



# WeCARE: A Model for Work Requirements

# WeCARE: Wellness, Comprehensive Assessment, Rehabilitation, and Employment

- NYC Human Resources Administration case management program for cash assistance clients with medical and/or psychiatric barriers to employment
  - First initiated in 2005
  - University Behavioral Associates (UBA) is Bronx WeCARE contractor and newly awarded Queens as well (SW)
- Based on Customized Assistance Services model developed by Giuliani administration in 2001 (AC)
  - First applied to clients with substance abuse
  - Majority deemed employable within 60-90 days of intensive treatment
  - Improved clinical outcomes (tox screens) and employment
- Determine employability, refer for treatment, provide case management, provide range of vocational services, apply for SSI/SSD.
- Possible model for effective and reasonable work requirements for other public benefits (e.g., Medicaid, SNAP).

# WeCARE Program Numbers

- 46,000 WeCARE clients in NYC
  - 15,500 in Bronx, 7,800 in Queens
  - 223,000 “engageable” cases in NYC, meaning that clients with medical/psychiatric disorders represents 21%
- While cash assistance population increased 45% during the pandemic, absence of mandatory appointments dropped WeCARE census by 90%.
- Mandatory appointments have recently been reinstated
  - Referrals at 48%
  - Census at 33%

# WeCARE Program Model:

## Initial appointments

- Automated referral appointments by HRA Benefits Access Centers
- Pre-appointment call reminders
  - Offer alternative dates or video appointment
  - Identify need for reasonable accommodations
  - Explain ramifications of non-attendance. Conciliation process with Administrative Law Judge
- Initial health assessment by LMSW, LMHC, CRC (45-60 mins)
  - Under supervision of MD
  - Interview, history, review of health records
  - Mental health or substance abuse evaluation or physical exam (as needed)
  - Based on objective data, not just the client's subjective complaints.

# WeCARE Program Model: Employability Determinations

- Medical disorders are so severe and disabling that they are permanently unable to work and are eligible for federal disability
  - 15%
- Medical disorders are unstable such that they are temporarily unable to work, but after 90 days of treatment, the vast majority will become employable.
  - 40%
- Medical disorders do not prevent them from working and that with reasonable accommodations they are employable.
  - 40%
- No functional limitations
  - 5% Not enrolled in WeCARE

# WeCARE Program Model: Disability Services

- Federal disability is a richer and more appropriate (for those eligible) benefit than cash assistance
- Prepare and submit SSI/SSD applications on clients' behalf
  - Collect supporting medical documentation
  - Ensure that it meets Social Security criteria
  - Obtain wet signatures
- Provide case management for all disability and social service needs
  - Assist with attendance at Independent Medical Evaluation
- 55-60% award rate
  - Decisions take 9-12 months
  - Benefits are awarded retroactively to date of disability onset

# WeCARE Program Model: Wellness Services

- Most unstable medical disorders will improve
  - Importance of engagement and adherence to treatment
- 60-90-day work exemption
  - 90% complete Wellness Plans within 90 days
  - Majority deemed employable and assigned to employment services
- Refer for appropriate treatment
  - Expedite appointment and pharmacy access
  - Assist with health plan authorization
- Collect medical documentation about clinical changes
  - Importance of collaboration with medical providers
  - Focus on functional impairments, not presence of symptomatology
- Improve health literacy
- Case management to remove obstacles to treatment

# WeCARE Program Model: Vocational Services

- Although employable, clients still require treatment
  - Work participation schedules accommodate treatment needs
  - Participation requires 25-35 hours/week of activities
- Employment services
  - Vocational assessment
  - Assisted job search and job placement
  - Assist with post-employment support for 180 days
  - Community service assignments in work-like activities
  - Education and training leading to certification
- Timekeeping
  - Monitor that clients meet participation requirements
- Case management to remove obstacles (e.g., childcare)
- 25% of clients in Employment track are successful in obtaining competitive employment during the program



# WeCARE: Lessons Learned

- Work requirements should be implemented in effective and reasonable ways
  - Unreasonable to expect disabled people to work
  - Only way States can determine who is or isn't capable of working is by using a rigorous (and labor-intensive) health assessment
    - Who should make these determinations?
    - Based on what evidence?
  - Conducted by objective experts since clients may exaggerate their health complaints
    - “Secondary gain” refers to motivation for maintaining “sick” role, including financial benefits, time off from work, increased attention and caretaking from others
  - Need a definitive process that reduces “churning” of clients off and on rolls
  - Clients maintain benefits if they meet participation requirements
- Even among clients with identified clinical disorders, the majority are employable
- Importance of an individualized customized assistance services model
  - Demonstrated effectiveness at helping clients achieve their maximum functional potential

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