



Findings and Observations

State Employment Leadership Network (SELN) Project Team Visit

September 13-14, 2017

State: **Wisconsin**

Process for Development of Findings and Observations Report

We reviewed:

- Wisconsin's Department of Health Services, Division of Medicaid Services (WI DHS/DMS) SELN State Strategic Employment Full Assessment
- State policy documents and resource materials
- Participant feedback collected during the SELN Focus Groups with representatives from the state core internal leadership team, vocational providers, Wisconsin contracting entities (MCO's, ICA's, CWA), managed care organization leadership, advocates, vocational rehabilitation staff, education system staff, DHS Long Term Care staff, service recipients and their families.
- Data sources from the following :
 - SELN Supplement survey (stakeholder) responses
 - National Core Indicators data
 - StateData: The National Report on Employment Services and Outcomes

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Introduction

The SELN is a membership-based network of state intellectual and developmental disability (IDD) agencies committed to making changes in their service systems. The SELN is an active and engaged learning community where members meet to connect, collaborate, and share information and lessons learned across state lines and system boundaries.



Participating state agencies build cross-community support for pressing employment-related issues and policies at state and federal levels. States commit to work together and engage in a series of activities to analyze key elements in their systems to improve the integrated employment outcomes for their citizens with IDD. States receive customized technical assistance to meet the unique needs of their state based on the current system of supports and goals for improvement.

The SELN project team guides new member states through a detailed process to both assist the SELN project team with learning about the state system and to begin organizing the state agency's own planning for system improvements to improve employment and economic advancement opportunities for people with IDD.

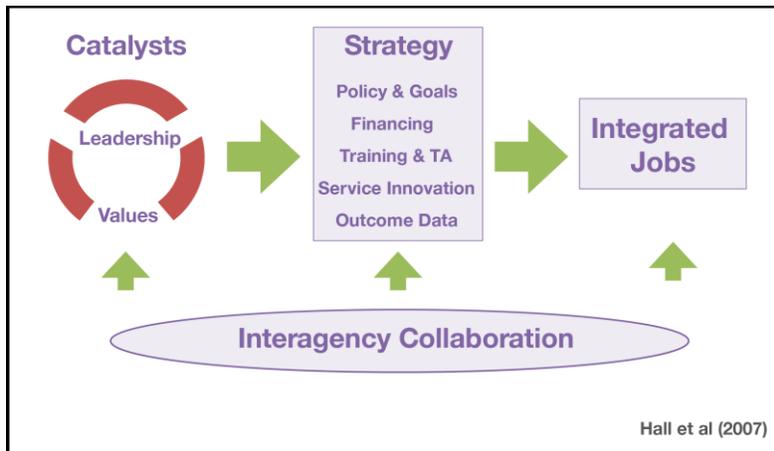
Upon joining the State Employment Leadership Network (SELN), the Wisconsin Department of Mental Health /Division of Medicaid Services), completed the SELN State Strategic Employment Assessment. This tool provides an opportunity to describe and analyze the state's infrastructure and support for achieving integrated employment outcomes among persons with IDD receiving publicly financed support.

WI DHS/DMS also invited stakeholders, partners and customers to participate in online surveys and in-person focus groups to gather input on current perceptions and experiences from a wide range of perspectives. Participants who responded to surveys and in-person focus groups contributed to the goal of developing a better understanding of the context for integrated competitive employment in Wisconsin. Information gathered throughout the process contributed to this Findings and Observations report prepared by SELN staff.



Organizing the Report

This report identifies the seven key elements essential to improving and achieving employment success as depicted below in the Higher Performing Framework:



The report summarizes the results of the assessment process as “Key Findings” and suggests opportunities for improvement in “Potential Focus Areas.” The state agency and other partners may use the report as the basis for the development of a work plan detailing the outcomes, activities to achieve set goals, and strategies to pursue in the months and years ahead to improve individual, integrated employment outcomes for Wisconsin citizens with IDD.

The SELN staff will conduct follow-up meetings with DHS/DMS to identify priority outcomes to address through SELN membership and develop effective implementation strategies on the state’s selected areas of focus.

Because this review represents an unprecedented solicitation of input, it is critical for state leadership to respond through action and implementation of a work plan that includes measurable system improvements over time, communicated regularly to the field, and with consistent stakeholder involvement and feedback.

I. **Leadership**

A. Key Findings

- a. Respondents and stakeholders consistently relayed positive support for the DHS “Guiding Principles for Competitive Integrated Employment for People with Disabilities in Long Term Care”.



- b. Over the last fifteen years, Wisconsin has had and continues to host several employment initiatives, such as the Medicaid Buy In, Pathways to Employment for transitioning youth, and resources directed at increasing competitive integrated employment. In particular, Wisconsin's Medicaid Infrastructure Grant supported a wide range of training, consultation, and research activities between 2000 and 2011, but these initiatives have not sustained following the end of external funding. There is inconsistent understanding however, across stakeholders of DHS's commitment and leadership in the expected outcome or defined benchmarks of those employment initiatives and available resources, and respondents described inconsistent messages.
 - c. There are clear champions for competitive integrated employment throughout Wisconsin.
 - d. During the site visit many stakeholders expressed the need for the DHS leadership to play a more significant and positive role in bringing them together to establish a clear path to achieve the Guiding Principles.
- B. Potential Focal Areas**
- a. Develop and implement cross-systems strategies using a process mapping exercise to operationalize DHS Guiding Principles through the MOU between DHS and the State Vocational Rehabilitation Agency. Senior leadership need to be active sponsors of the changes to improve employment outcomes for WI citizens with disabilities. It is imperative for senior leadership within DHS/DMS to set the tone to meet the expectations to improve employment outcomes across Wisconsin by including employment routinely as an agenda item in management meetings and by emphasizing employment outcomes in both internal and external communications.
 - b. Establish key employment leadership positions within DHS visible internally and externally to take responsibility for addressing the goals, outcomes, and benchmarks for employment. This should include at a minimum, staff whose majority of their time relates to increasing competitive integrated employment with authority to affect needed changes and with a direct line to the high-level leadership who are key sponsors of achieving the desired employment outcomes.
 - c. Increase active engagement between leadership at DHS/DMS, the Department of Education, and Vocational Rehabilitation to collaboratively set goals and implement strategies. Develop guidance that establishes shared definitions of employment outcomes. Clarity and consistency is needed in communicating the priority and expectation of expanding opportunities, services and supports for more Wisconsin citizens with disabilities to be fully engaged in competitive integrated employment. State the expected outcomes in tangible and measurable terms for all systems,



actively monitor implementation activities, and define how all parties will be held accountable to achieve the intended results.

- d. Review DHS mission and strengthen the message and value of “work” through a clear policy statement that frames employment as the priority outcome for services and funding, and through waiver language and the MCO contracts and IRIS service definitions. DHS policy/guidance should drive the MCO and IRIS, contracts and services. DHS leadership must be a cohesive communicator with partners and recognize how often work can be referenced as the path to a meaningful life in Wisconsin for the majority of individuals and families.
- e. DHS must own and highlight employment initiatives; sponsoring key statewide initiatives that address individual and family outreach, messaging and capacity building.

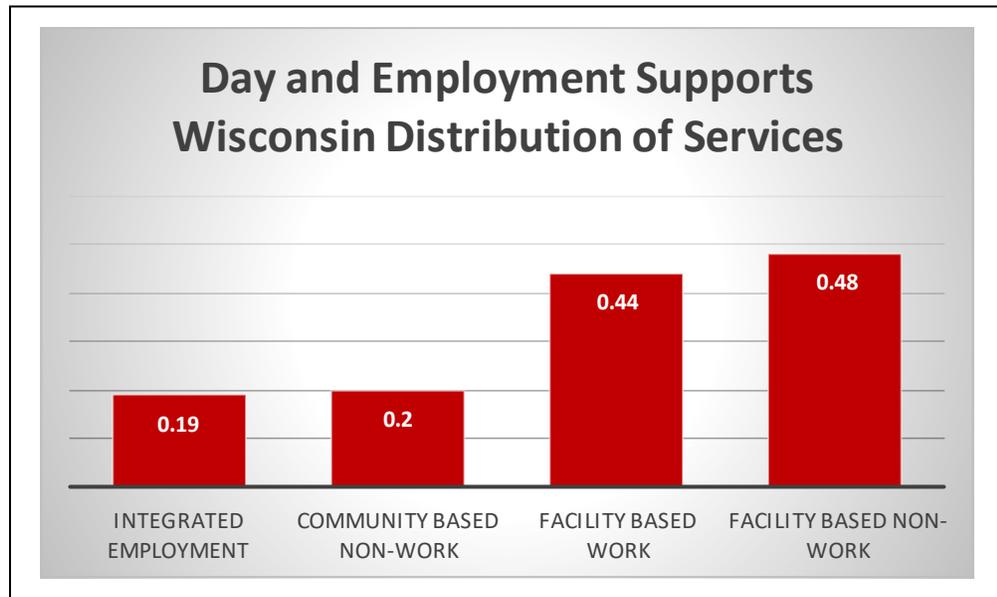
II. Strategic Goals and Operating Policies

A. Key Findings

- a. The Governor’s budget goal calls for 1% improvement in integrated employment for individuals participating in long-term care services each year of the biennium however, it does not establish a strategy for outcome assessment.
- b. Review and clarify the expectations and role of the Interdisciplinary Team staff and IRIS consultant’s in meeting the State’s employment first goals.
- c. Wisconsin operates in a long-term care structure that provides services to three population cohorts, those with intellectual and developmental disabilities, physical disabilities and frail elders. Two discreet programs provide Home and Community Based Services, one as a managed care system and the other as a self-directed program called IRIS. One county-based program remains and will transition to resemble services across the state. Stakeholders across groups consistently shared a high level of concern regarding whether this county will be able to continue to achieve the same positive outcomes after that transition occurs.
- d. Both the managed care and IRIS program provide case management/care coordination but those roles vary across the state, send mixed messages on how and/if competitive integrated employment is a priority outcome, and are confusing to most who shared feedback during the SELN review.
- e. Respondents reported that statewide policy on employment is not well understood nor consistently implemented. Waiver service definitions are interpreted and used in differing ways across the state, MCOs, and IRIS consultant agencies, reflecting a lack of clarity in service definitions, oversight, and expected outcomes.
- f. Wisconsin offers both Medicaid Home and Community Based Waiver services and state funded services. The DHS/Division of Medicaid Services and the Long-



Term Care and Support system is heavy invested in facility based service models, particularly facility based work. See data chart below (ICI National Survey of State IDD Agency Day and Employment Services, 2015):



B. Potential Focal Areas

- a. Develop a cross-stakeholder steering committee to advise and support DHS employment policy and strategy. Seek continual feedback from the field on what works/does not work related to policies, service definitions and use of waiver service categories to determine needed changes.
- b. Revisit and incorporate employment priorities with specific reporting requirements and goals within managed care organization's performance improvement plans and within the IRIS waiver.
- c. Develop policy within DHS' Children Services' program that states an expectation for paid work experiences and community engagement for all youth with disabilities before exiting high school. Develop guidance that states what is available through the long-term support system and how those services interact with and complement Education and VR services.
- d. Assure DHS materials are accessible to all audiences and develop plain-language versions where needed.
- e. Develop a strategy and long term resource investment to support capacity building including training and technical assistance to advance IDT staff and IRIS consultants skills and competencies to promote employment.
- f. Review post-eligibility treatment of income (defined in approved waivers) and potential impact on individuals' economic self-sufficiency when earning wages



to assure this is not a deterrent to individuals pursuing competitive integrated employment.

III. *Financing and Contracting Methods*

A. Key Findings

- a. There is a lack of transparency and inconsistent implementation of the definition of services and funding.
- b. Currently there is little financial investment to assist the provider network to retool their business models in order to deliver more inclusive community employment and day services.
- c. Review rate methodology for per person level of care structure and consider building in value-based payments for integrated employment outcomes and community participation services.

B. Potential Focal Areas.

- a. Facilitate discussion between vocational rehabilitation, managed care organizations and IRIS consultant agencies regarding coordination of funding structures to better align employment services, payment levels, and expected outcomes.
- b. Direct more transparency for individuals, families and providers regarding the range of rates paid for each service option by managed care organizations to facilitate self-determination, personal budget management, and planning.

IV. *Training and Technical Assistance*

A. Key Findings

- a. Wisconsin lacks an investment in competency development for the delivery of high quality employment and long-term services. Past promising initiatives have been dependent on external grant funds and not a core commitment of the state.
 - i. Stakeholders consistently expressed a need for DHS to actively show support for improved competencies across the state and to work in partnership with service providers, other state level systems, the managed care organizations and IRIS consultant agencies to achieve this goal. A lack of focus in this area will continue to hamper and degrade Wisconsin's other actions to move the needle on employment outcomes.
 - ii. The current menu of DHS conference presentations, online prevocational services training and informal consultation to provider organizations are not adequate strategies to achieve quality employment services as noted in the state's HCBS waiver applications.



- b. DHS does not formally assist or provide guidance to service providers across the state on transformation and capacity building to change business practices or achieve competitive integrated employment outcomes.
- c. No respondent or infrastructure indicated responsibility for organizing or funding state training and capacity building needs.

B. Potential Focal Areas

- a. Develop an integrated statewide strategy to build and support continuous competency development
 - i. Define and align core competencies regarding employment for IDT staff and IRIS consultants across system structures.
 - ii. Review and update provider qualification standards and engage in discussions with managed care organizations and IRIS consultant agencies to reinforce these expectations.
- b. Develop a coordinated strategy and delivery mechanism that addresses employment professional skills, provider capacity development, and emerging leadership development.

V. ***Interagency Collaboration***

A. Key Findings

- a. Guidance on the sequencing and braiding of waiver-funded services and VR services is absent. VR staff work with a variety of MCO's and ICA's, and may work with multiple MCO's and ICA's in relationship to an individual from the start of services to the point of transitioning to long-term supports or the conclusion of VR services.
- b. It was reported that individuals might also have multiple IRIS consultants and IDT staff due to staff turnover. This leads to inconsistent partnerships and disruption in service delivery because there is not time to build the relationships needed to promote a streamlined process.
- c. Aging and Disability Resource Centers (ADRC) play a major role in communications with individuals seeking services and their families.

B. Potential Focal Areas

- a. Develop a process map and guidance that defines roles, transitions, and services across education, children services, vocational rehabilitation and adult Medicaid waiver services. Recognize and discuss the impact of the current confusion on the desire to innovate. When it is not clear what to expect from the paid service system, many revert to the status quo and will not take advantage of new options.

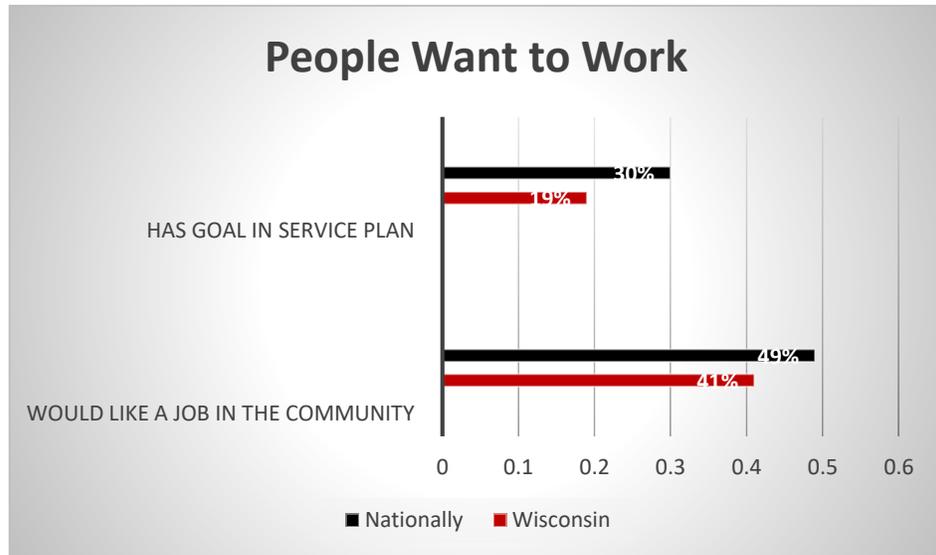


- b. Developed expedited strategies for referrals and movement between VR and DHS services such as presumed eligibility, data sharing to expedite application, and commitment of post-employment ongoing supports.
- c. Develop a coordinated approach across systems to implement the Workforce Innovation and Opportunity Act (WIOA), specifically Section 511, including information and data sharing, vocational rehabilitation referral and role of managed care organizations, IRIS consultant agencies, and use of waiver services to support a pathway to integrated competitive employment.

VI. *Services and Service Innovations*

A. Key Findings

- a. Delivery of services varies widely across the state both in practice and in funding.
- b. Dominant references to guardians or caregivers looking for full day coverage and that it often overshadows any interest in trying something new particularly if there is confusion over what to expect from a different approach to supports or a new level of community engagement.
- c. The different program structures drive the varying role of case management/care coordination.
- d. Wisconsin's 2015 National Core Indicators report indicates that 41% of those not working express that they would like to work in the community while only 19% of them have any goal in their service plan to help them acquire a community job.
- e. It was reported that implementation of person centered planning practices, while recognized as a core tenet of service delivery, varies widely across the state and that there are not quality reviews of goal statements in individual plans.



B. Potential Focal Areas

- a. Revise prevocational services to assure service delivery prepares individuals to identify interests and talents and use them to seek employment within the general workforce of their communities, within time limits determined in collaboration with DHS partners and stakeholders. Consider modeling prevocational services offered to people with disabilities after Wisconsin Senior Employment Program (W.I.S.E)
- b. Develop strategies to strengthen a culture and the expectation of inclusion within early intervention and children services, especially that people will work and participate as full citizens when adults.
- c. Revise the Transition Services Guide as discussed during the visit to outline the responsibilities across entities such as the ADRCs, MCOs, and IRIS for a variety of audiences such as paid staff, individuals and families.



VII. *Employment performance measurement, quality assurance, and program oversight.*

Key Findings

- a. System lacks clarity and focus on the definitions of employment and the status of expected employment outcomes.
- b. Data from Wisconsin National Core Indications survey indicates more people are interested in working in the community than is addressed in service plans or in service authorizations.

B. Potential Focal Areas

- a. Establish a statewide employment and community life engagement outcome data management strategy
 - i. Collect data at least bi-annually at the member level
 - ii. Use development process to establish common definitions and communicate outcome priorities
 - iii. Develop reporting at the provider, managed care organization, IRIS consultant agency, and regional levels
 - iv. Embed requirements in managed care organization contracts and IRIS service definitions manual.
- b. Develop a common cross system definition of competitive integrated employment; including addressing intent around hours worked.
- c. Build clearer presence on DHS website to promote employment – place for resources and messaging priority and value of employment.

State Employment Leadership Network



The State Employment Leadership Network is a network of state intellectual and developmental disability agencies working together to improve employment outcomes for individuals. The SELN is a joint program of the Institute for Community Inclusion at UMass Boston and the National Association of State Directors of Developmental Disabilities Services.

www.seln.org

NASDDDS





**Wisconsin Data Snapshot
September 2017**

How many individuals participate in integrated employment services?

Source: National Survey of State IDD Agency Day and Employment Services^[SEP]

Who: Individuals who receive a day or employment service funded or monitored by the state IDD agency.^[SEP]

What: Participation in integrated employment, including both individual job supports and group supported employment

	<u>Wisconsin</u>		<u>Nation</u>	
	FY2010	FY2015	FY2010	FY2015
Total served	13,702	16,878	562,752	610,188
Number participating in integrated employment	2,774	3,221	107,721	113,226
Percent participating in integrated employment	20%	19%	19.1%	18.6%
Percent of funding allocated to integrated employment	7%	12%*	10%	13%

*2014 (2015 data incomplete)

How many people with an intellectual disability participate in vocational rehabilitation?

Source: Rehabilitation Services Administration 911 FY2010, 2015

Who: Individuals who complete (are closed from) VR services.

What:

	<u>Wisconsin</u>		<u>Nation</u>	
	2010	2015	2010	2015
Total closures with an intellectual disability	977	1,530	49,697	47,390
Percent of closures with an intellectual disability	6.7%	9.7%	8.2%	8.7%
Total closures with ID into employment	314	642	15,810	18,116
Percent of closures with ID into employment	32.1%	42.0%	31.8%	38.2%



How many individuals work in integrated employment?

Source: National Core Indicators Project Adult Consumer Survey 2011-2012 and 2014-2015 Consumer Survey.

Who: Individuals who receive any service other than/in addition to case management from the state IDD agency. Inclusion criteria varies by state.^[1]_{SEP}

What: Individuals who are reported as working for pay in an integrated job. Mean hours worked and mean wages earned over a 2 week reporting period.

2015-2016

	<u>Wisconsin</u>			<u>Nation</u>		
	Percent	Mean hours	Mean wages	Percent	Mean hours	Mean wages
Works in an integrated job <i>individual supported job, individual competitive job, group supported employment</i>	14.9%	*	*	19.1%	*	*
Works in an individual job	3.4%	30	\$241	14.0%	26	\$230
<i>Works in an individual supported job</i>	.5%	*	*	5.0%	26.4	\$225
<i>Works in an individual job without publicly funded supports</i>	.3%	*	*	6.8%	30.5	\$237
Works in group supported employment	11.0%	41	\$440	5.7%	26	\$167
Employment support unknown	*	*	*	4%	*	*

* Data not available

	<u>Wisconsin</u>		<u>Nation</u>	
	2011-12	2014-15	2011-12	2014-15
Of those not in a paid job, wants a job	47%	41%	49%	47%
Of those who want a job, has goal in ISP		19%		30%