

MANAGED CARE AND EMPLOYMENT TASK FORCE RECOMMENDATIONS - PROGRESS UPDATE 11-5-10

Introduction

Given that the long-term care system has a critical role to play in supporting individuals with disabilities to consider, pursue and maintain employment, the recommendations of the Managed Care and Employment Task Force have one primary goal: to ensure best practices for supporting and facilitating a broad range of positive employment choices and outcomes at all levels of the managed long-term care system. The recommendations are presented here in brief; a full description can be found in Appendix E, which includes the issue committee reports.

Medicaid Infrastructure Grant funding can be used to support those recommendations that require funding. It is recognized that there are many demands on all of the entities involved in the Family Care expansion and that the timing of implementation of these recommendations will need to be considered in the context of the overall demands of the Family Care expansion initiative.

In addition to making these recommendations, the Task Force strongly supports a number of features already incorporated in the Family Care program that facilitate integrated employment including:

- The inclusion of transportation services to support employment participation, particularly in integrated settings
- The flexibility to support a mix of employment and non-employment activities during an individual's day or week so the individual does not have to choose between integrated employment (often part-time) and supports needed for other activities
- The absence of policies that create caps on the number of hours of support or expenditures permitted for integrated employment.

Recommendation Area 1:

The Department should adopt a clear policy on employment for the managed long-term care system to guide all system partners in a common effort to achieve common goals.

1-A. The Department should adopt the ***Policy on Employment*** developed by this Task Force, communicate it to ADRCs and MCOs, and use it to guide the Department's expectations and relationships with ADRCs and MCOs. This includes incorporating the policy itself, or its intent and expectations, into the Department's contracts with ADRCs and MCOs. Consistent with this, DHS, through policy, contracting, quality assurance, and performance monitoring should convey to MCOs a clear expectation that

- Work and career will be one of the primary, on-going areas of focus that MCOs will maintain as part of meeting members' holistic needs
- Integrated employment is the preferred employment option because it provides access to the fullest range of employment choices, better opportunities for community integration, and meaningful earnings for members
- MCOs are expected to fully support members in their pursuit of integrated employment at a competitive wage, and by doing so, increase the number and percentage of long-term care recipients involved in integrated employment.

1-A. 11-5-10 UPDATE: 2010 contract is completed (changes made were described in previous update to the committee); Pathways staff have not been invited to participate in the development of the 2011 MCO contracts but we have reviewed the 2011 contract draft. No changes or additions are included that specifically relate to employment, except inclusion of the revised prevocational services definition, reference to the technical guidelines, and a link to the recommended six month progress and status report for prevocational services.

1-B. The policy on employment adopted by the Department should clearly define what employment outcomes/situations are considered integrated by the Department.

1-B: 11-5-10 NO NEW UPDATE [DVR recently released a paper defining what would be counted as an employment outcome for DVR purposes. DVR is training counselors using this paper.]

1-C. The Department should expect that members be as informed as possible before deciding if they want to work and before identifying specific employment preferences regarding services and supports. Where policy and contract references are made to member choice, the Department should clarify that the expectation is *informed* choice; and provide its definition. The Department should also provide guidance on the expectations of MCOs and their teams in supporting informed choice with regard to employment.

1-C: 11-5-10: No new update. 2011 contract draft includes no changes or additional related to informed choice.

Recommendation Area 2:

In support of full implementation of the policy on employment by the managed long-term care system, MCOs should establish an internal organizational culture that values work and identifies supporting members to work as a core value and organizational best practice.

2-A. Each MCO should develop guidelines, consistent with the policy on employment, that clearly convey its philosophy, values, and expectations concerning employment outcomes and services to MCO staff, members, families and other natural supports, providers and partners (including ADRCs).

2-A: 11-5-10 NO NEW UPDATE: A policy on employment needs to be adopted by the Department, as a first step.

2-B. Employment should be a target area of focus for MCO performance improvement projects in CY2009-2011.

2-B: 11-5-10 One additional MCO is interested in doing PIP on employment. Pathways will support this effort.

2-C. For services in the benefit package that are typically used to support employment, DHS and individual MCOs and their providers should review their respective policies in order to address any requirements that may discourage supported employment. MCOs may also want to ask their providers to review their internal policies and rules for the same purpose. MCO teams should have a formal method for reporting individual situations in which service policies or rules interfere with the team's ability to authorize the support service a member requires.

2-C: 11-5-10 UPDATE: All MCOs have submitted training plans for ensuring care managers and other relevant staff complete the on-line training on prevocational services. Most all MCOs have finished training their care managers. Providers and care manager input is being sought to finalize the recommended six month progress and status report which will be referenced in the 2011 MCO contracts.

Recommendation Area 3:

In support of full implementation of the policy on employment by the managed long-term care system, the Department should offer strong support, technical assistance, and financial incentives to MCOs in order to increase employment outcomes for managed care members, and should ensure that certification of MCOs takes into account MCO capacity to support integrated employment outcomes.

3-A. DHS/DLTC leadership should offer sustained support to MCO leadership teams as they establish an internal organizational culture that values work and identifies supporting members to work as a best practice.

3-A: 11-5-10: DHS/DLTC leadership continue to advance integrated employment as a priority for long-term care participants.

3-B. The Department should provide technical assistance by providing information on current best practices that MCOs can use in implementing the recommendations of this Task Force and the contractual obligations related to employment outcomes and services.

3-B: 11-5-10 UPDATE: Pathways continues to provide MCOs with on-going information, technical assistance and formalized learning opportunities on best practices that relate to implementation of the Task Force recommendations.

3-C. The Department should explore whether the current capitated rate system could be refined, using an actuarially sound approach, to incorporate MCO utilization adjustments for services, including employment-related services, with less lag time.

3-C: 11-5-10 NO NEW UPDATE: Implementation requires a substantial time commitment from rate setting staff in OFCE. It could be recommended that this be looked at as part of the Family Care audit. Lag time is not being cited by MCOs as a critical barrier to expanding integrated employment supports. The focus is more on accurately understanding the impact, on per-person support costs, of transitioning a member to at least part-time integrated employment.

3-D. The Department should consider implementing an employment pay for performance

initiative for Family Care MCOs, contingent on sufficient resources at the Department level to develop and support the initiative. Incentive payments would be tied to the achievement of integrated employment benchmarks set by the Department.

3-D: 11-5-10 NO NEW UPDATE: Resources sufficient to adequately fund a P4P initiative of any kind are not currently available.

3-E. The Department should support pilots that, under the new (Social Security) *Ticket to Work and Self Sufficiency* program and in partnership with DVR whenever possible, combine MCOs and their Provider Networks as “Employment Networks” and thus make these managed long-term care entities eligible for federal outcome payments for achieving members’ integrated employment goals.

3E: 11-5-10 UPDATE: One member with their ticket assigned to the MCO/EN has found full-time work and should be eligible for ticket payments soon. Training continues for staff.

3-F. The certification process should be used as one means to evaluate an MCO’s capacity to support the integrated employment outcomes of its members. Ideally, the certification process should ensure that

- The comprehensive assessment identifies an individual’s personal goals and needed supports for employment
- The MCO service authorization policy includes guidelines on how care management teams should apply the policy in supporting a member’s employment, and that those guidelines do not create any disincentives to support a member’s desire to pursue integrated employment
- MCOs identify a source of expertise on employment options and services that will be available to their interdisciplinary teams, provider network developer, and quality assurance manager
- MCOs have an adequate number of providers of integrated employment services (e.g. supported employment, vocational futures planning, integrated prevocational services) and those providers are able (have a solid plan) to expand their capacity to meet demand, particularly from those coming off waiting lists
- At full implementation, MCOs have at least two qualified sources of vocational futures planning services identified. (The MCOs themselves could be a source for the service, if they provide the service in-house.)
- At full implementation, MCOs have options for prevocational services that are not limited to work centers/sheltered facilities

3F: 11-5-10 UPDATE: Revised employment service definitions are incorporated into the precertification and certification process for MCOs. MCO provider networks will be required to have providers as identified in the certification requirements. For the element of this recommendation as follows: “OIE staff participates in MCO certification process and on certification teams”: The process is completed.

For: “OFCE has a staff person who is responsible for MCO compliance with certification standards regarding employment.” : OFCE has identified Maggie McCullough the contact

person for certification standards which incorporate certification for prevocational services, supported employment, and vocational futures planning and support. Tammy Hoffmeister has been organizationally assigned to OFCE and is the resident employment “go to” person. For: “Annual MCO Recertification includes MCO compliance with certification standards regarding employment.”: Efforts continue by OIE staff to ensure that new definitions were incorporated into the certification process for prevocational services, supported employment, and “Vocational Futures Planning and Supports” (VFPS) and what the results of the certification process have revealed. For: “MCO Provider Network meets certification standards regarding employment.”: Definitions are in place. Monitoring by OIE staff Dan Johnson and OFCE staff person Maggie McCullough will determine compliance.

Recommendation Area 4:

In order to blend all resources available for individuals wishing to pursue employment, the Department and MCOs should strengthen coordination with system partners, including the school system, vocational rehabilitation system, and the workforce “One-Stop” system.

4-A. Current efforts should continue to fully implement the collaborative activities related to the 2007 Interagency Agreement on youth transition (partners in the agreement are DVR, the Department of Public Instruction (DPI) and DHS/DLTC/Division of Mental Health and Substance Abuse Services (DMHSAS). The Department’s policy on employment and its commitment to having ADRCs target outreach to students in transition should be added to the existing interagency agreement on transition.

4-B. The Department, DVR, and DPI should coordinate their efforts to promote joint staff trainings specific to integrated employment for the agencies’ common customers in order to blend service, funding, and high quality service delivery.

4-C. The Department, DVR and the Department of Workforce Development’s Division of Education and Training (DET) should work collaboratively to develop and implement an interagency agreement (modeled after the existing interagency agreement on youth transition) for **adults** seeking integrated employment and eligible for services from these agencies. In part, the agreement should identify multiple strategies for blending funding at the state agency level to streamline the negotiations regarding specific individuals. The agreement should also specify the resources, including staff, that will be contributed by each partner.

4-D. The Department, DVR and DET should coordinate activities to provide MCO staff, DVR counselors, Disability Navigators, and DET Employer Services Teams with information, training, and/or technical assistance on their respective programs and services, and on how the various services available through DVR, DET and the managed long-term care benefit package can be coordinated to provide the short and long-term support individuals with disabilities need for integrated employment.

4-E. The Department should request that DVR and MCOs appoint liaisons to: (1) coordinate employment services and planning with their common consumers at the local level; and (2) partner with ADRCs in coordinating outreach efforts to schools, transition-age students with disabilities and their families. MCO and DVR staff should coordinate their employment services

activities with “One Stop” Job Center partners and any locally coordinated employment services that exist within that Workforce Development area.

4-F. Where members are receiving services from both VR and the MCO, it is important that ongoing communication takes place between their teams in order to coordinate efforts. As part of this commitment to coordination, the teams should ensure that the managed care member-centered plan (MCP) employment outcome and the vocational rehabilitation individual plan for employment (IPE) support and service goals are consistent and coordinated. The MCO and VR teams should also ensure that there is a common understanding of the role of each agency (including where the responsibilities of each agency start and stop) in assisting the individual.

4-G. Given that the Center for Medicaid and Medicare Services requires that vocational services under the waivers (e.g. prevocational, supported employment, and vocational futures planning services) be provided only when they are not available through the vocational rehabilitation or special education systems, the Department and MCOs should collaborate to develop guidelines for teams to ensure that members who are eligible for services from the other systems are encouraged and supported by their MCO team to access and navigate those systems, and that all of the member’s employment-related needs are met in a satisfactory way.

4-H. The Department should collaborate with DVR on policy guidance for DVR counselors and MCO care management teams in order to ensure DVR services to secure integrated employment continue to be available to individuals in work centers/sheltered facilities or in group employment (e.g. enclaves and work crews) and to individuals receiving day services who express an interest in competitive, integrated employment. The policy guidelines should be covered in the information, training, and technical assistance efforts.

4A-H: 11-05-10 UPDATE: The updated Interagency Agreement between DHS, DPI, & DWD has been finalized and is currently being circulated for applicable administrative signatures, and expected to be in force by the end of Nov. This new agreement now includes transitioning youth as well as adults with disabilities.

There are two corresponding Technical Assistance Guides (TAGs) associated with this agreement:

- 1.) The previous Transition Action Guide (for youth transitioning from school), is beginning to be updated and expected to be completed in Spring 2011. Note: Sufficient numbers of copies of this current guide have now been distributed across the state, with the objective of making sure every student/parent has a copy (especially youth who are new to transitioning); and
- 2.) A new Action Guide for adults with disabilities (for those eligible for managed long-term care, and/or are interested in seeking employment) is nearing completion. Final edits and formatting are being incorporated into the document currently. The workgroup’s goal is to have this guide ready for circulation/review by the administrators in November; ideally it will be signed and in place in January 2011.

Discussions are also underway regarding the conducting of a series of statewide meetings in early 2011, to announce and explain this new agreement and the accompanying guides.

4-I. The Department should collaborate with DVR to train MCO staff and to update DVR counselors on DVR’s procedures to determine when DVR concludes services for individuals in supported employment. The DVR guidance should identify criteria to be used in determining

when an individual's employment goal has been met and what amount of extended support the MCO will provide to a particular individual.

4I: 11-5-10 UPDATE: No new update.

Recommendation Area 5:

In order to ensure all MCO members have a range of employment choices equal to those available to citizens without disabilities, targeted efforts should be undertaken to increase the pool of Wisconsin employers hiring qualified applicants with disabilities to fill existing or customized positions.

5-A. The Department should join with relevant state-level partners, including DWD, to provide interested employers with a single point of contact in seeking qualified applicants with disabilities. As part of these efforts, state agencies should consider whether and how this single point of contact might be created and sustained on a statewide, regional or local basis to offer customized assistance, which ideally should include (1) someone coordinating and communicating to employers the details of what and who is available from each of the different agencies and resources, and (2) someone assisting the employer to recruit candidates (consumers) as well as to support them once employed (e.g. setting up a job coach to assist with orientation to the workplace, training, etc.; identifying reasonable accommodations and sources of support available to help cover the cost, if substantial).

5A: 11-5-10 UPDATE: WorkSource WI and Wisconsin DVR began talks and have scheduled more for the fourth quarter on future partnership and the future of the Business Leadership Network in Wisconsin.

5-B. The Department should join with relevant state-level partners, including its state partner with primary responsibility for employment, to collaborate on raising awareness of existing state-level efforts, where necessary developing new efforts, and encouraging MCOs and local partners to

- Educate employers on the business benefits of hiring people with disabilities and the untapped labor pool represented by people with disabilities in our state. As part of these efforts, specifically, (1) engage Chambers of Commerce to ensure their member benefit includes this education, and (2) offer this education through Society of Human Resource Managers (SHRM) chapters. Consideration should also be given to the possibility of undertaking a statewide marketing initiative aimed at raising business/employer awareness of people with disabilities as a labor pool and how employing people with disabilities can help businesses capture greater market share.
- Support an initiative to encourage business leaders/owners and other employers to develop their own message about the value of employing people with disabilities
- Encourage government units, MCOs, ADRCs and service providers to expand employment opportunities within their organizations for people with disabilities
- Engage with union organizations and employers with unionized workplaces to develop strategies to remove obstacles to employment of people with disabilities in unionized

workplaces. Strategies might include the development of memorandums of understanding (MOUs) to allow more flexibility for unionized businesses to hire and retain people with disabilities in customized positions.

- Engage with corporations to address corporate-wide policies that may inadvertently limit employment opportunities for individuals with disabilities.

5B: 11-5-10 UPDATE: MIG-sponsored National Media Campaign “Think Beyond the Label” launched on February 1, 2010. WorkSource Wisconsin in August conducted a webinar training, “Accommodating Veterans with Disabilities in the Workplace” and had 140 participants total (live and archived viewing).

WorkSource Wisconsin also attended the National Business Leadership Network conference in Chicago in September to establish new relationships and partnerships.

Additionally, for the 4th year in a row, the MCO's were provided with grant funds to expand employment opportunities for members with disabilities. Through various types of projects, the goal of all grant activity was to increase the integrated employment options for members, decrease the utilization of facility-based services, provide incentives to providers for developing community-based employment options, and developing more choices in new integrated employment providers for their members. Some opted to focus on special populations, like transition-age youth or people with physical disabilities and others focused on increasing the use of self-directed supports for members desiring an employment outcome. A Lessons Learned document will be developed from the grant summaries submitted by the MCOs at the end of the year to encourage sharing of ideas, particularly with new MCOs being developed as Family Care expands.

5-C. The Department should engage with state-level partners, including the Departments of Revenue and Workforce Development, to consider the option of implementing a state work opportunity tax credit, modeled after the federal tax credit, but offering tiered credit amounts to encourage the hiring of individuals with more substantial disabilities. Higher credits should be available to employers who hire people with more significant levels of disability (e.g. category one under Division of Vocational Rehabilitation guidelines). The amount of the credit could also be tied to the hours offered to a new hire with a disability, where the larger the number of hours employed, the larger the employer's credit.

5C: 1-15-10 UPDATE: DVR has expressed an interest in taking the lead on working with state partners to improve intentional hiring and hiring incentives with public employers. The University of Wisconsin-Waisman and Pathways has just begun an intentional hiring program with the Universities and Technical Colleges to improve the potential for applicants with disabilities to obtain employment. The first stage of that effort is currently planned for the Northwest region and a meeting with the Universities and Tech School will take place on March 22, 2010.

5-D. The Department should engage with state-level partners on expanding and improving publicity of state agency efforts to recognize publicly Wisconsin employers for their

commitment to hiring individuals with significant disabilities and on how to encourage similar efforts at the local level.

5D: 1-15-10 UPDATE: Statewide employer recognition awards were held at the Governor's Mansion in Maple Bluff, WI on November 4, 2009. Three employers received awards for employing people with disabilities.

11-5-10 UPDATE: Implemented television ad campaign with Fox 47 WMSN in Madison to target business owners in southern Wisconsin. 200 + TV commercials aired throughout July and August to commemorate the 20th anniversary of the ADA and a separate "Wisconsinized" version of the national Think Beyond the Label campaign TV commercial featuring Wisconsin resources near the close of the commercial. Planning has begun for second phase of the Think Beyond the Label Campaign. Wisconsin is contributing \$200,000 toward that effort.

Recommendation Area 6:

In order to enhance and ensure the best quality employment outcomes for managed care members, the Department should establish processes to monitor outcomes and stimulate continuous quality improvement.

6-A. To reflect the importance the Department places on meaningful work opportunities for managed care members, the Department should ensure that annual contracts with MCOs

- Include employment as an MCO quality indicator. (Quality indicators are listed in Appendix V of the CY 2008 contract.)
- Concerning all MCO quality indicators, establish minimum levels of performance regarding employment, particularly integrated employment, among MCO members
- List annual progress goals related to employment, and how MCO performance will be measured and evaluated
- Clearly state that quality assurance and quality improvement (QA/QI) activities conducted by the MCOs should in part address member employment outcomes
- Require MCOs to submit employment-related data specified in the contract, using standard measurements also specified, to enable DHFS to measure each MCO's performance on employment

6-A: 11-5-10 UPDATE: No activity to report. 2011 MCO contracts could be changed to implement this recommendation. Currently, quality indicators that MCOs must report on are: (1) care manager turnover; (2) flu vaccinations; (3) pneumonia vaccinations; and (4) dental visits.

6-B. In order to ensure consistent, high quality employment for managed care members, the Department should re-establish employment as a separate personal experience outcome used to measure and evaluate quality in the managed long-term care system. [The personal experience outcome that currently includes employment—*I do things that are important to me*—should be maintained.] Until full implementation of this recommendation, the current efforts to measure MCO performance by its progress in supporting members to achieve their personally identified

employment outcomes through the PEONIES (Personal Experience Outcome Integrated Interview & Evaluation System) process should be continued.

6-B: 11-5-10 NO NEW UPDATE: Care Manager training includes new outcome.

Recommendation Area 7:

In order to effectively measure progress of employment outcomes and participation, the Department should work with MCOs and providers to develop data systems that track employment data and to publish an annual report of employment outcomes at the MCO and system levels.

7-A. For the purposes of tracking employment participation among managed care members, employment should be defined as any activity in which an individual is compensated for that activity, at least in part, through a monetary payment. This is intended to include self-employment and micro-enterprise, which typically involve selling goods an individual produces (e.g. art, crafts, jewelry, etc.) or selling services on an individual basis.

7-B. The Department should annually measure individual MCO employment performance by using the Functional Screen or other data sources and tracking the following:

- Wages earned by members who are employed
- Hours worked by members who are employed
- Number of months, in the last 12, in which each employed member worked
- Type of employment for each (from limited, pre-established list of categories)
- Number of employed members who report their employment matches their preferences and abilities
- The number and percentage of MCO members who
 - a. Have an employment outcome/goal included in their member-centered plan
 - b. Have services/supports for employment included in their individual service plans
 - c. Have, in the last 12 months, used DVR services
 - d. Are receiving prevocational services in integrated settings, of the total number and percentage receiving prevocational services
 - e. Have, in the last 12 months, partially or fully transitioned from prevocational services to integrated employment at minimum wage or higher

It is recommended that the Department begin measuring MCO and system-wide performance using these criteria and establish appropriate progress goals for MCOs and the system as a whole in relation to (1) working age members, and (2) all members. Data systems should be developed, integrated, and modified to enable collection and reporting of this data.

7-C. The Department should establish a standard unit definition for reporting services so that employment data is reported consistently by all MCOs. The Department should require that all units of service provided to members be reported, not just face-to-face units.

7-D. To accurately track trends in the usage of **prevocational services**, the provision of prevocational services should be reported using the following categories:

- 108.10: Facility-based work (sheltered workshop)
- 108.20 Community-based work (enclave or work crew)
- 108.30 Community-based training (not involving paid work)

The Department should establish clear definitions for each of these categories consistent with the definitions used for employment settings in the Functional Screen. Also, similar sub-categories should be considered for supported employment and vocational futures planning services.

7-E. A consistent approach to tracking employment outcomes and data should be used for both managed care and the self-directed services waiver.

7-F. The Department and DVR should collaborate on the development of employment data tracking systems to integrate data, reconcile different definitions used in collecting data, and allow the two agencies to jointly track outcomes and performance of common customers.

7-G. The Department should review and analyze employment-related data, and produce an annual report on system and individual MCO progress and performance with regard to performance indicators and goals established by the Department.

7-A to 7-G: 11-5-10 UPDATE: Pathways is working closely with the Bureau of Information Technology and Department staff who lead the Encounter Code Committee to implement all of these recommendations. An analyst is being hired to assist with employment data needs and an external contractor firm is involved in developing an on-line data entry system for employment data that is needed, but not yet available through current systems. Work with the Encounter Code Committee involves addressing issues regarding standardizing units of service and procedure codes used to report services authorized to support an individual with employment.

Recommendation Area 8:

To facilitate the expanded provision of employment services and supports to MCO members, the Department and MCOs should undertake efforts specifically designed to evaluate accurately and improve the cost-effectiveness of employment supports and services.

8-A. The Department should develop methods for evaluating at the system level the value, cost-effectiveness and cost-benefit of providing long-term support services for integrated employment, and for comparing the cost-effectiveness and cost-benefit of integrated employment with other day and employment service alternatives. While this type of analysis of the fiscal costs and benefits is informative and useful, it is important to bear in mind that integrated employment also provides many non-fiscal benefits, particularly by enhancing an individual's quality of life.

8-A: 11-5-10 UPDATE: The Department has posted a summary of the final report with a link to the report itself, on the Pathways website. This has also been distributed to MCOs.

8-B. Providers should be supported in developing cost-effective models for shared job supports, which can allow access to community employment for more individuals.

8-B: 11-5-10 NO NEW UPDATE: The project with the Wisconsin Personal Services Association is underway. Training is expected to be made available on-line for ease of access and affordability. Some MCOs have expressed interest in formally piloting the workplace

personal assistance service. Among most MCOs, there is now recognition of the need for integrated employment support options other than job coaching.

Recommendation Area 9:

As individuals enter the long-term care system, ADRCs should provide information and assistance regarding opportunities to work and the full range of employment opportunities that can be supported through the long term care system.

9-A. ADRC staff who provide information and assistance or options counseling should know the range of work opportunities available to individuals with disabilities, the potential benefits associated with working, and the range of supports and services available to support work. This can be achieved through training or other mechanisms.

9A: 11-5-10 UPDATE: Training has continued. John Reiser provided presentation to ADRC directors and state staff regarding prevocational service changes, and it was clarified with them that IRIS will operate under the same definition and guidelines from January 1, 2011. I&A services lead, Maureen Strickland is working with Pathways staff in developing and maintaining I&A information relative to employment. BADR Director Donna McDowell has been very supportive of the efforts to ensure that the ADRCs are supporting employment for people coming through their doors.

9-B. The K-12 school system should be knowledgeable about the range of employment options available to students when they leave school. ADRCs should collaborate with the DVR and DPI to develop a plan and identify appropriate methods for undertaking coordinated outreach to secondary school personnel, transition-age students, and parents in order to ensure that prior to establishing a student's post-secondary employment goal, those involved in transition planning know the services available from the vocational rehabilitation and long-term care systems that can support integrated employment, and how and when both systems can be accessed.

9B: 11-5-10 UPDATE: Information on prevocational services change and overall commitment of long-term care system to supporting integrated employment will be provided at 2011 statewide transition conference. When invited, DHS staff are also doing similar presentations to Transition Advisory Councils around the state.

9-C. To help students with disabilities transfer from school to work, ADRCs could help the school system explore ways to bring integrated employment providers into the transition planning process prior to the IEP transition team establishing a post-secondary employment goal in order to assist students and their families in fully understanding the option of integrated employment, and how it can be supported by the long-term care system.

9C: 11-5-10 UPDATE: Dialogue about the need to involve supported employment providers in IEP meetings has occurred with DPI. Those providers can explain integrated/supported employment options and also help students link up with ADRC's and DVR at the appropriate times.

9-D. ADRCs should pursue practices that promote local collaboration with Job Centers, including consideration of the possible advantages of co-location.

9D: 11-5-10 UPDATE: No new update.

9-E. ADRCs should provide information and assistance to individuals with disabilities who are not involved with DVR, no longer enrolled in secondary education, and who need to obtain disability documentation to access services and accommodations in pursuing post-secondary education or employment.

9A, B, C & E: 11-5-10 NO NEW UPDATE:

Recommendation Area 10:

Because the Long-Term Care Functional Screen, initially administered by ADRCs and updated annually by MCOs, is the first managed care interview tool that raises the topic of employment, the employment section of the screen should be revised to capture more specific information about each person's employment preferences, status, and support needs.

Note: For more detail regarding these recommendations, please see Appendix E for the final report of Issue Committee #1, which includes all of the recommendations related to the Long-Term Care Functional Screen.

10-A. The employment section of the Long-Term Care Functional Screen, along with the instructions and training for screeners related to this section, should be modified in ways that will ensure maximum validity and reliability for the information being collected.

10A: 11-5-10 UPDATE: Recommendation has been implemented. Pathways is conducting analysis of first year of LTCFS data using revised employment section. A report will be produced by December 31, 2010.

10-B. Those being screened should know that their answers regarding employment interest and status will not impact their eligibility for long-term care.

10-C. If an individual indicates a lack of interest in employment or new/different/more employment, the primary reason for the lack of interest should be recorded by the screener.

10A-B-C: 7-27-10: UPDATE: Recommendation fully implemented.

Recommendation Area 11:

Recommendation 11: As individuals consider the possibilities around employment, benefit specialists should be available to provide accurate, timely and easy-to-understand information on the interaction of benefits eligibility and employment, including work incentives that allow

individuals to work while maintaining eligibility for Social Security, Medicaid, and long-term care services.

11-A. Disability Benefit Specialists must have knowledge of Social Security work incentives, and how they and consumers can access Work Incentives Benefit Specialists for expert information regarding work incentives in the Social Security and Medicaid programs.

11-A: 11-5-10 UPDATE: The Disability Benefits Specialists continue to be trained by the WDBN and are offered training in work incentives during initial training and as continuing ed.

11-B. The Wisconsin Disability Benefits Network (WDBN), currently in the initial year of a four-year agreement with DHS, should carry out statewide outreach to inform those interested in the availability and value of work incentive benefits counseling.

11-B: 11-5-10 UPDATE: The WDBN completed one consumer outreach this past quarter and 3 outreaches aimed at professionals in the 3rd quarter.

11-C. As a pilot(s), Work Incentives Benefit Specialists should be placed in one or more ADRCs to determine if this approach improves employment outcomes for individuals in the long-term care system.

11C: 11-5-10 NO NEW UPDATE:

11-D. DHS should encourage other state agencies to purchase work incentive benefits counseling services only from credentialed practitioners (when credentialing is available).

11-D: 11-5-10 NO NEW UPDATE:

Recommendation Area 12:

As individuals consider employment possibilities, they should be fully informed about the Medical Assistance Purchase Plan (MAPP). To increase the use of MAPP to facilitate employment among those enrolled in or eligible for Medicaid, the state should make specific program changes that will eliminate disincentives to work that currently exist in MAPP.

12-A. The Department should conduct public outreach to people not working or enrolled but likely to benefit from MAPP participation and employment, and to MAPP participants to ensure their understanding of MAPP and other work incentive programs.

12A: 11-5-10 UPDATE: The WDBN completed 1 outreach to consumers and 3 to professionals in the 3rd quarter. The HEC screeners completed 4 consumer outreaches and 9 to professionals.

12-B. When DHS sends consumers notification of eligibility for the Medicaid Purchase Plan, new participants should be encouraged to seek work incentive benefits counseling; information should be provided that directs them to the nearest counseling resource.

12B: 11-5-10 UPDATE: An email was sent to the Medicaid eligibility section of DHS in regard to implementing a brochure to MAPP participants when their eligibility is determined. No response to this email has been received.

12-C. The income limits for participants in MAPP should be raised.

12C: 11-5-10 UPDATE: No action this quarter due to the impending turnover in Governor's office.

12-D. The MAPP premium formula should be changed to eliminate the impact of a participant's monthly disability/retirement cash benefit payment on the monthly premium amount.

12D: 11-5-10 UPDATE: No response as yet from Secretary Timberlake or Governor's office on CWI letter.

12-E. A means should be created for people participating in MAPP to retain their accumulated employment-based assets at retirement without losing Medicaid eligibility.

12E: 11-5-10 UPDATE: Continuing to wait for response from the Centers for Medicare and Medicaid Services on DHCA&A request.

12-F. The "marriage penalty" for MAPP participants should be eliminated by excluding a spouse's income for purposes of MAPP eligibility determination.

12F: 11-5-10 UPDATE: Reports analyzing spousal income state rules not yet available.

12-G. Under the authority of the Deficit Reduction Act (DRA), the Department should create an array of integrated employment services for MAPP participants that may be funded through Medicaid. The clearest example is work incentive benefits counseling.

12G: 11-5-10 UPDATE: Reports analyzing the addition of specialized Medicaid Purchase Plan program service benefits not yet available.

Recommendation Area 13:

When individuals join MCOs, they should have inter-disciplinary team staff knowledgeable about the broad range of employment options that exist, and the services available through managed care and other systems that can support individuals to pursue employment.

13-A. The knowledge and skills that teams need to effectively address employment with members should be included in the core competencies that are established by MCOs. MCOs should develop ways to ensure that core competencies related to employment are maintained.

13A: 11-5-10 UPDATE: Employment Coordinators continue to provide training and resources to IDTs. An employment curriculum for use statewide amongst MCO IDTs is in development and will be completed by the end of the year. In addition to Employment Coordinators, MCO Integrated Employment Grant objectives include training for IDTs conducted by employment experts.

13-B. MCO care managers should understand the best practices related to providing integrated employment services so they can effectively identify, arrange, coordinate and monitor the services necessary to assist members.

13B: 11-5-10 UPDATE: A new statewide Integrated Employment Network has been initiated. The 3rd gathering of this network occurred in September and over 150 people attended. These events provide opportunities for MCOs, families, and consumers to learn about creative employment strategies happening in our state as well as in other states. The Employment Network Online (an online community using the Ning platform) is beginning to be used as a means to communicate best practices and resources. The Employment Network Online is also being used to post materials from the face-to-face Integrated Employment Network Meetings, making these materials available to all regardless of attendance at the meeting. MCOs continue to bring in consultants and trainers, as well as send staff to available training around the state.

13-C. MCO staff should have employment expertise, including but not limited to Work Incentives Benefit Counseling, available to them either through an MCO position dedicated to employment or through other best practice models (e.g. use of peer mentors, consultants, etc.). Any Medicaid-eligible increased expenditure by an MCO for employment expertise will be reflected, with a two-year lag, in the capitation rate for that MCO.

13C: 11-5-10 UPDATE: All nine MCOs have had a position dedicated to employment through September. One MCO will not fund an employment coordinator after October 2010; they have identified at least one individual in each care management unit with some expertise in employment who can be a resource to the other care managers. The other eight MCOs will continue to have dedicated positions through the end of 2010, however only six of the eight have permanent staff dedicated to employment. The other two have positions funded through the MCO Integrated Employment grants and may or may not continue those positions into 2011. Employment Coordinators have arranged for basic training on work incentives for care managers.

Recommendation Area 14:

Individuals should be engaged in an assessment and care planning process that effectively addresses employment and in doing so, promotes and facilitates informed choice.

14-A. DHS currently reviews and approves each MCO's assessment process. As part of the review, DHS should ensure that this process effectively addresses employment outcome. DHS staff should be available for technical assistance and advice to MCOs, if requested.

14A: 11-5-10 UPDATE: This year, as in previous years, MCOs were issued grants to focus on building infrastructure to support employment for MCO members. The 3 newest MCOs - Milwaukee County, Northern Bridges and I-Care - currently have people dedicated to employment and have been focusing on improving and enhancing employment outcomes within the MCP and/or informing and role modeling for care managers how to engage in positive productive conversations with members about employment.

14-B. The role of the MCO interdisciplinary team related to employment should be consistent with expectations included in the case management service definition and consistent with what is expected of teams in addressing other outcome areas; they should ensure that employment is given the same consideration as all other outcome areas.

14B: 11-5-10: IDT's continue to participate in a significant amount of training/TA to ensure expectations around employment as a primary outcome are met. Resources and tools continue to be gathered for use by care managers when discussing and planning employment with members. A statewide MCO IDT curriculum on employment is currently being developed and will be completed by the end of the year. Data on member employment is being collected and will be reported to Pathways in December.

14-C. The Department should re-establish employment as a personal experience outcome area used to guide member-centered planning in the managed long-term care system. [The personal experience outcome that currently includes employment—*I do things that are important to me*—should be maintained, but employment should be separated from this.] Until full implementation of this recommendation, the current Department efforts to integrate employment into the PEONIES interviewing process should be continued.

14C: 11-5-10 Recommendation fully implemented.

14-D. The choice of integrated employment should be clearly explained so that each person can make an *informed* choice about whether to pursue it. As a way of providing information to Family Care clients, MCOs should consider using integrated employment service providers as resource experts when MCO teams are assisting individuals with disabilities in considering integrated employment. MCO teams should also consider providing opportunities for individuals to visit job sites, do informational interviews with potential employers, do job shadowing, and complete work experiences if such opportunities can help facilitate informed choice.

14-D: 11-5-10 UPDATE See update for 1-C.

14-E. The Department should support integrated employment service providers in the development of educational materials that explain the option of integrated employment to consumers, families, ADRC staff, MCO interdisciplinary teams, and school staff involved in transition, thereby contributing to informed choice.

14-E: 11-5-10 NO NEW UPDATE

14-F. The opportunity to choose to pursue employment (and for those employed, the opportunity to pursue more employment, a job change, a partial or full move to integrated employment, or career advancement) should be offered to members as part of every member-centered plan development or review meeting, which generally occurs twice a year, in order to ensure that members know that they can identify employment as a goal or area for further exploration.

14F: 11-5-10 NO NEW UPDATE

14-G. When an outcome reflecting an individual member's desire to explore or pursue employment is identified in the member's plan, details regarding the particular employment goal (type of work, hours, employer preferences, etc.) should be developed, included in the plan, and conveyed to the service provider(s) who will assist the member with achieving his or her goal.

14G: 11-5-10 : NO NEW UPDATE

14-H. MCOs typically use the Department's Resource Allocation Decision (RAD) method as their service authorization process. To strengthen RAD's effectiveness in employment, the Department, in collaboration with MCOs, should develop guidelines on the appropriate use of the RAD in determining the best and most cost-effective way to meet a member's employment goal. DHS could integrate these guidelines into the RAD trainings for MCOs and their teams so that the RAD's specific application to employment outcomes is fully understood. Any guidelines developed by an individual MCO for using the RAD in relation to member employment outcomes should be consistent with the guidelines developed by DHS. The guidelines should include examples of best practices and creative approaches MCOs have used in applying the RAD method to members' employment outcomes.

14-H: 11-5-10 NO NEW UPDATE: Project put on hold: Pathways Consultant has been assigned to take the draft guidelines to OFCE in anticipation of reaching agreement on final version that can be released as guidance to MCOs.

Recommendation Area 15:

When managed care members need long-term care services to support their employment goals, the Department should ensure that MCOs have services in the benefit package that: are updated to reflect and advance the Department's values; encourage use of current best practices; and allow for a broad range of service models that can support a wide range of employment options.

15-A. The definition of **supported employment** services in the Family Care benefit should be revised to reflect best practices, including but not limited to support of self-employment or micro-enterprise, customized job development, facilitation of natural supports in the workplace, and on-the-job training.

15-B. The definition of **vocational futures planning** services in the Family Care benefit should be revised to reflect current best practices and to increase flexibility in using the service.

15-C. The Department should update the service definition of **prevocational services** to reflect the definition and standards used in the Community Integration Program (CIP) and to further encourage best practices, including the provision of services that offer people the chance to learn skills directly related to achieving their individually identified employment goals. Prevocational services should enhance what is currently available through DVR, and should not be based on a readiness model. For prevocational service providers that offer paid work opportunities incidental to the delivery of prevocational services, the following standards should be incorporated into the service definition:

- Adopting a downtime policy
- Adopting OSHA health and safety standards
- Adopting minimum staffing ratios
- Prohibiting unpaid contract work or engaging in training that involves doing unpaid contract work

15-D. Policy governing employment services should clarify that a Family Care enrollee can be referred to DVR or to MCO-funded supported employment services without prior participation in **prevocational services**.

15A to 15D: 11-5-10 UPDATE: See update for 2-C.

15-E. The Department should consider developing rigorous criteria that would apply for new admissions to **prevocational services** in work centers/sheltered workshops while honoring individual informed choice.

15E: 11-5-10 UPDATE: Recommendation implemented. This was addressed through Prevocational Services Technical Guidelines.

Recommendation Area 16:

When managed care members need long-term care services to support their employment goals, MCOs should contract with employment service providers in ways that encourage and reward positive employment outcomes.

16-A. MCOs should define a set of quality indicators for the employment outcomes and services they seek to encourage. These quality indicators should be used in contracting with employment service providers and in measuring and rewarding their performance.

16-B. MCO provider network developers should encourage approved providers of employment services to apply to become approved VR vendors. This will offer one way to ensure continuity of service for MCO members who use VR and managed care services.

16-C. MCOs should be encouraged and assisted to develop, pilot, and ultimately implement contracting and purchasing strategies that

- Pay for outcomes (e.g. member hours worked) rather than service hours, in order to reward providers for producing high quality employment outcomes
- Ensure employment services, including integrated employment services, are available to individuals of all acuity levels, and if necessary, use tiered outcome payment rates that reflect level of disability and barriers to employment for the individuals being served
- Reward providers for maintaining competent staff
- Encourage consideration of paying employers and co-workers to provide the supports an individual needs to learn and maintain an integrated job
- Ensure consumers have more choices on how they can participate in integrated employment, and to this end, consider rewarding providers when individuals receive a mix of services in a given day or week that includes integrated employment

16-D. If payment based on service hours continues, MCOs should consider a provision in their provider contracts that allows payment not only for face-to-face service delivery time, but also the non face-to-face time spent by the provider to support the client. Allowing billing for all hours of direct service, whether face-to-face or not, will ensure that hourly service rates for integrated employment are comparable to rates for other day/vocational services.

16-E. MCO provider contracting requirements should include an expectation that providers submit outcome-related data to the MCO at specified intervals (e.g. twice per year) for the individuals being served. Outcome-related data should minimally include hours worked, wages earned, and hours of support provided for the reporting period determined by the MCO.

16-F. MCOs should identify a method for monitoring employment service provider contracts, measuring overall employment service provider performance, and regularly engaging in discussions with these providers regarding their performance.

16A to 16F: 11-5-10 UPDATE: 16-A and 16-F are occurring as result of changes in expectations regarding use of employment services in relation to member employment outcomes. 16-B is ongoing. 16-C Pathways is supporting one MCO to develop and pilot outcomes-based reimbursement strategy, in collaboration with its supported employment providers. 16-E is being addressed through employment data systems effort.

Recommendation Area 17: In order to ensure all MCO members have a range of employment choices equal to those available to citizens without disabilities and are able to pursue their individualized employment goals, service providers should be helped to expand and improve their capacity to develop and support high quality integrated employment outcomes.

17-A. Existing providers who currently offer a mix of employment and day services, and who wish to develop or expand their organizational commitment to provide integrated employment services, should be provided support and technical assistance to: (1) engage the organization’s leadership (board and management) in considering a stronger focus on integrated employment, (2) successfully blend all funding sources available to support integrated employment services, (3) identify strategies for reallocating existing organizational resources to support expanded integrated employment services, (4) rebalance their services in favor of integrated employment, and (5) develop effective models that can be adopted by other providers.

17A: 11-5-10 UPDATE: Pathways is collecting and will publish statistics as well as some illustrative stories of individuals getting jobs as the result of the CRP rebalancing initiative. 13 CRP executive directors and 17 middle management representatives attended the National Organization Change Forum in September. One CRP grantee and Wisconsin DHS presented on their organizational and systems change efforts at this Forum and at a regional forum sponsored by the National Council on Disability. A statewide grantees meeting was held in October with all 14 grantees represented along with three other CRPs who've joined the group for support.

17-B. New or existing integrated employment service providers wishing to expand their service capacity should be supported to (1) implement the most promising, evidence-based practices to create and sustain integrated employment opportunities for individuals with disabilities, and (2) overcome the most difficult obstacles they identify in increasing integrated employment opportunities.

17B:11-5-10 UPDATE: Pathways is collecting and will publish the stories of at least twenty individuals who have gotten jobs through customized employment. Intensive training continues. DVR pilot continues.

17-C. All employment service providers should be encouraged to develop partnerships with their local One-Stop Job Centers and to ensure that the individuals they serve are accessing the centers' available services.

17C: 11-5-10 UPDATE: No new update.

17-D. The Department should provide clarification and guidance in industry meetings and other settings to providers of personal assistance and personal care services, explaining that under Family Care, managed care organizations are able to authorize and purchase personal assistance services for the workplace to support managed care members.

17D: 11-5-10 NO NEW UPDATE. Recommendation implemented.

17-E. The Department should provide technical assistance to service providers who wish to begin providing personal assistance services in integrated workplaces for managed care participants. The technical assistance should include sample operational policies, financial and budgeting tools, staff recruitment and training information, etc.

17-E: 11-5-10 See update for 8-B.

17-F. Providers should have access to high-quality, affordable training that can contribute to developing and maintaining the core competencies of their staff. A statewide core training program, which can help ensure a minimum set of core competencies among provider staff, is a cost-effective way to ensure consistent access to high-quality, up-to-date training that will give Wisconsin's providers access to best practices, including evidence- and values-based practice.

The training offered through this statewide program should address the training needs of agency leadership and program managers as well as direct service staff. These efforts should be coordinated with all other training efforts recommended by the Task Force to ensure a system-wide, comprehensive, and cost-effective approach to employment training.

17-G. The Department of Health and Family Services (DHS), through its Division of Long-Term Care (DLTC) and the Department of Workforce Development (DWD), and the DVR should partner on an on-going collaborative initiative to encourage its common set of providers/vendors to maintain staff who are knowledgeable of, and able to implement, the best and most innovative practices related to the provision of employment services and supports. As part of this effort, DHS/DLTC and DWD/DVR should collaborate to develop, maintain and regularly update an evidence-based, state-wide training curriculum for supported employment service providers.

17F-G: 11-5-10 UPDATE: Development of new PERC elements and products continues; implementation continues; the two University partners and their private sector partner (ERI) are consulting with legal counsel for contracting purposes. PERC is working on developing grant funding independent of DHS.