



# Working Healthy

*Making health care work*

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## ***Working Healthy: The Same Program--With a New Home***

*By Mary Ellen O'Brien Wright, Working Healthy Senior Manager*

**O**n July 1, 2011, *Working Healthy* became a program within the Kansas Department of Health and Environment (KDHE). During the 2011 legislative session, Governor Brownback signed an executive reorganization order transferring the operation of the Kansas Health Policy Authority (KHPA) to KDHE. The executive order moved the responsibility for administering the Medicaid program and the State Employees' Health Benefit Plan to the new Division of Health Care Finance (DHCF) within KDHE. As part of the Medicaid program, *Working Healthy* and its personal assistance program, *WORK*, will be administered by the DHCF.

Eligibility for *Working Healthy* will continue to be determined by the Department of Social and Rehabilitation Services (SRS). *Working Healthy* Benefits Specialists will operate under the direction of the Benefits Specialist Team Leader at the KDHE.

## ***The Kansas Employment First Initiative Act***

*By Mary Ellen O'Brien Wright, Working Healthy Senior Manager*

**O**n May 11th, 2011, Governor Brownback signed House Bill 2336, the Kansas Employment First Initiative Act, into law. The new law requires state programs and services to promote the employment of youth and adults with disabilities by coordinating and collaborating to ensure that state programs, policies, procedures and funding support competitive, integrated employment. The bill authorizes state agencies to adopt rules and regulations to implement the act. The bill also:

- defines the terms competitive and integrated;
- instructs state agencies to share data and information across systems, when feasible, to track progress;
- establishes a five member commission that will issue an annual report to the governor and legislature; and
- requires all state agencies to fully cooperate with and provide data and information to assist the commission in carrying out its duties.

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House Bill 2336 will move Kansas toward achieving Goal I of the *Kansas Strategic Plan to Support the Competitive Employment of Individuals with Disabilities*, developed in 2006-07 by *Working Healthy* staff with input from consumers with disabilities, family members of people with disabilities, other stakeholders and later supported by the Employment First Task Force. Goal I states:

“Currently there is no clear vision or mission regarding employment of people with disabilities in Kansas. Several state agencies bear a major responsibility for the employment of people with disabilities, while others have a peripheral role. No central body exists however, that is responsible for establishing employment goals in Kansas, determining the number of people with disabilities who are employed and unemployed, ensuring that employment initiatives are coordinated across state agencies, that these initiatives result in increased numbers of people becoming employed, and resources are allocated to the best advantage. In order for a comprehensive employment initiative to be successful, it will be crucial for state programs to establish a shared vision for employment of people with disabilities and for a coordination of efforts with the goal of eventually achieving that vision. Ideally, to ensure participation and accountability, this initiative should be carried out under the auspices of the Governor.”

## ***Sluggish Economy Impacts Working Healthy***

*By Shawna Chapman, Ph.D., KU Research & Evaluation Team*

**M**any people have been negatively affected by the economic slowdown in recent years, and *Working Healthy* enrollees are no exception. Each year, participant comments from the annual *Working Healthy Satisfaction Survey* are analyzed and grouped into themes. *Working Healthy* enrollees, despite being employed at various levels, are feeling the effects of the economic decline. The following themes regarding economic barriers were observed in the 2010 satisfaction survey:

- **A lack of available jobs** - When participants were asked if anything prevented them from increasing their level of work the second most cited reason for not increasing work, after their health, was the economy and being unable to find a new or better job. One participant wrote, “No jobs out there.” Another explained there is “a lack of positions for disabled people.”
- **Difficulties paying *Working Healthy* premiums** - Participants also indicated they sometimes struggled to pay their premiums. Despite the fact that fixed premium amounts have not changed since 2002, one participant complained that his/her income level remains fixed (no raises), while other living costs continue to rise. Another explained, “Premiums too high. [You] do not get help when you can't pay bills.”
- **Limited assistance from caseworkers** - Participants were also frustrated with limited assistance from case managers who were often said to have caseloads that are too large coupled with high rates of case manager turnover. One respondent explained, “Better access to SRS caseworkers is needed but I understand budget and heavy caseloads.”

Through their comments, participants repeatedly tell us that *Working Healthy* is a vital program that improves their lives. However, even with the assistance this program provides, participants sometimes struggle to find adequate employment, pay bills, and meet all of their needs.

# New Working Healthy Data Published

By Noelle K. Kurth, M.S., KU Research & Evaluation Team

**I**n July, *Working Healthy* (WH) research and evaluation staff at the University of Kansas (KU) published the “*Working Healthy Data Chartbook 2nd Edition: Kansas Medicaid Buy-In Research & Evaluation 2002-2010.*” The Chartbook contains over 100 tables and figures of data regarding WH and WORK enrollees’ demographics, employment, quality of life, satisfaction with the program, and Medicaid costs.

The line graph in Figure 1 shows the steady increase in *Working Healthy* enrollment over time. Currently, as of June 2011, enrollment is at 1250 individuals. Of these enrollees, 78% have countable income above the federal poverty level and are consequently paying a monthly premium for their Medicaid through *Working Healthy* (see Figure 2). Enrollees pay, on average, \$79 per month. Not only does the increasing number of people paying premiums indicate that *Working Healthy* enrollees are earning more, but data from the

Kansas Department of Revenue shows enrollees are earning, on average, twice as much per month as other Medicaid beneficiaries with disabilities who are not on *Working Healthy*.

The age of *Working Healthy* enrollees ranges from 18-64 with an average age of 47. Fifty-three percent of

Figure 1.

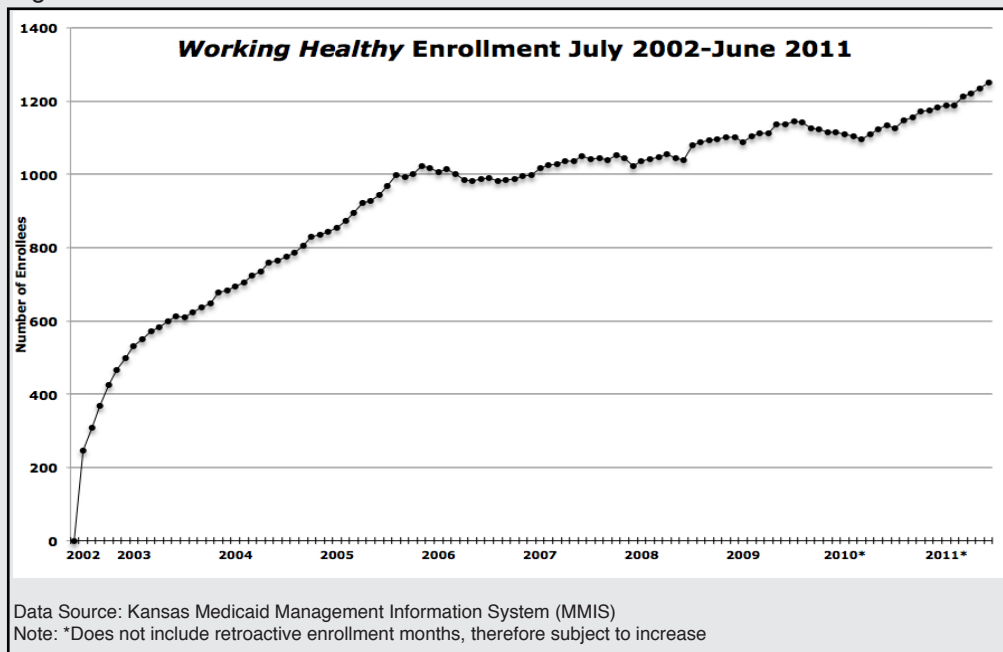
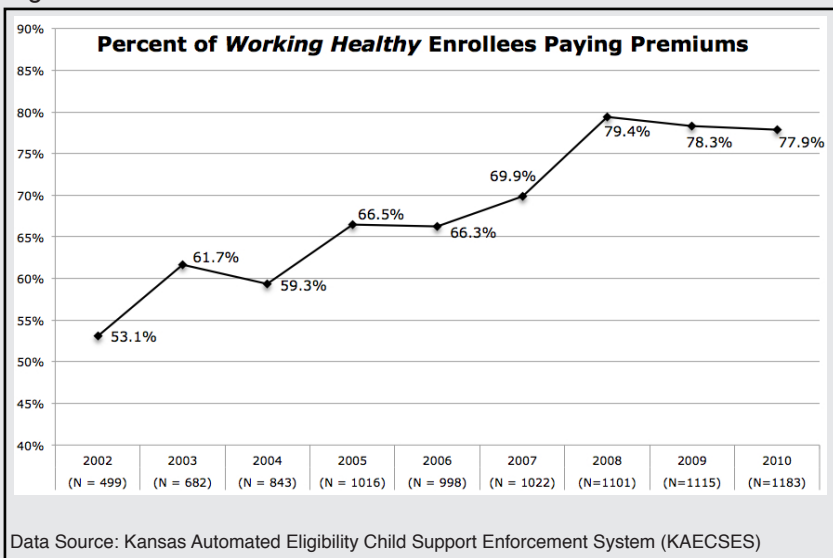


Figure 2.



enrollees are female, 90% are White and 3% are Hispanic/Latino(a). The self-reported primary disability of enrollees has changed slightly since the inception of WORK in 2007. Since 2007, the percent of enrollees with mental illness has decreased from 46% to 36%, while those with a physical or intellectual disability has increased from 27% to 35%.

Finally, Medicaid costs for *Working Healthy* enrollees are 73.5% less than the costs of other Kansas Medicaid beneficiaries with disabilities. Additionally, the total per member per month (pmpm) Medicaid costs for enrollees decreased by 22% from 2006 to 2009. KU staff are currently conducting further research to fully understand the possible reasons these differences in Medicaid expenditures vary

between *Working Healthy* enrollees and those who are not enrolled. The Chartbook contains the data presented here and much more and is available online at <http://www.workinghealthy.org/downloads/downloads.html>.

## WORKING HEALTHY

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**This newsletter and other information regarding *Working Healthy* can be found on-line at: <http://www.workinghealthy.org>**

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*Additional copies and copies in alternate formats are available upon request by writing the University of Kansas, CRL - Division of Adult Studies, Attn: Noelle, JR Pearson Hall, Room 521, 1122 West Campus Rd., Lawrence, KS 66045-3101, by calling (800) 449-1439, or by emailing, [pixie@ku.edu](mailto:pixie@ku.edu)*

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