

# Iowa Community Forums

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## Executive Summary

### Community Forums Overview

The Iowa Department of Human Services (DHS) and multiple other stakeholders have been engaged in a multi-year process to increase the viability of Iowa's array of employment services for Iowans with disabilities. On March 15, 2013, a Stakeholder Brief titled: A Systematic Approach to Revising Iowa's Integrated Employment Funding System was issued. There was an interest in obtaining feedback from people with disabilities, disability/employment service providers, parents and family members and other stakeholders regarding the Stakeholder Brief, the Employment First Initiative and other state efforts to increase the percentage of consumers in competitive employment

To this end, five Community Forums were conducted during the week of June 3<sup>rd</sup>. The location of the Community Forums was Atlantic, Storm Lake, Ames, Ottumwa and Waterloo. There were approximately 175 participants at all five forums. During each Community Forum, the first half of the Forum was a presentation on the state of community employment in Iowa and a summary of other statewide initiatives and proposed assumptions that will guide the development of an effective and efficient funding system for individual, integrated employment. The Key Assumptions for a High Quality Funding System on pages 10 and 11 of the Stakeholder Brief (see Appendix A) were shared during this presentation. The second half of each Forum, feedback related to the presentation and the Stakeholder Brief were solicited through the following questions: What do you like about this? What concerns you? What is missing? What will this allow you to do? Forum participants were encouraged to address their feedback to the Key Assumptions in the Stakeholder Brief when appropriate. In this report, responses related to Key Assumptions are in bold and responses that are not related to Key Assumptions are listed under category headings that are in bold and underlined. Feedback from Forum participants was obtained through a written record of what was discussed as well as written feedback on 3 x 5 cards that participants wrote up and turned in. Responses to each question are prioritized based on the number of responses to specific topics/issues.

### General Findings

#### **Introduction**

The findings in this section are based on the highest number of responses related to each of the four questions. Some of the highest priority topics/issues appeared in more than one of the questions. This

indicated that this topic/issue was not only a current or on-going issue (their concerns and what's missing) but, based on what was presented, represented an opportunity to address the issue (what they liked and what this allowed them to do). Such as, increasing expectations and demand, individual level of need matters (assumption J), high quality staff must be compensated (assumption C), support a stable work team for long term support (assumption G) and funding systems must acknowledge the long term costs (assumption M) were highly rated concerns or what was missing but was also highly rated as to what they liked and what this would allow them to do. Payment for indirect staff time must be included in the rate (assumption E) and provider's skill sets must be consistent across the state (assumption F) was only highly rated as to what they liked and what this will allow them to do. Employer and community buy-in as well as gaps/continuum of services was only highly rated as to what they were concerned about and what was missing.

### **What do you like about this?**

Payment for indirect staff time must be included in the rate (Assumption E) had the greatest response by far. Staff compensation (Assumption C) and develop staff skill sets (Assumption F) also had significantly higher responses. Related to funding, participants gave high marks to rates based upon staff costs (Assumption D), transportation being a separate allocation (Assumption K), and a funding system that acknowledge the long-term costs (Assumption M). Related to consumer issues, participants gave high marks to individual level of need matters (Assumption J) and support a stable work team for long-term support (Assumption G)

### **What concerns you?**

Employer and community buy-in had the greatest response as to what concerns them. Concerns about addressing individual level of need matters (Assumption J), increasing expectation and demand and gaps/continuum of services also had significantly higher responses. Other highly rated concerns included funding systems that have complementary case management systems (Assumption L), staff compensation (Assumption C), a stable work team for long term support (Assumption G) and some services being time limited (Assumption H).

### **What is missing?**

Employer and Community Buy-in again had the greatest response as to what was missing. Significantly higher responses for what is missing included benefits planning, the role of schools (transition services), gaps/continuum of services and increasing expectations and demand. Other highly rated issues that were missing included the funding systems that acknowledge the long-term costs (Assumption M) and the role and issues related to Iowa Vocational Rehabilitation Services.

### **What will this allow you to do?**

Increasing expectation and demand had the greatest response by far in terms of what this would allow them to do. Significantly higher responses for what this allowed them to do include indirect staff time included in the rate (Assumption E), a stable work team for long-term support (Assumption G) and compensating highly qualified staff (Assumption C). Other highly rated responses included individual level of need matters (Assumption J), funding systems that acknowledge the long-term costs (Assumption M) and consistent provider skill sets (Assumption F).

## **Comparative Findings by Site**

### **Introduction**

The discussions across all five Community Forums were somewhat similar with many recurring issues and topics. The comparative findings listed below represent some issues and topics that were emphasized at specific Forum sites.

### **Atlantic, IA Community Forum**

These participants liked the funding initiatives such as staff compensation and funding indirect staff time. Therefore, they also saw the current level of compensation to be a major barrier to providing community employment. They commented that employment specialists have been eliminated in some communities so that community employment isn't an option. There was a lot of discussion about the need to inform legislators, employers, schools and Area Education Agencies as well as an emphasis on informing and involving parents and family members. There was quite a bit of concern about pre voc services both as it relates to being time limited, restrictive in preparing folks for employment and how facility based assessments need to be community based. IVRS was also mentioned as easier to work with than Medicaid SE and that funding community work site assessments, allowed providers to better advocate for employment.

### **Storm Lake, IA Community Forum**

These participants emphasized the role of customized employment in rural areas, better addressing employer needs in smaller communities and improving the job seekers self image and confidence. This group stressed their concern that a stable work team needs to be in place for long terms support. They discussed how consumer and employer needs change over time and that a stable work team needs to be in place down the road. They also emphasized the need for and importance of flexible transportation. This group strongly emphasized the need for incentives and services for employers in order for this initiative to be successful. They also saw a need to partner more with staffing agencies.

### **Ames, IA Community Forum**

These participants emphasized the need for service definitions being linked to billable activities and more clearly defined. This group spent some time talking about the role of the schools in terms of where are they at and where do they fit in related to this community employment initiative. There is a recognition that the school districts are struggling financially to support transition services. Also mentioned related to school transition was not capturing/serving all students with disabilities and the use of workshops as the vocational component of an IEP. There was an emphasis on the individual level of need matters where flexibility is needed to adjust as a person's needs change particularly as it relates to crisis situations. The importance and role of benefits planning was also emphasized as key to achieving better community employment.

### **Ottumwa, IA Community Forum**

These participants spent a great deal of time discussing pre vocational services where their comments were varied. There was concern about making pre-voc services time limited, whether pre-voc services can and should be able to be a subminimum wage, that pre-authorization for pre-voc services were subjective and that there is a cap on what they can make in pre-voc. There was also extensive discussion about the role of IVRS in this employment initiative. They discussed getting denials for folks who can't or don't want to work 20 hours or more, not willing to fund those that are not 'competitively

employable', the current 6 month waiting list and the gap between Medicaid and VR funding. This group emphasized that this initiative could allow for more flexibility to fund community based discovery, job shadows, community based assessments, and temporary training wages that builds relationships with employers and secures more and better placements.

### **Waterloo, IA Community Forum**

These participants had a good discussion about staff training. They emphasized the need for staff with consistent skill sets, which the training needs to be readily available and hands-on as well as mentioned using existing resources such as ACRE, APSE and College of Direct Support. They also raised concerns about those staff that have already completed training (would they need to be 'recertified), how the training would be paid for, will it come with requirements (is it necessary) and how would we incentivize staff to get more training. This group also voiced their concern about gaps in service such as what is the service between pre-voc and supported employment and the gap when it comes to serving those with personal care or needing continual on-going support. This group felt that this initiative could help move their budget from red to green, reduce behaviors with choice and community integration as well as access better staff and lower turnover.

## **Community Forums-Statewide Summary**

### **Q1. What Do You Like About This?**

- **1. Payment for indirect staff time must be included in the rate. (Assumption E) (31)**
  - Currently do a lot of fundraising to cover indirect costs
  - Rates in recent years didn't support job/employer development, now feels like this service is being recognized/validated & given more flexibility to do the service well
- **2. High quality staff must be compensated. (Assumption C) (22)**
  - High turnover, better pay-less stress.
  - Qualified staff must be compensated—7 day job, odd hours---pay has to be there
- **3. Provider's skill sets must be consistent across the state. (Assumption F) (21)**
  - Fixing gap or lack of training on all aspects of employment services, & staff being able to work with variety of individuals.
  - Will improve employment outcomes
  - Training has to be available & hands-on
- **4. Rate must be based upon staff cost. (Assumption D) (15)**
  - Paid actual cost; realize modest profit to re-invest in services & staff (2).
- **5. Simplicity is essential. (Assumption A) (13)**
  - Decrease paperwork.
  - Educate providers.
- **6. Individual level of need matters. (Assumption J) (13)**
  - Pay for needed supports to maintain employment, adjust as needs change.
  - "Fade out' isn't appropriate for all.
  - Individualizing work hours-to determine success or closure.
  - Level of services will vary as individual needs & challenges differ, rates must slide depending on need.

- **7. Transportation must be separate allocation. (Assumption K) (13)**
  - Small or rural town, transportation is huge barrier as it has hindered some clients' ability to work.
  - Do not have weekend transportation or after hours. Trying to find 8-5pm jobs for client is almost impossible.
  - Individuals that are CMI rely on the counties to fund transportation so if the county has a waiting list, then they don't get to work.
  - Medicaid pays for transportation to medical appointments, why can't we pay for access to vocational rehabilitation services?
- **8. Support a stable work team for long-term support. (Assumption G) (12)**
  - Would like to provide more community-based employment services but hit a roadblock down the road when it comes to long-term supports on the job—doing well, keep jobs 2-3 years, discharged from provider, then lose the job for various reasons---if provider could provide support long-term & be funded for this, this wouldn't happen---could support both individual& employer
- **9. Funding systems must acknowledge the long-term costs. (Assumption M) (10)**
  - Allowing for Discovery. (2)
  - Openness to creative payment structures. (3)
    - Tiered support & payment models.
  - Array of services for those transitioning or not wanting to work competitively or be in Day Hab. (2)
  - Don't lose money for using natural supports
  - Funding benefits planning.
  - This must remain a priority or folks will return to increased system supports through non-work services.
  - Information/comparison to other states and how they are doing it.
- **10. Some services must be time limited. (Assumption H) (9)**
  - Limits for career exploration &/or assessments, as well as pre-voc.
- **11. Increasing expectation & opportunities for community-based employment. (8)**
  - It increases the perspective of the person with a disability-improves self-image/confidence/worth
  - Seeing the need for growth & recognizing folks strengths & abilities
- **12. Service definitions must link to billable activities. (Assumption B) (7)**
  - Employers want to look at the bottom line & if we can meet a need or customize—they will want it & as the employers' needs change, you have to change instantaneously & it seems as though these assumptions would support this (WHO PAYS FOR THIS)
  - We want clear service descriptions- but Medicaid services descriptions are not flexible enough & we interpret them differently & narrowly
- **13. Funding systems need to have complementary case management systems that support the individual. (Assumption L) (5)**
  - Whole life & community-based approach.

- Case Managers are knowledgeable & have increased expectations.
  - **14.** Collaboration between partners, state agencies, providers, etc. **(4)**
  - **15. The budget allocation process is different from the payment rate process. (Assumption I)**
  - **16.** Focus on improving transition services & school work experience programs.
  - **17.** Giving people the information to contact legislators.
  - **18.** Work group opportunities to brainstorm.
  - **19.** VR is a breath of fresh air under David Mitchell's leadership.
  - **20.** Hearing about provider staff & VR counselor in the community together to job develop.
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## **Q2. What Concerns You?**

- **1. Employer & Community Buy-In (23)**
  - Getting employers involved & engaged, especially in rural areas. (3)
    - Limited job availability in rural communities. **(10)**
    - Building employer understanding & capacity.
    - No incentives for businesses. On-Job-Training? Customized employment?
    - Capacity of employers to understand/support people with disabilities needs
    - Rural employers want someone to do all tasks of job.
    - High unemployment rates for general workforce.
- **2. Individual level of need matters. (Assumption J) (25)**
  - Long-term funding access for individuals whose support may not be faded or need personal care (no funding overlap allowed i.e. job coach & CDAC) **(2)**
  - Needs vary & vary across time in employment lifecycle. Rates based on averages are potentially dangerous. Tiered rates based upon functional abilities (MSD) like Wisconsin could be great option.
  - Driven by service needs vs. funding.
  - No "cookie cutter" approach-not too rigid.
  - Rules and definitions currently keep folks out of competitive employment
- **3. Increasing Expectation & Demand: Messaging**
- **Shifting the culture of providers/families/clients (4)**
  - Demonizing of workshops.
  - Default to facilities for assessment.
  - Getting buy-in from the rest of the state, getting them excited & involved i.e. schools--- increasing expectation & demand
- **Provider buy-in (9)**
  - Enough support (TA) for rebalancing, especially to rural providers/communities. **(9)**
  - Concern that individuals, families and case managers are fearful about going to/leaving sheltered workshop (benefits, safety and socialization) **(2)**
  - Placing our values for integrated jobs on those who do not share same values. Many folks just want a job & value facility based jobs which in many cases offer more hours & better pay. ---Not taking into account needs/desire of individuals. **(2)**

- Great ideas/focus on community employment but ignoring needs/desires of Individuals **(2)**
- What will happen to sheltered workshops that do not agree to get on board with changes? **(2)**
- Job coaches not following the team agreement of an individual ready for community employment—who has the “final say” to allow an individual to work toward community employment?
- Advanced aged individuals are resistant to community jobs – being pushed into community employment and may be ready for retirement
- Need more training on understanding of funding, language/terms, information on how the system and resources works
- Do people have jobs that they like & are interested in or are we going to start just placing folks in jobs for the intent of the outcome
- **4. Gaps in Services/Continuum of Services**
- Options for individuals when they choose not to (“or can’t”) work in the community competitively for various reasons i.e. lack of jobs, lack of skills, health, behaviors, like/want facility based services, safety, etc. **(10)**.
  - MSD are denied by VR & also kicked out of pre-voc b/c unable to work, “won’t be competitively employed” & workshop is very important to them **(7)**
  - In small or rural communities few employment opportunities due to many applying for single job or employers having negative past experiences or resistant to working with agency, so push for community employment seems *impossible*. **(4)**
  - We have 140 people in sheltered work...our rural communities do not have 140 jobs- What happens with everyone? **(2)**
  - Saturation is a concern.
  - Folks that fall through the cracks – too skilled for workshop but need support in community employment
- Missing from both DD and CMI systems – constantly adding new funding streams, protocols, policies, etc but we never remove anything, we just layer one thing on top of another
- **5. Funding systems need to have complementary case management systems that support the individual. (Assumption L) (2)**
  - DHS Case Management, County Case Management, & providers need to learn/train together, many inconsistencies. **(5)**
  - Lack of collaboration & braiding between VR & Case Management/Waiver. **(4)**
    - Inconsistencies in approvals for services VR & Case Management
  - Responsiveness of Magellan with large caseloads. **(2)**
  - Timeliness of authorizations.**(2)**
  - Responsiveness to individual & employer (especially as needs change or crises arise).
  - Not paid for indirect time (Case Managers & providers).
  - Providers need referrals to survive & deliver service. Takes critical mass.

- No strategies to expedite the system – folks have to wait to be approved, found eligible, get plan in place, funding in place, etc
- Better communication between case managers & agencies---both told different processes, rules, initiatives, etc. (DHS communicates with IACP so that they get the same message at the same time as case managers)
- **6. High quality staff must be compensated. (Assumption C) (12)**
  - Staff capacity to support this shift & ability to work w/ everyone. **(3)**
  - Clients making more per hour than job coach (or other SE staff). No incentive to stay in the position.
  - A rate increase that will not support staff compensation.
  - Success of staff w/ sales/marketing background needs better compensation.
- **7. Support a stable work team for long-term support. (Assumption G) (11)**
  - Would like to provide more community-based employment services but hit a roadblock down the road when it comes to long-term supports on the job—individual is doing well, keeps job 2-3 years, discharged from provider, then lose the job for various reasons---if provider could provide support long-term & be funded for this, this wouldn't happen---could support both individual & employers **(2)**
  - Fading not appropriate for everyone & on-going support is needed for individual & maintain relationship with employer.
  - Consider funding models like *Wisconsin & Minnesota* where higher incentives for community placements & funding long-term supports when/where needed.
  - Simplify relationship between IVRS & Medicaid funding streams-some states appear to be structured so that IVRS funds discovery, career planning, job placement & then Medicaid takes over if & when long-term coaching is needed.
  - “Team” concept will be strong at first but will lose it if not supported.
- **8. Some services must be time limited. (Assumption H) (8)**
  - No standardized fading-method, turning into “rule” with no customization. **(4)**
  - How will this be assessed or determined?—Look at progress instead.
  - Some will need on-going support, never ending.
  - Considerations for folks w/ CMI & cycling of illness.
  - Time limits a few years ago on pre-voc negatively impacted individuals.
- **9. Payment for indirect staff time must be included in the rate. (Assumption E) (10)**
  - Must have payment for employer/job development.
- **10. Funding systems must acknowledge the long-term costs. (Assumption M) (8)**
  - Current wait lists for SE services. **(2)**
  - Supported Employment including job development are funded too low to sustain
  - How can skills training & soft skills learning be done w/o pre-voc?
  - Many will need long-term, intensive supports.
  - Potential to lose services.
  - Making this initiative cost neutral.
  - Serving those w/o Medicaid.



- Everyone being the funder of last resort.
- **11. Transportation must be a separate allocation. (Assumption K) (7)**
  - Available for all employment services.
  - Available “after hours” especially in rural areas.
  - Lack of providers/resources.
  - Can be cumbersome with documentation/billing.
  - Needs to be available starting at age 16.
  - Forgetting about funding through Social Security for transportation, using all available funding
- **12. Pre-Vocational Services**
  - Pre-voc pre-authorizations are too subjective & screen people out of opportunities to learn work skills & earn money by labeling them. **(5)**
  - Assessment needs to be community based. **(2)**
  - Individual getting approved for pre-voc who stated they don’t want to work.
  - Pre-voc limits skills we can teach-folks lose motivation when we can’t focus on skills directed to the job & it takes longer.
  - Pre-voc 50% of minimum wage is a barrier.
  - Unintended consequences to good pre-voc programs! Ratio/Reimbursement
  - Gap between pre-voc & SE that confuses providers & slows individual progress.
  - Pre-voc doesn’t include transferable skill development.
  - Not necessarily allowing for flexibility & creativity with assessment & discovery
- **13. Providers’ skill sets must be consistent across the state. (Assumption F) (5)**
  - Focus on qualified staff will weed out job developers who are more of a “salesman” type **(2)**
  - Under qualified & no consistent training, too expensive for provider.
  - Low capacity, especially in rural areas.
  - Experience doing SE & customized employment suggest job exploration & career planning are not best provided by para-professional (job coach) level staff. Needs to be professional level staff.
  - In rural programs may need to employ staff who can do all 3 aspects of service, not split staff to do professional vs. non-professional activities.
  - Will training come with more requirements, is it necessary?
  - How will we pay for this training?
  - Incentivizing staff to get more training
- **14. Rate must be based upon staff cost. (Assumption D) (5)**
  - Cost neutral is not possible-pay for services/outcomes you want & SE services are expensive upfront. **(2)**
  - Need to consider program & admin costs such as health benefits, retirement benefits, FICA, unemployment, worker’s comp., “windshield time”, building/office costs, IT systems, staff training, & career development. All are real & necessary.
  - City cost of living varies for employers paying employees.

- **15. Service definitions must link to billable activities. (Assumption B) (6)**
  - Pre-voc & SE are limited on what services/activities can be provided, more *flexible & allow creativity* i.e. learning to read, volunteering, activities to build self-esteem, etc.
  - Staffing and coordinating them should be included in billable hours.
- **16. Schools (6)**
- Gaps in transition services or school-to work.
  - ‘Iowa I Have A Plan’ is an issue—teachers are imposing this on the students---& the students may also be participating in other programs & services---needs to be collaborating & coordinating together **(2)**
  - Use of workshops as vocational component of IEPs.
  - Special education funds can be used for CRPs to provide vocational component in community-based internships but not happening.
  - Schools are not involved & do not do as great a job in preparing students with disabilities for work
- Schools & districts are struggling financially to support transition services & coordinators—this may be more of a reflection of size of community & lack of resources & funding
- **17. Benefits Planning**
- Lack of understanding (myths) & access to benefits planning. **(5)**
  - Fear of losing benefits &/or limiting work so as not to.
  - Teams declining job placements for individuals because it messes with income, eligibility, benefits
  - Different levels within SS system (disability & benefits) & work significantly impacts benefits (especially dually eligible-SSDI & SSI) but there are not a lot of experts or good resources for benefits planning & how to help guide folks & protect their services
  - Is there anything being done about income limits for job seekers making good money & no longer eligible for their services which they need for on-going supports? ---These are disincentives
- **18. Simplicity is essential. (Assumption A) (4)**
  - Too many job descriptions, too many services & definitions, too many rates, too many different units.
  - Documentation makes this difficult.
  - Like the concept of simplicity-but when you have individuals with diverse levels of need, simplicity goes out the window
- **19. Income & Resources Limits (3)**
- Habilitation 150% of federal poverty line-earned income=ineligibility for needed services.
- **20. VR**
- VR taking a long time to make people eligible becomes a barrier.
  - If VR goes back to standard reimbursement for D codes-difference between rural & urban costs are concerning!

- VR requirement of 20+ hrs/wk is a roadblock in finding entry level job-even one that could eventually lead to more hours. A customized or carved position will not require 20+ hrs/wk of work initially.
    - Individual is offered a job, carved for them & team turns down due to number of hours.
    - Getting denials for folks who can't or don't want to work 20 hours or more **(2)**
  - Currently a waiting list of 6 months and many folks don't get referred to VR because they want a job now
  - **21.** The system doesn't fund careers, but jobs---How many jobs have you had?
    - Still talking about entry level jobs-individuals can't be self-sufficient. **(2)**
    - Doesn't allow for CRPs to be creative, think outside the norm.
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### **Q3. What Is Missing?**

- **1. Employer and Community Buy-in**
- Employer input & buy-in. **(20)**
  - Education. **(11)**
  - Incentives & services for employers who hire people with disabilities. **(10)**
- Availability of jobs **(4)**.
- Increased funding for indirect relationship building w/ employers & groups like Rotary.
- Accessing & relationship building with staffing agencies.
- More WOTC opportunities-process is complex & uncertain.
- Are we working with staffing agencies? How can we access & utilize these agencies & their services?---not tapping into this resource as much as we can, especially when it comes to STEM training & jobs
- **2. Benefits Planning (25)**
- Self-employment options & supports. (May look different & not fit current rules). **(4)**
- Benefits planning & funding to support it.
  - Availability of PASS Plan
  - Utilizing Ticket to Work, many obstacles.
- Incentives for career advancement.
- Benefits planning & counseling---there are a lot of myths, misinformation, fears
- **3. Schools**
- School involvement & serving transition aged youth WELL. **(21)**
  - Schools working with VR and providers, all partners coming to the table **(5)**
  - Collaboration of CRP, Medicaid/Waiver, VR, w/ school & braiding funding. **(4)**
  - Schools often pay for facility-based employment so students can get credits to graduate---schools NEED OTHER OPTIONS & education. **(4)**
  - All members of the IDT coming to the table, especially during planning i.e. SCL, employment staff, school, family, etc. **(4)**
  - Funding for youth with behavioral or learning disabilities, not as severe. **(2)**

- Work study, internships, & apprenticeship programs & funding for them.
- Schools—where are they at in this & where do they fit in?
- Education about adult services for educators
- Not capturing/serving all students with disabilities—schools typically serve those students with multiple disabilities vs. those with “just a learning disability
- Training of students needs to be in soft skills as well as technical skills—employer feedback
- **4. Gaps in Services/Continuum of Services**
- Array of work services & supports for folks transitioning, “not employable”, or not wanting competitive employment but don’t want Day Hab either. **(16)**
- Eliminating the choice of workshop or enclaves. **(4)**
- For pre-voc funding need denial from VR & using this procedure is not in best interest of individuals. Then put in Day Hab instead of working, would like Pre-Voc for transition. **(2)**
- Volunteer initiatives for those who don’t want or can’t find work.
- Gap between Medicaid and VR funding, true for students in transition too.
- Brain Injury Waiver-Day Habilitation-employment services?
- Extended programming that focuses on functional skills like money/math or reading.
- Pre-voc has a cap on what the individual can make before they have to move to another service like sheltered or supported employment though this may not be the right step at the right time—the intermediate step is missing
- Gaps when it comes to serving those with personal cares or will need continual on-going supports—personal care attendant, on-going coaching there will not be fading as this is not appropriate for the person’s level of need
- **5. Increasing Expectation & Demand**
- Consumer & family/guardian input, education, & buy-in. **(13)**
- On-boarding” providers not ready for change.
  - Options & financial support for facility-based services/providers if & when rebalancing. **(2)**
  - Training curriculum/support for shift to community-based employment. **(2)**
  - Clarification on what commitment & involvement may look like to help move into competitive employment.
- Expectation & funding for community employment as first option for new referrals. **(3)**
- Funding for CRPs to open competitive business-hire from general population with emphasis on employees who have disabilities.
- Employment for those in institutions.
- Partnerships within regions
- Sheltered workshop as a valued choice—individuals have the right to choose this
- We have to allow individuals the right to risk & to be disappointed & then provide them support
- Rural areas may not have as many opportunities for folks & this may create fear or worry about leaving workshop. As they depend on the check---if they are kicked off pre-voc then what?
- **6. Funding systems must acknowledge the long-term costs. (Assumption M)**

- Funding career exploration, job shadows, discovery, community assessment. **(7)**
- Funding soft skills training. **(3)**
- Funding volunteering. **(2)**
- Funding employer/job specific training. **(2)**
- Funding AT & reasonable accommodations. **(2)**
- High turnover so potentially high cost to providers.
- Funding for work materials i.e. interview clothing or hygiene products.
- Additional funding/D codes a customized process.
- Funding skills training programs.
- Limited options for job coaches-agency may have one job coach who is responsible to find community employment for 30+ people.
- Have you thought about a cash block of money to providers with outcomes to be achieved over a period of time - pre-determined outcomes would be used to “convert” from facility-based to community-based? Or at least 50-50 balance?
- Commitment from state agencies as county funding is being cut.
- Application to CMI.
- How do we stay cost neutral?
- **7. VR**
- VR not accepting or opening cases when not viewed as someone able to produce or perform at minimum wage or above. **(4)**
  - Misunderstanding/barriers regarding eligibility for services.
  - Recognizing placement w/ temp agency as successful closure.
- Won't fund those that aren't “competitively employable”.**(3)**
- More flexibility in allowable number of hours worked per week for community employment. **(2)**
- Speed up eligibility process through VR
- **8. Individual level of need matters. (Assumption J) (7)**
  - Fade not appropriate for everyone.
  - Funding for workplace accommodations.
- **9. Providers' skill sets must be consistent across the state. (Assumption F) (6)**
  - Long term training and TA for providers **(2)**
  - Staff training on employer/job development-SALES.
  - Sharing best practices & success stories.
  - Using existing resources such as College of Employment Services, APSE, ACRE.
  - Training curriculum for community based employment
- **10. Funding systems need to have complementary case management systems that support the individual. (Assumption L) (2)**
  - Collaboration & braiding of VR & Medicaid. **(4)**
  - Timely approvals.
  - Responsive & flexible accessing of VR & Medicaid funding for changing employment needs.

- Responsive services—i.e. someone starts a job tomorrow, have to scramble to get job coach & get it in the plan & get it funded
- **11. Transportation must be a separate allocation. (5)**
  - Limited transportation in rural areas.
  - Options & funding.
  - If data/outcomes show that work improves health and quality of life, then wouldn't it make sense to pay to transport folks to work to decrease other health costs?
- **12. Simplicity is essential. (Assumption A)**
  - Simplification of documentation. (2)
  - What can be TAKEN OUT of the system to make it more efficient?
- **13. Service definitions must link to billable activities. (Assumption B) (2)**
  - Consistent communication & interpretation of rules & regulations between providers, Case Managers, & state.
  - Clear, standardized, & internalized definitions with no concise & consistent interpretation.
  - Training all partners on funding resources, braiding, & definitions.
- **14. Support a stable work team for long-term support. (Assumption G)**
  - Missing for individuals who need intensive, long-term supports i.e. job coach
    - Need for job coach & personal cares-CDAC but current rules don't allow funding overlap
- **15. Some services must be time limited. (Assumption H)**
  - Can't be too rigid.

#### **Q4. What Will This Allow You To Do?**

- **1. Increasing Expectation & Demand: Messaging**
- Everyone living & working in the community. (13)
  - Integrated employment as first & preferred option. (14)
  - Increase expectation & demand. (6)
  - Economic empowerment-reducing SSI/SDDI dependence. (3)
  - Customized match & employment supports. (2)
- Provide & improve transition services for students w. disabilities- no longer accessing segregated settings. (3)
- To provide bigger, better incentives for employers to hire.
- Determine/utilize state wide outcomes.
- Improved partnerships & collaboration with VR-work collaboratively across agencies.
  - Braid funding with all partners.
- Natural opportunity for individuals to build relationships in the community-natural supports
- Hopefully increase community's, employers', and staffs' expectation & demand & have the belief that individuals with disabilities CAN work---what we see is what we expect

- We have to educate these stakeholders & “show them”
- Will allow us to change expectations
- **2. Payment for indirect staff time must be included in the rate. (Assumption E) (12)**
  - Educate & marketing employers & community. (4)
  - Will improve outcomes
- **3. Support a stable work team for long-term support. (Assumption G) (8)**
  - Expand community employment services supported by *stable* funding. (7)
  - Have a predictable stream of incomes (3)
  - Allow providers to receive more referrals for employment services, then consistently provide the services, improving their service delivery.
- **4. Highly qualified staff must be compensated. (Assumption C) (14)**
  - Staff better compensated, therefore more invested.
  - Hire competent staff & retain (wages) & have opportunity to *train* them in job development.
- **5. Individual level of need matters (Assumption J)**
  - Services are individualized, flexible, & responsive. (10)
  - Reduce behaviors with choice and community integration
- **6. Funding systems must acknowledge the long-term costs. (Assumption M) (6)**
  - Billing for discovery, job shadows, community-based assessment, temporary training wages necessary to secure placements. (4)
  - Help move budget from red to green
  - Fund AT & reasonable accommodations to support positive outcomes.
  - To bill for services hour by hour instead of getting paid by outcome.
  - Increase quality of services
- **7. Provider’s skill sets must be consistent across the state. (Assumption F) (8)**
  - Increase staff capacity/skills and reduce turnover.
  - Access to training & standardized competency levels would improve outcomes, better matches, & develop relationships with employers.
- **8. Transportation must be a separate allocation. (Assumption K) (4)**
  - Improve transportation (especially in rural communities).
- **9. Simplicity is essential. (Assumption A) (2)**
  - Decrease paperwork. (2)
  - More accessible system, expedite process, won’t need a “navigator”.
- **10. Rate must be based upon staff cost. (Assumption D) (2)**
- **11. Funding systems need to have complementary case management systems that support the individual. (Assumption L)**
  - Flexible in defining work ready, employment success, & on-going supports.
  - New services like voc-tech schools or transition services.
- **12. Rate must be based upon staff cost (Assumption D)**
- **13. VR**

- VR is easier to work with than Medicaid (SE)—moves quicker, less complicated, more flexible where with IME if you start job development, you have to complete all the steps and follow all the way through in order to get paid
  - VR funds community work site assessments, individuals participate in these & allows for providers to advocate to employer to employ them
  - **14. Schools**
    - With transition aged youth we have a great opportunity to focus on community-based employment, not sending them straight into workshop
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**Appendix A**  
**Key Assumptions for a High Quality Employment Services Funding System**  
**From “Stakeholder Brief: A Systematic Approach to Revising Iowa’s**  
**Integrated Employment Funding System” (pp. 10 – 11)**

- A. Simplicity is essential:** The funding process and payment rates need to be simple to understand and implement.
- B. Service definitions must link to billable activities:** Clear service definitions must be developed that are directly linked to the billable activities allowed under each type of integrated employment service.
- C. High quality staff must be compensated:** Employment training specialist and individual job coach wages need to be sufficient to attract individuals who have the capability to operate effectively in complex and diverse work environments.
- D. Rate must be based upon staff cost:** Staff cost is the primary driver of service costs. Rates must be based upon the cost of competent staff needed to complete the job tasks and not historical costs.
- E. Payment for indirect staff time must be included in the rate:** Indirect staff time needs to account for specific employment training requirements and career development opportunities, staff transportation when not with the individual, meeting with businesses and other system professionals, and the completion of paperwork.
- F. Providers’ skill sets must be consistent across the state:** Part of developing a high quality integrated employment system is ensuring that there is consistency across the state in providers’ ability to provide employment services. Statewide training and certification requirements for integrated employment are an important tool to facilitate this factor.
- G. Support a stable work team for long-term support:** Providers need a predictable stream of income that will allow them to maintain flexible staff resources for employment support and that encourages fading intensive job coaching.
- H. Some services must be time limited:** Clear points in time must be identified for the transition between different levels of integrated employment services. There should be a time limit on the amount of time needed to complete the career exploration process, and a standardized method for determining the fading of job coaching and transition to ongoing supports with a process for exceptions.
- I. The budget allocation process is different from the payment rate process:** The development of the process for individual budget allocation must be done separately from the development of payment rates for day and employment services.
- J. Individual level of need matters:** Both the individual budget allocation and payment authorization for day and employment services must account for the individual's level of need.
- K. Transportation must be a separate allocation:** Funding for transportation for the individual must be a separate allocation and rate. The separation of service from transportation funding must occur across all day and employment services, not just integrated employment services.
- L. Funding systems need to have complementary case management systems that support the individual:** The case management structure and process needs to be responsive to changes in individual's support needs and be able to quickly fund additional supports during times of crisis. Additionally the funding and case management systems must be designed to support a whole life individual community centered approach.
- M. Funding systems must acknowledge the long-term costs:** For long-term cost management, state I/DD agencies must determine what facility-based and day services they will reduce to allow reallocation of resources for expansion of employment and employment related integrated services, for instance adding career planning/discovery to the service options.

## Appendix B

### Community Forums-Individual Site Summaries

#### ATLANTIC

##### Q1. What Do You Like About This?

- **A. Simplicity is essential. (4)**
- **C. High quality staff must be compensated. (4)**
- Must be paid for what it actually costs to provide service & realize modest profit for ongoing re-investment in services & staff. **D. Rate must be based upon staff cost.**
- **E. Payment for indirect staff time must be included in the rate. (3)**
- **F. Provider's skill sets must be consistent across the state. (4)**
  - Current gap or lack of training on all aspects of employment services, & staff being able to work with variety of individuals.
- **G. Support a stable work team for long-term support. (3)**
- Like but be careful with time limiting services, MSD might take longer.-**H. Some services must be time limited. (2)**
  - Limits for career exploration and/or assessments
- Pay for needed support so employment is maintained. Sometimes 'fade out' can't happen. **J. Individual level of need matters. (3)**
- Small or rural town, transportation is huge barrier as it has hindered some clients' ability to work. Do not have weekend transportation or after hours. Trying to find 8-5pm jobs for client is almost impossible. -**K. Transportation must be separate allocation. (10)**
  - Individuals that are CMI rely on the counties to fund transportation so if the county has a waiting list, then they don't get to work & therefore can't keep a job.
  - Medicaid pays for transportation to medical appointments, why can't we pay for access to vocational rehabilitation services?
- Whole life of individual & community centered approach-**L. Funding systems need to have complementary case management systems that support the individual. (2)**
- Giving people the information to contact legislators.
- Agencies coming together.
- VR has become a breath of fresh air under David Mitchell's leadership.

##### Q2. What Concerns You?

- Clients making more per hour than job coach (or other SE staff). No incentive to stay in the position other than wanting to help people. **C. High quality staff must be compensated. (7)**
  - Staff capacity to support this shift to community-based employment (2)

- Changes in Habilitation services & folks with CMI it may be difficult to get funding approved quickly, not just in crisis situations, but overall. **L. Funding systems need to have complementary case management systems that support the individual.**
  - Timeliness of authorizations.
  - Not paid for indirect time.
  - No strategies to expedite the system – folks have to wait to be approved, found eligible, get plan in place, funding in place, etc

### Pre-Vocational Services

- Individual getting approved for pre-voc who stated they don't want to work
  - Pre-voc limits skills we can teach-folks lose motivation when we can't focus on skills directed to the job & it takes longer.
  - Pre-voc 50% of minimum wage is a barrier.
  - Unintended consequences to good pre-voc programs! Ratio/Reimbursement
  - Assessment needs to be community based.
  - Pre-voc doesn't include transferable skill development.

### Benefits Planning

- Benefits planning & building understanding. **(5)**
  - Fear of losing benefits &/or limiting work so as not to.
  - Teams declining job placements for individuals because it messes with income, eligibility, benefits

### Increasing Expectation & Demand: Messaging

- Shifting the culture of providers/families/clients **(3)**
  - Demonizing of workshops.
  - Default to facilities for assessment.
- Concern that individuals, families and case managers are fearful about going to/leaving sheltered workshop (benefits, safety and socialization)
- Advanced aged individuals are resistant to community jobs – being pushed into community employment and may be ready for retirement
- Need more training on understanding of funding, language/terms, information on how the system and resources works

### Employers

- Getting employers involved-what is the community's capacity to employ individuals in rural areas? **(2)**
  - No incentives for businesses. On-Job-Training? Customized employment?
  - Proper training is needed for employer/job developers.

### Gaps in Services/Transition of Services

- If you move to 100% community-based employment setting, what happens to the clients that are not ready or may never be ready for community employment?
  - In small or rural communities few employment opportunities due to many applying for single job or employers having negative past experiences or resistant to working with agency, so push for community employment seems *impossible*. **(4)**
  - We have 140 people in sheltered work-our rural communities do not have 140 jobs- What happens with everyone? **(2)**
  - Saturation is a concern.
- An individual is offered a job, carved out for them & the team turns it down due to number of hours.
- VR in this area taking a long time to make people eligible becomes a barrier.
  - If VR goes back to standard reimbursement for D codes-difference between rural & urban costs are concerning!
- Serving individuals without Medicaid
- The system doesn't fund careers, but jobs---How many job have you had?
  - Doesn't allow for CRPs to be creative, think outside the norm.
- Providers need referrals to survive & to deliver this service. Takes critical mass.
- "Team" concept will be strong at first but will lose it if not supported.
- Simple?-City cost of living varies for employers paying employees.
- Folks that fall through the cracks – too skilled for workshop but need support in community employment
- Staffing and coordinating them should be included in billable hours.
- Missing from both DD and CMI systems – constantly adding new funding streams, protocols, policies, etc but we never remove anything, we just layer one thing on top of another

### Q3. What Is Missing?

- What can be TAKEN OUT of the system to make it more efficient? **A. Simplicity is essential.**
- Employers & getting them to job carve again.
  - Few job opportunities in the community **(2)**
- Input from, information to, & education of
  - Parents & guardians **(2)**
  - Employers & Businesses **(8)**
  - Transition coordinators (schools, AEA)
- Funding for:
  - Transportation will help but rural Iowa needs transportation expansion in general, not just for PWD.
  - *Benefits planning* **(4)**
    - Incentives for career advancement.
  - Job specific training.

- Additional funding or D codes for customized
- Funding for CRPs to open competitive business-hire from general population with emphasis on employees who have disabilities.
- *Schools working with VR & providers (5)* ---All partners coming to the table.
- Have you thought about a cash block of money to providers with outcomes to be achieved over a period of time with pre-determined outcomes would be used to “convert” from facility-based to community-based? Or at least 50-50 balance?
- *Missing transition services or activities* for folks who want to work & make money & may have to leave workshop (this would be upsetting to them) or if they did get a community-based job for only few hours a week making less.
- Clear, standardized, & internalized definitions with no concise & consistent interpretation.
  - Training all partners on funding resources, braiding, & definitions.
- Brain Injury Waiver-Day Habilitation
- Strategies to expedite the system.
- If data/outcomes show that work improves health and quality of life, then wouldn't it make sense to pay to transport folks to work to decrease other health costs?

#### **Q4. What Will This Allow You To Do?**

- **A. Simplicity is essential.**
  - More accessible system, expedite process, won't need a “navigator”.
  - Decrease paperwork. **(2)**
- Staff to be better compensated, therefore more invested. **C. Highly qualified staff must be compensated.**
- Payment for indirect time. **E. Payment for indirect staff time must be included in the rate.**
- Increase skill levels of providers. **(5) F. Provider's skill sets must be consistent across the state.**
  - Access to training & standardized competency levels would improve outcomes, better matches, & develop relationships with employers.
- Improve transportation in small communities for more employment options. **(3) K. Transportation must be a separate allocation.**
- To be more flexible in defining work ready, employment success, & on-going supports needed based on the individual's level of need.
- Put people to work reducing the number of people on SSI/SSDI. **(2)**
- To provide bigger, better incentives for employers to hire.
- Students/youth no longer accessing segregated settings.
- Determine/utilize state wide outcomes.
- To get more community work site assessments funded by VR as these open doors to jobs.
- Allow providers to receive more referrals for employment services, then consistently provide the services, improving their service delivery.
- To bill for services hour by hour instead of getting paid by outcome.

- VR is easier to work with than Medicaid (SE)—moves quicker, less complicated, more flexible where with IME if you start job development, you have to complete all the steps and follow all the way through in order to get paid
- VR funds community work site assessments, individuals participate in these & allows for providers to advocate to employer to employ them
- Speed up eligibility process through VR

## **STORM LAKE**

### **Q1. What Do You Like About This?**

- **A. Simplicity is essential. (4)**
  - Decrease paperwork
  - Educate providers
- **C. High quality staff must be compensated. (3)**
  - High turnover, find better pay-less stress.
- **D. Rate must be based upon staff cost. (6)** Allow for admin overhead & profit margin to sustain services & allow growth.
- **E. Payment for indirect staff time must be included in the rate. (6)**
  - Currently do a lot of fundraising to cover indirect costs
- **F. Providers' skills sets must be consistent across the state. (6)**
  - Will improve employment outcomes
- **G. Support a stable work team for long-term support. (2)**
- **J. individual level of need matters. (2)**
  - Level of services vary as individual needs & challenges differ, rates must slide depending on need.
- **K. Transportation must be a separate allocation. (3)**
- **L. Funding systems need to have complementary case management systems that support the individual**
- **M. Funding systems must acknowledge the long-term costs. (3)** This must remain a priority or folks will return to increased system supports through non-work services.
- Hearing that provider staff & VR counselor worked together out in the community to job develop on behalf of individual served.
- Work group opportunities to brainstorm.
- Partnerships & collaboration between partners, state agencies, etc. & openness to discussion & feedback **(3)**
- It increases the perspective of the person with a disability-improves self-image/confidence/worth
- Rates in recent years didn't support job/employer development, now feels like this service is being recognized/validated & given more flexibility to do the service well
- Would like to provide more community-based employment services but hit a roadblock down the road when it comes to long-term supports on the job—doing well, keep jobs 2-3 years,

discharged from provider, then lose the job for various reasons---if provider could provide support long-term & be funded for this, this wouldn't happen---could support both individual& employer (G & J)

- Seeing the need for growth & recognizing folks strengths & abilities
- Employers want to look at the bottom line & if we can meet a need or customize—they will want it & as the employers' needs change, you have to change instantaneously & it seems as though these assumptions would support this (WHO PAYS FOR THIS)
- Like the concept of simplicity-but when you have individuals with diverse levels of need, simplicity goes out the window
- We want clear service descriptions- but Medicaid services descriptions are not flexible enough & we interpret them differently & narrowly

## Q2. What Concerns You?

- Too many job descriptions, too many services & definitions, too many rates, too many different units. **A. Simplicity is essential. (4)**
- Pre-voc & SE are limited on what services/activities can be provided, more *flexible & allow creativity* i.e. learning to read, volunteering, activities to build self-esteem, etc. **B. Service definitions must link to billable activities (6)**
- **C. High quality staff must be compensated. (2)**
  - Job coaches paid poorly & are not qualified to serve everyone.
- Need to consider program & admin costs such as health benefits, retirement benefits, FICA, unemployment, worker's comp., "windshield time", building/office costs, IT systems, staff training, & career development. All are real & necessary. **D. Rate must be based upon staff cost.**
- Cover marketing & building relationships with employers/job developing. **E. Indirect staff time must be included in rate. (6)**
- **F. Providers' skill sets must be consistent across the state. (3)**
  - Under qualified & no consistent training, too expensive for provider.
  - Low capacity, especially in rural areas.
  - Experience doing SE & customized employment suggest job exploration & career planning are not best provided by para-professional (job coach) level staff. Needs to be professional level staff.
  - In rural programs may need to employ staff who can do all 3 aspects of service, not split staff to do professional vs. non-professional activities.
- Sometimes fading is not appropriate & on-going support is needed for individual & maintain relationship with employer. **G. Support a stable work team for long-term support. (11)**
  - Consider funding models like *Wisconsin & Minnesota* where higher incentives for community placements & funding long-term supports when/where needed.
  - Simplify relationship between IVRS & Medicaid funding streams-some states appear to be structured so that IVRS funds discovery, career planning, job placement & then Medicaid takes over if & when long-term coaching is needed.

- Time limiting services is concerning for folks w/ CMI & cycling of illness. Can't be one size fits all. **H. Some services must be time limited. (2)**
- Client needs vary, some need more support or less & at different times in employment lifecycle. Rates based on averages are potentially dangerous. Tiered rates based upon functional abilities like Wisconsin could be great option. **J. Individual level of need matters. (7)**
  - Service needs driven vs. funding driven.
- **K. Transportation must be a separate allocation. (2)**
  - Available for all employment services.
  - Available "after hours" especially in rural areas.
- Timeliness of authorizations & Responsiveness to individual & employer. **L. Funding systems need to have complementary case management systems that support the individual.**
  - DHS CM, County CM, & providers need to learn/train together, many inconsistencies. **(5)**
  - How will Magellan fit into the mix when they have 300 folks on caseload?
- Provider buy-in (8)
  - Placing our values for integrated jobs on those who do not share same values. Many folks just want a job & value facility based jobs which in many cases offer more hours & better pay.
  - Job coaches not following the team agreement of an individual ready for community employment—who has the "final say" to allow an individual to work toward community employment?
  - Services or opportunities for individuals who do not want to work in the community due to "poor treatment" in the community, want sheltered work, or who realistically will not or cannot obtain community employment. **(4)**
  - What will happen to sheltered workshops that do not agree to get on board with changes? **(2)**
  - Enough support (TA) for rebalancing
- Employer & community buy-in to competitive, integrated employment**(9)**
  - Rural employers want someone to do all tasks of job.
  - Limited job availability in rural communities. **(3)**
- Under 20 hours per week is not sustainable employment???????
- Remove resource limits
- Would like to provide more community-based employment services but hit a roadblock down the road when it comes to long-term supports on the job—individual is doing well, keeps job 2-3 years, discharged from provider, then lose the job for various reasons---if provider could provide support long-term & be funded for this, this wouldn't happen---could support both individual & employers
- Better communication between case managers & agencies---both told different processes, rules, initiatives, etc. (DHS communicates with IACP so that they get the same message at the same time as case managers) (L)



- We have done the customized process for folks & down the road funding is cut & long-term supports on the job go away & job is lost---HAVE TO FUND LONG-TERM SUPPORTS
- We have kept folks in the workshop too long---individuals are fearful due to lack of exposure/experience, socialization issues
- Individual level of need matters—different levels within SS system (disability & benefits) & work significantly impacts benefits (especially dually eligible-SSDI & SSI) but there are not a lot of experts or good resources for benefits planning & how to help guide folks & protect their services

### **Q3. What is Missing?**

- Simplify documentation, staff is writing more & services suffering. **A. Simplicity is essential. (2)**
- Consistent communication & interpretation of rules & regulations between providers, CM, & state. **B. Service definitions must link to billable activities. (2)**
- **J. Individual level of need matters. (2)**
- Responsive & flexible accessing to VR & Medicaid funding for changing employment needs. **L. Funding systems need to have complementary case management systems that support the individual.**
- Options for consumers who do not/cannot participate in community employment & don't want Day Hab, &/or while transitioning from workshop to community job. **(2)**
  - Options & financial support for facility-based services/providers if/when rebalancing.**(3)**
  - “On-boarding” providers not ready for change.
  - Training curriculum for community-based employment.

### **VR**

- VR not accepting or opening cases when not viewed as someone able to produce or perform at minimum wage or above. **(4)**
  - Misunderstanding/barriers regarding eligibility for services.
  - More WOTC opportunities-process is complex & uncertain.
  - Recognizing placement w/ temp agency as successful closure.
  - For pre-voc funding need denial from VR & using this procedure is not in best interest of individuals. Then put in Day Hab instead of working, would like Pre-Voc for transition. **(2)**
- Incentives/services for employers who hire PWD. **(10)**
  - Education **(11)**
  - Accessing & relationship building with staffing agencies.
- School involvement-schools often pay for facility-based employment so students can get credits to graduate---schools NEED OTHER OPTIONS & education. **(2)**
- Family/guardian involvement & education. **(6)**
- Availability of jobs. **(2)**
- Benefits planning **(6)**

- Expectation & funding for community employment as first option for new referrals. **(2)**
- Limited options for job coaches-agency may have on job coach who is responsible to find community employment for 30+ people.
- **To be eligible for pre-voc services, don't they have to be denied by VR?**
  - If no other similar services are available, they can be approved for pre-voc services
- **Are we working with staffing agencies? How can we access & utilize these agencies & their services?---**not tapping into this resource as much as we can, especially when it comes to STEM training & jobs

#### **Q4. What Will This Allow You To Do?**

- Jobs vs. sitting in Day Hab Services-no longer funding driven. **(4)**
- Hire competent staff & retain (wages) & have opportunity to *train* them in job development. **(5)**
- **C. High quality staff must be compensated.**
- **F. Providers' skill sets must be consistent across the state.**
- Expand community employment services supported by *stable* funding. **(7)** **D. Rate must be based upon staff cost & G. Support a stable work team for long-term support.**
  - Services are individualized, flexible, & responsive. **(5)** **J. Individual level of need matters & L. Funding systems need to have complementary case management systems that support the individual.**
  - New services like voc-tech schools or transition services.
- Educate employers & community. **(3)**
- Transform & support all providers. **(2)**
- Answers/resources to transportation gaps in rural areas. **K. Transportation must be a separate allocation.**
- Improved partnerships & collaboration with VR.
- With transition aged youth we have a great opportunity to focus on community-based employment, not sending them straight into workshop

#### **AMES**

##### **Q1. What Do You Like About This?**

- **A. Simplicity is essential. (3)**
- **B. Service definitions must link to billable activities. (6)**
- **C. High quality staff must be compensated. (8)**
- **D. Rate must be based upon staff cost. (4)**
- **E. Payment for indirect staff time must be included in the rate. (9)**
- **F. Providers' skills sets must be consistent across the state. (7)**
- **G. Support a stable work team for long-term support. (5)**
- **H. Some services must be time limited. (6)**
- **I. The budget allocation process is different from the payment rate process.**

- **J. Individual level of need matters. (5)**
  - Individualizing work hours-to determine success/closure.
- **K. Transportation as a separate allocation. (3)**
- CM knowledgeable & increased expectations. **L. Funding systems need to have complementary case management systems that support the individual. (2)**
- **M. Funding systems must acknowledge long-term costs. (3)**
  - Allowing for Discovery (2).
  - Openness to creative payment structures. (2)
  - Funding benefits planning.
- Increasing expectation & opportunities for community-based employment. (8)

## Q2. What Concerns You?

- A rate increase will not be enough. **C. High quality staff must be compensated. (3)**
  - Success w/ staff who have sales/marketing background.
- **D. Rate must be based upon staff cost. (4)**
  - Cost neutral is not possible-you get what you pay for & SE services are expensive upfront.
- Need to be paid for employer development. **E. Payment for indirect staff time must be included in the rate. (4)**
- **F. Providers' skill sets must be consistent across the state.**
  - Focus on qualified staff will weed out job developers who are more of a "salesman" type. (2)
- How will this be assessed &/or determined? **H. Some services must be time limited. (3)**
  - No standardized fading-method turning into a "rule" & no customization.
  - Some will need on-going support, never ending.
- If individual needs 1:1 to be employed, requires a lot of funding that could support a few with less needs, creating waiting lists. **J. Individual level of need matters. (6)**
  - Adjusting funding as person's needs change i.e. crisis
- Lack of public transportation. **K. Transportation must be a separate allocation. (4)**
  - Could be cumbersome with documentation/billing.
  - Needs to start/be available starting at age 16.
- How will Magellan fit into this & be able to be responsive with large caseloads? **L. Funding systems need to have complementary case management systems that support the individual.**
- How can individuals learn skills & not use pre-voc funding? Especially soft skills training. **M. Funding systems must acknowledge the long-term costs. (3)**
  - Long wait list currently for SE services. (2)

## Expectation & Demand

- Increasing expectation & demand in employers, community, parents. (12)
  - Capacity of employers to understand/support PWD needs

## Schools

- Gaps in transition services or school-to-work. **(6)**
  - The use of workshops as the vocational component of IEPs.
  - Special education funds can be used for CRPs to provide vocational part of IEP in community-based internships.
  - How does Iowa's 'I Have A Plan' work with this when the program is not implemented correctly?
- Service options for folks in transition i.e. not in sheltered work & not in Day Hab. **(5)**
  - Once getting a job & earning money, maintaining service eligibility.
- Rural providers/ communities receiving added support, different approaches when rebalancing & offering competitive employment services. **(8)**
- Do legislators get it? They control the money.
- Do people have jobs that they like & are interested in or are we going to start just placing folks in jobs for the intent of the outcome
- Schools are not involved & do not do as great a job in preparing students with disabilities for work
- Getting buy-in from the rest of the state, getting them excited & involved i.e. schools--- increasing expectation & demand
- 'Iowa I Have A Plan' is an issue—teachers are imposing this on the students---& the students may also be participating in other programs & services---needs to be collaborating & coordinating together
- Schools & districts are struggling financially to support transition services & coordinators—this may be more of a reflection of size of community,& lack of resources & funding

## Q3. What is Missing?

- Staff training on employer/job development-SALES. **F. Providers' skill sets must be consistent across the state. (5)**
  - Sharing best practices & sharing success stories.
- Limited transportation options in rural areas. **K. Transportation must be a separate allocation.**
- Expedite approval & responsiveness. **L. Funding systems need to have complementary case management systems that support the individual.**
  - Funding for skills training programs.
  - Funding volunteering.
  - Soft skills training. **(3)**
- Eliminating the choice of workshop or enclaves. **(4)**
  - Volunteer initiatives for those who don't want to work or can't find work.

## Employers

- Employer input & buy-in. **(10)**

## Schools

- School involvement & serving transition aged youth. **(10)**
  - Collaboration of CRP, Medicaid/Waiver, VR, w/ school & braiding funding.
  - Extended programming that focuses on functional skills like money/math or reading.
  - Work study, internships, & apprenticeship programs & funding for them.
  - Funding for youth with behavioral or learning disabilities, not as severe. **(2)**
- Consumer & family buy-in. **(3)**

## Benefits Planning

- Benefits planning & funding to support it. **(8)**
  - Availability of PASS Plan
  - Utilizing Ticket to Work, many obstacles.
- Self-employment options & supports. (May look different & not fit current rules). **(4)**
  
- All members of the IDT coming to the table, especially during planning i.e. SCL, employment staff, school, family, etc. **(3)**
  - Employment for those in institutions.
- Commitment from state agencies as county funding is being cut.
- Clarification on what commitment & involvement may look like to help move into competitive employment.
- Schools-where are they at in this & where do they fit in?
- Sheltered workshop as a valued choice-individuals have the right to choose this
- How do we stay cost neutral?
- We have to allow individuals the right to risk & to be disappointed & then provide them support---(G & J)
- Benefits planning & counseling---there are a lot of myths, misinformation, fears
- Education about adult services for educators
- Not capturing/serving all students with disabilities—schools typically serve those students with multiple disabilities vs. those with “just a learning disability”
- Training of students needs to be in soft skills as well as technical skills—employer feedback

## **Q4. What Will This Allow You To Do?**

- **A. Simplicity is essential.**
- **C. High quality staff must be compensated. (5)**
- **E. Payment for indirect staff time must be included in the rate. (4)**
  - Will improve outcomes.
  - Marketing & relationship building with employers.
- **G. Support a stable work team for long-term support. (4)**

- Have a predictable stream of income. (3)
- **J. Individual level of need matters. (2)**
- **M. Funding systems must acknowledge the long-term costs. (4)**
  - Billing for Discovery.
- Realize dream of everyone living & working in the community. (9)
  - Integrated employment as first & preferred option. (5)
  - Customize match & employment supports. (2)
- Increase expectation & demand. (4)
- Provide & improve transition services for students with disabilities. (2)
- To fund skills training that will improve outcomes.
- Economic empowerment.
- Braid funding.
- Natural opportunity for individuals to build relationships in the community-natural supports
- Hopefully increase community's, employers', and staffs' expectation & demand & have the belief that individuals with disabilities CAN work---what we see is what we expect
  - We have to educate these stakeholders & "show them"
  - Will allow us to change expectations

## **OTTUMWA**

### **Q1. What Do You Like About This?**

- **A. Simplicity is essential. (2)**
- **B. Services definitions must link to billable activities.**
- **C. High quality staff must be compensated. (7)**
- **D. Rate must be based upon staff cost. (2)**
- **E. Payment for indirect staff time must be included in the rate. (9)**
- **F. Providers' skill sets must be consistent across the state. (2)**
  - Utilization of APSE.
- **G. Support a stable work team for long-term support. (2)**
- **H. Some services must be time limited.**
- **J. Individual level of need matters. (2)**
- **M. Funding systems must acknowledge the long-term costs. (4)**
  - How does Oklahoma have higher rates of employment?
  - Array of services for folks transitioning or not wanting employment but don't want Day Hab either. (2)
- Focus & improving transition services.
  - School work experience programs
- Qualified staff must be compensated—7 day job, odd hours---pay has to be there
- Training has to be available & hands-on

## Q2. What Concerns You?

- Requirements of documentation make this difficult. **A. Simplicity is essential.**
- **C. High quality staff must be compensated.**
- **H. Some services must be time limited. (2)**
- No “cookie cutter” approach. Can’t be too rigid. **J. Individual level of need matters. (5)**
  - Can the MSD be supported in individualized way & long-term **(4)**
- **K. Transportation must be a separate allocation.**
- **M. Funding systems must acknowledge the long-term costs. (5)**
  - Some will need long-term, intensive supports.
  - People will lose services.
  - Making cost neutral.
- VR denies MSD but also kicked out of Pre-Voc because unable to work, “won’t be competitively employed” & workshop is very important to them. **(7)**
  - Lack of collaboration & braiding between VR & CM/Wavier **(4)**
    - Inconsistencies in approvals for services VR counselors & CM
  - Pre-Voc pre-authorizations are too subjective & screen people out of opportunities to learn work skills & earn money by labeling them. **(5)**
- Lack of employers & low opportunities, & buy-in for MSD, especially in rural areas. **(5)**
- Great idea/focus on community employment but ignoring needs/desire of individuals. **(2)**
- SE services including job development are funded too low to sustain.
- High unemployment rates for general workforce.
- Getting denials for folks who can’t or don’t want to work 20 hours or more
- Currently a waiting list of 6 months and many folks don’t get referred to VR because they want a job now
- Not necessarily allowing for flexibility & creativity with assessment & discovery

## Q3. What is Missing?

- Can’t be too rigid. **H. Some services must be time limited.**
- **J. Individual level of need matters.**
- **K. Transportation must be a separate allocation. (2)**
- **M. Funding systems must acknowledge the long-term costs.**
  - Array of work services & supports for folks transitioning, “not employable”, or not wanting employment but don’t want Day Hab either. **(10)**
  - Exploring the value of pre-voc, valuable though not producing employment outcomes.
  - Funding for career exploration, job shadows, Discovery, community assessment. **(6)**
  - Funding employer/job specific training.
  - Funding AT & reasonable accommodations. **(2)**
- Gap between Medicaid & VR funding. True for students & transition too. **(4)**
- Transition services for youth & non-facility based opportunities, especially rurally. **(2)**

- More flexibility in allowable number of hours work per week for community employment. **(2)**
  - VR won't fund those that aren't "competitively employable". **(3)**
- Input from PWD.
- Input from families.
- Long-term training & TA for providers. **(2)**
- Increasing expectation & demand.
- Application to individuals w/ CMI.
- Benefits planning. **(3)**
- Rural areas may not have as many opportunities for folks & this may create fear or worry about leaving workshop as they depend on the check---if they are kicked off pre-voc then what?
- Pre-voc has a cap on what the individual can make before they have to move to another service like sheltered or supported employment though this may not be the right step at the right time- the intermediate step is missing

#### **Q4. What Will This Allow You To Do?**

- Get employer buy-in & build relationships. **(2)** **E. Payment for indirect staff time must be included in the rate.**
- **F. Providers' skill sets must be consistent across the state. (2)**
- To fund AT & reasonable accommodations to support positive outcomes. **M. Funding systems must acknowledge long-term costs. (2)**
  - Fund Discovery, job shadows, CBA, training wages temporary to secure placement. **(3)**
- Support movement towards competitive employment for individuals & providers.
- Using the desk guide.
- Work more collaboratively across agencies.

### **WATERLOO**

#### **Q1. What Do You Like About This?**

- **D. Rate must be based upon staff cost. (2)**
- **E. Payment for indirect staff time must be included in the rate. (4)**
- **F. Providers' skill sets must be consistent across the state. (2)**
- **J. Individual level of need matters.**
- Information/comparison to other states & how they are doing it.
- Tiered support & payment model-don't lose money for using natural supports.

#### **Q2. What Concerns You?**

- **D. Rate must be based upon staff cost.**
  - Pay for the services/outcomes you want.
- **H. Some services must be time limited.-Look at progress instead.**



- Time limits placed a few years ago on pre-voc services negatively impacted individuals.
- **J. Individual level of need matters.**
  - Access to long-term funding for individuals whose support may not be faded or need personal cares(funding cant overlap i.e. job coach & CDAC) **(2)**
  - Rules & definitions currently keep the above folks out of competitive employment
- Pre-Voc:
  - Need more community based assessments & training, individuals spend too long in pre-voc---what are we teaching them!!?
  - Gap between pre-voc & supported employment-confuses providers & slows down individual progress.
- Work disincentives:
  - Funding for benefits planning **(2)**
  - Talking about entry level jobs, individuals can't be self-sufficient. **(2)**
  - Income limits & resource limits **(2)**
    - Habilitation 150% of federal poverty line—folks becoming in eligible for service after earning income.
- VR requirement for 20+ hours a week of integrated employment is a roadblock in finding an entry level job-even one that could eventually lead to more hours. A that is carved or customized will probably not require 20 hours of work initially.
- Options for individuals when they choose not to work.
- Increasing expectation & demand for integrated, competitive employment.
- Lack of job opportunities in rural communities. **(2)**
- Everyone being the funder of last resort.
- Forgetting about funding through SS for transportation, using all available funding.
- Is there anything being done about income limits for job seekers making good money & no longer eligible for their services which they need for on-going supports? ---These are disincentives
- Will it come with more requirements, is it necessary?
- Incentivizing how will we pay for this?
- staff to get more training

### **Q3. What Is Missing?**

- **F. Providers' skills sets must be consistent across the state.**
  - Using existing resources such as College of Employment Services, APSE, ACRE.
  - High staff turnover so potentially high cost to providers.
- **G. Support a stable work team for long-term support.**
  - Missing for individuals who need intensive, long-term supports i.e. job coach.
- **J. Individual level of need matters. (4)**
  - On-going support when needed.
  - Funding for workplace accommodations.

- Funding for work materials i.e. interview clothing or hygiene products
- **K. Transportation must be a separate allocation.**
  - Options & funding.
- **L. Funding systems need to have complementary case management systems that support the individual.**
  - VR & Medicaid not responsive or collaborative.
- **M. Funding systems must acknowledge the long-term costs.**
  - Increase funding for community assessments & training.
  - Increase funding for general marketing & relationship building with employers & groups like Rotary.
- Benefits planning. **(4)**
- Getting employer buy-in.
- Service options for individuals when they choose not work or because of health, or due to market condition. **(3)**
- Partnership with residential services.
- Partnership with regions.
- Responsive services—i.e. someone starts a job tomorrow, have to scramble to get job coach & get it in the plan & get it funded
- Gaps when it comes to serving those with personal cares or will need continual on-going supports—personal care attendant, on-going coaching there will not be fading as this is not appropriate for the person’s level of need

#### **Q4. What Will This Allow You To Do?**

- Reduce behaviors with choice & community integration.
- Push community employment. **(4)**
- Access better staff, lower turnover. **(3)**
- Increase quality of service.
- Cover service costs. **(2)**
- Help move budget from red to green