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Introduction to the Special Issue

The Evaluation of the Demonstration to Maintain Independence and Employment

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Established in November 1999 within the Ticket to Work and Work Incentives Improvement Act, the Demonstration to Maintain Independence and Employment (DMIE) aims to determine whether a program of medical assistance and employment supports for workers with potentially disabling conditions can prevent or postpone the loss of employment and subsequent enrollment into federal disability benefit programs. A White House press release issued on the day President Clinton signed the bill noted that the DMIE should provide new information on the effect of "early health care intervention in keeping people with disabilities from becoming too disabled to work" [2]. The Centers for Medicare & Medicaid Services (CMS) developed solicitations in 2004 and 2006 for state Medicaid agencies to submit DMIE applications that required them to: 1) develop for working adults with potentially disabling conditions a program that enhances medical services to supplement existing health insurance and expands access to employment supports; and 2) contract with research organizations to conduct independent state-specific evaluations of these programs.

Four states (Kansas, Minnesota, Texas, and Hawaii) received DMIE funding under CMS' 2004 and 2006 solicitations:

Kansas started enrollment in April 2006, focusing on individuals in the state's high-risk health insurance pool who had a broad range of physical and mental impairments. The intervention was implemented by the state Medicaid office in conjunction with the agency that operates the statewide high-risk insurance pool; the University of Kansas was responsible for the state's evaluation under a contract with the state Medicaid agency. The state enrolled 500 participants.

Minnesota began enrollment in January 2007, focusing on workers with mental illness. Eighty-five percent of participants were or had been in state-based public insurance programs for low-income adults; the remaining 15 percent were recruited via participants' referrals. The Minnesota Medicaid agency administered the DMIE program; researchers at The Lewin Group conducted the evaluation. The state enrolled 1,794 participants. (Some analyses are based on a sample of 1,155 because randomization procedures changed unexpectedly in May 2008; for some analyses, participants enrolling after the change were excluded to ensure that this change did not bias the findings.)

Texas started enrollment in April 2007, focusing on workers with severe mental illness or behavioral health conditions along with a physical impairment who were enrolled in a public insurance plan operated by the Harris County Hospital District (HCHD), a safety net provider in the Houston area. The Texas Medicaid agency administered the DMIE program; the state's evaluation was conducted by the University of Texas at Austin. The state enrolled 1,616 participants.

Hawaii started enrollment in April 2008, focusing on individuals with diabetes who were covered under

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employer-sponsored insurance plans. Under a contract with the state Medicaid agency, the University of Hawaii implemented the program and was responsible for its evaluation. The state enrolled 190 participants.

The interventions implemented by these states included (1) medical coverage equivalent to the state's standard Medicaid benefit package or "wrap-around" coverage for additional services, such as dental or vision care, not fully covered under participants' existing public, private, or employer-sponsored plans; (2) employment support services, such as job coaching or vocational rehabilitation services, to help participants maintain employment and overcome barriers to continued employment; (3) person-centered intensive case management; and (4) financial subsidies for participants to help cover out-of-pocket costs for premiums, deductibles, and co-payments.

CMS contracted with Mathematica Policy Research to conduct the national evaluation of the DMIE. This evaluation used a randomized study design with repeated measures in each state; outcome measures were standardized across states, and were based on survey and administrative data provided by the states and information from selected files of the Social Security Administration (SSA) that verified participants' applications to and enrollment in federal disability programs. Specific outcomes of interest to CMS, states, and other policymakers include participants' employment, earnings, and application to and enrollment in the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs. Other evaluative goals include assessing whether the DMIE program improves participants' functional status and access to health services.

Mathematica, the four states' Medicaid agencies, and the state-specific evaluation teams worked together to develop a rich set of qualitative and quantitative data. The studies included in this special issue of the *Journal of Vocational Rehabilitation* draw from these data to analyze key questions about the evaluation. The first study was completed through a contract between Mathematica and CMS; the remaining papers were completed under contracts between each state's Medicaid agency and the corresponding evaluation team.

The first article, authored by Gilbert Gimm and other Mathematica staff, is based on quantitative data from SSA files and state-based surveys and addresses the overall question of whether the DMIE, as implemented by these four states, had an impact on the number of applications submitted for federal disability benefit programs and on participants' employment. The second paper uses qualitative data gathered during the implementation of four state DMIE programs and examines lessons learned regarding the use of intensive personalized case management for helping workers with impairments to find and keep work. Together, these two papers use data from all four states and provide snap-shots of the DMIE evaluation as a whole: The first focusing on key quantitative outcomes, the second on the "craft" of implementing intensive, person-centered case management within a variety of venues and programs.

The remaining papers examine selected outcomes and components of the four state DMIE programs. The third and fourth papers analyze differences between treatment and control groups with respect to various health and employment outcomes of the DMIE programs in Texas and Minnesota, respectively. The fifth paper, developed by the Kansas team, focuses on implications of its DMIE program for high risk insurance pools. The sixth paper, based on data from the Hawaii DMIE, examines participants' perceptions of the usefulness and value of life coaching in relation to diabetes, health, and employment.

The findings from these studies are relevant to practitioners in the field of vocational rehabilitation because they suggest the potential value of early intervention programs on adults with health or mental health impairments *before* they are so impaired that they have to apply for federal disability benefits. SSA recently funded a five-year Accelerated Benefits (AB) Demonstration to test whether earlier access to health benefits improves health and return-to-work outcomes for SSDI beneficiaries who have no medical coverage when they first become entitled to cash benefits [1]. However, the AB demonstration focuses on people *after* they have a certified disability. Because less than seven percent of adults return to work within a decade after enrolling in SSI or SSDI [1], findings ways of supporting workers before they enter these programs is a compelling political and clinical goal.

These studies also have immediate clinical implications because they begin to establish a foundation for identifying best practices in the development of early intervention programs. For example, the detailed analysis of the states' experiences in implementing intensive person-centered case management efforts underscore the challenges that can arise when counselors aim to bridge health and employment sectors. In addition, several of the studies reported here suggest that individuals with impairments may be motivated to keep working, rather than seek disability benefits, if they have access

to needed medical services *and* employment supports. Bridging the two sectors is critical: Counselors working in the vocational sector can help consumers stay employed by helping them find the medical services they need; similarly, counselors in the medical sector may help their patients stay healthy by helping them find appropriate employment services.

Recruitment of DMIE program participants in the four states ended on September 30, 2008. This enrollment cutoff date ensured that all participants would be enrolled in the DMIE programs for at least 12 months before federal funding for DMIE services ended on September 30, 2009, as required by the authorizing legislation. However, state and national evaluations continued through 2011 to allow for the assessment of longer-term impacts. The articles in this special issue represent "first edition" findings because they are based largely on data collected through 2009. (Readers can contact the lead author of this introduction to obtain a list of other publications related to the DMIE.) These early results show much promise. Additional research will demonstrate further the extent to which early intervention efforts, as implemented through the DMIE, can help workers with potentially disabling conditions maintain their financial independence, help support their families, and participate in their communities through employment.

Finally, we should note the critical role that staff from CMS played in this demonstration with respect to insisting on a rigorous evaluation. At several key points in the process of developing the evaluation design, tracking implementation of the demonstration, and conducting the analyses, CMS staff held firm in their expectations that participating states would adhere to established methods for randomization and data collection. In particular, special thanks are due Steve Knapp, Melissa Hulbert, Joe Razes, Stephen Hrybyk, and Claudia Brown. The papers in this special issue of *JVR* demonstrate the value of their vigorous efforts to support a high-quality evaluation. Sometimes, federal leadership matters a lot.

References

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