DODD EF Funding System Redesign Workgroup Meeting

October 6, 2014

Opening:

Wipe the slate clean. Don’t reflect on current funding structure or services under day array. Act as if none of these exist and focus on what we need to do to ensure that we accomplish the SE and community integration expectations as defined by CMS. Put aside what is. We will write the new waiver and recommend the funding structure in terms of EF and day services.

* Consider the employment/day array services we should include
* Develop recommendations for services, including rate methodology

Approach:

* Develop service definitions and service array (to achieve community integration and wrap around supports)
* Create/define provider qualifications (provider agency and direct service)
* Service type methodology – rate for service. How much does it cost to deliver that service?
* Unit type. (units of service or outcome-base or combination?)
* Actual reimbursement rate methodology to recommend to DODD

Guiding Principles (Revised) – Representative of the community-forum feedback.

(Note: Significant changes. “System would” changed to “System will”) SEE ATTACHED Several points related to funding and financial incentives which is an indication of the department’s commitment to make this work.

Presumption of Employability for All:

* Provision to receive no fewer hours of support per week in integrated settings as being received in facility-based services. Security to ensure success.

Continuous Improvement:

* Consistent and shared definitions of services, including rates. Anticipated to collaborate on the same field with DODD, OOD, etc. Mirrors the State inter-agency agreement. Seamless.
* Financial incentives in the system will promote community supports rather than segregated settings.

Provider Competencies:

* Staff training certifications will not be held to the provider. The employee certification is portable. Can be used throughout the state.

Flexibility:

* Will consider the impact on residential settings
* Will recognize the geographic cost differences across the state

CMS Federal Guidance (September 2011) regarding employment under waivers REFLECTION

* Work is a fundamental part of life and everyone should have the opportunity, meaning in the general workforce. Individually tailored support should recognize the strengths.
* Offer employment to any waiver target group (age is not a factor)
* Employment is to be in an integrated setting, not segregated.
* Volunteering is not to be paid as a Supported Employment service
* Separate definitions for SE. Group SE (enclave) is not an acceptable form of service for long term. Should be used only as a step to individual SE.
* Definition: Individual Supported Employment: most states are accepting the core components of the CMS definition to get their waivers approved by CMS
* Outcome expectations are now in all CMS definitions
* SE is more than just someone applying and getting a job. Encouraging evidence-based employment, self-employment, customized employment. (WIOA)
* Variety of supported employment services (varies state to state)
* Option of paid co-worker supports (pay the employer to provide the support) Would need to be qualified. Need a framework to perform. (Oklahoma and Wisconsin have model examples) Utah-Source America working on a project to transition kids. Using foundation monies to pay the employer FICA match. Data shows success of this project. Co-Worker or natural supports appears to be the future as we learn how to do this right.
* Opportunity to self-direct their SE budget (SELF)
* Ticket to Work – MA provider can receive both the outcome payment from T2W, as well as receive MA payments for support. Not double-dipping because one is a payment based upon an outcome while the other payment is for service support.
* Career Planning is an acceptable service. Can be embedded in other services or stand-alone. States have done both. Time limited service and must be used only for integrated community employment. Can also be used for those already in a job, but is using the service as a means to advance.
* “SE-Small Group” is for training, job development, internships, integrated day supports (including-college and/or vocational training – NOTE: Need to see what support services under OOD will pay for this specific services). Not to be confused with sheltered workshop settings, which is not acceptable. Must lead to further career development and opportunities to transition on – specific timeframe to be established (limited) tied to PCP.

DOJ – July 2011: Made it clear that people with disabilities must receive services in integrated settings. Additionally, they spelled out that this includes sheltered workshop. Not allowing just a plan—but more about the outcomes and where are we spending the money. MN just had a case where a Federal Judge stated that they “plan” was unacceptable. Jensen v. Minnesota Department of Human Services. Have benchmarks, targets, etc. Judge said “get it right” or will begin fining for not having an adequate plan. Cannot just have an individual say “no”. Must have a plan. Must make reasonable efforts to identify and address any concerns or objections raised by the individual or relevant decision –maker. Use peer-to-peer and self-advocates. Give successful peers visibility. Not necessary to give “tours” but rather have them meet people who have successfully transitioned.

If we don’t have a community-based option of every service available, we have a problem. If these services can only be offered in an isolated setting, then this will not be acceptable. In statute, it is clearly spelled that there must be a presumption of employability for all.

BIG QUESTION: Can the larger, heavily capital invested states make this move completely in five years??? Keep in mind that even if state/local dollars pay for segregated settings, you still have the issue with Olmstead/DOJ which is still not acceptable.

Lack of interest in integrated employment can be cultivated and should be proactively addressed as part of service planning and deliver. Involves all of us.

Some activities:

* Delaware: 1915(i) SPA created an entitlement program with no waitlist. Service specific to what was needed. Totally separate and distinct waiver targeting money to youth. Great option for states who want to target dollars to employment
* Oregon DD Waiver changes: DOJ implemented. Added some SE, revised definitions and requirements, day services still exist as career exploration. Also, increased the cap with a bias on SE. Career Exploration services is separate to cap and can be authorized at any time, even for people already employed, but don’t like their job (includes “discovery,” job shadowing, resume development, volunteering to provide an opportunity to make an informed decision—all community-based)—Limited to 40 hours over a three month period, with a three month extension for legitimate cause upon department approval. OVRS (their version of OOD) provides all job development services through an interagency agreement.
* Wisconsin: includes self-employment and home-based self-employment.
* Most states have specified that the choice to retire is based on age—not a default. Day support for retirement individuals cannot be provided in a sheltered environment. Connected to the community.
* Mentioned the database that Fairfield Co BDD has created where you can input a person’s name/address and within seconds, a list of community activities within a certain mile radius comes up. Will be shown at the OPRA conference under the employment track by Ray Schmidt.

What should be the OHIO service array to achieve the required goals around community integration and SE?

Service Array IDEAS: If chosen, will need to be defined

* Co-Worker model of individual SE
* Career Planning/Exploration/Advancement (flexible and on-going, braided and evaluated at least annually. OOD referral and planning for braided funding)
* Employment Navigator
* NOT having day/voc hab as the service array – instead combine a service into an exploration service that is community-based
* Assessment/Discovery
* Resume development
* Job shadowing/tours/mentoring
* Job development
* Benefits analysis/planning/counseling (on-going)
* On-the-job supports
* Job follow-along (on-going supports)
* Employment Counseling and mentorship (CMS has approved under the 1915(i) for mental health and some states are planning to submit a plan for I/DD mentoring).
* Skill Development (Community-based)
* Employer outreach (would have to be an individual service – some states have combined it with other services). Must be individual-specific.
* Transportation (specific to employment-who can be paid to provide transportation? Co-worker?)
* Individual Support Employment tracking with individual assessment.
* Assistive Technology, including mobile technology (Medicaid is VERY OPEN to this idea)
* Self-Employment (wrap around all necessary resources to get started and on-going support.
* Informed Choice (Iowa). Time limited. Set process. Designed to ensure that everyone has been exposed to SE. Short-term authorization. (e.g.-enhanced rate for a set amount of hours and then back to the regular rate)
* Business resource (e.g.-natural resources such as retirees, because typically people in the I/DD field aren’t clear of business planning and processes. Keep thoughts open)

\*\*\*Nothing states that only an SSA/CM should provide certain services. Should be specifically stated.

\*\*\*Service Definitions must be flexible to avoid a linear hand-offs between discrete services. Avoid Complexity. Complete A before B and B before C. “appetizer doesn’t always need to come before the main course” Focus on the outcome at hand which is more important than how you get there. Avoid silos. Connection between service and outcome. Strategic flexibility in services you want to encourage.

RULE REVIEW (Specific review, questions, issues noted as related to requirements)

5123:2-9-44 HCBS – Integrated Employment under the SELF-Empowered Life Funding Waiver

* Definition of sustained employment—what does this entail?
* Keep exclusions of sheltered work
* Make sure the retention component allows for crisis intervention
* 7a (iii) ? about the needs to acquire volunteering and an internship. Will this be allowed by CMS? Probably not. More than likely, this is what will be the new vision of what voc hab in the community will become.
* Need to review provider qualifications and best practices
* Align service documentation with audit needs
* Look at this service for school-age youth
* Relationship to the Support Broker role---reference to knowledge of EF and the system to ensure that they are able to advocate appropriately and successfully. Well-trained, well-informed.
* Importance of the role of OOD (braiding services)
* Initial vs. ongoing support?
* Definition of “General Workforce” (is it appropriate and truly integrated if a person cleans the office of a county board?). Needs to be in rule so it isn’t in question. Probably okay as long as the position is open to everyone to apply so it actually is a position within the agency. Not made up specifically for person with I/DD. Check VR policy.
* Acuity assessment needs varies from location to location/type of service
* Initial and on-going. Rates incentivize the provider to continue the supports. No time limit has been addressed. All of the units are hourly which is difficult when providing SE.
* Co-Worker support is not structured in a way that it is useful. No one has used this support in Ohio yet.
* Is outcome worth more than important than process??? Fear is that providers won’t want to work with more challenging people due to having to meet an outcome. Should be structured based on certain benchmarks achieved.
* Incentives should align with the population served

5123:2-9-15 Home and Community-Based Services Waivers-Supported Employment-Community under the IO and L1 Waivers

* Need to add school transition embedded
* Milestones to incorporate
* Some services need more definition (e.g.-define what resume really is?)
* Staff/provider qualifications need to be more focused on SE
* Explain the benefits and wrap around services
* Individual Service Plan – Training refers to Person-Centered Plan, however there is nothing in the definition of an ISP referencing the PCP process.
* Rule has reference to “group,” however this rule is specific to an individual (e.g. SE-Community)
* Provider and provider training needs much more focus and expertise. How do we get a core group of providers in the state that are good at providing opportunities for people to get jobs. Provider competencies. Increase expectations. Get away from the medical model which takes away from a real focus. Job development from OOD is specific.
* It was recommended to throw this entire rule out (as well as all other day array related rules) and start over using elements of the core definition provided by CMS – simply start over. Rules don’t allow the needed flexibility and doesn’t really align with the initiative. Rule is not easy to read. These rules are over-processed and over-regulated with no focus on outcomes. Every regulation we have costs money to perform, but without an outcome, what is the worth? New Ideas don’t always fit into old models.

Additional points of discussion:

\*\*\*Some states have providers becoming affirmative industries (AKA Reverse Integration) by bringing in PWOD to work with PWD in their current operations. Providers running an enterprise with PWD, is still segregation, even if they have provided work for PWOD. Bottom line---when “public money” goes into the business to sustain the operations, the more risk of DOJ. Waiting to hear back from CMS for further direction.

Focus on what communities need and build employment related rule from that perspective by building off of what a person needs/wants to achieve their goals.

Regarding training and provider qualifications: You don’t get to be considered an expert by just attending training. The hard part is going back and implementing the tools into practice. Utah project reference. At the end of the month, they review, critique and improve. Think about it this way—just learning to write descriptively vs. clinically is hard. This is a huge change. Interesting – many agencies report more success on employment outcomes, many times from hiring people with a different background (business) to do job developing and building the relationships. These people think in a different way and focus on the employer needs, not necessarily the person. If we use our current staff, they must have full-buy in and be completely trained

Provider capacity??? Feast or famine. Recruiting new providers to provide this service in areas of need can be a challenge.

One state sends out individual RFPs based upon each individual’s plan goals. Providers then request, if they are interested in providing the service through a specific process. They then are asked the question—tell me how you can do the services and show me examples, don’t just tell me you can do the job. Competition yields quality.

$342,000 fine recently given to the ARC in PA due to a sub-minimum wage violation. Not what we want in Ohio. Agencies paying SMW need to make sure that they have completed all required documentation and it is complete, accurate, and specifically identifies the person’s productivity to pay. So while DOJ may be seen as a threat, DOL now have a focus on I/DD services.

Who is the employer of record? Clearly the end goal is that the employer of record is the owner of the business. On the payroll of the actual employer, not a subcontractor provider to be real, integrated employment. Sole source contract between a provider and an employer can be problematic if the payroll is still coming from the provider via pass-through payments. CAUTION.

TO DO:

Define “enclave”. 12:1 ratio and time limit will have to change.

Sub-minimum wage?

When does job support become personal care?

Go back and look at the service arrays and begin by defining each service tying them into outcomes.

Have to still talk about the future of day hab and vocational services. Imagine the commitment to not reducing people’s services (guiding principles), but think about these services can be used for wrap around, but in a community-setting. Also, need to focus on the retirement issue. What should these supports provide and look like?

Provider Qualifications by service.

Rate Methodology

Define “enclave”. 12:1 ratio and time limit will have to change. Sub-minimum wage?