**All VR Call**

**3 – 4 p.m. EST**

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Operator: Ladies and gentlemen, thank you for standing by and welcome to the National All Vocational Rehabilitation Webinar. During the presentation, all participants will be in a listen-only mode. Afterwards, we will conduct a question and answer session. At that time, if you like to ask a question please press star – please press star followed by the number one on your telephone keypad. If you need to reach an operator at any time, please press start zero. As a reminder this conference is being recorded, January 12, 2016.

 I would like to now turn the conference over to Ms. Michelle Laisure with TPM. Please go ahead.

(Michelle Laisure): Thank you. And welcome everyone to our National All VR call. Happy new year. This is our first call of the year and our first call as kind of the new (TPM) contract. So we are very excited to be here today with all of you.

 For general announcements, we are excited about bringing an effective practice presentation to you this afternoon. First, we are going to go with updates on cost reimbursement and the ticket portal. And if there are questions in the chat line regarding those two topics, we will address them before we go to our presentation this afternoon.

 At this time, I like to turn it over to (Raquel Donaldson) who is a senior policy analyst to give us the cost reimbursement update. (Raquel).

(Raquel Donaldson): Thanks, (Michelle). Good afternoon, everyone, this is (Raquel). Happy new year. Just three quick reminders for you. The first, just to let you know that the monthly earnings or reporting for October 2015. However, I have been going in and I have been seeing some earnings being reported for November and December as well. So, right now officially we're on October, just to let you know. Also I want to let you know original claims must be mailed to the SSA. Please only email or fax your claims when it's being requested by the VR helpdesk such as myself or (Sheda Willburrow) or anyone on the VR team. Other than that, we would appreciate it if you continue to mail your original claims to us.

And that's more so we want to make sure that we receive all of your documents at one time. And also we prioritize, we want to make sure the people that are sitting in their claim first get first priority as far as working the claim. So, as we receive the claim, we work the claim. So, we just want to keep that fair.

Lastly, we just want to say that we're definitely forward to hosting the Nebraska VR for our two-day in-house VR training tomorrow and Thursday. And if anyone in the VR offices are interested or need training for VR, please reach out to (Elinda Costis) at the VR helpdesk and she'll get you all scheduled and give you all the information that you need. That's all I have for today. I want to turn it over to (Katie).

Katie Striebinger: Hi, everyone. This is (Katie Striebinger). I just wanted to give you a little more information on the portal and the recent updates we (have) with the most recent release in the portal. One of the things that we added was to the list of beneficiaries currently assigned to you or formally assigned to you.

 If you go and download that list, to Excel the spreadsheet now contains the (resident state) for the beneficiary. That it's a new addition to that field. I do want to add that several of (the ard) have taken the opportunity to download both the list of beneficiaries currently assigned to me and the list of beneficiaries formally assigned to me. And using those two list to compare the record in their systems with what we have in our systems and trying to reconcile the record.

 If you have – if you – (wanted take) undertake that effort and if you have any problems or discrepancies or something that you want to fix, pleased do, you know, contact the VR helpdesk. Something that the portal will (now) let you do, you know, like changing dates. If a date needs to be corrected that you seeing the system that doesn't match what you have, we are here to help you and get the records lined up.

 Because everything that the portal shows you in that spreadsheet is what we have in our system. And we are considered to have the master record there. So, I do encourage you to go into a comparison. And now that you have that residency, that should help you as well.

 Another addition, when you go in to check the ticket assignability of the individual ticket. If a ticket is assigned to you, you will get more options on that screen. So if you have a specific SSN that you want to take an action on, you can use that screen to type in the SSN that you have. And from there, you can include the case or update a closure status or take a (TPR) action. You will see all of the more actions. You used to have to go and navigate to from the list of beneficiaries currently assigned me. Now, you can do that easily by going in, typing the SSN and the actions that you, you know, will get before are now right there. So we have simplified that process. We did realize it was very cumbersome and having those beneficiaries and not being able to search for an SSN on the only currently assigned to me list or the formally assigned to me list. So that is the way that you would be able to take an action on an individual ticket, if you know the SSN, is do that link check to get assignability. So just – if you weren't aware of that feature, you have (then) the chance to navigate around since we've made that update. Those are the two big updates to the portal. I am on the line if anybody has any questions they want to ask. And that's all I have. I can send it back to (Michelle).

Michelle Laisure: Hi. Thank you, (Katie). And (Raquel) and (Katie), if we have questions near the end of the call, we will definitely bring those back to your attention. So it gives me with great pleasure we can move forward now with our effective practice presentation. We are very pleased with the presentation we're going to present to you today. Its effective evidence-based practice including or not including CWICs in that process.

 And before I go to that discussion, I just want to welcome all of you that have called in this afternoon. We really do appreciate your time. We were asked by the ticket coordinators when we do have effective practice sessions that have a learning opportunity and research information that we make an extra effort of making sure that staff, if they have the time, are invited to attend. So we can tell only by the chat line, we'll get account later, but we are really pleased with the attendance on this call today. So thank you for making the time.

 Our effective practice today is focusing on Connecticut evidence-based practice. We've (felt) from a study on whether benefit counseling and vocational rehabilitation services alone or in combination have the most positive effect on employment outcomes and wages for the beneficiaries that we serve under the ticket program. Our presenter this afternoon, Amy Porter is a commissioner – is the commissioner of the Connecticut Department of Rehabilitation.

 She's been with (book rehab) for about 20 years and started out working as a rehab counselor at a local Social Security office providing benefit counseling services. The demonstration project is no longer around. However, we're definitely happy to have Amy as part of our team. Amy, I like to turn it over to you now. Thank you so much.

Amy Porter: Thank you, (Michelle). We certainly appreciate the invitation to present this research. Really gave us an opportunity to look at something new in the research. There wasn't a lot out there so it gave us the opportunity to kind of move forward. So we're excited to have the opportunity to present today. I'm really happy to be presenting with Cindy Gruman from the Lewin Group, from the Center for Aging and Disability Policy. Cindy and I have worked together on a number of different projects over the years. She's one of those people that moves to a new job, even in a new state and continues to support the work of all her previous colleagues. So Connecticut and me personally have definitely benefited from this. So the research that we're going to be discussing today benefits from the work of a number of researchers from a host of organization. As I said, Cindy's currently the vice president of the Lewin Group. And on this research, she's partnered with Jody Schimmel from Mathematica Policy Research. Noreen Shugrue and Julie Robinson from the University of Connecticut Center on Aging. And Jane Koppelman from Pew Charitable Trust. Just so folks know, Noreen is also with us on the call today. She's not going to be presenting, but she's here to jump in during the question-and-answer section if she has some additional information to offer. So just to let you know, there's three of us from the team on the call. So next slide, I don't know if you already moves on. OK. So, given the audience for this call, I think it goes without saying that everybody here understands the importance of vocational rehabilitation and the importance of benefits counseling for helping people with disabilities. For those that are on Social Security Disability Benefits, these programs can really be critical support to help people achieve maximum independence, to help them achieve maximum self-sufficiency. But as you probably know, offering one of these supports without the other sometimes feels like we're missing a piece of the puzzle. And if you look at the literature, there's very little information looking at the intersection of those two programs. Next slide. There are some studies out there and actually there are more since we've done our study. But let me talk about some of the ones that were in existence that help to inform what we did. Vermont had published two benefits counseling studies. One in 2004 and one in 2006. So for the first one, they controlled for pre-existing earnings. And they found that benefits counseling is associated with significant increases in average earnings for SSDI beneficiaries. They also found that benefits counseling might improve earnings more than if folks just get voc rehab alone. Because consumers are better informed and can make better decisions about what they're going to do with work.

Similarly, there is a study by Livermore, Prenovitz and Schimmel in 2011 that looked at the more intense benefits counseling is significantly associated with a greater likelihood of having earnings and experience an increase in those earning. When you look just at the VR side, there's a lot more research about VR because the VR program has been around for longer. So there's some research about VR as a standalone. For example, some of the relevant studies included 2007 GAO study that concluded that SSA beneficiaries who got VR services increase their earnings somewhat. But that few were able to actually leave the SSA roles. Also (Capello) in 2003 looked at the VR data from 1998. And (Capello) found that even successfully closed VR consumers are employed, but in lower skilled jobs than the general public. So why is that? That's something that we wanted to take a look at. And we all know that there is a lot of different factors at play when you're trying to understand what's happening for these beneficiaries. Next slide. So this is precisely why we wanted to the research that existed out there. This study certainly didn't answer all of the questions that were out there, but we hope that it added to what existed in the literature. We were hoping to do a few things.

First, we wanted to examine whether benefits counseling and/or vocational rehabilitation is associated with employment rates and earnings levels for people with disability. We also wanted to determine the probability of being employed, the trajectory of the earnings for people eight quarters following their intervention, looking – comparing that to two quarters before they received VR or benefits counseling or both. And finally, we wanted to look when we're taking a look at all those, wanted to consider differences by subgroup including gender, age and disabling condition.Just as a note for this study, Connecticut has two voc rehab programs. One for individuals who are blind and one for individuals with all other disabilities. And the VR data that was used for this study came from the VR general program in Connecticut. It doesn't include the data for individuals who receive services throughout VR blind program. Next slide. So, now, Cindy is going to walk us through the methods, the research itself and the conclusions of the study. And then we'll hopefully be able to have a chance for any questions and answers that you may have. So, I am going to turn it over to Cindy.

Cindy Gruman: Thank you, Amy. And Amy and Noreen, if at any time you want to add information, just feel free to jump in. So, I thought I'd begin by just sharing some details of the methodology. And by doing that, that will provide some context as we discuss the next seven or eight slides that demonstrate some of our outcome's information. First, we capture data over period of seven and a half years. And at the end of June of 2008, we had slightly more than 8,000 unique individual in our sample, which is a lot. After discussion, we opted to include only those individuals in our analysis who had close cases. And who also had eight quarters of earnings data. We were really kind of clueless at the time, but the decision to include longitudinal data greatly impacted the interpretation of our findings. And you'll see that on our two or three longitudinal studies that – the slides that we share with you. So we got the June of 2008 with that data. And at that point in time, if individuals were actively receiving VR and/or benefits counseling, they were removed from the analysis or they were censored from a stat's point of view. That decision reduced our sample to 5,675 individuals. So we had that many individuals who had pre-data, who have an intervention. And when I say intervention, I mean either they had benefits counseling, they had VR or the combination of both. And they had eight quarters of data following that intervention time period. As Amy stated, and I'm just going to (recount) it a little bit, we had two main outcome variables that we focused on. And the first variable was a simple dichotomized yes-no employment variable. If we sense it was yes, if individuals were employed, defined as the receipt of any earnings greater than $1. Otherwise, they were no.

 And the second variable we considered with average earnings which was treated as a continuous variable or an actual dollar amount. And then finally, we consider gender, age, prior work history and disability status in are groupings, which we'll discuss. And in our logistic regressions we – we – we treated those variables as covariates.

 So could you, flip to the next slide, please. So here's a snapshot – a visual snapshot of our entire population that we included in our analysis. And I want to point out just a few things.

 First, if you look at the far left at that benefits-counseling-only group, we did not track number of sessions much like (Tim) did in Vermont or intensity of benefits counseling. On our analysis, individuals either receive benefits counseling or they did not. And we know this definitely can vary slightly and perhaps this would be one limitation of our study. But for the – for the sake of discussion, individuals either receive benefits counseling or they did not.

In the case of VR, we treated that a bit differently. We were able to track and then count for duration of VR enrollment. So based from the data, individuals in our study receive services for (very) duration of time ranging from less than one quarter to some individuals receive VR for more than 20 quarters.

 And when we looked at the data, it ended up being an average of five quarters which translates into 461 days of VR. I want to reiterate that this measure focused only on duration of service and not intensity of service. And I know one shouldn’t start out their presentation with all of the limitations, but that again was another limitation and that certainly is something that should be explored in further detail.

 So essentially we're tracking intensity of VR services – I mean, duration of VR services and not intensity. And then finally, for the group on the right, the BC-VR combination group, when we get the analysis we wondered if order of receipt of services made a difference. So for example if somebody would receive BC before VR or vice versa, we wondered if that really made a difference. And we round the data in multiple directions and essentially it really didn't make a difference in what combination those services were received. The outcome was the same.

 And if you look at the data in this figure, you'll see that there's little difference between age and gender across groups. And there is some variation by disability category. And we'll point that out later in our discussion.

 Can you flip to the next slide, please. OK. This is really probably we have two kind of key outcome variables or outcomes slides and this is one of the critical slides that we want to share today. So, let me just point out a few things.

 You'll notice there's that white (inch) gap over the IM label at the bottom of the slide. And IM stands for intervention. And when I say intervention, it sounds very clinical like it was a case-control study, that wasn't the case. When I say intervention, it was just individuals that receive the service.

 And essentially that I enter that white gap represents the intervention period. And we excluded that from the analysis. So, we didn't want to sort taint the analysis. So, essentially that period of time was left open. And essentially we didn't really control for, in this case, the duration of the intervention. So again to reiterate for the benefits counseling only individuals, this represents a yes-no time period. And for individuals receiving VR, the white space represents the intervention period, regardless of duration.

 And then – I guess we followed prior research methods that Livermore and others have done to define employment. And in this case to be classified as a positive earner before the intervention, individuals had to earn at least $1 in one of the two pre-intervention quarters. Positive earners after the intervention included those individuals with at least $1 in one of the eight positive intervention categories.

 We spent some time talking about, you know, what amount of money do people need to earn. Is there a certain threshold amount before we can really count them as true earners? And it became very complicated. And so we just decided to keep it clean. Either you had earnings or you didn't have earnings.

 OK. So let's consider the findings in the slide. As you can see, the findings are mixed. The percentage of people employed in each group increase in the first quarter after the intervention. That is great news.

 And if we'd stop the study at that time, we would've left on a really positive note. However, we collect that longitudinal data. And as you can see the percentage of people employed declined over the seventh follow-up quarters for the benefits-counseling-only group and the VR only group.

 And as you can see for the VR only group, their employment rates were lower than before the intervention. In the benefits-counseling-only group showed a sharp drop after six quarters. So, that's pretty telling and it's pretty interesting.

 If you he see the top line, the combination group, they had a really large jump after the intervention. That period of time increased for the first quarter after the intervention. And then it pretty much stabilized and remained relatively flat with a little bit of a drop at the end.

 Can you turn to the next slide, please. So we used the logistic regression analysis when we wanted to look at that. Can you go back to the prior slide, I made a mistake. I just want to talk about the logistic regression slide here.

 We wanted to look at employment pre-intervention. We wanted to consider each of the individual. We wanted to consider gender. And we wanted to consider disability condition.

 And I guess it's not surprising to any of us on the phone that the strongest predictor of employment for those individuals who had an employment history prior to the intervention. Also, individuals in the deaf-blind disability group were the most likely to report positive employment. And finally, individuals who had received VR for more than a one-year period of time are more likely to report positive earnings than individuals who receive the service from less than one year. So, as Amy pointed out, it is kind of complicating and there are really interesting nuances that did appear in our data analysis.

 All right, now you can flip to the next slide. Thank you. So, obviously, a complement to the positive earnings, the yes-no to earnings is actual earnings. So, the figure you – the figure you see now doesn't paints a really rosy picture.

 The benefits-counseling-only group showed a nice bump in earnings after the intervention. But earnings steadily decreased after the first quarter. And that's the top blue line with the diamonds. The VR-only group showed virtually no change in earnings after the intervention and then they gradually (tanked) with individuals making on average $500 less per quarter than before engagement with voc rehab. And then the combination group, the gray group with the green triangle if you can see it in color, showed modest but consistent gains with slight decreases at the end.

 So, again, this is a pretty telling outcome. And if you could see, individuals right after the intervention did all – had a slight increase in earnings especially for the benefits-counseling-only group. But those positive gains were lost over time.

 Can you flip to the next slide, please? Now that we – the prior two slides, we took out of the article we published. And then you can all go back and read that article or Amy we can share a copy of that with you. But we wanted to do was share some slides with you that do not appear in that article that demonstrated interesting or in some cases may be kind of confusing or perplexing findings.

 And so, what I want to start with is looking at the gender differences for those individuals that receive benefits counseling only. And for this group, women, but not men, increased earnings significantly post-intervention. And interestingly, those earnings remained somewhat steady for four quarters before they dropped.

 And after eight quarters of data for men, earnings were lower than they were prior to the intervention. So I think that's kind of interesting and may be a little bit confusing. Can you flip to the next slide?

 The benefits counseling and VR combination, that combination of services is particularly effective for the group between the ages of 25 and 50. But after the intervention, the drop in earnings is pretty dramatic. For the under 25 age group, there is a sharp increase in earnings and those earnings remain relatively stable.

 And again, age had a pretty large bearing like all of the data on those individuals that have experience with jobs prior to the intervention. So like all groups, those findings were stronger if these individuals had worked prior to the intervention. But again, you could see the dramatic – there is almost the doubling of earnings for that age group between the age of 25 to 50.

 All right, can you go to the next slide? Here's a slide from the VR only group. And in the VR only group, individuals age 50 plus earn substantially more than the other groups both pre and post-intervention but experience deep post-intervention decline. Whereas both younger groups maintain steady earnings over time.

 And again, this comes back to the findings which were very interesting, looking at this data from a longitudinal perspective. And I guess this is one positive aspect or maybe one positive interpretation. And that maybe a flat line is a good line and that we're helping people maintain their status over time.

 Can you flip to the next slide? I just – before we talk about the slide, I just made one typo on this slide and I want to point it out. That this slide should reflect the benefits counseling individuals only and not the VR group. So before we share these slides, I want to make sure we make that correction.

 So, for the individuals in the BC group only, the psychiatric and behavioral population began with lower pre-intervention earnings. But they emerged from the intervention with much higher earnings. And I know this is a very busy and complex slide. So you may just want to take a minute to look at it as I talk because it is a lot to absorb and take in.

 So – while individuals with mobility limitations started out slow, they showed steady and consistent growth over time. And again, these nuances are difficult to tease out by disability group. But it does have a huge bearing on the outcomes.

 Next slide. Before I summarize with the conclusions and some of the take-home summary findings from this work, I want to just ask. Amy, is there anything before we wrap up and talk a few minutes about the conclusions that you want to add? Or anything that I missed in my presentation?

Amy Porter: No. The only thing I wanted to comment on was something that was on the chat line. There was an observation that there's also a similar study in Utah. And we actually all have seen that study from Utah.

 This was done after the time period when we were looking and doing the literature review. So, thank you for making note of that. And I think you put the link up as well, so that's really helpful that folks are interested and taking a look at that study as well.

Cindy Gruman: Yes, thank you. And, you know, when you publish articles, there is unfortunately a long gap between when you submit this information and when it's published. So, you're right, new things come up. So, thank you for that. Noreen?

 (Crosstalk)

Amy Porter: I wonder if...

Cindy Gruman: Oh, go head.

Amy Porter: Noreen has anything to add?

Noreen Shugrue: No, I was going to mention of Utah study as well. So, thanks, Amy.

Amy Porter: OK.

Cindy Gruman: OK. I want to wrap up with some high-level I guess conclusions or summaries from our findings. A similar – our findings, just like others who have published before us, many people who receive services, enter the program without employment and they leave without employment.

 We know that, however a major finding of our work is that for people who were not employed, who were not employed before the intervention and who receive both VR and BC services, nearly half of them gained work after the intervention. That is pretty profound. And not only did employment rise, but earnings grows as well for that group.

 Results were more modest for the VR and the BC only groups. And in – and in many instances, they went completely backwards. It's important to note that individuals with cognitive and learning disabilities were the most likely to experience positive earnings. So they were the group most likely to go from not having any work to having some work. And that was even higher than the other groups.

 While individuals with respiratory and physical limitations experienced the greatest boost in earnings, which is an interesting finding as well. I just wanted to reiterate as we pointed out before, it is not surprising to any of us that history of employment predicts work after the intervention. And duration of VR does seem to have a positive impact with the longer period of intervention tied to positive outcomes. But again, I want to note, there's the period of intervention and then there's the intensity of intervention which again we did not measure.

 And then finally, regardless of the intervention, regardless of the intervention, it is too difficult to maintain positive earnings over time. And I think that was demonstrated in all of the data that we showed. So, it seems like we do really (get) great things, people come out the gate really in a positive and a good place. And then they seem to go backwards. So it's seemingly from the outside looking in, we need to maybe shift our focus to try to understand how we can maintain those really early and initial positive gains.

 And so, can you flip to the next slide? That was a brief summary of the work that we did with Connecticut. And I guess I'll turn it over for any questions that individuals might have on the phone.

Noreen Shugrue: Hey, Cindy. This is Noreen. I just want to add that I thank the person who put up the citation to the 2010 report on these findings. We also had a more detailed report on these findings published in the Journal of Rehabilitation in 2014. So, if you want to see that study, that's in volume 80, number three.

Cindy Gruman: You know what? Let's add this, I need to correct that typo in that one slide and let's add the reference to the slide.

Noreen Shugrue: Great, thanks.

(Michelle Laisure): And this is (Michelle). Yes, Cindy, we can – whatever changes you want to make to the PowerPoint before we put it online for our listeners today, we will make that available for your correction.

Cindy Gruman: OK. That's great. And Amy there's a question on the chat line. Were the benefit counseling services paid through the local VR offices?

Amy Porter: Actually our benefits counseling services here in Connecticut during the time of this study, there were multiple funding sources. So funding sources through (WIPA), funding sources through the Medicaid Infrastructure Grant.

 At the time, I don't believe any of them were paid for through the local VR offices. But we had a combination of funding sources.

(Michelle Laisure): And Amy, while you're speaking to that, can you speak to benefit counseling services now available in Connecticut for your ticket beneficiaries through the VR office?

Amy Porter: Sure. We – I mean, we still maintain – we still have a (WIPA) grant here in Connecticut. Our Medicaid Infrastructure Grant obviously has gone so the funding from that is gone. But we – we have been able to maintain a benefits counseling program somewhat with the (WIPA) grant, but also through some state funding that we are able to gain – to support the program because we had outcomes to be able to show that it was unnecessary piece of the employment puzzle. So, we are – we are now mostly state-funded.

(Michelle Laisure): Great. Again, I want to thank Amy and Cindy for this excellent presentation. I'm now going to ask the operator to open the phone lines to see if we have any questions from our listeners.

 And also, please know our chat line is definitely available for all of you on the call today to post a question for our presenters. Operator, do you want to one of the phone lines, please?

 (Crosstalk)

Operator: And at this time, if...

 (Crosstalk)

(Michelle Laisure): Go ahead. Sorry.

Operator: And at this time, if you would like to ask an audio question, please press star one on your telephone keypad. Again, that is star one in order to ask an audio question.

 (Crosstalk)

Operator: We'll pause for just a moment to compile the Q&A roster.

Amy Porter: (Michelle), while we're waiting for this, this is Amy, can I jump in with a slightly different note?

(Michelle Laisure): Oh, absolutely. And we do have a question on the chat line too.

Amy Porter: OK.

(Michelle Laisure): Go right ahead, Amy.

Amy Porter: OK. Mine's (just) kind of a separate topic but because all of this, you know, all the work that you do with benefits counseling and the voc rehab program all ties back to cost reimbursement and ticket, (David Leon) from Virginia asked if I could put a plug in for their upcoming training for the past several years that the (CSA VR) conference in April. They've revived the cost reimbursement training at the spring conference.

 And it'll be held in April in Bethesda, Maryland. So, if folks are interested, you know, talk to your VR director about potentially being able to go, learn the tricks of the trade, network with your peers. It's going to be on Tuesday, April 19th. And if folks have questions. They can contact (David) and (he, David.Leon) L-E-O-N, @dars, D-A-R-S, .Virginia.gov.

(Michelle Laisure): Thank you, Amy. Operator, do we have a question from one of our callers? Otherwise, we'll go to the chat line. We have about three questions on our chat line.

Operator: And please hold for you first audio question.

(Michelle Laisure): Operator, if we have no call ins, we'll go to the chat line.

Operator: And your first question comes from an unidentified caller. And caller, your line is open. Please go ahead with your question.

(Michelle Laisure): Hello? Operator, we'll go to the chat line. Amy, do you have the first question there?

Amy Porter: Yes, I see the first one is being, "Did you separate and compare SSI versus SSDI beneficiary?” And I don't believe we did that in this study.

Cindy Gruman: We did it. We pooled together and we took individuals who were receiving either SSI or SSDI at the time of the capture.

(Michelle Laisure): Great.

Noreen Shugrue: Yes, and again we certainly understand. You know, there's so much more to be done. Every time you do a piece of research like this, you're like, "No, I have 47,000 more questions to ask.” But, you know, we...

(Michelle Laisure): Absolutely.

Noreen Shugrue: Yes.

(Michelle Laisure): OK. Our next question is – and I'm – (and) what's our next question? Can you read it?

Female: Yes, the next questions is how long were benefits counseling services provided? If they were fairly short-term, would this likely help explain the fact that the positive impact of benefits (concentrating) on earnings faded over time?

Female: Amy, do you want to answer that?

Amy Porter: I don't know – I don't know if we have – if we have the information on – I know that we looked at duration, but I don't know if we have anything that specifically spells out what the duration was for benefits counseling. I'm just going to flip through the article now to see if I see anything. But I can't remember anything from pre-reading at this point.

Cindy Gruman: You know, we couldn't have duration per se. And I know Amy if that's because the data was – I feel like the data – the closure data for benefits counseling wasn't clean enough for us to use. And so, we were just able to focus on whether individuals receive benefits counseling or not.

 So, the point that was raised from the chat line is you're right, benefit did amount, or duration or time the benefits counseling could definitely have an impact on outcomes. But we didn't account for that.

(Michelle Laisure): Thank you. And anything to add to that? We have two more questions on the chat line.

Amy Porter: I think that there's a question there, "Is benefits counseling training available for those of us who currently analyze cost reimbursement claims?” I think that's probably of Social Security question. About what gets offered and how it gets opened up.

(Michelle Laisure): If we could have additional explanation to your question (announcement), we would be glad to entertain responding to it. The next question is – oh, can you tell us does anyone leave the social security benefit roles from participating – not so much participating in the study. But did your study show that anyone left the roles?

Amy Porter: I don't think we looked again at their Social Security status at the conclusion of the study. We were looking at – you know, they were factored into the study if they were currently receiving benefit. So, we were looking at kind of a point in time.

(Michelle Laisure): All right. Operator, I'm going to go back to the phone line to make sure. Did we get any phone in questions from our listeners?

Operator: And there are no audio questions at this time.

(Michelle Laisure): OK. Very good. Again, speakers, if you like to stay on the line just for a little longer, we definitely appreciate your excellent presentation today. I do know that we had two questions earlier I believe for (Katie) and (Raquel). And they had to do with – I'm going back to the chat line to the beginning. I think they have to do with (PPR).

Female: Yes.

(Michelle Laisure): And can we find the question.

Female: Yes, the first one is (Caroline Smith), "When will timely programs review be available?”

(Katie Strevenger): Say that one more time, please?

Female: "When will timely programs review be available?”

(Katie Strevenger): What do you mean by available? Right now there is a moratorium on (TPRs) so no new selections are going to be done until we start that back up. So there should be no (TPRs) for anyone to take any action on at this time if that's the question.

(Michelle Laisure): OK.

(Katie Strevenger): With that be how you would interpret it?

(Michelle Laisure): Yes, that's good, (Katie). Thank you. Will there another – I (know) I think that was the one questions on...

Female: That was the one questions on...

(Michelle Laisure): OK.

Female: (Which) I've got (one) new one from (Jay Moroe). It's not related to the presentation, but, "Is there any additional information available on the electronic submission of reimbursement request?"

(Katie Strevenger): This is (Katie). No, I have no additional information at this time.

(Michelle Laisure): OK.

Female: We have one more question for either Amy or Cindy. "Did you factor in the economic downturn in the study?"

Female: (Good question.)

Cindy Gruman: So – I mean, that was part of – we sort of used the longitudinal data approach with eight years to correct for that very – to somewhat correct for those variation in the economy over time. It's just very difficult to control for us.

 So, essentially, no, we didn't. What we did ultimately do is we converted all of the data, the 2007 dollars using the CPI general inflation calculator. And that's all of the adjustments we made.

 And certainly, over that eight-year period of time, you know, the economy was good by and large. But there were periods that weren't. So, again, that's a long-winded way of saying, "No, we didn't account for fluctuations in the economy by year."

(Michelle Laisure): All right. Thank you. And we – do we have one more question? Yes.

Female: Yes, I think it's related to cost reimbursement. From (Gina), "Can you tell me the earliest age one can submit cost reimbursement on a person? I always thought it was 18 and after – and after. But I was talking with another person and they thought you go as early as 16.” Is (Raquel) still on the line?

(Raquel Donaldson): I'm here. Hi, (Gina). When it's SSI, it's 16. When it's SSDI, it's 18.

(Michelle Laisure): Oh, OK. Thank you for that clarification. So, SSI is 16 and SSDI is 18.

(Raquel Donaldson): That's correct.

(Michelle Laisure): OK. Great. Thank you. We don't have any other questions for our presenters or SSA. Presenters, Amy or Cindy, do you have any closing remarks on your study? Will you be doing a follow-up study in five years on this project?

Amy Porter: If SSA wants to give us funding to do like another Medicaid Infrastructure Grant, we'd be happy to do a follow up. But no, that's – I don't – I think that we were able to do that because we have the luxury of having sort of the Medicaid Infrastructure Grant, the Benefits Counseling Grant and Program and the VR program all under the same roof. But without the extra funding, I think it'd be a little more challenging to repeat.

(Michelle Laisure): Thank you for that. It would be nice to see what role possibly the (EMs) could play in that too is there was an (expansion) on the study to say VR, benefit counseling and then (EN). That would be one that we all are constantly talking about. Cindy, do you have any closing comments?

Cindy Gruman: I don't. Thank you for allowing us to present our data. It was an interesting project so thank you.

(Michelle Laisure): Thank you very much. And we do – we have outstanding attendance today. We almost hit – and if we had everyone on the chat line, we probably hit over 100 on the call today. So we do want to let you know we appreciate your time this afternoon.

 We did post the (SVR) helpdesk email address. We would love to hear from you on the the call today if you – the value of having this type of effective practice conversation. What other topics would you like to hear from us on? It would just keep us – keep our information current and fresh. And also relevant to those of you out in the field, that's what we're here to do is to support your day to day operation.

 SSA, (Raquel) or (Katie), do you have any closing comments?

(Regina): (Michelle). Hi, this is (Regina). We're on the line too. Sorry, we were inadvertently signed in under the wrong number, the participant numbers so we were waiting and didn't realize. And so I have to (you) started that it was the wrong number. But, I wanted to thank Amy, that was a great presentation and thank you.

(Michelle Laisure): Thank you. Thank you for joining us. And this concludes our call, we appreciate all of you calling in today. Again, happy new year. And we will hear and please dial in for our February call.

 It is on (when it was) wow, (second) February 9th. Mark your calendar, February 9th, 3 o'clock, National All VR Call. Thank you and good afternoon. That concludes the call.

END