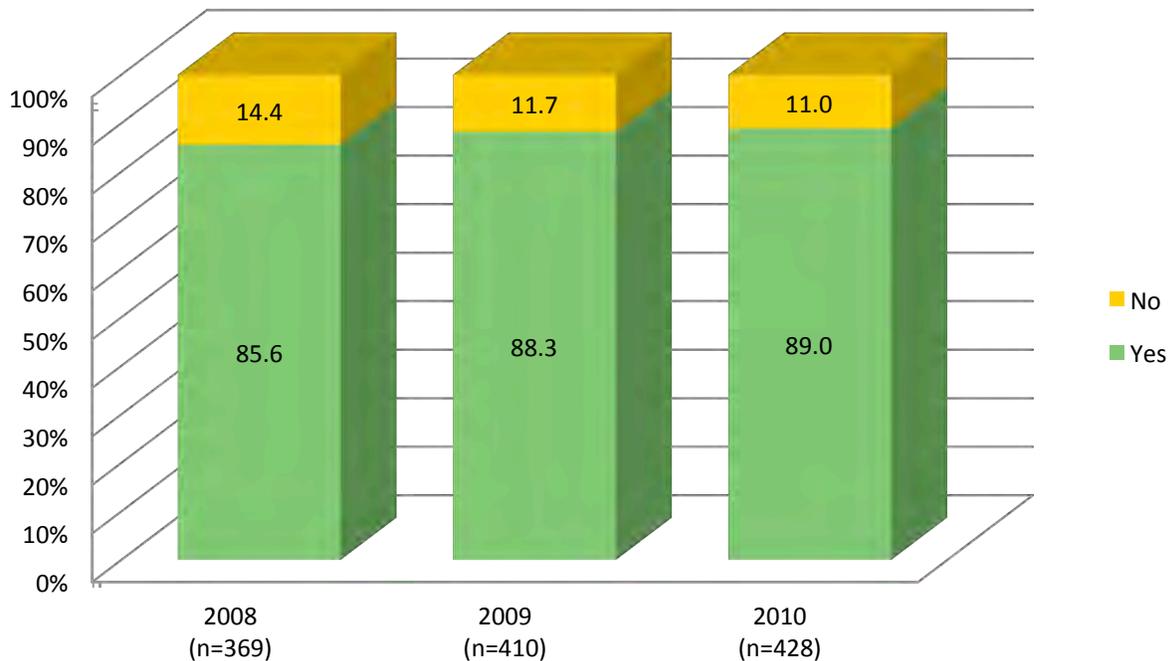


Figure 7.7: Time Since Last Doctor Visit for Routine Check-up Among *Working Healthy* Enrollees, by Year

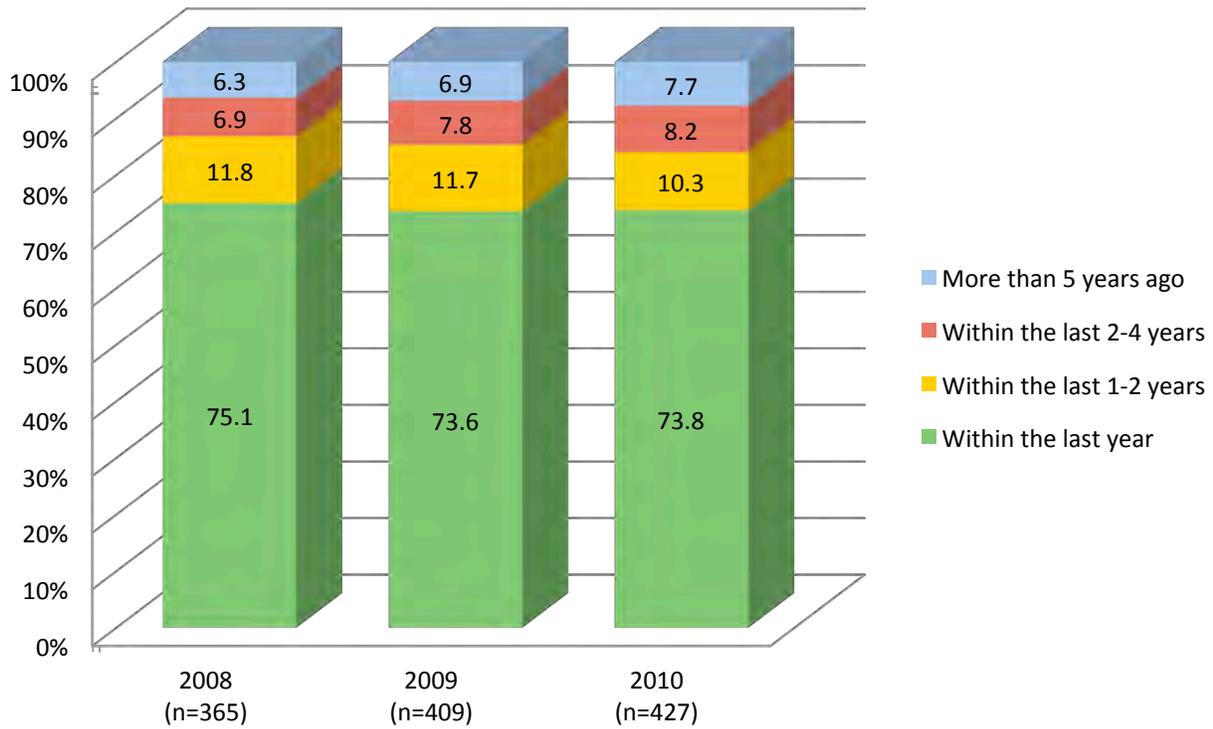


Figure 7.8: Frequency of Tobacco Use Among *Working Healthy* Enrollees, by Year

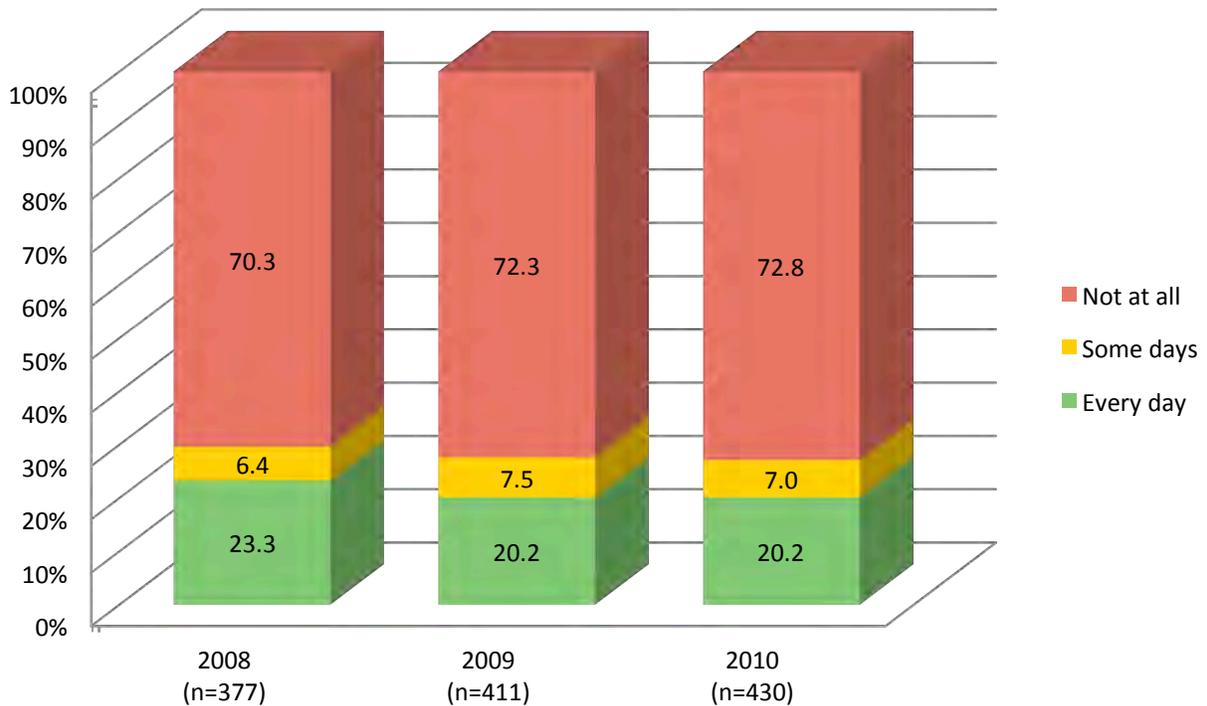


Figure 7.9: Frequency of Seatbelt Use Among *Working Healthy* Enrollees, by Year

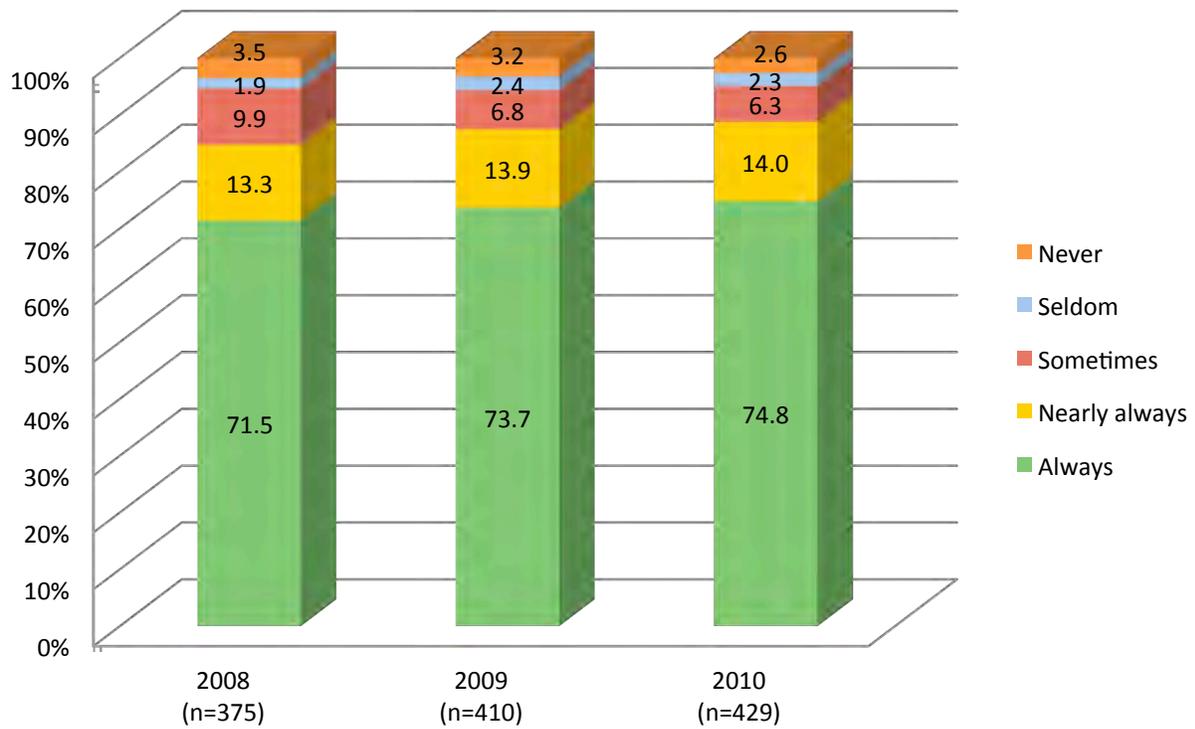


Figure 7.10: Self-Reported Health Status Among *Working Healthy* Enrollees, by Year

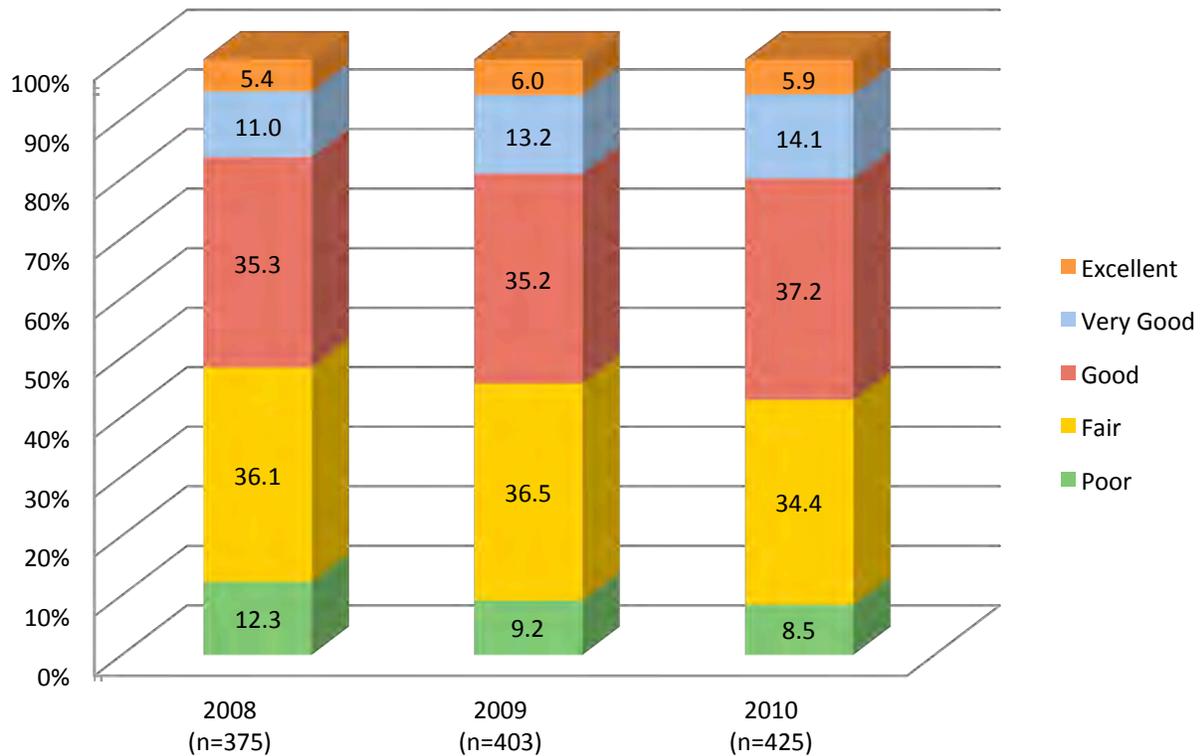


Figure 7.11: In the Past Month Frequency of Days Physical Health Was Not Good Among *Working Healthy* Enrollees, by Year

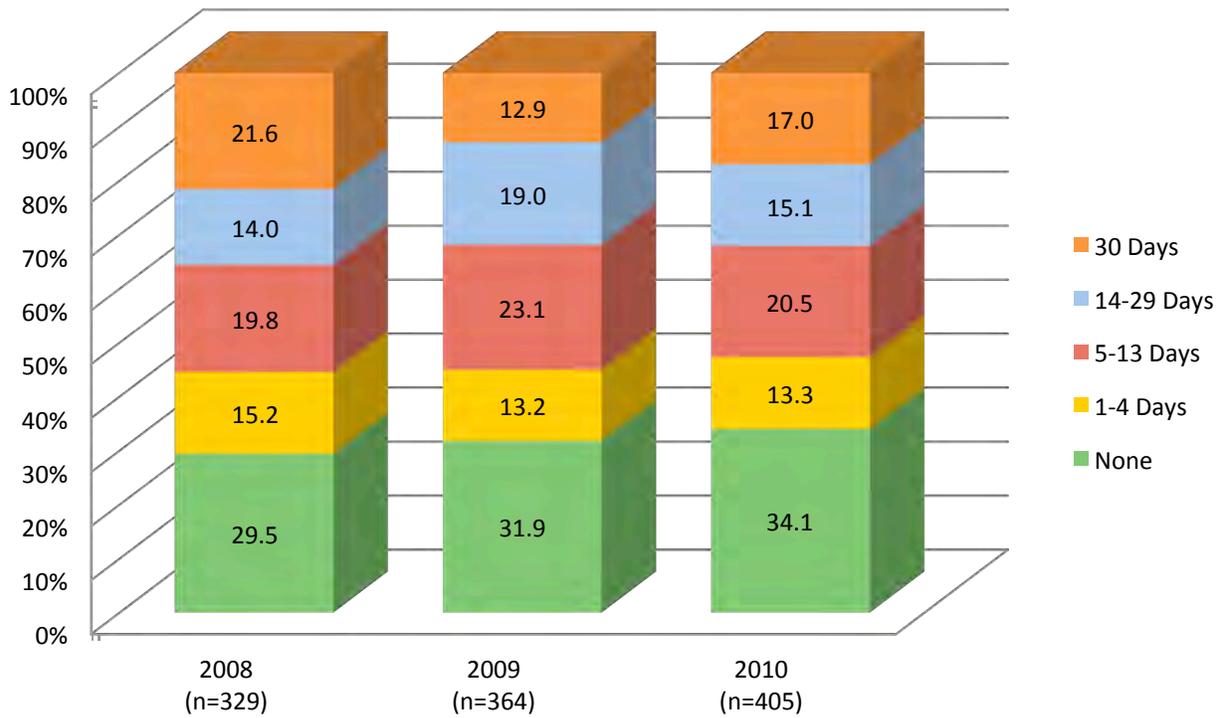


Figure 7.12: In the Past Month Frequency of Days Mental Health Was Not Good Among *Working Healthy* Enrollees, by Year

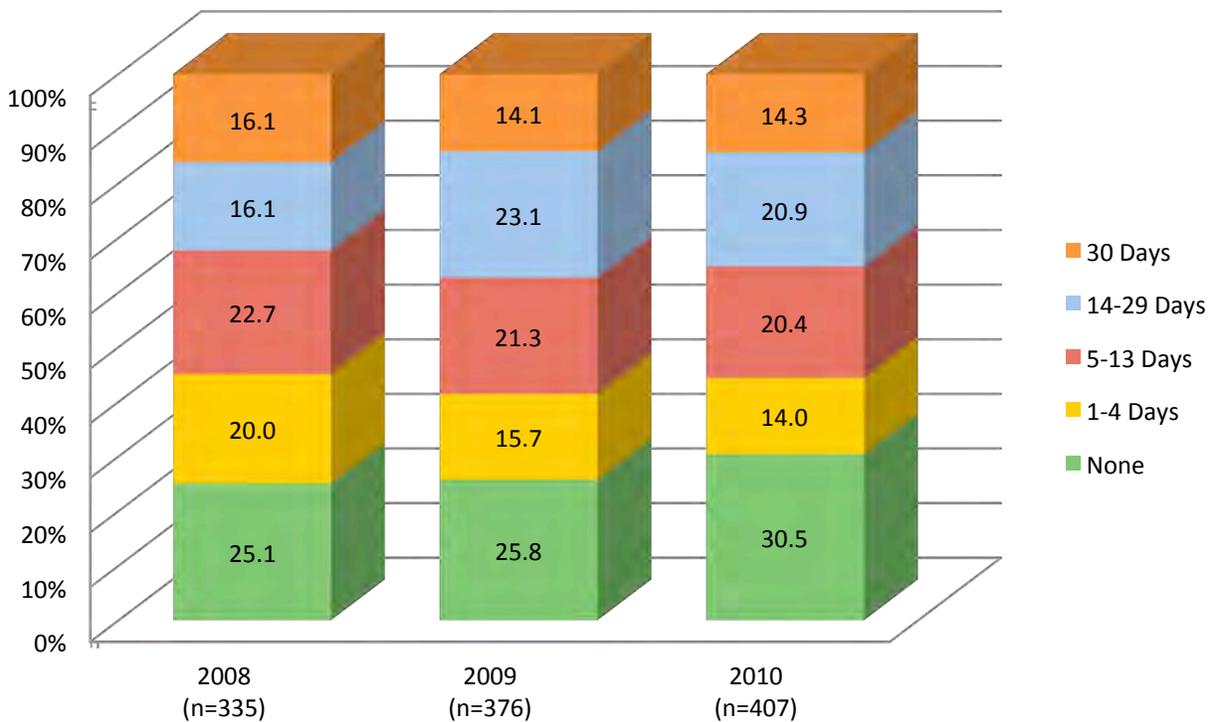


Figure 7.13: In the Past 2 Weeks Frequency of Days Feeling Tired or Having Little Energy Among Working Healthy Enrollees, by Year

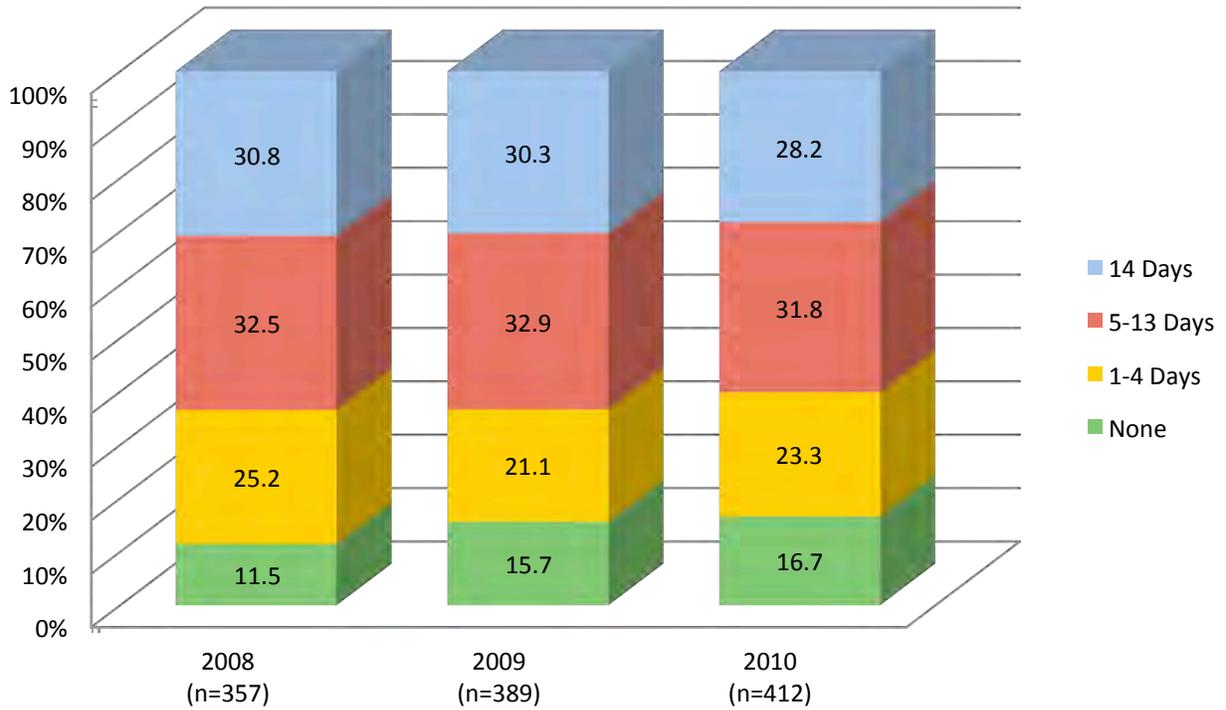
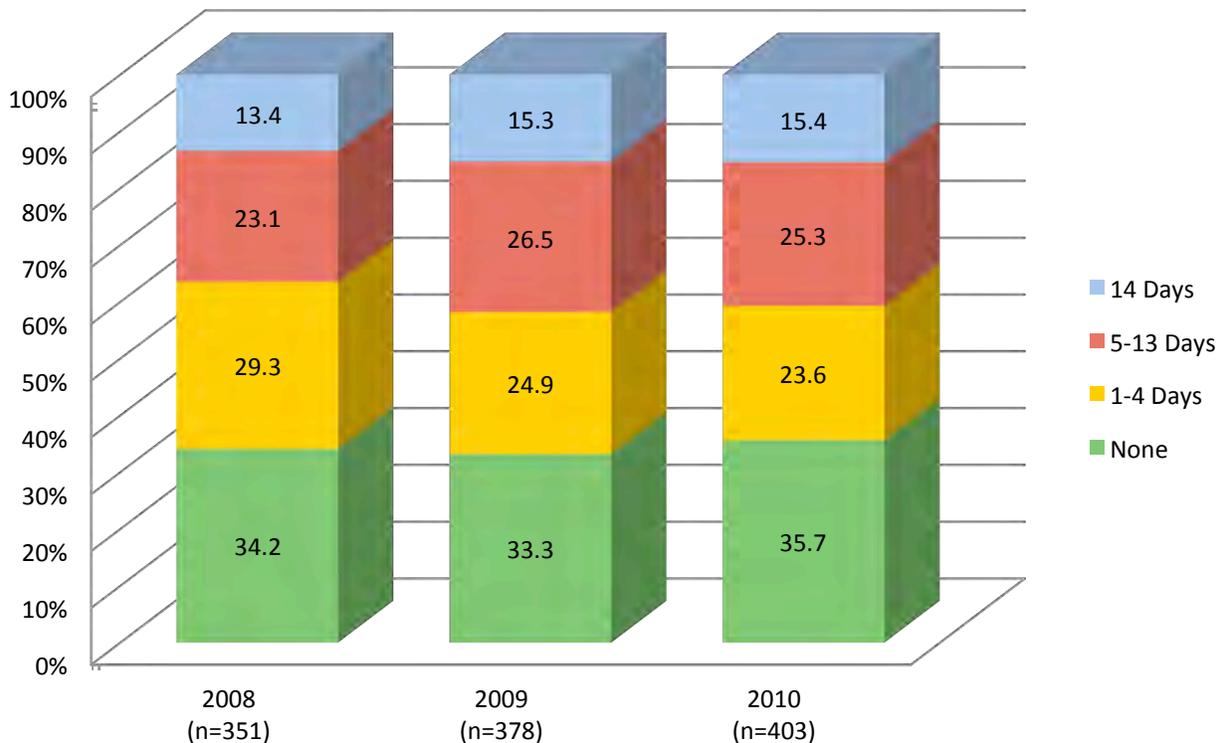


Figure 7.14: In the Past 2 Weeks Frequency of Days Feeling Down, Depressed or Hopeless Among Working Healthy Enrollees, by Year



## 8. Medicaid Expenditures

Since the inception of *Working Healthy*, evaluation staff members hypothesized that, as Kansans with disabilities are able to work more and keep their Medicaid coverage, medical expenditures for this population would decrease over time. Prior to enrolling in *Working Healthy*, many individuals were “medically needy,” meaning that they qualified for Medicaid coverage only through a spenddown process. Thus, their Medicaid coverage was often sporadic rather than continuous. Research has shown (Crowley, 2003) that people in this disabled and medically needy population incur very high Medicaid costs, in part, because of their inability to obtain adequate care between Medicaid eligibility periods (Stuart & Weinrich, 1998).

Through *Working Healthy*, people lose their spenddown obligations and pay a regular monthly premium, resulting in more consistent and continuous Medicaid coverage. They are also able to engage in meaningful employment, which can have a stabilizing effect on health – especially mental health (see Figure 4.2). These factors, among others, were the basis for the hypothesis of decreased expenditures.

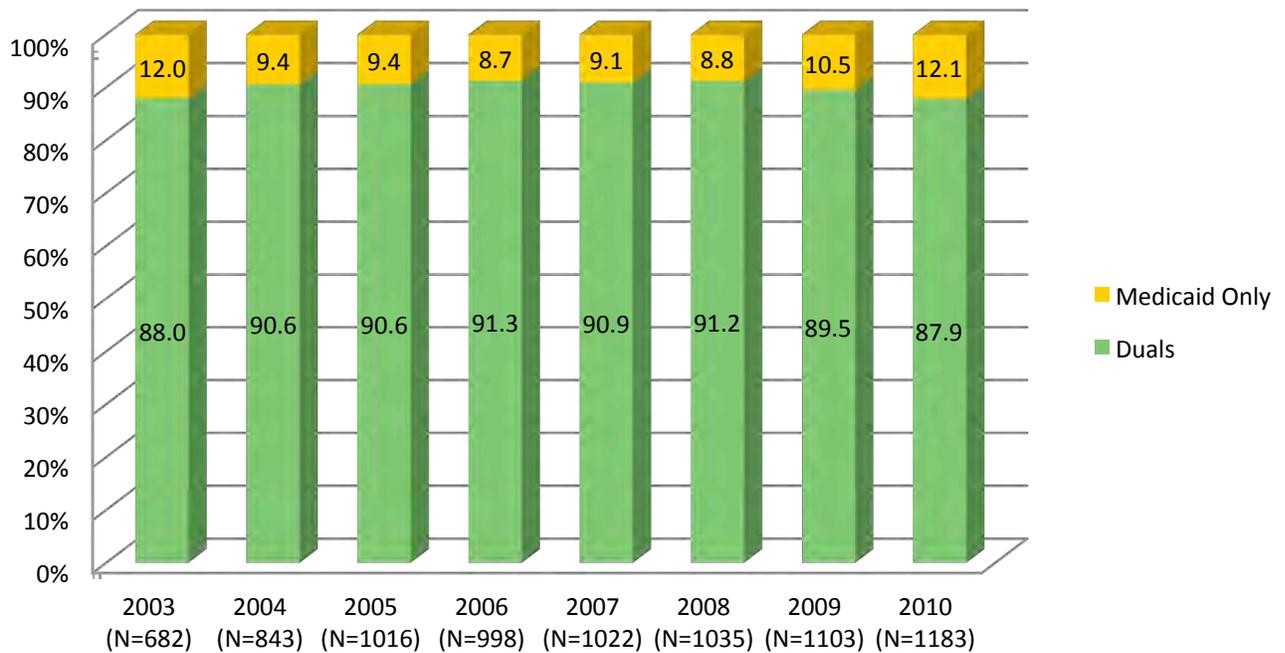
2002-2009 Medicaid claims data for *Working Healthy* enrollees were obtained from the Kansas Medicaid Management Information System (MMIS). In addition, claims for a group of 16-64 year old, dually-eligible – those with Medicare and Medicaid coverage – individuals who have never been enrolled in *Working Healthy* were also obtained for comparison purposes. Further stratifying these groups, individuals who were continuously enrolled/eligible from 2004-2009 were determined for both groups. These four groups allowed for longitudinal expenditure comparisons.

All expenditure data contained in this section were adjusted using the Consumer Price Index for medical care. Each year was adjusted to 2009 for medical inflation.

### Enrollees Dually Eligible for Medicare and Medicaid

Nationally, about 76% of Medicaid Buy-In participants are dually eligible for Medicare and Medicaid (White, Black & Ireys, 2005). Using administrative data, we found in Kansas that approximately 90% of *Working Healthy* enrollees are dual-eligibles (Figure 8.1). For these individuals, Medicare is the primary payer of medical expenditures and Medicaid serves as wraparound coverage. The comparison group of non-enrollees is also comprised of dual-eligibles.

Figure 8.1: Percent of *Working Healthy* Enrollees Dually Eligible for Medicare and Medicaid, 2003-2010



Source: Kansas Medicaid Management Information System (MMIS)

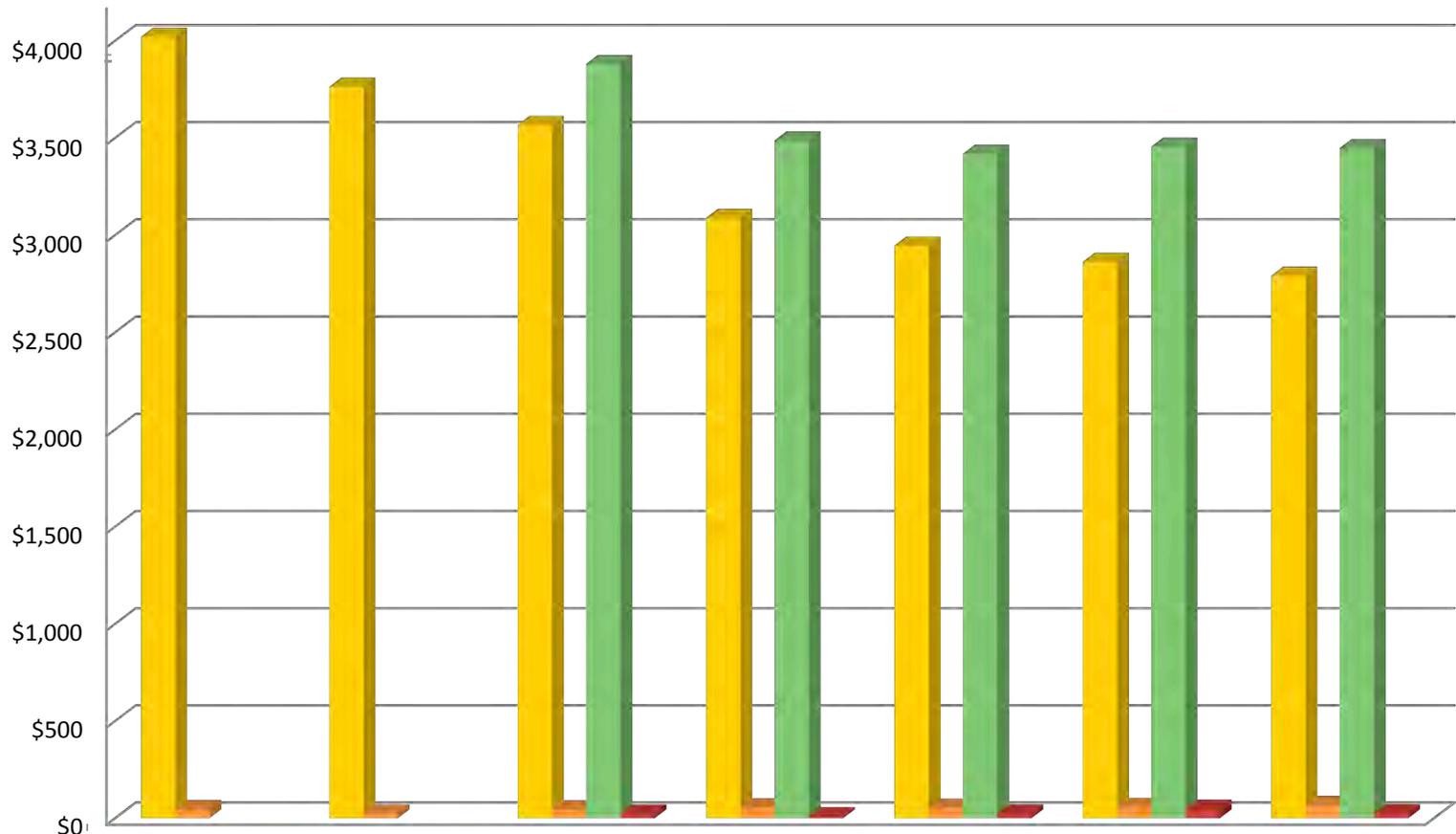
### Medicaid Costs

Medicaid expenditures were calculated on an average per member per month basis for each calendar year. The categories of Medicaid expenditures analyzed include: inpatient costs, outpatient costs, and prescription costs. Also included in 2007-2010 outpatient expenditures are capitated rates of mental health managed care costs. Further, due to the start of Work Opportunities Reward Kansans (WORK) – the program to provide assistive services for qualifying *Working Healthy* enrollees – in July 2007, per member per month costs also include the assistive service expenditures for these participants. Finally, it is important to note that Medicaid prescription costs after the implementation of Medicare Part D in 2006 dropped dramatically as Medicare began paying for the bulk of participants’ medications, which accounts for some of the decrease in total costs seen between 2005 and 2006.

Figures 8.2-4 provide outpatient, inpatient and total per member per month costs over time for each of the four groups:

1. Entire comparison group (yellow) – dually-eligible, disabled individuals not ever enrolled in *Working Healthy* (n=1479)
2. Entire *Working Healthy* group (orange) (2002, n=525; 2003, n=837; 2004, n=1025; 2005, n=1230; 2006, n=1275; 2007, n=1319; 2008, n=1369; 2009, n=1417)
3. Continuously eligible comparison group (green) (n=1025)
4. *Working Healthy* continuously enrolled group (red) (n=240)

Figure 8.2: Per Member Per Month Inpatient Medicaid Expenditures for *Working Healthy* and other Dual-Eligibles, by Year

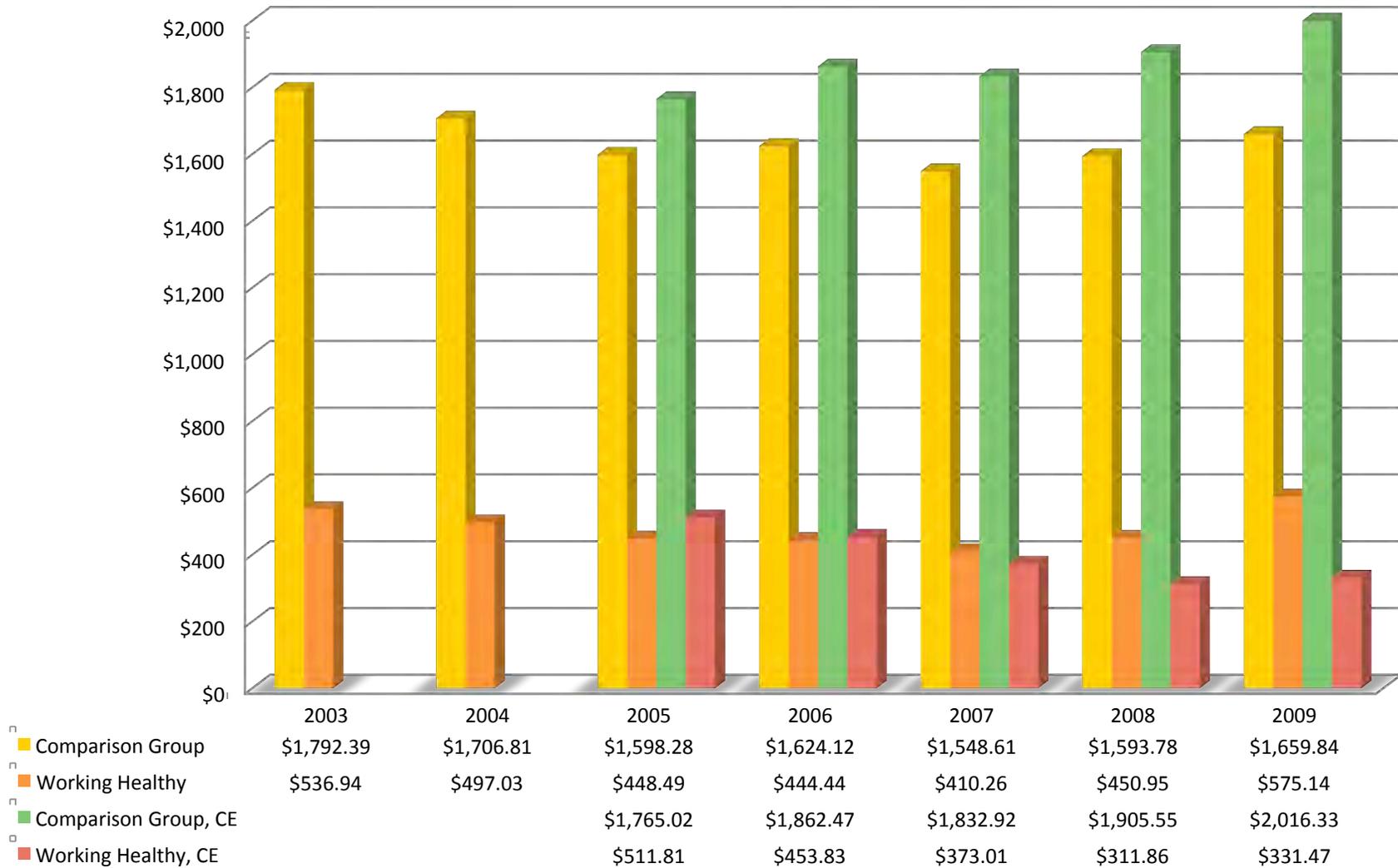


	2003	2004	2005	2006	2007	2008	2009
Comparison Group	\$4,019.94	\$3,763.29	\$3,567.15	\$3,088.82	\$2,946.16	\$2,862.45	\$2,791.02
Working Healthy	\$47.03	\$25.29	\$46.05	\$56.73	\$55.03	\$57.76	\$69.26
Comparison Group, CE			\$3,880.98	\$3,487.05	\$3,418.32	\$3,455.39	\$3,448.01
Working Healthy, CE			\$25.01	\$10.67	\$25.65	\$49.24	\$26.68

Source: Kansas Medicaid Management Information System (MMIS)

Note. All amounts are adjusted to 2009 for medical inflation

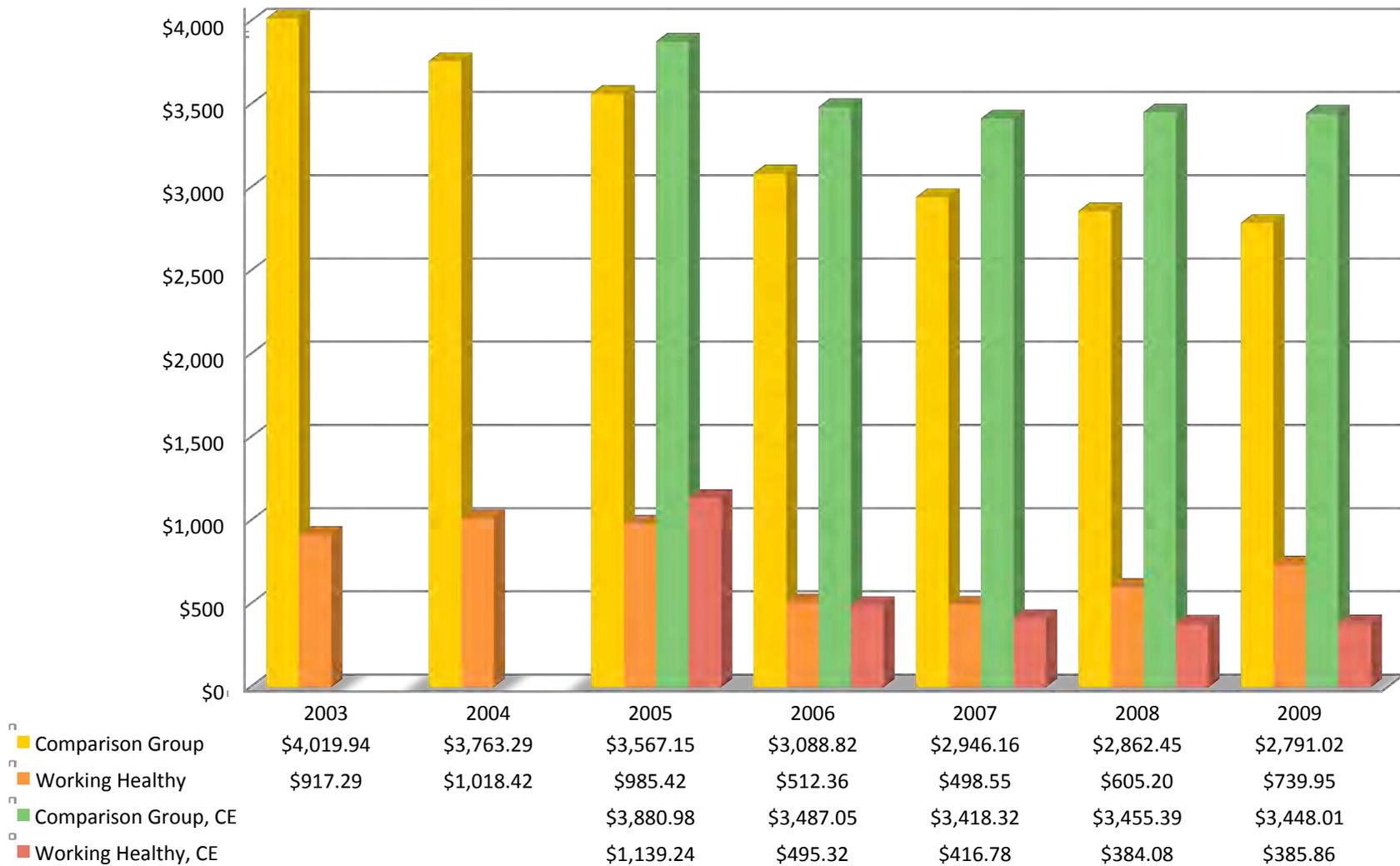
Figure 8.3: Per Member Per Month Outpatient Medicaid Expenditures for *Working Healthy* and other Dual-Eligibles, by Year



Source: Kansas Medicaid Management Information System (MMIS)

Notes. All amounts are adjusted to 2009 for medical inflation. Outpatient costs include the following: physicians (all types), clinics, outpatient hospitals, ambulatory surgical centers, home health agencies, advance practice nursing, mid-level practitioners, mental health providers, mental health managed care capitation amounts (2007-2009), targeted case management, durable medical equipment, dentists, transportation providers, dialysis centers, Home and Community Based waiver services and WORK services.

Figure 8.4: Total Per Member Per Month Medicaid Expenditures for *Working Healthy* and other Dual-Eligibles, by Year



Source: Kansas Medicaid Management Information System (MMIS)

Notes. All amounts are adjusted to 2009 for medical inflation. All expenditures include inpatient, outpatient, prescription drugs, dental, HCBS/WORK costs and mental health managed care capitation amounts.

Several factors could contribute to the differences seen in outpatient costs between groups. One factor that increases overall costs for the *Working Healthy* groups is the fact that the monthly per member mental health capitated payment levels for *Working Healthy* participants, set by the Managed Care Organization (MCO), are nearly 10 times the amount for other dual-eligibles. Further, more people with severe and persistent mental illness (SPMI) are enrolled in *Working Healthy* than other disability types, thereby increasing the per member per month (pmpm) costs even more than for the comparison group.

The addition of Personal Assistance Services (PAS) services through the WORK program was necessary and allowed those with more severe disabilities to work. These participants' costs are higher than other *Working Healthy* enrollees, therefore increasing overall costs after WORK implementation in 2007. That said, costs for individuals on Home and Community Based Services (HCBS) waivers are still higher than for *Working Healthy* WORK participants who are competitively employed (see next section). Finally, it is important to note that of all groups, those with continuous *Working Healthy* enrollment have the lowest costs over time. Consistent Medicaid eligibility, access to health care, and employment do seem to contribute to lower overall Medicaid expenditures.

### HCBS Waivers and *Working Healthy* Comparison

Just as not all *Working Healthy* enrollees require personal assistance and related-services through the WORK program, not all individuals in the comparison group were enrolled in a Home and Community Based Services (HCBS) Waiver. Therefore, comparing the Medicaid costs of those on an HCBS Waiver with those in *Working Healthy* receiving WORK services is necessary. Likewise, cost differences between those not in either of these groups must also be examined. Figures 8.5-6 on the following pages show these breakouts. Only years 2007-2009 are included, because assistive services through WORK were not available until 2007.

Figure 8.5: Total Per Member Per Month Medicaid Expenditures for *Working Healthy WORK* participants (n=159) and HCBS Waiver participants (n=916), by Year

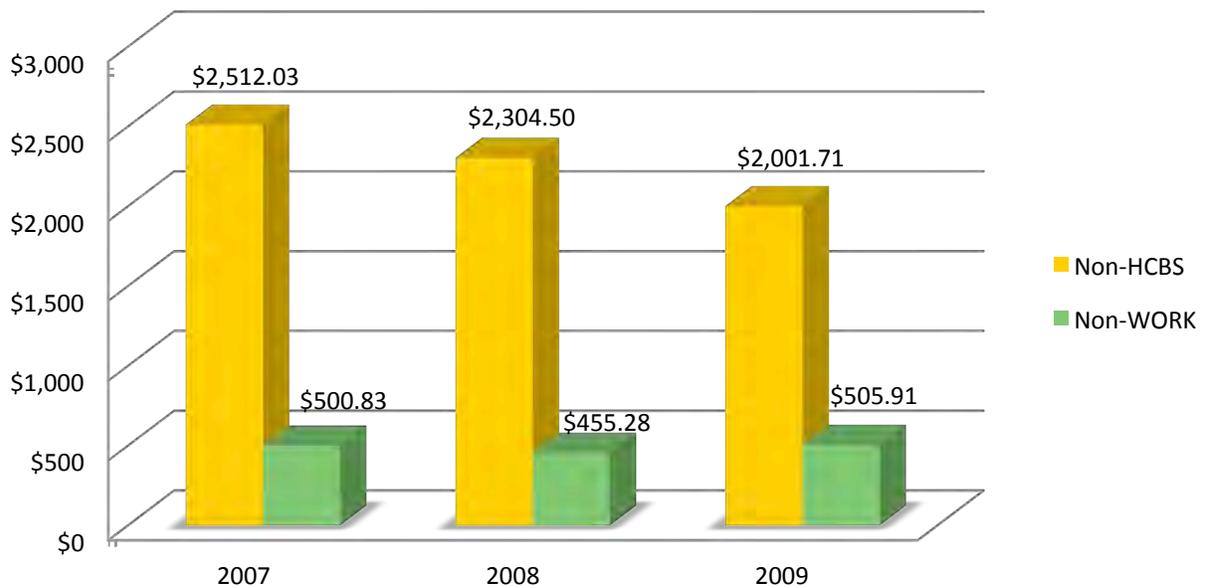


Source: Kansas Medicaid Management Information System.

Notes. All amounts are adjusted to 2009 for medical inflation. All expenditures include inpatient, outpatient, prescription drugs, dental, HCBS/WORK costs and mental health managed care capitation amounts

For those in the WORK group, pent up need when services were not available could account for the increase from 2007 to 2008, with costs decreasing in 2009. Data in subsequent years will show if this trend continues.

Figure 8.6: Total Per member Per Month Medicaid Expenditures for *Working Healthy non-WORK* participants (n=944) and non-HCBS Waiver Individuals (n=563), by Year



It is logical that individuals who do not need personal assistance and related services cost less than those who do. However, even those *Working Healthy* enrollees participating in WORK and therefore directing their own services and hiring their own attendants cost less than those on traditional HCBS Waivers.

In order to understand more fully the factors that cause Medicaid costs to vary among different eligibility categories of Kansas dual-eligibles with disabilities, further research on the employment, earnings and quality of life of these groups is currently being conducted by the authors and will be published in 2012.

## References

- Carroll, S. (2011). Oral Health Problems Among Working Healthy Participants. *Working Healthy Newsletter*, 10, 3. Lawrence, KS: University of Kansas Center for Research on Learning. Retrieved from:  
[http://www.workinghealthy.org/publications/newsletter%2010\\_3](http://www.workinghealthy.org/publications/newsletter%2010_3).
- Crowley, J. (2003). *Medicaid medically needy programs: An important source of Medicaid coverage*. Washington DC: Kaiser Commission on Medicaid and the Uninsured.
- Hall, J.P. (2006). Working Healthy & Medicare Part D: Findings from participant surveys. *Working Healthy Policy Brief Number 8*. Lawrence, KS: University of Kansas Center for Research on Learning. Retried from:  
<http://www.workinghealthy.org/publications/policybriefs/WHpolicybriefno8.pdf>.
- Hall, J.P. (2007). Will Medicaid buy-in participants work and earn more if Social Security rules change? *Working Healthy Policy Brief Number 9*. Lawrence, KS: University of Kansas Center for Research on Learning. Retrieved from:  
<http://www.workinghealthy.org/publications/policybriefs/WHpolicybriefno9.pdf>.
- Hall, J.P., Kurth, N.K., & Moore, J.M. (2007). Transition to Medicare Part D: An early snapshot of barriers experienced by younger dual-eligibles with disabilities. *American Journal of Managed Care*, 13 (1) 14-18.
- Hall, J.P., Kurth, N.K., & Fall, E.C. (in press). Discrepancy between Behavioral Risk Factor Surveillance System, Social Security and functional disability measurement. *Disability and Health Journal*.
- Kurth, N. K., & Hall, J. P. (2005). First point of contact: Results from a recent survey of Kansas frontline staff and the Working Healthy Program. *Working Healthy Policy Brief Number 7*. Lawrence, KS: University of Kansas Center for Research on Learning. Retrieved from:  
<http://www.workinghealthy.org/publications/policybriefs/WHpolicybriefno7.pdf>.
- Stuart, M.E. & Weinrich, M. (1998). Beyond managing Medicaid costs: Restructuring care. *The Milbank Quarterly*, 76(2), 251-280.
- White, J.S., Black, W.E., & Ireys, H.T. (2005). *Explaining enrollment trends and participant characteristics of the Medicaid buy-in program, 2002-2003*. Washington, D.C.: Mathematica Policy Research Inc.

## Glossary of Acronyms

**ADD** - Attention Deficit Disorder

**ADHD** – Attention Deficit Hyperactivity Disorder

**AGI** – Adjusted Gross Income

**BRFSS** – Behavioral Risk Factor Surveillance System

**CDC** – Centers for Disease Control and Prevention

**CDDO** – Community Developmental Disability Organization

**CMHC** - Community Mental Health Center

**CMS** - Centers for Medicare and Medicaid Services

**DD** – Developmental Disability

**ID** - Intellectual Disability

**FICA** - Federal Insurance Contributions Act

**FPL** - Federal Poverty Level

**HCBS** - Home and Community Based Services

**KAECSES** - Kansas Automated Eligibility Child Support Enforcement System

**KDHE** – Kansas Department of Health and Environment

**KHPA** – Kansas Health Policy Authority

**KU-CRL** - University of Kansas Center for Research on Learning, Division of Adult Studies

**LD** - Learning Disability

**LIEAP** - Low Income Energy Assistance Program

**MIG** - Medicaid Infrastructure Grant

**MMIS** – Medicaid Management Information System

**MR/DD** - Mental Retardation/Developmental Disability

**PAS** - Personal Assistance Services

**SBDC** - Small Business Development Center

**SCHIP** - State Children's Health Insurance Program (aka, Kansas HealthWave)

**SGA** - Substantial Gainful Activity

**SRS** - Social and Rehabilitation Services, Kansas

**SSA** - Social Security Administration

**SSDI** - Social Security Disability Insurance

**SSI** - Supplemental Security Income

**TBI** - Traumatic Brain Injury

**TW-WIIA** - Ticket to Work/Work Incentives Improvement Act

**VR** - Vocational Rehabilitation

**WH** - *Working Healthy* (Kansas Medicaid Buy-In)

**WORK-** Work Opportunities Reward Kansans

# APPENDIX A

*Working Healthy Program Satisfaction  
Survey Instrument  
2010*

**WORKING**

**HEALTHY**

*Making health care work*

## **Program Satisfaction Survey**

**If you would like help filling out this survey or have questions, please call toll free 1-800-449-1439**



**The University of Kansas  
CRL - Division of Adult Studies**

June 2010

Please start here.  
Use a number 2 pencil only.

Correct Mark ●

Incorrect Marks



## Background Information

If you are getting help from another person to fill out this survey, what is that person's relationship to you?  
(mark one)

- No one is helping me
- Family member or friend
- Paid personal attendant
- Caseworker
- Other, please list: \_\_\_\_\_

Date of birth:

Month		Day		Year			
<input type="text"/>							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2
	3	3	3	3	3	3	3
	4	4	4	4	4	4	4
	5	5	5	5	5	5	5
	6	6	6	6	6	6	6
	7	7	7	7	7	7	7
	8	8	8	8	8	8	8
	9	9	9	9	9	9	9

Gender:  Male  Female

Which one or more would you say is your race? **Mark all that apply.**

- Native American or Alaskan Native
- Native Hawaiian or Pacific Islander
- Asian
- African American/Black
- Caucasian/White

Are you Hispanic or Latino(a)?

- Yes
- No

What is your disability? If you have more than one, please list the main one first.

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Current marital status (mark one):

- Single
- Married
- Widow/Widower
- Divorced/Separated
- Significant Other/Partner

Do you have children under the age of 19?

- No
  - Yes
- If YES,  1  
 how  2  
 many?  3 or more

What type of job do you have now?

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What is the highest level of education you have completed?

- Less than high school
- High school diploma or GED
- Some college
- Two year degree
- Four year degree
- Graduate degree

## Your satisfaction with **WORKING HEALTHY**

We want to know if you are satisfied with Working Healthy. The following items address the services and agency staff you use as part of the program. Part A items refer to your **SRS caseworker** (you may know this person as your case manager, social worker or EES worker). Part B items refer to your Working Healthy Benefits Specialist. Part C items refer to the Working Healthy program itself. **Please indicate the level to which you agree or disagree with the following statements. MARK the best answer.**

A. The following items refer to your **SRS caseworker**.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. My caseworker takes the time to work with me personally. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My caseworker understands the Working Healthy program. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My caseworker is helpful when I ask questions about Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My caseworker understands my personal needs. ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My caseworker knows about other programs in the community that can help me in my work efforts. ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My caseworker understands my strengths. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. The following items refer to your local SRS **Working Healthy Benefits Specialist** (Karen Baessler, Terry Cronin, Steve Curtis, Dan Hallacy, Lisa Langley, Sherri Sherman and Earl Williams)

If you have **NOT** worked with one of these Benefits Specialists, please mark here  and **skip to question number 13.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
7. My Benefits Specialist takes the time to work with me personally. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My Benefits Specialist understands the Working Healthy program. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My Benefits Specialist is helpful when I ask questions about Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My Benefits Specialist understands my personal needs. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My Benefits Specialist knows about other programs in the community that can help me in my work efforts. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My Benefits Specialist understands my strengths. .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. The following questions relate directly to the Working Healthy program.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
13. The Working Healthy program has helped me be able to earn more income. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I am able to get the medical services I need through Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The premium amount I pay for Working Healthy is reasonable. .... <input type="radio"/> Does not apply, I do not pay a premium.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Overall, I am satisfied with the Working Healthy program. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. The following questions relate directly to **Working Healthy Premium Billing**.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
17. Premium staff (HP Enterprise Services) understand the billing process and help me when I have questions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Does not apply, I do not pay a premium.					
18. When I leave a message asking questions about my premium statement or billing, I don't have to wait too long for someone from HP to return my call. . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Does not apply, I do not pay a premium.					
19. Overall, I am satisfied with the Working Healthy premium billing and support services available to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Does not apply, I do not pay a premium.					

20. When on Working Healthy did you lose any of the following benefits?

Mark all that apply.

- Section 8 housing or HUD
- Child care subsidies
- Low-Income Energy Assistance Program (LIEAP)
- Food stamps/Vision card
- Weatherization
- HealthWave coverage for your child(ren)
- Other, please list: \_\_\_\_\_

21. Please list any suggestions you have on how to improve Working Healthy and related services.

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**Your quality of life while participating in WORKING HEALTHY**

Please indicate the level to which you agree or disagree with the following statements by marking the appropriate circle.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
22. My <u>physical health</u> has improved since I began participating in Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. My <u>mental health</u> has improved since I began participating in Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. My <u>financial status</u> has improved since I began participating in Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. My <u>involvement in community activities</u> has increased since I began participating in Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. My <u>involvement in social activities</u> has increased since I began participating in Working Healthy. ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. My <u>level of independence</u> has increased since I began participating in Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am closer to achieving my <u>preferred lifestyle</u> since I began participating in Working Healthy. ....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Please list any ways your quality of life has improved since you began participating in Working Healthy.

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30. Please list any ways your quality of life has worsened since you began participating in Working Healthy.

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31. Since you started Working Healthy has there been any time that you were not enrolled?  Yes  No  Don't know

32. Do you have difficulty finding any of the following kinds of providers who accept Medicaid (your medical card)? **Mark all that apply.**

- Doctor
- Pharmacy
- Therapist
- Dentist

33. Are you limited in any way in any activities because of a physical, mental or emotional problem?

- Yes
- No

34. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed or a special telephone?

- Yes
- No

35. Do you have difficulty with any of the following because of an impairment or health problem? **Mark all that apply.**

- Thinking, remembering or controlling emotions
- Seeing, hearing or communicating
- Your nerves, muscles or joints
- Going to school and/or work
- Performing personal care activities (such as bathing, dressing, grooming, using the toilet or getting in and out of bed)
- Performing household activities (such as shopping, cooking, paying bills or cleaning)
- Moving around (including walking, using stairs, lifting or carrying objects)

36. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?

days

37. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

days

38. What is your current weight?

pounds

What is your height?

feet  inches

39. Over the last 2 weeks (14 days), how many days have you felt tired or had little energy?

days

40. Over the last 2 weeks (14 days), how many days have you felt down, depressed or hopeless?

days

The following questions, 41-46, relate to your oral health. Working Healthy (Medicaid) is unable to cover most dental services, but we would like to know if you have any oral health needs.

41. How long has it been since you last visited a dentist or a dental clinic for any reason?
- Within the last 12 months
  - 1-2 years
  - 2-5 years
  - More than 5 years
  - Never
42. How many of your permanent teeth have been removed because of tooth decay or gum disease? (Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.)
- None
  - 1-5 teeth
  - 6 or more teeth
  - All teeth removed
43. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
- Within the last 12 months
  - Within the last 1-2 years
  - Within the last 2-5 years
  - More than 5 years ago
  - Never
44. Do you have *painful aching* in your mouth?
- Never
  - Hardly ever
  - Occasionally
  - Fairly often
  - Very often
45. Do you find it *uncomfortable to eat any foods* because of problems with your teeth, mouth or dentures?
- Never
  - Hardly ever
  - Occasionally
  - Fairly often
  - Very often
46. Do you have *difficulty doing your usual job(s)* because of problems with your teeth, mouth or dentures?
- Never
  - Hardly ever
  - Occasionally
  - Fairly often
  - Very often
47. Do you have one person you think of as your personal doctor or health care provider?
- Yes  No
48. About how long has it been since you last visited a doctor for a routine check-up? (A routine checkup is a physical exam, not an exam for a specific injury, illness or condition)
- Within the last 12 months
  - Within the last 1-2 years
  - Within the last 2-5 years
  - More than 5 years ago

49. Sometimes people have difficulty getting healthcare when they need it. During the past 12 months, did you **NOT** receive any of the following types of care when you needed it? **Mark all that apply.**

- Medical care
- Dental care
- Eye care and/or eyeglasses
- Mental health services
- Prescription drugs
- Other (please list)

\_\_\_\_\_

50. How often do you smoke cigarettes?

- Every day
- Some days
- Not at all

51. How often do you use seatbelts when you drive or ride in a car?

- Always
- Nearly always
- Sometimes
- Seldom
- Never

52. In the past 30 days, how many **days per week** did you have at least one drink of any alcoholic beverage?

days

53. In general, would you say your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

### Your *experiences* with SSI/SSDI

54. How much is your current monthly income from Social Security (SSI or SSDI)?

- I don't receive SSI/SSDI
- Less than \$300/month
- \$301-\$400/month
- \$401-\$500/month
- \$501-\$600/month
- \$601-\$700/month
- More than \$700/month

55. In the past 12 months, have you turned down a raise or increase in hours at your job because it might affect your Social Security benefits (SSI or SSDI)?

- Yes
- No

56. Has anything else prevented you from increasing your level of work? **Please list:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your employment experiences under WORKING HEALTHY**

57. How many months were you employed within the last 12 months?

- Less than 1 month
- At least 1 month, but less than 3 months
- At least 3 months, but less than 6 months
- At least 6 months, but less than 9 months
- At least 9 months, but less than 12 months
- I was employed for the entire 12 months

58. Did you change employers or quit a job within the last 12 months?

- No
- Yes, 1 time
- Yes, 2 times
- Yes, 3 or more times

59. If you have changed jobs in the last 12 months, which of the following best describes the reason for the change?

- Does not apply—I have not changed jobs or quit.
- I took a different job for better pay.
- I took a different job for better hours.
- I left my job because my disability worsened.
- I left my job because of family obligations.
- I left my job because my employer did not provide accommodations I needed.
- I left my job because I was afraid I would lose my social security benefits.
- I retired.
- I moved.
- I was fired.
- I was permanently laid off.
- I was temporarily laid off.
- It was a temporary job that ended.
- I did not like the job.
- I left for other reasons (please tell us)

**If you are working now, please answer the following questions (60-69) about your current job. If you are not working now, answer the questions about your most recent job in the last 12 months.**

60. How did you find the job you have now or had most recently?

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PLEASE DO NOT WRITE IN THIS AREA



8065

61. About how much do you or did you make per hour at this job?

\$  per hour

62. During the last 12 months, how many hours per week, on average, do you or did you work at this job?

Hours per week

63. How long did you or have you worked at this job? **Mark only one.**

- Less than 1 month
- More than 1 month, less than 1 year
- From 1 to 2 years
- From 2 to 4 years
- From 4 to 6 years
- 6 years or more

64. Overall, how satisfied are you with your work experience in this job?

- Very Satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

65. Has your current employer offered you health insurance?

- Yes (If yes, go on to question #66.)
- No (If no, skip to question #69.)
- Don't know

66. Are you currently covered by your employer's health insurance plan?

- Yes
- No
- Don't know

67. If not, did you turn down health insurance through your employer because the premium cost was too high?

- Yes
- No
- Don't know

68. Does your employer pay all, part or none of the premium cost of the health insurance plan at your job?

- All
- Part
- None
- Don't know

69. During the past 12 months, were any of the following fringe benefits available at your job?

	Yes ↓	No ↓	Don't know ↓
Pension or retirement benefits .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time off for illness .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time off for vacation .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation or transportation allowance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid tuition or fees for education .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have questions, need the survey read to you or need it in an alternate format please call toll free (800) 449-1439 (Voice/TTY)

Thank you for completing the survey!

Thank you for taking the time to complete this survey. Your assistance in providing this information is very much appreciated. If there is anything else you would like to tell us about this survey, or the services provided by the Working Healthy program, please do so in the space provided below.

Empty text box for additional comments.

Please return this completed survey along with all the other forms in the postage paid envelope sent with this survey.

If you did not get an envelope or need another, please call 1-800-449-1439 (Voice/TTY).

FOR OFFICE USE ONLY

Large data entry grid with columns for variables: KUID, loc, coun, survno, mnth, cont, age, dis1, dis2, dis3, jbtyp, 36phdays, 37mhdays, 38pnas, 38inch, 39eng, 40down, 52alc, 60find, 61wage, 62hours. Each cell contains a grid of numbers 0-9.

## *APPENDIX B*

*Working Healthy Enrollment by Month 2002-2010*

*Working Healthy Enrollment by County, December 2010*

*WORK Participants by Month, July 2007-December 2010*

## Working Healthy Enrollment by Month, July 2002-December 2010

Month	Number of Enrollees
<b>2002</b>	
July	247
August	308
September	369
October	424
November	467
December	499
<b>2003</b>	
January	531
February	551
March	571
April	584
May	598
June	613
July	609
August	624
September	637
October	648
November	677
December	682
<b>2004</b>	
January	694
February	706
March	724
April	736
May	760
June	764
July	775
August	785
September	804
October	830
November	835
December	843
<b>2005</b>	
January	853
February	873
March	895
April	921
May	928
June	944

□

\* See also, Figure 2.1, page 6.

<b>Month</b>	<b>Number of Enrollees</b>
<b>2005 (cont.)</b>	
July	967
August	998
September	993
October	1001
November	1023
December	1016
<b>2006</b>	
January	1007
February	1013
March	1000
April	984
May	983
June	988
July	989
August	983
September	985
October	986
November	994
December	998
<b>2007</b>	
January	1017
February	1024
March	1028
April	1036
May	1036
June	1049
July	1042
August	1043
September	1040
October	1052
November	1045
December	1022
<b>2008</b>	
January	1037
February	1042
March	1047
April	1056
May	1066
June	1060

July	1079
August	1089
September	1093
October	1097
November	1100
December	1101
<b>2009</b>	
January	1088
February	1105
March	1111
April	1111
May	1136
June	1137
July	1144
August	1141
September	1126
October	1122
November	1114
December	1115
<b>2010</b>	
January	1110
February	1103
March	1096
April	1109
May	1123
June	1134
July	1126
August	1147
September	1156
October	1172
November	1175
December	1183

## Working Healthy Enrollment by County, December 2010

County	Number of enrollees	Percent of total enrollment
Sedgwick	187	15.8
Johnson	117	9.9
Shawnee	73	5.9
Ellis	64	5.4
Reno	49	4.0
Douglas	46	3.7
Wyandotte	41	3.4
Saline	33	2.7
Montgomery	32	2.6
Lyon	30	2.4
Harvey	29	2.5
Riley	27	2.2
Barton	24	1.9
Finney	21	1.7
Ford	21	1.7
Crawford	20	1.6
Franklin	16	1.4
Labette	16	1.3
McPherson	15	1.2
Pratt	14	1.1
Butler	13	1.1
Leavenworth	13	1.1
Sumner	13	1.1
Wilson	13	1.1
Neosho	12	1.0
Atchison	11	0.9
Bourbon	11	0.9
Russell	11	0.9
Seward	11	0.9
Thomas	11	0.9
Miami	9	0.7
Dickinson	8	0.6
Republic	8	0.7
Graham	7	0.6
Nemaha	7	0.6
Norton	7	0.6
Pottawatomie	7	0.6
Cherokee	6	0.5
Cloud	6	0.5
Geary	6	0.5
Jewell	6	0.5

<b>County</b>	<b>Number of enrollees</b>	<b>Percent of total enrollment</b>
Logan	6	0.5
Marshall	6	0.5
Trego	6	0.5
Allen	5	0.4
Barber	5	0.4
Coffey	5	0.4
Cowley	5	0.4
Rawlins	5	0.4
Anderson	4	0.3
Kingman	4	0.3
Pawnee	4	0.3
Rice	4	0.3
Ottawa	3	0.3
Phillips	3	0.3
Rush	3	0.3
Brown	2	0.2
Comanche	2	0.2
Doniphan	2	0.2
Edwards	2	0.2
Hamilton	2	0.2
Jackson	2	0.2
Jefferson	2	0.2
Lincoln	2	0.2
Linn	2	0.2
Scott	2	0.2
Sherman	2	0.2
Wabaunsee	2	0.2
Washington	2	0.2
Chase	1	0.1
Chautauqua	1	0.1
Cheyenne	1	0.1
Clay	1	0.1
Decatur	1	0.1
Gove	1	0.1
Grant	1	0.1
Greenwood	1	0.1
Kearny	1	0.1
Marion	1	0.1
Morris	1	0.1
Osage	1	0.1
Osborne	1	0.1
Rooks	1	0.1

<b>County</b>	<b>Number of enrollees</b>	<b>Percent of total enrollment</b>
Sheridan	1	0.1
Stafford	1	0.1
Stevens	1	0.1
Wichita	1	0.1
Clark	0	-
Elk	0	-
Ellsworth	0	-
Gray	0	-
Greeley	0	-
Harper	0	-
Haskell	0	-
Hodgeman	0	-
Kiowa	0	-
Lane	0	-
Meade	0	-
Mitchell	0	-
Morton	0	-
Ness	0	-
Smith	0	-
Stanton	0	-
Wallace	0	-
Woodson	0	-
<b>Total</b>	<b>1083</b>	<b>100</b>

## WORK Participants by Month, July 2007-December 2010

Month	WORK Participants
<b>2007</b>	
July	0
August	0
September	1
October	7
November	14
December	17
<b>2008</b>	
January	24
February	34
March	41
April	49
May	52
June	57
July	66
August	70
September	75
October	78
November	83
December	84
<b>2009</b>	
January	91
February	99
March	99
April	104
May	108
June	110
July	117
August	120
September	126
October	126
November	143
December	145
<b>2010</b>	
January	159
February	171
March	171
April	174
May	178
June	182

□

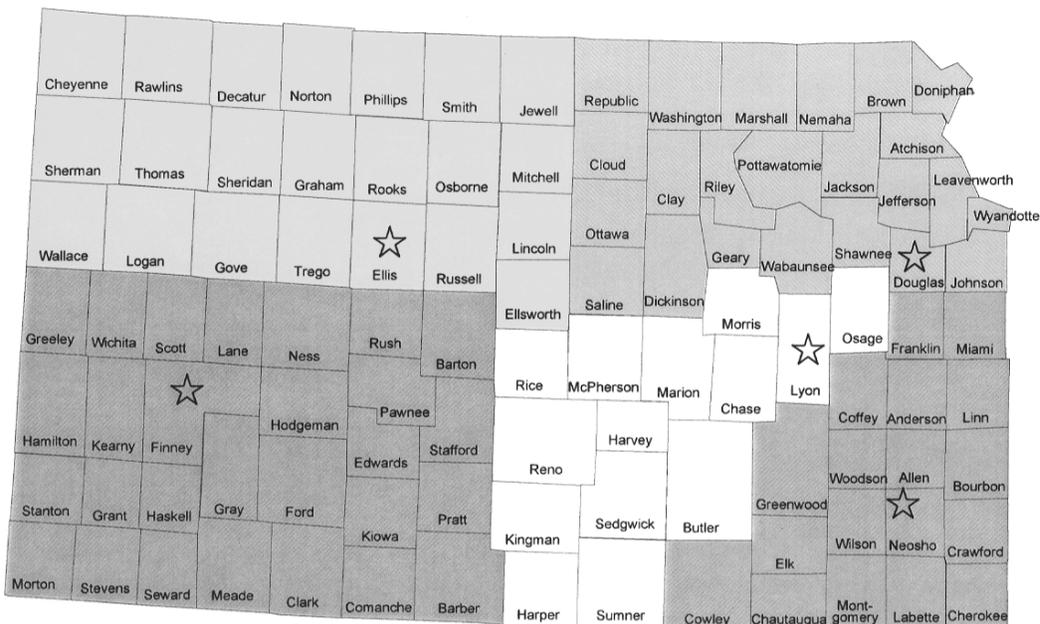
\* See also, Figure 2.3, page 8.

<b>Month</b>	
<b>2010 (cont.)</b>	
July	189
August	191
September	196
October	198
November	202
December	209

## *APPENDIX C*

*Working Healthy* Benefits Specialists Coverage Areas  
2002-2010

## May 2002 – September 2002



### **Northwest (Hays):**

Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis, Russell, Jewell, Mitchell, Lincoln and Ellsworth

### **Southwest (Garden City):**

Greeley, Wichita, Scott, Lane, Ness, Rush, Barton, Pawnee, Hamilton, Kearny, Finney, Hodgeman, Edwards, Stafford, Stanton, Grant, Haskell, Gray, Ford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Comanche and Barber

### **South Central (Emporia):**

Rice, McPherson, Harvey, Marion, Morris, Chase, Lyon, Osage, Reno, Sedgwick, Butler, Kingman, Harper and Sumner

### **Northeast (Lawrence):**

Republic, Cloud, Ottawa, Saline, Dickinson, Clay, Washington, Marshall, Riley, Geary, Pottawatomie, Wabaunsee, Nemaha, Brown, Doniphan, Jackson, Atchison, Jefferson, Leavenworth, Shawnee, Douglas, Wyandotte and Johnson

### **Southeast (Chanute):**

Cowley, Greenwood, Elk, Chautauqua, Coffey, Woodson, Wilson, Montgomery, Labette, Neosho, Allen, Anderson, Franklin, Miami, Linn, Bourbon, Crawford and Cherokee

## October 2002 – May 2003



### **Northwest (Hays):**

Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis and Russell

### **Southwest (Garden City):**

Greeley, Wichita, Scott, Lane, Ness, Rush, Barton, Pawnee, Hamilton, Kearny, Finney, Hodgeman, Edwards, Stafford, Stanton, Grant, Haskell, Gray, Ford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Comanche and Barber

### **North Central (Manhattan):**

Jewell, Republic, Washington, Marshall, Nemaha, Mitchell, Cloud, Clay, Riley, Pottawatomie, Lincoln, Ottawa, Ellsworth, Saline, Dickinson, Geary and Wabaunsee

### **Wichita & Surrounding (Wichita):**

Rice, McPherson, Reno, Harvey, Kingman, Sedgwick, Harper and Sumner

### **South Central (Emporia):**

Marion, Morris, Chase, Lyon, Osage, Coffey, Butler, Greenwood, Elk, Cowley and Chautauqua

### **Northeast (Lawrence):**

Brown, Doniphan, Jackson, Atchison, Jefferson, Leavenworth, Shawnee, Douglas, Wyandotte and Johnson

### **Southeast (Pittsburg):**

Montgomery, Wilson, Woodson, Franklin, Miami, Anderson, Linn, Allen, Bourbon, Neosho, Crawford, Labette and Cherokee

## **June 2003 – August 2004**

(map not available)

### **Northwest (Hays):**

Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis and Russell

### **Southwest (Garden City):**

Greeley, Wichita, Scott, Lane, Ness, Rush, Barton, Pawnee, Hamilton, Kearny, Finney, Hodgeman, Edwards, Stafford, Stanton, Grant, Haskell, Gray, Ford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Comanche and Barber

### **North Central (Manhattan):**

Jewell, Republic, Washington, Brown, Doniphan, Jackson, Atchison, Jefferson, Leavenworth, Marshall, Nemaha, Mitchell, Cloud, Clay, Riley, Pottawatomie, Lincoln, Ottawa, Ellsworth, Saline, Dickinson, Geary and Wabaunsee

### **Wichita & Surrounding (Wichita):**

Rice, McPherson, Reno, Harvey, Kingman, Sedgwick, Harper and Sumner

### **South Central (Emporia):**

Marion, Morris, Chase, Lyon, Shawnee, Osage, Coffey, Butler, Greenwood, Elk, Cowley and Chautauqua

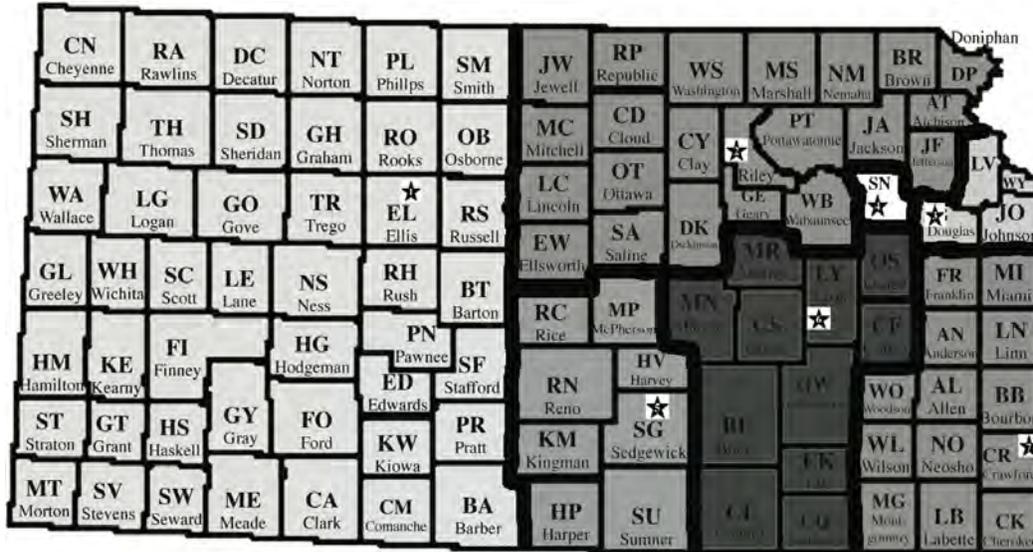
### **Northeast (Lawrence):**

Shawnee, Douglas, Wyandotte and Johnson

### **Southeast (Pittsburg):**

Montgomery, Wilson, Woodson, Franklin, Miami, Anderson, Linn, Allen, Bourbon, Neosho, Crawford, Labette and Cherokee

## September 2004 – April 2005



### **West (Hays):**

Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis, Russell, Greeley, Wichita, Scott, Lane, Ness, Rush, Barton, Pawnee, Hamilton, Kearny, Finney, Hodgeman, Edwards, Stafford, Stanton, Grant, Haskell, Gray, Ford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Comanche and Barber

### **North Central (Manhattan):**

Jewell, Republic, Washington, Brown, Doniphan, Jackson, Atchison, Jefferson, Leavenworth, Marshall, Nemaha, Mitchell, Cloud, Clay, Riley, Pottawatomie, Lincoln, Ottawa, Ellsworth, Saline, Dickinson, Geary and Wabaunsee

### **Wichita & Surrounding (Wichita):**

Rice, McPherson, Reno, Harvey, Kingman, Sedgwick, Harper and Sumner

### **South Central (Emporia):**

Marion, Morris, Chase, Lyon, Osage, Coffey, Butler, Greenwood, Elk, Cowley and Chautauqua

### **Topeka & surrounding (Topeka):**

Shawnee

### **Northeast (Lawrence):**

Leavenworth, Douglas, Wyandotte and Johnson

### **Southeast (Pittsburg):**

Montgomery, Wilson, Woodson, Franklin, Miami, Anderson, Linn, Allen, Bourbon, Neosho, Crawford, Labette and Cherokee

## May 2005 – December 2006

(map not available)

### **West (Hays):**

Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Wallace, Logan, Gove, Trego, Ellis, Russell, Greeley, Wichita, Scott, Lane, Ness, Rush, Barton, Pawnee, Hamilton, Kearny, Finney, Hodgeman, Edwards, Stafford, Stanton, Grant, Haskell, Gray, Ford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Comanche and Barber

### **North Central (Topeka):**

Jewell, Republic, Washington, Brown, Doniphan, Jackson, Atchison, Jefferson, Leavenworth, Marshall, Nemaha, Mitchell, Cloud, Clay, Riley, Pottawatomie, Lincoln, Ottawa, Ellsworth, Saline, Dickinson, Geary, Shawnee and Wabaunsee

### **Wichita & Surrounding (Wichita):**

Kingman, Sedgwick, and Harper

### **South Central (Emporia):**

Marion, Morris, Chase, Lyon, Butler, Greenwood, Elk, Cowley, Chautauqua, Rice, McPherson, Reno, Harvey and Sumner

### **Northeast (Lawrence/KC):**

Shawnee, Douglas, Wyandotte and Johnson

### **Southeast (Pittsburg):**

Montgomery, Wilson, Woodson, Osage, Coffey, Franklin, Miami, Anderson, Linn, Allen, Bourbon, Neosho, Crawford, Labette and Cherokee

# January 2007 – December 2009



## **Northwest (Hays):**

Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Jewell, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Mitchell, Wallace, Logan, Gove, Trego, Ellis, Rush, Pawnee, Barton, Russell, Lincoln, and Ellsworth

## **Southwest (Pratt):**

Greeley, Wichita, Scott, Lane, Ness, Hamilton, Kearny, Finney, Hodgeman, Stanton, Grant, Haskell, Gray, Ford, Edwards, Stafford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Comanche, and Barber

## **Northeast (Topeka):**

Republic, Washington, Marshall, Nemaha, Brown, Doniphan, Cloud, Clay, Riley, Pottawatomie, Jackson, Atchison, Ottawa, Dickinson, Saline, Geary, Wabaunsee, Shawnee, and Jefferson

## **Wichita Metro:**

Kingman, Harper and Sedgwick

## **South Central (Emporia):**

Rice, Reno, McPherson, Harvey, Sumner, Marion, Morris, Chase, Lyon, Butler, Greenwood, Cowley, Elk and Chautauqua

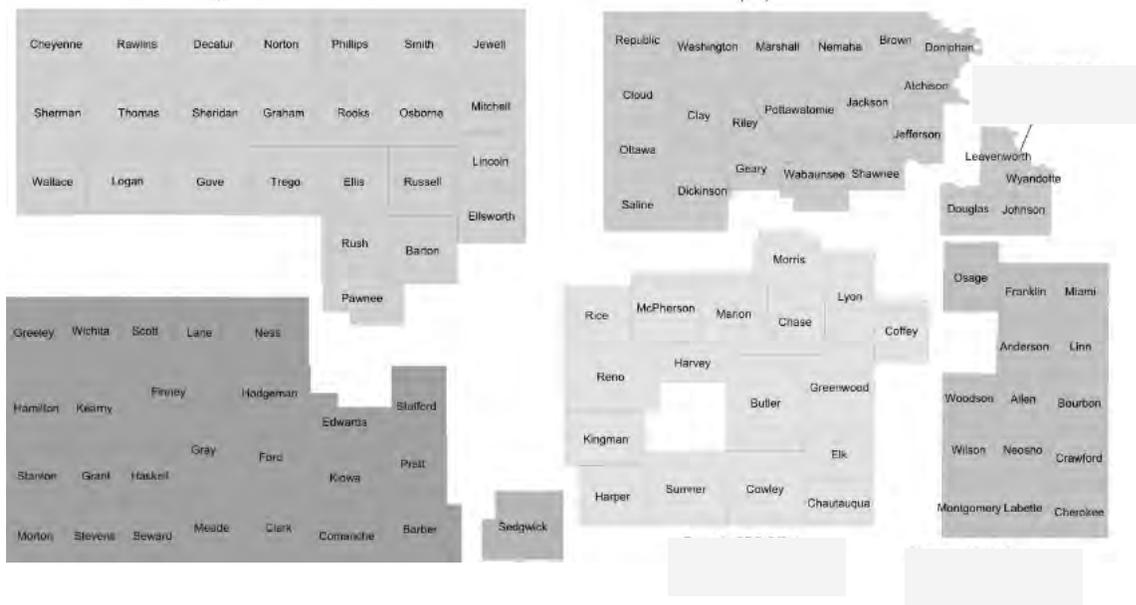
## **Kansas City Metro:**

Leavenworth, Douglas, Wyandotte and Johnson

## **Southeast (Pittsburg):**

Osage, Franklin, Miami, Coffey, Anderson, Linn, Woodson, Allen, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette and Cherokee

## January 2010 – Present



### **Northwest (Hays):**

Cheyenne, Rawlins, Decatur, Norton, Phillips, Smith, Jewell, Sherman, Thomas, Sheridan, Graham, Rooks, Osborne, Mitchell, Wallace, Logan, Gove, Trego, Ellis, Rush, Pawnee, Barton, Russell, Lincoln, and Ellsworth

### **Southwest (Pratt):**

Greeley, Wichita, Scott, Lane, Ness, Hamilton, Kearny, Finney, Hodgeman, Stanton, Grant, Haskell, Gray, Ford, Edwards, Stafford, Kiowa, Pratt, Morton, Stevens, Seward, Meade, Clark, Comanche, and Barber

### **Northeast (Topeka):**

Republic, Washington, Marshall, Nemaha, Brown, Doniphan, Cloud, Clay, Riley, Pottawatomie, Jackson, Atchison, Ottawa, Dickinson, Saline, Geary, Wabaunsee, Shawnee, and Jefferson

### **Wichita Metro:**

Sedgwick

### **South Central (Emporia):**

Rice, Reno, Kingman, Harper, McPherson, Harvey, Sumner, Marion, Morris, Chase, Lyon, Butler, Greenwood, Cowley, Elk, Coffey and Chautauqua

### **Kansas City Metro:**

Leavenworth, Douglas, Wyandotte and Johnson

### **Southeast (Pittsburg):**

Osage, Franklin, Miami, Coffey, Anderson, Linn, Woodson, Allen, Bourbon, Wilson, Neosho, Crawford, Montgomery, Labette and Cherokee