

How Caregivers and Workers Fared in Cash and Counseling

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Abstract

Objectives.

To assess the effects of Cash and Counseling on Medicaid beneficiaries' primary informal caregivers and describe the experiences of their directly hired workers.

Study Setting.

Beneficiaries in Arkansas, Florida, and New Jersey voluntarily enrolled in the demonstration and were randomly assigned to direct their own Medicaid supportive services as Cash and Counseling consumers (the treatment group) or to rely on Medicaid services as usual (the control group). Beneficiaries identified their primary informal caregiver during a baseline interview and their primary paid worker during a 9-month follow-up interview.

Data Sources.

Data were collected through telephone interviews with caregivers and workers. These interviews were conducted about 10 months after beneficiaries' random assignment, between February 2000 and May 2003, depending on the state.

Data Analysis Methods.

We estimated program effects with regression and logit models and compared the mean characteristics of directly hired workers and agency workers, by state.

Principal Findings.

Compared with caregivers in the control group, those in the treatment group had modestly to substantially better outcomes for measures of satisfaction with care, worry, and physical and financial strain. For hours of care and emotional strain, outcomes in the treatment group were similar to or somewhat better than those in the control group.

Directly hired workers reported greater satisfaction with wages, similar satisfaction with working conditions, and similar rates of injuries as agency workers. Workers who were related to the beneficiary reported more emotional strain than agency workers.

Conclusions.

Cash and Counseling can lessen some of the burden associated with caring for a child or adult with disabilities. The experiences of hired workers suggest consumer direction is a sustainable option, but support networks for workers might be a welcome program improvement.