

MANAGED CARE AND EMPLOYMENT TASK FORCE RECOMMENDATIONS - PROGRESS UPDATE 7-15-09

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.

7-15-09 UPDATE: DHS Adoption of Policy on Employment

- Numbered memo has been drafted to apply to all long-term care programs. Note: Numbered Memos are used to convey policy or program requirements, either state or federal, that affect the operation of programs. These Numbered Memos might include directives on new regulations, clarification of state statutes, administrative rules, policy or federal directives.
- Fredi Bove, Interim Division Administrator will be carrying out steps necessary to formally issue the Numbered Memo.
- This work has been delayed due to workload created by recent budget process.

7-15-09 UPDATE: Integration of Policy on Employment into MCO and ADRC contracts

- The following MCO contract preamble text is being reviewed by the contract workgroup:

It is the policy of the Department of Health Services to support an individual's informed choices. In providing services and supports under this contract, it is the expectation of the Department that the MCO will offer options that foster integration, interaction and opportunities for full community inclusion. It is particularly important, while always respecting and supporting each individual's choices, to offer and support integrated living arrangements and employment options. Integrated employment options should be available to members because they are the most effective way to provide access to the fullest range of employment choices, better opportunities for community integration, and meaningful earnings for members.

- Some additional contract language changes are being made but we have not been involved in these discussions so we do not know at this time what these are.

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

7-15-09 UPDATE: The Numbered Memo being prepared by the Division of Long-Term Care will include this definition of integrated employment. This definition is also being used in work to develop data systems to track and report employment data (see Recommendation area #7). This definition is also being used by the Employment Training and TA Center being developed by the UW-Stout and UW-Madison with financial support from MIG/Pathways to Independence.

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.

7-15-09 UPDATE:

- The contract preamble text being considered right now specifically references informed choice. ["It is the policy of the Department of Health Services to support an individual's informed choices."] However, we are not aware that the phrase will be used to replace existing contract references to choice, which appear in 37 different places.
- We are not aware of any plan to add informed choice to the definitions section of the contract, and to clearly define its meaning. At present, when the phrase "informed choice" is used in the contract, the conditions required to conclude a choice is an informed one are outlined in the text that follows the phrase. For example:

(a) Informed choice is currently referenced in the contract on page 17, in relation to choice to live in a large CBRF. Informed choice is defined as being assured if, during the first year after enrollment, the inter-disciplinary team has shown and offered the member at least one smaller CBRF and the member has made the choice to either stay in the larger CBRF or move to the smaller one.

(b) Informed choice is currently referenced in the contract on page 57, in relation to a member using his/her personal resources to purchase services or supports, or to make a gift to the MCO or a provider organization. In this instance, informed choice is considered to be assured if the inter-disciplinary team does the following:

- Arranging for the MCO's member advocate to provide counseling to the member or the member's family or significant others regarding voluntary purchases or gifts, including that the member may revoke the consent for voluntary purchase at any time, and that a gift may be considered a divestment; and
 - Maintaining in the member's case record written confirmation from the MCO's member advocate providing counseling that the member and/or family received such counseling regarding payment for enhanced services or the giving of voluntary gifts.
- Page 66 of the contract does make it clear that the MCO has a responsibility to provide assistance, as requested or needed, to members in exercising their choices about work.

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).

7-15-09 UPDATE - Most all MCOs have either completed this task or are working on it at present. Consistency with the Policy on Employment can be confirmed, once DHS completes the process of adopting the Policy on Employment.

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

7-15-09 UPDATE - One MCO (Creative Care Options) is doing a PIP on employment at this time. One other MCO is strongly considering a PIP on employment for 2010. A statewide PIP on employment (with all MCOs participating and Pathways technical assistance and support available) might yield the best results, but we would need support for doing this in 2010 or 2011 from OFCE and the MCOs. MIG funds could be used to design a statewide employment PIP. Otherwise, MIG can support individual MCOs to consider and choose to do a PIP on employment in 2010 or 2011.

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.

7-15-09 UPDATE

Prevocational services, Supported employment and Vocational futures planning service definition changes are being drafted for review/approval by the MCOs and the Office for Family Care Expansion. When approved, they will be included in the Family Care waiver renewal application sent to CMS in the fall of 2009.

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-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-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.

7-15-09 UPDATE

A study is being initiated to look at comparative costs of unemployment and participation in integrated employment among individuals with physical disabilities involved in managed care. A matched pairs approach is being used, and healthcare costs are being analyzed in addition to long-term care costs. This study is expected to shed light on whether the existing capitated rates are adequate for moving people with physical disabilities from unemployment to 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.

7-15-09 UPDATE

Pathways is in the process of identifying suitable national experts to research and design a pay for performance initiative focused on employment. Implementing the initiative is estimated to cost \$2 million dollars if all MCOs participate. It is not clear when sufficient Medicaid resources may become available to implement the initiative; but developing a viable design is the first step. To date nationally, no pay for performance initiative has ever been developed around employment. Wisconsin would be developing a design that could be used here and in other states.

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.

7-15-09 UPDATE

We have 3 MCOs working with Pathways to become an Employment Network. Each either have, or are in the process of receiving, small grants to offset first year administrative charges related to becoming and serving as an EN under the Ticket to Work and Self-Sufficiency Act. The MCOs have received additional technical help from Mary Ridgely in her role as a national TA provider to emerging ENs. MIG has also made a grant to Cornell University to support development of a web-based portal for ENs to collect information on potential Ticket users and to report to the Ticket Manager on those consumers working and potentially generating Incentive Payments to the EN. Cornell is adding their own funding to this grant, and is working with former SSA Deputy Commissioner Susan Daniels in portal development. Eventually this portal, to be tested in Wisconsin at participating MCOs, will significantly facilitate EN administration.

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

7-15-09 UPDATE

- Most MCOs have changed their comprehensive assessments to expand and improve section addressing employment.
- RAD guidelines specific to employment are being developed through Pathways contract with RAD expert. The plan is to include these guidelines in the appendix of the Care Manager Training Manual being produced and distributed by OFCE.
- Seven MCOs have Employment Specialists on staff
- Certification looks at number of providers but not size, current capacity or ability to expand to meet demand.
- Certification currently requires only one provider of vocational futures planning
- Certification currently does not require options for prevocational services other than work centers/sheltered facilities

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.

7-15-09 UPDATE for 4A through 4H

Language changes for next version of the interagency agreement (for youth transitioning) are being compiled (to include the Dept's policy on employment and the Aging and Disability Resource Center's commitment to reach out to students). A draft version of an Interagency Agreement (for blending/sharing funding for adults) has been compiled and will undergo review during the next several months, with possible implementation starting in 2010. DVR and MCO's have identified liaisons to work cooperatively – a description of the mutual roles & responsibilities will be a component of a "guide" associated with the new interagency agreement. Guidelines for MCO & DVR teams will be part of the guide associated with the interagency agreement

Efforts associated with the current Interagency Agreement (for youth transitioning) continue; regional summits occurred across the state in 08-09 that resulted in a needs assessment of Transition Action Committees (TACs). Plans are underway to reinforce the work of local TACs during 09-10 school year, through the application of 4 mini-grants that will apply collaborative approaches to share data, define functional action steps to be implemented state-wide, and conduct two regional trainings for other TACs. Continued efforts to cross-train at formal (e.g. conferences) and informal (local CESA offerings) opportunities are being maintained.

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.

7-15-09 UPDATE

In July, 2008 DVR released a guide for DVR counselors on supported employment and long-term support that addresses this recommendation in detail. The guide has been shared with MCO employment specialists who are using it in training and assisting MCO care management teams. No training by DVR for MCO staff has yet been arranged.

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).

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.

7-15-09 UPDATE

Employer trainings and educational materials are now being developed in collaboration with UW-Madison to highlight key integrated employment strategies including customized employment, supported employment, and micro-enterprise. Wisconsin MIG is also involved in development of a national marketing campaign that will benefit all states.

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.

7-15-09 UPDATE

WorkSource Wisconsin plans to work with the Department of Workforce Development to advance tax credit increases for the intentional hiring of people with disabilities. It is not known what the chances are of implementing tax credit increases. Tax credit increase proposals will be discussed for possible inclusion in the next state biennial budget.

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.

7-15-09 UPDATE

Close collaboration between Pathways/WorkSource and DWD/DVR on employer recognition started in March of this year. Pathways is jointly sponsoring the employer awards with DWD, DHS and the ADA Partnership. This should facilitate the identification of businesses to recognize.

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-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.

7-15-09 UPDATE

The title of the personal experience outcome "I do things that are important to me" has been changed to "I work or do things that are important to me." This was done in lieu of restoring a distinct employment outcome as a thirteenth 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.

7-15-09 UPDATE 7A through 7G

A steering committee has been created to work with Pathways consultants, Institute for Community Inclusion, to devise a plan to implement these recommendations (particularly to collect employment data not already being collected) and to pilot this with a sample of MCOs in 2010. The steering committee met once so far with ICI representatives, who made a two day site visit) at the end of March. Two MCOs and DVR senior administrators also met with the ICI representatives to discuss the best ways to implement these recommendations. Pathways representatives met with DHS personnel working on a larger project to develop integrated and comprehensive information systems for Family Care. The employment project sponsored by Pathways will inform the larger effort with regard to collection and use of employment data for the Family Care system. ICI is making a second visit on July 30th to facilitate a joint discussion with all MCOs represented. Pathways staff are also working on proposals regarding unit definitions and sub-coding of particular employment services to take the DHS Code Committee in fall of 2009.

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.

7-15-09 UPDATE

Robert Cimera, researcher with Kent State University and nationally known researcher on cost-effectiveness of employment services provided by VR and long-term support system is conducting two studies for DHS: one is looking at comparative cost-effectiveness of sheltered employment and supported employment for a sample of matched pairs from around the state, and a sample of individuals working in both sheltered and community employment; the second study is described in the update for Recommendation 3-C. Both studies take account of Medicaid health expenditures in addition to long-term care service expenditures. The first study will look at hours worked and wages earned as aspects of cost-effectiveness.

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.

7-15-09 UPDATE

Models that do not require shared job supports have been identified. Work is being done, through a Pathways regional grant to Dane County Human Services, through collaborations with MCOs, and through collaboration with Wisconsin Personal Services Association and supported employment providers to look at how to develop the following:

- (a) Paid employer and co-worker supports (in lieu of external, agency job coach)
- (b) Workplace personal assistants for long-term supports beyond training (in lieu of using job coach for long-term support that is not training)

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.

7-15-09 UPDATE

ADRCs are initiating a mandatory training program on employment for their Information and Assistance staff. The training has been developed by Pathways staff.

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.

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.

7-15-09 UPDATE for 9-B and 9-C
See update for Recommendations 4A through 4H.

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

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.

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.

7-15-09 UPDATE
Changes are being made to LTC Functional Screen in response to MCETF recommendations. Instructions and training for screeners will be adjusted when revised Screen is implemented.

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.

7-15-09 UPDATE for 10-B and 10-C
Decision made to eliminate interest question from screen due to fact that screen is eligibility determination tool and this, along with other reasons, is expected to prevent accurate answers from being obtained. Questions regarding interest in employment are now asked as part of comprehensive assessment and member-centered planning processes used by MCOs.

Recommendation Area 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.

7-15-09 UPDATE

The Disability Benefits Specialists will get work incentive training, not to do work incentives counseling but to ensure they have some level of expertise on work incentives and some can emphasize and address employment as part of their role within the ADRC. We expect that Work Incentive Benefits Counselors will soon begin spending a part of their week at the ADRCs to handle the workload growing out of ADRC efforts around employment.

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-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.

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

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.

12-B. When DHFS 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.

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

7-15-09 UPDATE

This recommendation was considered for inclusion in the biennial budget process by the DHS Division of Health Care Access and Accountability, but was not carried forward based on several economic and cost factors. Raising the income limits for MAPP participation will be reintroduced during the next biennial budget process. This recommendation is supported by the Council on Physical Disabilities.

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.

7-15-09 UPDATE

This recommendation was also considered for inclusion in the biennial process but was not carried forward for the same reasons as 12C. The Council on Physical Disabilities has gone on record as supporting this change to MAPP premiums. This recommendation will be reconsidered during the next biennial budget process.

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.

7-15-09 UPDATE

The intent of this recommendation was met in full as part of the recently concluded biennial budget process. In summary, people in existing Medicaid programs and the Community Options Program (COP) may enter MAPP with the contents of their employer sponsored retirement accounts intact, regardless of amounts. Upon retirement from working, the contents of these accounts may be carried intact to any other Medicaid program and funds drawn out without harm to the account holder.

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

7-15-09 UPDATE

Representative Roth has introduced Assembly Bill 238 to provide excluded a spouse's income and assets if the individual applies for and receives eligibility before marrying. The Council On Physical Disabilities and other constituents are advocating with several members of the legislature to consider the substance and goal of this recommendation.

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.

7-15-09 UPDATE

Several of the services contemplated by this recommendation are fundable under Medicaid, such as Vocational Futures Planning, counseling on work incentives that support employment and personal assistance services in the workplace. This recommendation is now supported by the Council on Physical Disabilities.

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.

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.

7-15-09 UPDATE

MCO care managers are receiving training on employment from Pathways consultants. This includes overviews of best practices reflected in ongoing service provider training.

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.

7-15-09 UPDATE

At least seven MCOs currently have Employment Specialists on staff. An evaluation of the Employment Specialist role and impact on the individual MCOs is being funded by Pathways this year. This evaluation is expected to help make the case for permanent inclusion of at least one Employment Specialist in every MCO.

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.

7-15-09 UPDATE

Most MCOs have changed their comprehensive assessments to expand and improve sections addressing employment. Pathways continues to provide technical assistance when requested. Guidelines for DHS staff reviewing and approving the employment section of each MCO's comprehensive assessment will be developed by Pathways and provided to OFCE.

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.

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.

7-15-09 UPDATE

See update for Recommendation 6-B.

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.

7-15-09 UPDATE

Guidelines specific to facilitating informed choice around employment are being developed through Pathways contract with an expert consultant. The plan is to include these guidelines in the appendix of the Care Manager Training Manual being produced and distributed by OFCE. An informed choice video also being produced with Pathways/MIG funds. This can be used by MCO staff, schools and ADRCs to offer basic explanation of the option of integrated employment and answer common questions/concerns people have about choosing integrated employment.

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-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.

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.

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.

7-15-09 UPDATE

RAD guidelines specific to employment are being developed through a Pathways contract with a RAD expert. The plan is to include these guidelines in the appendix of the Care Manager Training Manual being produced and distributed by OFCE.

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**.

7-15-09 UPDATE FOR 15-A, 15-B, 15-C and 15-D

The three service definitions have been revised and will reflect the recommendations made by the MCETF. The definitions will be reviewed with the Managed Care Organizations Employment Specialists and an OFCE representative on August 18. If agreement can be reached on the definition changes, OFCE/DHS will forward them as definitions in the new CMS proposal process for waiver renewal. To fully implement the MCETF recommendations, waiver manual changes are also needed and these changes will be pursued once CMS approves the revised definitions.

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.

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.

7-15-09 UPDATE 16-A to 16-F

Pathways continues to provide training and information to MCOs on best practices for contracting and purchasing for employment services. Pathways consultants provide assistance to MCOs that wish to revise their employment service provider contracts. In 2008, Pathways also conducted interviews with MCO provider network managers to determine their views on the merits and challenges of moving to an outcomes-based payment approach. In the fall of 2009, a conference will be held for MCOs on strategies for moving to outcomes-based reimbursement and strategies for adding targeted incentive payments to stimulate and reward certain highly sought outcomes. Four MCOs have already signed on to participate. Experts who presented to the Task Force will be brought back to provide in-depth information on their outcomes-based reimbursement systems and incentive payment structures. Providers who work in these states will also be brought in to talk with MCOs and their providers about what it is like to be a service provider working with an outcomes-based payment system. A plan for continuation in 2010 has been developed which includes grants and significant technical assistance to a small number of MCOs about moving to an outcomes-based reimbursement system for employment services. This will allow demonstration of the process, planning, stakeholder involvement, cost modeling and provider contract changes necessary to move to an outcomes-based payment system.

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.

7-15-09 UPDATE

A Pathways sponsored "CRP Rebalancing Initiative" started in 2009. Twenty CRPs responded to Department RFP and ten were awarded grants and technical assistance for 2009. Technical assistance provided by former T-TAP mentors and two Wisconsin-based consultants. (See www.t-tap.org for more information on federally funded project that we are replicating through the CRP Rebalancing Initiative.) Plan is to continue initiative in 2010 and expand it so eighteen CRPs can be involved. Additionally, statewide informational event for all CRPs is planned for September 2, 2009.

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.

7-15-09 UPDATE

With regard to providing Vocational Futures Planning and Support Services, a training and technical assistance initiative is planned as part of 2010 Medicaid Infrastructure Grant activities. Preliminary work in this regard will begin this summer, and the training demand from several potential provider organizations within the ILC community will be directly met this grant year as well, permitting these agencies to provide direct services before 2010. The training and technical assistance effort is designed to create at least two providers vocational futures planning and support (VFPS) services for each managed care organization.

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.

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.

7-15-09 UPDATE

Next WI Personal Services Association conference will address this.

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.

7-15-09 UPDATE

Outreach to personal care providers has begun in order to identify providers with experience or strong interest in providing workplace personal assistance services. These providers will be engaged in collaborative effort, sponsored by Pathways, to develop a toolkit for personal care providers that wish to add workplace personal assistance to their menu of services. Discussions are also beginning to occur with supported employment providers regarding their interest and ability to provide workplace personal assistant staff in addition to job coaches/trainers.

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.

7-15-09 UPDATE for 17-F and 17-G

Pathways is funding the development of a statewide training and technical assistance center on disability and employment. This is being jointly developed by DHS, Stout Vocational Rehabilitation Institute, UW-Madison Department of Rehabilitation Psychology and Employment Resources, Inc. The center is expected to sustain itself after MIG ends in 2011. A planning committee meets regularly and is continuously growing as conceptual and process milestones are achieved. A Center director has been hired. A needs assessment is being conducted this year. All existing Pathways-sponsored training and technical assistance efforts are being catalogued. Evidence-based practices and strategies for applied learning are being

identified. A business plan will subsequently be developed. Part of the plan for 2010 is purchase of a statewide network of video-conferencing equipment to allow training, technical assistance and related activities to be conducted in real time, on a pre-recorded basis, and a combination of both. The software platform for the Center will likely be Adobe's "Connect Pro", which is being made available to the state for 33% of its regular cost, with the \$1.3 million price tag being absorbed by Pathways MIG and Wisconsin's Medicaid unit.